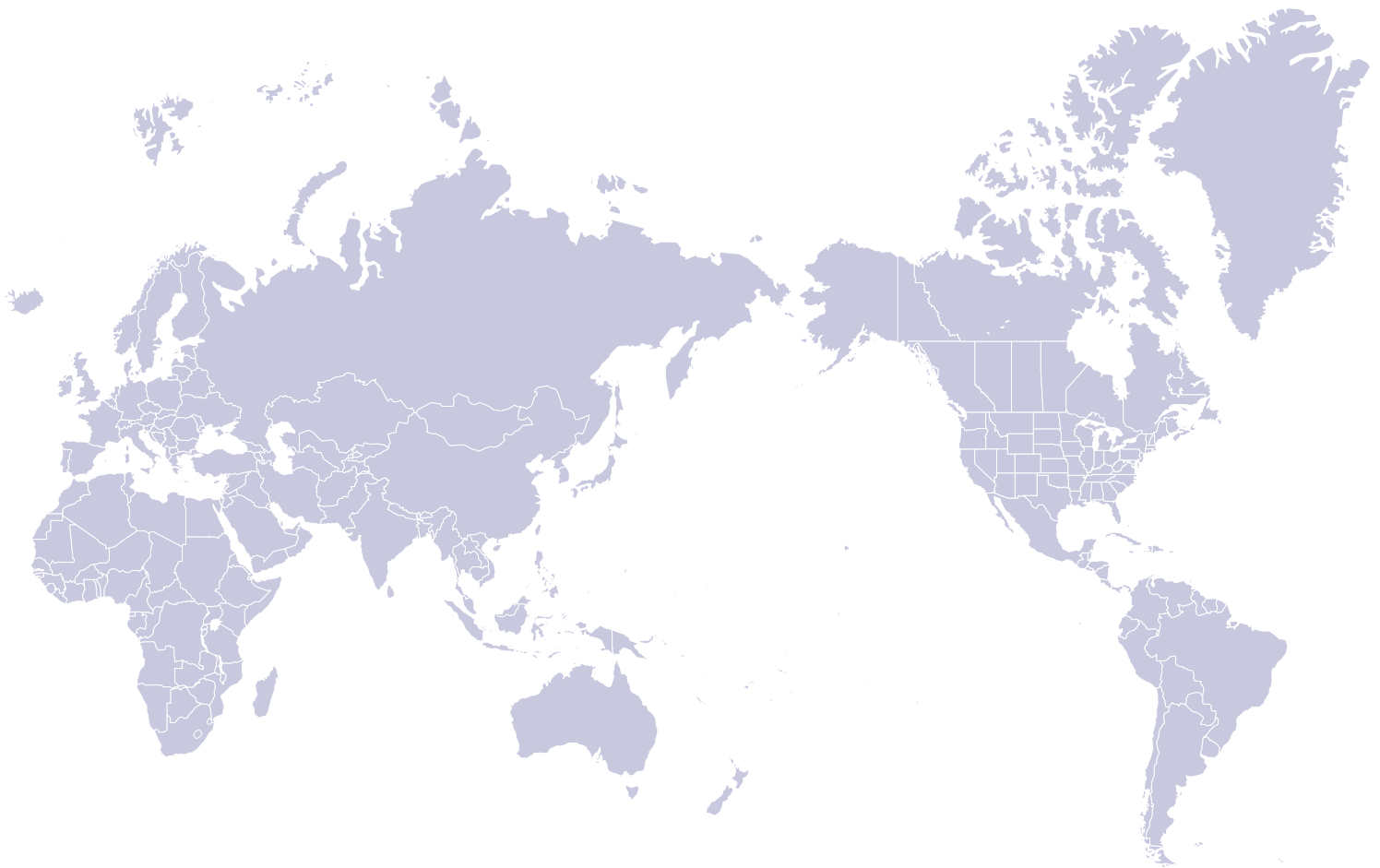




The Health of the Volunteer 2003



Peace Corps • Office of Medical Services

Executive Summary

Health of the Volunteer 2003

Introduction

The *Health of the Volunteer* is a report produced by the Peace Corps Office of Medical Services (OMS). The report provides summary information for calendar year 2003 and analyzes trends in health conditions among Peace Corps Volunteers (PCVs).

2003 Highlights

€ ***Reductions in Diseases and Conditions Associated with Sexual Activity:*** These diseases and conditions include sexually transmitted diseases (STDs), human immunodeficiency virus (HIV) infections, and pregnancies. The incidence of reported STDs in 2003 was 2.3 per 100 Volunteer/Trainee-Years (V/T-Years), a 21% decrease compared with 2002 and the lowest incidence of STDs reported in the last 18 years.

No newly identified HIV infections were reported among Volunteers in 2003. The last HIV infection in a Volunteer was reported in September 2002. The end of calendar year 2003 represents a 15-month interval since the most recent HIV infection was diagnosed in a PCV – the longest HIV infection-free interval on record at the Peace Corps during the last 15 years.

In 2003, the incidence of pregnancies was 1.0 per 100 female V/T-Years, matching the lowest incidence of pregnancies reported in the last 15 years. The reduction of these conditions and diseases in PCVs further demonstrates that community commitment to changing sexual norms and risk behaviors is effective in reducing STDs, HIV infections, and pregnancies.

The 10 Leading Health-Related Events

The 10 most commonly reported health-related events among Volunteers and trainees in 2003 were (in decreasing frequency) acute diarrhea, upper respiratory illness, mental health problems, infectious dermatitis, dental problems, unintentional injuries, febrile illnesses, non-sexually transmitted gynecologic infections, lower respiratory illness, and environmental concerns.

In-Service Deaths

There was one Volunteer death in 2003, the result of suicide. This was the first in-service suicide death in a Volunteer reported since 1983 (a 20-year period). Between 1961 and 2003, there have been 251 in-service Volunteer deaths.

Tropical Diseases

€ ***Malaria:*** In 2003, the incidence of reported falciparum malaria in the Africa region was 3.4 cases per 100 V/T-Years. This is a 15% decrease compared with 2002 and 79% less than in 1989.

€ ***Dengue:*** In 2003, the incidence of dengue fever was 1.4 per 100 V/T-Years. There were 94 reported cases in 17 countries. Seventy-six cases (81%) occurred in the Inter-America and Pacific (IAP) region. Reported dengue cases show a marked seasonal pattern, with cases

peaking between May and November. No cases of dengue in Volunteers in 2003 met the case definitions for either dengue hemorrhagic fever or dengue shock syndrome.

