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HEADQUARTERS, 9TH MEDICAL LABORATORY
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Washington, D.C. 20012

Dear Colonel Mias,

Have been going to write you for several days so I will get with it first thing this morning. This letter most likely will wander all over the place as I have a lot of ground to cover. First let me say IHS is still with us. During the week of 21 Dec, nine new cases were admitted to the 936th and 6 subclinical cases were picked up via hemograms here at the 212th MP at Long Binh. Two of the dogs at the 936th will die most likely this week. Their hematocrits are in the teens and WBC below a thousand. No new cases so far this week however we are bleeding the USARV, DTD at Bien Hoa today and tomorrow (doing WBC and hematocrits) and fully expect to pick up 4 or 5 subclinical cases there (picked up 5).

Let me back up and tell you what has been done. The dogs that are at the 936th are getting bled twice a week for clinical path work up and have been since the 11th of Dec. Jim Ferguson is working with me on this. I have enclosed all the data to date on these dogs. Will leave it to you to interpret as you see fit. Have dropped the electrolytes now as they appear not to change. This program will continue for 2 or 3 more weeks. Wish there was more data on prothrombin time and thromocyte counts but it is impossible to get meaningful data here because of the time limitations between drawing the sample and running the tests, you almost have the patient (dog) in the lab itself for good prothrombin times. I have been raising hell and I hope to get samples in time, from here on out, for thromocyte counts (still can't do it). Would give my right testicle (it isn't doing me any good here anyway) to have the 936th here at Long Binh instead of at TSN.

Jim bled the 212th here at Long Binh 10 days ago. From that we picked up the 6 subclinical cases. All six of these dogs are still working. We plan to leave them on duty and bled them once a week. This will give us some idea as to what really happens. The six were rebled last Friday and the data on these are included. Jim has serum on these dogs (212th) down at SPAIR. I made arrangements this week to get all the out lying units

of the 212th MP's bled this week for screening and every month until I say stop. Upon screening, we run WBC and hematocrit. If any show up abnormal we go back and pull blood from detailed studies once a week. The 212th units are:

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|-----------|--|
| Main Unit | Long Binh |
| Subunit | Long Thanh North |
| " | Vung Tau |
| " | Tay Ninh (1 case picked up 3 Jan 69 out of 8 dogs.) |
| " | Vinh Long |
| " | Soc Trang |

The reason for getting all of them is that they move dogs every week from one unit to the next for operational reasons. The only way we can get a true picture is get all of them. Would like to freeze all dogs of the 212th where they are but they say they cannot because of operational necessity.

Of the six subclinical cases, 5 had high fevers (FUO) as far back as Aug and all had been off feed one time or another previously. So our FUO's in dogs over here (Aug & Sep) and IHS is one and the same.

As I said before the USARV, DTD, Bien Hoa is being bled this week and sub-clinical cases followed up. All new dogs arriving there will be screened each week as well as all dogs leaving. Any dog showing an abnormal count or hematocrit will not be released from there. This is the reason for needing the auto-dilutor for the coulter counter, ASAP.

As it appears now we are seeing the following:

1. Acute cases, those that bleed profusely and die within one week. These go fast and may die within 36-48 hours without any history of previous illness.

2. The chronic bleeder - This is a dog that starts off by bleeding a little from the nose, develops an abnormal blood picture with the WBC being as low as 2,000+500 and a hematocrit in the 20's or 30's. He stays this way for 2 or 3 weeks, bleeding a little every few days and then slowly starts to recover or appears to recover. To date we have 3 or 4 like this that have been sick for 6 or 8 + weeks. Two or three have been returned to duty, have requested and been rehospitalized. Good examples of ones that are getting better are ^{LOK 850} 868m X733, and King 8X05.

3. The third picture is the so called FUO. The dog goes off feed, loses weight and runs a temperature of 104 to 107 for 3 to 5 days. Generally displays swelling of one or more extremities and may develop a large sterile abscess at any site where he is given an injection. This swelling of the extremities may also be seen in type 2. This may occur during the fever or up to 3 or 4 weeks later. The dog appears to recover in 5 to 7 days and returns to duty. At the time of the acute flare up, the blood picture is essentially normal but starts to become abnormal from 1 to 8 weeks later. Five of the subclinical cases out at the 212th are examples of this. Their data is included. What the final outcome will be, we don't know yet.

Now for some "Blue Sky" on my part. I refer you to an AFIP report dated 19 Dec 68 on Major 4A82 AFIP #1287379. Dave knows this dog as I was making arrangements to send him back to CONUS. He was a chronic case from the last outbreak over here. He would work for a while and then go down only to recover again. Finally dying in August. Colonel Garner has a copy of his complete record. I think this case may give a real lead. As a result, I would suggest that you make arrangements to receive and hold 6 to 10 of these chronic cases at Plum Island. If we leave them over here we will lose them sure as hell. At Plum, we could fly some one every week. up there to bleed them, etc. Also along the same line, I hope you or someone has let USDA know what is going on. The reason being pets coming back to CONUS. If we don't, we are apt to all find ourselves open to a hell-of-a-lot of criticism and rightly so. They have every right and need to know because of the pets that have been and are being shipped. I am sure Jerry Callis will cooperate in this. If you can get a place to keep them, Colonel Hogge and I will "somehow" make arrangements to get them there.

Jim has serum from these units plus information on exposures and times. He is reluctant to give to me to send to you; because he feels he is working directly for Colonel Buscher on this. Anything you want along this line I will have to refer you to Buscher. No human illness even close to this has been reported in any of our medical facilities over here. Have enclosed a copy of a list of all dogs that have died with IHS, their units, date of death, and date shipped to the AFIP. As of today I haven't received a report back on any of them.

No USAF dogs have come down or has there been any cases in I Corps or upper II Corps (there may now be an exception to II Corps), all lower II Corps, III, and IV Corps so far. Three or four have died that I did not receive tissues on for one reason or another. Three of them were lost in shipment. Two of them (Rebel & Skippy) were two that I had on our "Base Line Study" and I am sick because they were lost but that is Vietnam. They died at Cam Ranh Bay, and had worked in the upper part of II Corps over at the Cambodian border. In fact we have had four cases from there, the 33rd and 40th IPSD, 4th Division. One has developed into a chronic case and is now (yesterday) at the 936th where we will follow him.

I have carried on here page after page and I hope you can make sense of it. What I have tried to do is give you a picture of it as I see it at this point in time, what we have done and are doing. Please let me know if you need anymore information.

Frozen tissues being shipped Monday, 6 Jan 69. Please let me know if they make it. Please give Colonel Garner a copy of the dogs that have died of IHS.

JERRY S. WALKER
MAJ, VC
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