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the rate of *S. aureus* isolates was high (69%) and the MRSA rate was 62%. Based on our lab's antibiogram we recommended trimethoprim/sulfamethoxazole and clindamycin which had *S. aureus* sensitivities of 100% and 98% respectively. During the period 2004 to 2008 our MRSA rate has ranged between 62% and 78%. Tetracycline was added to the treatment guidelines because of a high sensitivity (94%) to *S. aureus* and its effectiveness against nonpurulent cellulitis. Of note during 2008 our lab identified our first MRSA isolates that were also resistant to trimethoprim/sulfamethoxazole. Concurrently this was also identified by other community healthcare facilities. Although our MRSA sensitivity to trimethoprim/sulfamethoxazole is 99% it is a MDRO concern.

The MRSA rate of 880 cases/100,000 among the population studied is significant compared to that reported for the U.S. population. The training population at our facility has a rate of approximately 500 cases/100,000. Anecdotal reporting from other facilities points to even higher rates. A comprehensive study comparing the CONUS training bases to deployed forces in both Iraq and Afghanistan could provide valuable information in efforts towards prevention and limiting the impact on U.S. forces worldwide.

David T. Bolesh, RN, MSN
Infection Control & Patient Safety Manager
Kenner Army Health Clinic

Tobacco Product Usage In Deployed Male and Female Military Personnel

Dear Editor:

According to the National Health Interview Survey (NHIS) of 2006, an estimated 23.5% of males and 18.1% females in the United States were smokers. Given the prevalence of tobacco usage, a better understanding of tobacco habits among military personnel will help in determining the importance and prospective benefits of implementing an effective anti-tobacco use campaign in the military. Reasons for such a campaign would be to improve physical endurance and to reduce the increased risk of cardiovascular disease, stroke, emphysema, and cancer associated with tobacco use.

Six to nine months into a one year deployment in a combat theater setting in Iraq, 156 military personnel (149 enlisted 7 officers) with ages from 19 to 54 yrs (mean age 28.4 yrs) were randomly surveyed regarding their tobacco usage habits (cigarette smoking and chewing tobacco). Those surveyed were primarily Army National Guard and Army Reserve (64.7%) with a lower

percentage of Active Army (35.3%). The ethnicity of those surveyed was predominantly Caucasian (57%) followed in descending order by African American (13.5%) and Hispanic (10.8%). The remaining 15% chose not to disclose their ethnicity.

Of the 156 military members surveyed, 108 (69%) were male and 48 (31%) were female. 56/108 (51.9%) of the males and 20/48 (41.7%) of the females were using tobacco products before the deployment. 63/108 (58.3%) of the males and 25/48 (52.1%) of the females were using tobacco products during the deployment. 16/63 (25.4%) of the males and 12/25 (48%) of the females increased use of tobacco products during deployment. Of all military personnel using tobacco products during deployment, 51.1% were intending on stopping smoking upon return to the United States. Tobacco usage among Army National Guard and Army Reserve was noted to be 57.4%; whereas, with the active army, 54.5% were tobacco users.

47.7% of male and female tobacco users identified stress as the primary motivating factor for their usage. 25.1% blamed boredom. 22.7% blamed addiction. 4.5% used tobacco for social reasons only. 80% of tobacco users choosing addiction as the main factor for tobacco use did not increase the amount of tobacco used during the deployment. 65% of the addicted tobacco users wanted help to stop tobacco use upon redeployment.

Based on the above data, tobacco use prevalence among men and women in the military greatly exceeds the national average in the United States. In the military, more men than women used tobacco products before and during deployment. However, more females than males increased their tobacco use during deployment. Stress and boredom are two major factors influencing tobacco use. Most noteworthy, most addicted tobacco users did not increase their tobacco usage during deployment; and, more addicted than non-addicted tobacco users intend on stopping tobacco use upon return to the United States.

This data demonstrates that the magnitude of the tobacco use problem and the potential for negative health and performance issues is great, especially in combat theatre deployment settings. In the military, the current smoking prevention and cessation programs need to be much improved.

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LTC A.F. DiNicola, MC, CAARNG
SPC D.M. Seltzer, 68W, PAARNG