Other Infectious Diseases

- ≠ ***Hepatitis:*** Since the introduction of hepatitis A and hepatitis B vaccines in 1995, hepatitis cases among Volunteers have been greatly reduced. In 2003, two case of hepatitis A were reported and no cases of hepatitis B were reported among PCVs. Only one case of hepatitis B infection has been reported among PCVs over the past nine years.
- ≠ ***Tuberculosis:*** In 2003, the incidence of tuberculin skin test (TST) conversions was 1.0 per 100 V/T-Years. The overall incidence of TST conversions decreased 33% in 2003 compared with 2002. Sixty-seven TST conversions occurred in 31 countries in 2003. The incidence of TST conversions in 2003 was highest in the Africa region. In 2003, two Volunteers were diagnosed with active TB.
- ≠ ***Vaccine-Preventable Diseases:*** Vaccine-preventable diseases reported among Volunteers in 2003 included five cases of typhoid fever.

Medevacs

The overall incidence of all medevacs in 2003 was 9.8 per 100 V/T-Years. Of the total 655 medevacs in 2003, 526 (80%) were OMS-authorized medevacs, primarily to receive care in the United States, and 129 (20%) were country-sponsored medevacs (CSMs), primarily to receive care overseas in regional health centers.

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TABLE OF CONTENTS

<i>Introduction.....</i>	<i>1</i>
<i>2003 Highlights</i>	<i>2</i>
<i>The 10 Leading Reported Health-Related Events.....</i>	<i>5</i>
<i>In-Service Deaths</i>	<i>11</i>
<i>Tropical Diseases</i>	<i>11</i>
<i>Other Infectious Diseases.....</i>	<i>15</i>
<i>Other Health Conditions</i>	<i>17</i>
<i>Health Interactions.....</i>	<i>18</i>
<i>References</i>	<i>19</i>

The Health of the Volunteer

Office of Medical Services

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Introduction

The Health of the Volunteer is a report produced by the Peace Corps Office of Medical Services (OMS) for use by Peace Corps Medical Officers (PCMOs) and agency staff. The current issue provides summary information for calendar year 2003 and trend information over time. The purpose of the report is: (1) to document and analyze trends in health conditions among in-service and some returned Peace Corps Volunteers (PCVs), and (2) to provide feedback concerning these trends in a useful format for training and educating Volunteers and staff. The report includes graphic displays of information that can be used as educational material during pre-service training (PST) and in-service training (IST) sessions. Each figure in Appendix A has been placed on a single page to facilitate transfer to a transparency during in-country training sessions.

The data used to prepare this report come from several sources: (1) PCMOs worldwide, who submit monthly epidemiologic surveillance system (ESS) reports to OMS; (2)

individual case reports concerning assaults, in-country hospitalizations, and country-sponsored (regional) medevacs; (3) the OMS "Deaths in Service" database; and (4) selected Post-Service Unit data for returned Volunteers. Data management and analysis are provided by the OMS Surveillance and Epidemiology Unit.

For 2003, unless otherwise noted, incidence is reported using events per 100 Volunteer/Trainee-Years (V/T-Years) as the denominator. V/T-Years is a measure of person-time that accounts for both the number of PCVs and the length of time each PCV is at risk for a health event. Each Volunteer contributes only as much person-time (V/T-Years) to a population at risk for a health event as he or she is actually at risk for that health event. For example, if a PCV leaves after six months, the Volunteer is at risk only during the six-month period he/she is present and contributes only half a V/T-Year. If a PCV leaves after a year, he/she contributes one full V/T-Year. Incidence per 100 V/T-Years allows data to be compared in age-,

sex-, region-, and country-specific analyses.

In calendar year 2003, the Peace Corps ended or suspended operations at three posts (China, Russia/Far East, and Russia/Western). In 2003, the Peace Corps opened or reopened operations in six countries (Albania, Azerbaijan, Botswana, Chad, Fiji, and Swaziland). The Peace Corps suspended operations in Morocco during 2003, but later in the year reopened the program. Closed and opened programs do not provide data for a full calendar year. Therefore, incidence of health events for such countries should be interpreted cautiously.

There are at least four limitations on interpreting the data presented in this report. First, comparing incidences among countries is most valid for countries with similar numbers of Volunteers. Second, incidences in countries with few V/T-Years are more imprecise than incidences in countries with many V/T-Years. Statistically, estimates have wide confidence intervals. Caution should be used when comparing incidences in countries that have few V/T-Years. Appendix B, "Numbers and Incidence of Reportable Health Conditions for Calendar Year 2003," includes the number of reported cases for each monitored condition, the incidences of the condition, and the V/T-Years in the particular country. This helps better illustrate the distribution of

conditions in individual countries and regions.

A third limitation is that PCVs may be underreport or overreport medical conditions to PCMOs. PCVs who are in frequent contact with the PCMO or who have conditions that are particularly severe or persistent may report conditions to PCMOs that might otherwise not have been reported. Conversely, PCVs who are in remote locations may not report or even seek health care for some reportable conditions, particularly those that are mild or self-limited.

A fourth limitation is misclassification of reportable conditions. This may occur because different posts have different capacities to resolve specific diagnoses. For this reason, some conditions may be included in categories where they should not be assigned or not included in categories to which they ought to be assigned.

OMS encourages PCMOs, country directors, and regional staff to review the incidences of diseases and conditions for their respective countries. OMS staff are available for consultation on trends of concern or for discussions about possible interventions. OMS invites feedback about this report and any suggested modifications to enhance its usefulness in the future. In particular, we are interested in feedback that would help PCMOs better educate and train Volunteers.

Please direct all comments and suggestions to the Surveillance and Epidemiology Unit.

2003 Highlights

The highlights of the Peace Corps' Volunteer health system in 2003 are: (1) completeness of epidemiologic reporting by PCMOs, and (2) reductions in diseases and conditions that are associated with sexual activity. These diseases and conditions include sexually transmitted diseases (STDs), human immunodeficiency virus (HIV) infections, and pregnancies.

Completeness of Reporting by PCMOs

In 2003, PCMOs provided 100% of the ESS and Assault Notification and Surveillance System (ANSS) reports that were expected of them. This was the fifth consecutive year of 100% completeness in ESS and ANSS reporting. PCMOs provided 99% of the in-country hospitalization (ICH) and 100% of the country-sponsored (regional) medevac (CSM) reports that were expected. Complete reporting provides the most useful data for accuracy in the analysis of health events. PCMOs should take considerable pride in their complete reporting.

Reduction of Sexually Transmitted Diseases

STDs, which include genital-ulcer-producing conditions (syphilis, genital herpes), human papillomavirus (genital warts), and non-ulcer-producing STDs (chlamydia, gonorrhea, ureaplasma, trichomoniasis, etc.), were reported in all regions. Reported STDs in 2003 were 2.3 per 100 V/T-Years, a 21% decrease compared with 2002 (2.9 per 100 V/T-Years) and the lowest incidence of STDs reported in the last 18 years (*Figure 1*).

Review of region-specific trends in 2003 reveals that the incidences of reported STDs in the EMA region decreased 32% compared with 2002, decreased 27% in the IAP region, but increased 19% in the Africa region (*Figure 2*). The incidence of STDs in 2003 was still lowest in the Africa region (1.9 per 100 V/T-Years).

In 2003, four countries reported incidences of STDs greater than 10.0 per 100 V/T-Years, (Three were in the EMA region and one was in the Africa region.) (*Figure 3*).

Each STD represents a potential exposure to HIV. The risk of HIV infection during a single unprotected sexual contact with an HIV-infected partner is greater among individuals with STDs, and is greatest for those who have genital ulcer disease.¹ The combination of a compromised

mucosal surface and an increased number of infection-fighting cells with receptors for HIV (CD4+ T-lymphocytes) in the ulcer infiltrate is thought to play a role.² The occurrence of an STD represents an additional opportunity to counsel Volunteers to reduce their health risks from unprotected intimate behaviors.

Given that STDs and the sexual risk behaviors that transmit STDs, such as unprotected sex, also increase the risk of HIV infection, and that some countries in the Africa region have very high prevalences of HIV infection (there are estimates that 20% to 30% of the population in some countries is HIV-infected), the low incidence of STDs in PCVs who serve in the Africa region is very important, and may ultimately protect PCVs from a number of other diseases and medical conditions.

The reduction of STDs in PCVs further demonstrates that community commitment to changing sexual norms and risk-behaviors is very effective in reducing STDs and HIV infections. The results are similar to those observed when San Francisco communities committed to HIV/AIDS prevention efforts in the early 1990s.³

No Human Immunodeficiency Virus Infections in 15 Months

No newly identified HIV infections were reported among Volunteers in

2003 (*Figure 4*). The last HIV infection in a Volunteer was reported in September 2002. The end of 2003 represents a 15-month interval since the most recent HIV infection was diagnosed in a PCV, the longest HIV infection-free interval on record at the Peace Corps during the last 15 years.

Routine HIV testing of all Peace Corps applicants was required beginning in 1987. Also beginning in 1987, all Volunteers were offered voluntary HIV testing at close of service. On the basis of HIV testing, 32 HIV infections are known to have been acquired by Volunteers during Peace Corps service.

The overall incidence of HIV infection for the period 1993–2003 was 3.2 per 10,000 V/T-Years, or about one in every 3,000 Volunteers. There is year-to-year variability in HIV incidence, ranging between zero and 6.1 per 10,000 V/T-Years since 1993 (*Figure 5*).

During 1993–2003, the incidence in women (3.6 per 10,000 V/T-Years) was 38% higher than the incidence in men (2.6 per 10,000 V/T-Years) (*Figure 6*). Male-to-female transmission of HIV is more efficient than female-to-male transmission,⁴ and likely accounts for the higher incidence in women. This finding highlights that unprotected sexual intercourse predominates as a risk factor for

HIV acquisition during Peace Corps service.

The incidence of HIV infection in the Africa region (7.3 per 10,000 V/T-Years) during 1993–2003 was over four times greater than the incidence in the IAP region (1.6 per 10,000 V/T-Years). No cases of HIV infection occurred among Volunteers in the EMA region during this period (*Figure 7*).

The highest age-specific incidence of HIV infection during the period 1993–2003 occurred in Volunteers ages 30 to 39 years (7.5 per 10,000 V/T-Years); the lowest incidence occurred in persons under 25 years old (0.3 per 10,000 V/T-Years) (*Figure 8*).

A substantial proportion of Volunteers have another STD identified in-country prior to testing positive for HIV infection. This finding suggests the need for continually educating Volunteers throughout their service about strategies to reduce their risk behaviors for HIV and other STDs.

Since 1997, OMS has evaluated possible HIV exposures for consideration of post-exposure prophylaxis (PEP) using antiretroviral drugs. In 1998, OMS issued a protocol that requires urgent consultation on cases in which HIV exposure is possible and HIV PEP may be indicated. During the 4 ½-year period from July 1997 through December 2001, 173 Volunteers received HIV PEP, an

overall incidence of HIV PEP of 5.8 per 1,000 V/T-Years.⁵ No PCV on whom OMS has consulted or who has received HIV PEP has become HIV-infected. However, no cases would be expected in a group of this size, as the risk of HIV transmission per sexual contact with an HIV-infected source is estimated at one in 1,000.⁴

There have been three (9%) deaths to date among the 32 returned Volunteers who were infected with HIV during service.

Most of the lost wages, diminished productivity, emotional stress, and health-care costs for HIV-infected persons ensue when the individual moves into the later stages of infection. Recent advances in combination antiretroviral therapy, including introduction of protease inhibitors, have improved survival in HIV-infected individuals.⁶ However, as a result of the added expense of such therapies, the average lifetime cost of medical care for persons living with HIV/AIDS is anticipated to increase by at least \$50,000 to \$100,000.

Reduction of Pregnancies

PCMOs report pregnancies confirmed by appropriate techniques during the month in which the pregnancy was confirmed. In 2003, the incidence of pregnancies was 1.0 per 100 female V/T-Years, matching the lowest incidence of pregnancies reported in the last 15 years (*Figure*

9). The incidence of pregnancies in 2003 was 15% less than in 2002 (1.3 per 100 female V/T-Years), and was 55% less than in 1989 (2.2 per 100 female Volunteers). The reduction in pregnancies is notable because female V/T-Years as a percentage of all V/T-Years have increased by 15%, from 52% in 1993 to 59% of all V/T-Years in 2003 (*Figure 10*). Almost all pregnancies in PCVs are unintended.

There were 40 pregnancies in 2003 (Table 16). The greatest number (23 or 58% of the total) and highest incidence (1.6 per 100 female V/T-Years) occurred in the IAP region (*Figure 11*). The incidences of pregnancies in the Africa and IAP regions have slowly decreased since 1996, with the lowest incidence in 2003 occurring in the Africa region (0.5 per 100 female V/T-Years). Six countries (three in the IAP region and three in the EMA region) had incidences of pregnancies in 2003 greater than 3.5 per 100 female V/T-Years (*Figure 12*). This compares with 10 countries with incidences greater than 3.5 per 100 female V/T-Years in 2002. Costa Rica reported four pregnancies in 2003.

To continue the reduction in the incidence of pregnancies, female PCVs should strive to reduce unprotected sexual intercourse, which also protects them from HIV and STDs. PCMOs should continue emphasizing safer sexual behaviors during PST and IST, as

well as during the one-on-one counseling opportunities that occur with Volunteers throughout their service.

The 10 Leading Reported Health-Related Events

Worldwide Distribution of “The Top 10”

The 10 most commonly reported health-related events among Volunteers and trainees in 2003 were (in decreasing frequency): acute diarrhea, upper respiratory illness (URI), mental health problems, infectious dermatitis, dental problems, unintentional injuries, febrile illness, non-sexually transmitted gynecologic infections, lower respiratory illness, and environmental concerns (*Figure 13*).

Examining the rank order of incidences of health conditions worldwide may mask region-specific patterns. In 2003, in all three Peace Corps regions, acute diarrhea was the most frequently reported health condition and upper respiratory illness (URI) was the second leading reported health condition.

Regional differences in the rank order of common health conditions may reflect differing health risks, the number of Volunteers at risk in different regions, the presence of Volunteers with preexisting health conditions that are more readily

accommodated in one location over another, and/or PCMO reporting patterns.

In 2003, mental health problems were the third most frequently reported health condition overall, ranking third in the EMA region, but ranking fourth in the Africa and IAP regions. In 2003, infectious dermatitis ranked as the fourth most frequently reported health condition overall, but ranked third in the Africa and IAP regions, and sixth in the EMA region.

Africa Region. The Africa region’s top 10 reportable conditions shared similarities with those reported worldwide (*Figure 14*). Acute diarrhea and URIs ranked first and second, respectively. Dermatitis ranked third, febrile illness ranked seventh, and presumptive malaria ranked ninth. This rank order reflects the warm climates and the frequency of tropical and infectious disease exposures in the Africa region. Mental health problems ranked fourth, unintentional injuries ranked fifth, and dental problems ranked sixth in the Africa region in 2003. Environmental concerns did not appear among the top 10 health conditions in the Africa region in 2003.

IAP Region. The IAP region’s top 10 reportable conditions were also similar to those reported worldwide (*Figure 15*). Acute diarrhea and URIs ranked first and second, respectively. Dermatitis ranked third, unintentional injuries ranked

fifth, and dental problems ranked sixth. Environmental concerns were the 10th leading reported health condition in the IAP region in 2003, as they were worldwide.

EMA Region. In 2003, acute diarrhea was the leading reportable health condition in the EMA region (*Figure 16*), as it was in 1999–2001. In 1997–1998 and 2002, URI was the leading reportable health condition. Consistent with previous years, the EMA region in 2003 had a high incidence of URI (61.1 per 100 V/T-Years) compared with the Africa (37.0) and IAP (57.2) regions (Table 15). This probably reflects that countries located in the EMA region are primarily in cold-weather or temperate climate zones. Mental health problems ranked third and dental problems ranked fourth in the EMA region. Dermatitis dropped to sixth and febrile illness to seventh, again probably reflecting cold-weather or temperate climates. In 2003, unintentional injuries ranked fifth in the EMA region, as they have since 2000. In 2003, environmental concerns were the 10th leading health problem in the EMA region, the same rank they had worldwide.

#1: Acute Diarrhea

Acute diarrhea was the leading cause of reportable illness among Volunteers worldwide (92.1 cases per 100 V/T-Years) (*Figure 13*). The incidence of acute diarrhea among Volunteers in 2003 increased 13% compared to 2002

(Figure 17). In 2003, seven countries had incidences of acute diarrhea greater than 200.0 per 100 V/T-Years (Figure 18), compared with five countries in 2002 and two countries in 2001. Two countries in the Africa region (Burkina Faso and Niger) had incidences of acute diarrhea greater than 160.0 per 100 V/T-Years every year from 2000 to 2003.

The category acute diarrhea includes laboratory-confirmed cases of amebiasis, giardiasis, salmonellosis, shigellosis, and other laboratory- and nonlaboratory-confirmed cases. The quality of laboratory services in each country is variable. Therefore, the predictive value of positive and negative laboratory tests is too low to consider reported results valid in some countries. However, all these etiologies can be associated with acute and, at times, chronic diarrhea.

Because of acute diarrhea's leading frequency in reporting and substantial impact on the health of Volunteers, preventing it through safe food and water consumption practices continues to be an appropriate focus of PST and IST sessions designed for trainees and Volunteers.

#2: Upper Respiratory Tract Illnesses

URI was the second leading cause of reportable illness among Volunteers worldwide (50.9 per 100

V/T-Years). The incidence of URI in 2003 decreased 2% compared to 2002 (51.8 per 100 V/T-Years) and has remained relatively constant since 1996 (Figure 19). Incidences greater than 100.0 per 100 V/T-Years were reported in five countries in 2003 (two of these are in the EMA region, three are in the IAP region) (Figure 20). Macedonia has had incidences of URI greater than 100.0 per 100 V/T-Years every year from 2000 to 2003.

Illnesses reported in this category include influenza and influenza-like illnesses, pharyngitis, tonsillitis, acute laryngitis, otitis media, and sinusitis. Viruses, bacteria, mycoplasmas, and chlamydia are all associated with URIs.

Epidemic influenza is commonly seen in winter months in Northern Hemisphere countries with temperate and cold climates. This includes many countries in the EMA region. Influenza is a viral infection that can cause "classic flu" and a full spectrum of URI conditions. Influenza may also cause lower respiratory tract disease, including bronchitis and pneumonia. In 2000, the Advisory Committee on Immunization Practices lowered the age at which universal yearly influenza immunization is recommended from 65 to 50 years.⁷ Therefore, Volunteers who are 50 or older, as well as Volunteers who have required hospitalization or regular medical follow-up during the

preceding year because of chronic metabolic disease (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression, should receive annual influenza immunization to avert potentially life-threatening events, such as bacterial pneumonia, that can follow acute influenza virus infection (see Technical Guideline [TG] #300 for specific influenza vaccine indications).

#3: Mental Health Problems

In 2003, mental health problems, defined as one-to-one discussions (in person or by telephone) between PCMOs and Volunteers regarding mental health concerns (not concerning the environment), ranked third in reported frequency (33.7 per 100 V/T-Years). Reasons for counseling included episodes of depression, problems with interpersonal relationships, stress reactions, anxiety, and/or loneliness. If a Volunteer is seen numerous times within a month for the same ongoing mental health problem, the event is reported only once.

The incidence of mental health problems in 2003 (33.7 per 100 V/T-Years) increased 22% compared to 2002 (27.7 per 100 V/T-Years) and is 65% higher than the incidence in 1993 (20.4 per 100 V/T-Years) (Figure 21). The overall trend of increased incidence may be the result of a variety of factors: (1) greater accommodation

by the Peace Corps of persons with stable mental health problems, (2) more persons serving in the Peace Corps who have unknown or undisclosed preexisting mental health problems that become exacerbated by their service, (3) greater societal acceptance of mental health counseling, with an associated increased demand by Volunteers for services, and/or (4) greater availability of mental health services at posts through PCMOs and other counselors.

Incidences of reported mental health problems were highly variable from country to country (Table 14). In 2003, three countries had incidences greater than 100.0 per 100 V/T-Years (*Figure 22*) (all three in the EMA region). In 2003, two countries (Armenia and Russia/Far East) reported no mental health problems among Volunteers. The Peace Corps ceased operations in Russia/Far East in 2003.

The substantial variability in reported mental health problems among countries may reflect overreporting, nonreporting, or misclassification of mental health problems, or misunderstanding by PCMOs of the surveillance case definition for mental health problems.

Mental health problems may or may not lead to medical evacuation (medevac) to the United States for additional evaluation. An OMS study of mental health medevacs during 1996–1998 showed that the

incidence of OMS-authorized mental health medevacs increased 78% from 1996 (0.9 per 100 V/T-Years) to 1998 (1.6 per 100 V/T-Years).⁸ A panel of external experts convened by the Peace Corps (the Mental Health Task Group) reviewed mental health issues related to Peace Corps service and issued a report in 2001 describing the basis of Volunteer mental health problems, the scope of their impact, and ways the Peace Corps might address the issue.⁹

#4: Dermatitis

The fourth-ranked health-related event among Volunteers in 2003 was infectious dermatitis (32.3 per 100 V/T-Years), defined as an infection of the skin due to bacterial, fungal, or parasitic organisms evaluated by a health-care provider. The diagnosis does not require laboratory confirmation. This category does not include acne, eczema, or nonspecific rashes. Dermatitis is commonly encountered in tropical areas, where secondary bacterial infections of so-called minor abrasions are more common than in temperate regions. Additionally, superficial fungal infections of the skin, such as *Malassezia furfur* (tinea versicolor), are common in moist, humid environments that promote fungal growth. Examining regional trends in 2003, the highest incidence of infectious dermatitis was in the IAP region (40.4 per 100 V/T-Years), and the lowest was in the EMA region (20.0 per 100 V/T-Years)

(Table 3).

#5: Dental Problems

Dental problems were the fifth leading cause of reportable health-related events among Volunteers in 2003. The incidence of dental problems (26.0 per 100 V/T-Years) in 2003 increased 2% compared to 2002 (25.5 per 100 V/T-Years) and is 54% higher than the incidence in 1993 (16.9 per 100 V/T-Years) (*Figure 23*). PCMOs report any condition involving the teeth or gums that required evaluation by a dentist or other health-care professional. The category does not include repeat visits for the same problem or routine screening or prophylaxis visits. Examining regional trends in 2003, the highest incidence of dental problems was in the EMA region (35.2 per 100 V/T-Years) (Table 2), a finding that may reflect the older average age of Volunteers serving in the EMA region. The Africa region had the lowest incidence of dental problems (18.5 per 100 V/T-Years), as well as the youngest average age of Volunteers.

#6: Unintentional Injuries

Unintentional injuries include sports-related, vehicle-related (bicycle-, motorcycle-, other motor vehicle- [e.g., automobile, truck, bus], and pedestrian-related); and “other” injuries. In 2003, unintentional injuries were the sixth leading reportable health condition (24.2 per 100 V/T-Years). The

most frequently reported category of unintentional injury was “other,” a category that includes falls, burns, animal and insect bites, poisoning, and cuts, abrasions, and puncture wounds not related to sports, water, or vehicles) (14.7 per 100 V/T-Years) (Table 10).

Among the specific causes of unintentional injuries in 2003, sports-related injuries had the highest incidence (4.9 per 100 V/T-Years), and motorcycle injuries had the lowest incidence (0.4 per 100 V/T-Years) (*Figure 24*). The nonspecific “other” category of unintentional injuries is not reflected in *Figure 24*.

Examining regional trends for sports-related injuries in 2003, the EMA region had the highest incidence (5.6 per 100 V/T-Years), and the Africa region had the lowest (3.7 per 100 V/T-Years) (Table 9). Five countries in 2003 (two in the Africa region, two in the IAP region, and one in the EMA region) had incidences of sports-related injuries greater than 14.0 per 100 V/T-Years (*Figure 25*). El Salvador has had incidences of sports-related injuries greater than 14.0 per 100 V/T-Years every year from 2001 to 2003.

The overall incidence of bicycle injuries in 2003 was 1.8 per 100 V/T-Years, a 13% increase compared to 2002 (1.6 per 100 V/T-Years). In 2003, the Africa region had 77 reported bicycle injuries (65% of the total) and the highest

region-specific incidence (3.2 per 100 V/T-Years). The EMA region had 11 reported bicycle injuries (9% of the total) and the lowest incidence (0.6 per 100 V/T-Years). Six countries (four in the Africa region and two in the IAP region) had incidences of bicycle injuries greater than 5.0 per 100 V/T-Years in 2003 (*Figure 26*). Burkina Faso had the highest incidence of bicycle injuries in 2003, and has had an incidence of bicycle injuries greater than 5.0 per 100 V/T-Years every year from 1999 to 2003.

Data to analyze bicycle injuries by location affected on the body are not available for Volunteers. However, routine use of bicycle helmets reduces head injuries¹⁰ and facial trauma.¹¹ In 2001, Section 523 of the *Peace Corps Manual* was revised to require all Peace Corps Volunteers to wear an approved bicycle helmet while operating a bicycle or riding as a passenger.

The incidence of reported pedestrian injuries in 2003 was 1.0 per 100 V/T-Years (Table 7). Examining regional trends in 2003, the IAP region had the highest incidence (1.7 per 100 V/T-Years), and the EMA region had the lowest incidence (0.6 per 100 V/T-Years). Four countries (two in the IAP region and two in the Africa region) had incidences of pedestrian injuries in 2003 greater than 4.0 per 100 V/T-Years (*Figure 27*) compared with eight countries exceeding 4.0 per 100 V/T-Years in

2002. Paraguay has had incidences of pedestrian injuries greater than 4.0 per 100 V/T-Years every year from 2000 to 2003.

The incidence of reported motor vehicle (excluding motorcycles) injuries in 2003 was 1.0 per 100 V/T-Years. The annual incidence of motor vehicle injuries has changed little since 1993, ranging between 0.9 and 1.4 per 100 V/T-Years. Five countries in 2003 (all in the Africa region) had incidences of motor vehicle injuries greater than 4.0 per 100 V/T-Years (*Figure 28*). Guinea had incidences of motor vehicle injuries greater than 4.0 per 100 V/T-Years in both 2002 and 2003.

Injury incidence does not account for the prevalence of use of motorcycles, bicycles, and other motor vehicles in a country. Because of this, some important underlying trends may be obscured. OMS continues to explore methods to analyze injuries associated with motorcycles, bicycles, and other motor vehicles in conjunction with information about how many of these vehicles are at posts to more accurately characterize transportation-related health risks to Volunteers.

Water-related injuries include any injury associated with swimming, diving, water-skiing, boating, or other water-based activity. Not surprisingly, the highest regional incidence of water-related injuries occurred in the IAP region (0.5 per

100 V/T-Years) (Table 10). The IAP region reported 13 (45%) of the 29 total water-related injuries reported in 2003. Water-related injuries occurred in 20 countries in 2003. However, three countries (all in the IAP region) had incidences of water-related injuries greater than 3.0 per 100 V/T-Years (*Figure 29*). All three (East Timor, Micronesia, and Vanuatu) are countries that consist primarily of islands and all three had incidences of water-related injuries greater than 3.0 per 100 V/T-Years in both 2002 and 2003.

Between 1994 and 2003, four (13%) of the 31 in-service deaths among Volunteers were water-related. A water safety PST module was developed by OMS for worldwide distribution in 1997.

In 2003, the overall incidence of motorcycle-related injuries was 0.4 per 100 V/T-Years (*Figure 30*). This incidence increased 33% compared to 2002 (0.3 per 100 V/T-Years), but is 75% less than the incidence in 1994 (1.6 per 100 V/T-Years). There were 25 reported motorcycle-related injuries in 2003 (Table 8); 17 (68%) in the Africa region (five countries) and eight (32%) in the IAP region (three countries) (*Figure 31*).

The distribution of motorcycle injuries is highly restricted. This health event, therefore, is a promising target for further reductions or even elimination using policy interventions in

specific countries. Eight countries (seven in the Africa region [Benin, Burkina Faso, Cameroon, Guinea, Mali, Niger, and Senegal] and one in the IAP region [Dominican Republic]) account for 75% (76 of 101) of the motorcycle-related injuries that occurred among Peace Corps Volunteers during the five-year period 1999–2003.

Current Peace Corps policy is to limit the use of motorcycles to only those cases where using a motorcycle is clearly necessary to accomplish the goals of a particular project. Volunteers have been greatly discouraged from using motorcycles in the field and when on leave. Motorcycles for Volunteers have not been purchased through headquarters for at least 11 years and most posts have not purchased them for Volunteer use. This combination of policies and practices has resulted in a reduced incidence of reported motorcycle-related injuries. OMS supports the continuation of these policies and practices to prevent motorcycle-related injuries.

Other prevention methods for motorcycle injuries include the routine use of helmets to protect motorcycle riders from head trauma, and required training for the few Volunteers who still require motorcycles for their projects.

#7: Febrile Illnesses

The seventh-ranked category, febrile illnesses (16.3 per 100 V/T-

Years), includes any illness accompanied by a documented temperature of at least 38 degrees Celsius that does not have a separate category in the surveillance system or is of unknown etiology. The incidence of febrile illnesses among Volunteers in 2003 increased 4% compared with 2002 (15.6 per 100 V/T-Years).

Certain reporting patterns suggest etiologies for some of the febrile illnesses. An increase in the number of reported febrile illnesses in the EMA region during the winter months suggests unrecognized influenza as well as other virus activity. In addition, fever alone may be the only manifestation for some infections, most notably viral infections, which often resolve rapidly before any definite diagnosis can be established.

Eight countries reported having no febrile illnesses in 2003 (Albania, Belize, Georgia, Lesotho, Nicaragua, Russia/Far East, Swaziland, and Turkmenistan) (Table 4). These findings may reflect increased capacity to define specific etiologies for febrile illnesses, nonreporting, or misunderstanding by PCMOs in these countries of the surveillance case definition for febrile illnesses. The Peace Corps suspended operations in Russia/Far East in 2003.

#8: Non-Sexually Transmitted Gynecologic Infections

Non-sexually transmitted gynecologic infections (NTGI) ranked as the eighth leading reported health-related event among Volunteers (13.6 per 100 V/T-Years). Note that this is the overall incidence among all Volunteers and is used only for comparison purposes with other reportable health conditions. As only female Volunteers are at risk for this condition, its sex-specific incidence in 2003 is much higher (23.1 per 100 female V/T-Years) (Table 16), indicating it has a greater impact on the Volunteer population than the overall incidence indicates.

This category includes bacterial vaginosis and vaginal yeast infection. Although these two conditions are bothersome to women, they usually have low morbidity. However, they are important because of the risk of acquiring human immunodeficiency virus when a woman is exposed to HIV in the setting of a gynecologic infection.¹² Vaginal or cervical inflammation increases the presence of white cells in the local area, including CD4+ T-lymphocytes, which carry receptors for HIV on their surface. Inflammation is also associated with microscopic disruption of the vaginal mucosa, which also may increase the risk of HIV acquisition.¹³ Alerting female Volunteers about this potential risk factor, as well as early diagnosis and treatment of these conditions

when they occur, is important.

#9: Lower Respiratory Tract Illnesses

In 2003, lower respiratory tract illness (LRI) was the ninth-ranked cause of reported illness among Volunteers (7.9 per 100 V/T-Years) (Table 15). Examining regional trends in 2003, the EMA region had the highest incidence of LRI (9.7 per 100 V/T-Years); the Africa region had the lowest incidence (4.9 per 100 V/T-Years). Incidences greater than 20.0 per 100 V/T-Years occurred in seven countries in 2003 (three in the EMA region, three in the IAP region, and one in the Africa region) (*Figure 32*). Guatemala has had an incidence of LRI greater than 20.0 per 100 V/T-Years every year from 2000 to 2003.

This reporting category includes pneumonia, pneumonitis, bronchitis, and pleural disease. (Asthma is a separate reporting category in the ESS.) LRI can be associated with bacteria, viruses, mycoplasmas, and chlamydia.

#10: Environmental Concerns

In 2003, environmental concerns, defined as one-to-one discussions between PCMOs and Volunteers, in person or by telephone, regarding exposures to environmental threats, ranked 10th in reported frequency (5.0 per 100 V/T-Years).

Included in these interactions are

concerns about air pollution, heavy-metal exposures, pesticides, radiation, water pollution or poor water quality, food sanitation, and disaster threats (e.g., earthquakes, hurricanes). These problems may or may not lead to medical evacuation or site changes. If a Volunteer is seen numerous times within a month for the same ongoing environmental concern, the event is only reported once.

Incidence of environmental concerns in 2003 decreased 7% compared with 2002 (5.4 per 100 V/T-Years) (*Figure 33*). The incidence has remained relatively constant since 1996, although there was a slight increase in 1999 associated with Y2K concerns. Environmental concerns were 233% greater in 2003 than in 1993 (1.5 per 100 V/T-Years).

The incidence of reported environmental concerns varies greatly from country to country (Table 3). In 2003, five countries reported incidences of environmental concerns greater than 20.0 per 100 V/T-Years (three in the IAP region and two in the Africa region) (*Figure 34*). Eastern Caribbean and Honduras had incidences of environmental concerns greater than 20.0 per 100 V/T-Years in both 2002 to 2003.

Widespread distribution and use of the publications *Environmental Health: Answers to Volunteer and Staff Questions*¹⁴ and *Radiation Health and Safety: Answers to*

*Volunteer and Staff Questions*¹⁵ may help ameliorate environmental concerns among Volunteers.

In-Service Deaths

Between 1961 and 2003 there were 251 in-service Volunteer deaths. The overall mortality (the number of deaths per 10,000 Volunteers per year) since 1990 remains at historical lows (*Figure 35*). Between 1961 and 2003, unintentional injuries resulted in the highest fatality rates relative to other causes, followed by medical illnesses (*Figure 36*). Except for isolated periods (1981–1985 and 1996–2000), medical illnesses resulted in higher cause-specific fatality rates than homicides.

Transportation-related deaths represent a substantial portion of deaths from unintentional injury, although the numbers of automobile and motorcycle deaths have significantly decreased since the 1967–1976 period (*Figure 37*).

One Death in 2003

One Volunteer died in 2003, the result of a suicide. This 23-year-old male Volunteer was found dead inside his residence at his site. An autopsy by the Armed Forces Institute of Pathology indicated that the immediate cause of death was by hanging, and the overall category of death was suicide. On review of his medical history, this Volunteer took daily doxycycline

for malaria chemoprophylaxis; he was not taking mefloquine. This was the first in-service death confirmed as a suicide in a Peace Corps Volunteer since 1983 (a 20-year period).

Tropical Diseases

Malaria

There are four *Plasmodium* species that cause malaria in humans. *Plasmodium falciparum* is found primarily in tropical regions and poses the greatest risk of death for nonimmune persons because it can infect and lyse all ages of red blood cells. Falciparum malaria can progress rapidly, with a lucid patient becoming obtunded within minutes. If cerebral malaria or other major organ dysfunction occurs, the risk of death is approximately 20%, even with proper therapy.¹⁶ This picture of rapid progression is most commonly seen in individuals without immunity, such as young children and expatriates, even those who have lived in malarious areas for extended periods of time. Additionally, *Plasmodium falciparum* has been the species most likely to develop resistance to antimalarial drugs.¹⁷

Since 1962 there have been five Volunteer deaths from falciparum malaria, but none has occurred since the introduction of weekly mefloquine use in 1990 (*Figure 38*). This change in the

chemoprophylactic strategy aimed at chloroquine-resistant *Plasmodium falciparum* (CRPF) malaria brought a concomitant decrease in reported incidence of falciparum malaria among Volunteers serving in the Africa region.

In 2003, the incidence of reported falciparum malaria in the Africa region was 3.4 cases per 100 V/T-Years, a 15% decrease compared with 2002 (4.0 cases per 100 V/T-Years), and 79% less than the rate reported in 1989 (16.0 per 100 Volunteers/year), when CRPF became widespread in Africa.

The overall incidence of non-falciparum malaria in 2003 was 0.1 per 100 V/T-Years (*Figure 39*). Non-falciparum malaria continues to occur in the Africa and IAP regions at very low and relatively constant incidences (Table 12).

All Volunteers serving in malarious areas are required to follow an effective malaria chemoprophylaxis regimen. As described above, the introduction of mefloquine chemoprophylaxis was temporally linked with a decrease in deaths from falciparum malaria and the observed decrease in the incidence of laboratory-confirmed cases of falciparum malaria compared with the late 1980s.

Increasingly, PCMOs are using drugs other than mefloquine for prophylaxis in CRPF areas because of Volunteer complaints about side

effects encountered with mefloquine use. These drugs include doxycycline and Malarone.

The half-life of doxycycline is 22 to 24 hours (in individuals on a continuous dosing regimen), so it must be taken daily to ensure adequate protection against malaria. Mefloquine, on the other hand, has a half-life of about 21 days. Therefore, the potential health consequences of a single missed dose are quite different for these two agents. Delaying a dose of doxycycline by one day places the Volunteer at risk for clinical disease including cerebral malaria and possible death. A similar dosing delay with mefloquine does not place the Volunteer at the same level of risk.

Malarone (a fixed combination of atovaquone and proguanil) was approved by the FDA in 2000 as an antimalarial agent for both chemoprophylaxis and treatment.¹⁸ Dosing frequency with Malarone is similar to that with doxycycline in that it must be taken daily to ensure adequate protection against malaria.

The percentage of PCVs in the Africa region in 2003 taking doxycycline as malaria chemoprophylaxis was 15.6%, a 5% increase compared with 2002 (12.5%) (*Figure 40*). The percentage of Volunteers taking Malarone in 2003 was 3.2%, an 88% increase compared with 2002. Mefloquine use among Volunteers decreased 11% in 2003 compared

with 2002, however, mefloquine continues to be effectively used for prophylaxis against CRPF by over 70% of Volunteers in the Africa region every month (73.5%).

These data suggest the need for OMS to continue working with PCMOs and Volunteers to find optimal malaria chemoprophylaxis strategies that minimize the risks of malaria, but are acceptable to Volunteers. Additionally, these findings suggest that surveillance of adverse reactions from these agents is warranted.

In 2003, no cases of falciparum malaria occurred that were suggestive of mefloquine resistance. Mefloquine resistance is suggested when a PCV reports adherence to weekly mefloquine prior to developing symptoms, but serum mefloquine levels are adequate. Surveillance efforts for mefloquine resistance will continue. However, to accomplish this (as stated in TGs #840 and #845), PCMOs must: send blood smears to confirm malaria parasites in each Volunteer diagnosed with malaria; complete a malaria case report form on each, including whether the Volunteer reported adherence to his/her malaria chemoprophylaxis prior to developing symptoms; and send serum specimens for Volunteers who are taking mefloquine or Malarone to determine if drug levels were adequate in persons who developed malaria.

Dengue

Dengue fever is caused by infection with certain viruses from the family known as flaviviruses. There are four serotypes of dengue virus (DEN-1, DEN-2, DEN-3, DEN-4), all of which cause human disease. Dengue virus is transmitted primarily by mosquitoes of the species *Aedes aegypti*. These are day-biting mosquitoes that prefer humans to animals as the source of their blood meals.

It is estimated that there are as many as 100 million cases of dengue fever annually worldwide.¹⁹ In the past two decades, the geographic extent of dengue fever has increased markedly, with more cases and outbreaks particularly in Western Hemisphere countries (i.e., South and Central America and the Caribbean). Clinical illness can range from a self-limited, nonspecific viral syndrome to severe hemorrhagic disease with shock and death. The classic form of the disease is characterized by fever, chills, myalgia, headache, and after a few days, the development of a rash (nonpruritic, often petechial). Blood examination often shows thrombocytopenia and leukopenia. The disease resolves over a few weeks, although fatigue may last for months. However, the risk of severe disease increases when sequential infections occur with different viral serotypes. The severe forms of the disease are dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS).

The case definition by the World Health Organization for DHF, in addition to fever and thrombocytopenia, includes hemorrhagic phenomena (bleeding from mucosa, intestinal tract, injection sites, or other locations) and hemoconcentration (a rise in hematocrit of at least 20% above baseline). The case definition of DSS includes all the criteria of DHF plus clinical evidence of hypotension (shock).

In 2003, there were 94 reported cases of dengue fever in 17 countries (Table 2). The incidence of reported dengue in 2003 was 1.4 per 100 V/T-Years, a 100% increase compared to 2002 (0.7 per 100 V/T-Years) (Figure 41). Seventy-six cases (81%) occurred in the IAP region, where the incidence was 3.1 per 100 V/T-Years. Five countries in 2003 had incidences of reported dengue greater than 5.0 per 100 V/T-Years (Dominican Republic, Honduras, Nicaragua, Philippines, and Vanuatu). Reported dengue cases show a marked seasonal pattern, with cases peaking between May and November. No cases of dengue in Volunteers in 2003 met the case definitions for either DHF or DSS.

No vaccines or antiviral agents specifically treat or provide prophylaxis against dengue fever. Prevention measures are to avoid mosquito bites by using insect repellents, clothing that covers exposed skin, pesticide-impregnated bed nets, and screens

on dwelling doors and windows. These prevention methods are also effective in preventing malaria, which is also transmitted by mosquitoes.

Schistosomiasis

Schistosomiasis is characterized by granulomatous formations that result from infection with parasitic trematode blood flukes known as schistosomes. Almost all human infections are caused by five species, *Schistosoma mansoni*, *S. hematobium*, *S. japonicum*, *S. mekongii*, and *S. intercalatum*. Mixed infections can occur, particularly in sub-Saharan Africa. The global distribution of the parasites, egg morphology, preferred site of residence in the human host, snail host, and pathophysiology of the disease differ among the species. Nonetheless, all infections are acquired from freshwater sources containing free-swimming larval forms (cercariae) that have developed in snails. The most common water contacts that result in infection are wading or swimming in infected water, at which time cercariae penetrate the skin.

Schistosomiasis is endemic in all the regions in which PCVs serve, although it is most widespread in sub-Saharan Africa. The incidence and prevalence of schistosomiasis vary within each country in which the parasites are endemic.

In 2003, the incidence of reported schistosomiasis among in-service Volunteers was 0.6 per 100 V/T-Years (Figure 42). This was unchanged from 2002, but increased 50% compared to 1997 (0.4 per 100 V/T-Years). In 1998, OMS implemented close-of-service screening procedures for schistosomiasis in Volunteers who lived in or traveled through schistosomiasis-endemic areas. Increases in the incidence of schistosomiasis reported after 1998 are likely due to increased serologic screening.

All 38 reported cases of schistosomiasis in 2003 were in Volunteers serving in the Africa region (Table 18). Nine countries reported schistosomiasis in 2003, compared with 11 countries in 2002, underscoring that freshwater sources other than Lake Malawi may be sites where Volunteers acquire infection. However, 15 cases (39% of the total) in 2003 were reported from Malawi.

The potential risk of acute clinical illness in the nonimmune host exists during the several-month period following infection and often before the diagnosis is suspected. During this time, acute schistosomiasis can occur, and very rarely, neurologic schistosomiasis secondary to the ectopic deposition of eggs in the brain or spinal cord can occur. The onset of both conditions is usually within 35 to 40 days of exposure to heavily infested water and corresponds to the first period of

egg deposition by the now-mature flukes within the body. It is then that the body begins to mount an antibody response to the fluke and egg antigens.

When acute schistosomiasis is suspected in an active-duty Volunteer, the PCMO should contact the area PCMO (APCMO) and/or OMS, along with having local consultation when available.

Mild chronic schistosomiasis may occur in Volunteers who become infected after exposure to freshwater infested with cercariae but who remain asymptomatic. This usually occurs in the setting of a light infection with few adult worms present. However, over time symptoms may develop that are referable to the site of infection. Such cases may come to medical attention following service. In 2003, 61 post-service claims by returned Volunteers for schistosomiasis were filed with the U.S. Department of Labor. One completed service in 2000, 29 in 2002, and 31 in 2003. Claimants served in 21 countries. Those from Kenya (eight), Zambia (eight), and Senegal (seven) made the most claims in 2003.

Prevention is the key to controlling morbidity and disability due to schistosomiasis among Volunteers. PSTs and ISTs are ideal times to stress the importance of avoiding skin exposure to suspect freshwater sources, which in Africa include essentially all freshwater lakes and

slow-moving streams. Should very brief or unintentional skin exposures occur, cercarial penetration can be prevented or minimized by vigorous and complete towel drying, followed by the immediate application of 70% isopropyl alcohol to the skin to kill cercariae on the surface.²⁰

Filariasis

Filariasis is a clinical condition resulting from infection with one of several long, threadlike nematodes that parasitize the tissues of humans and some animals. These parasites, which have different vectors for transmission, include the mosquito-borne parasites that cause lymphatic filariasis: *Wuchereria bancrofti*, *Brugia malayi*, and *Brugia timor*; *Onchocerca volvulus* (river blindness), transmitted by black flies; and *Loa loa* (eye worm), transmitted by the tabanid fly. In addition, some less common varieties of filaria exist in the Africa and IAP regions. Each parasite has its own ecological niche, although some overlap occurs. *W. bancrofti* is endemic in most warm, humid regions of the world, including Latin America.

Volunteers serving in areas in which *Loa loa* is highly endemic receive diethylcarbamazine (DEC) as a weekly chemoprophylactic therapy.

In 2003, no cases of filariasis were reported (Table 4). This compares to an incidence of filariasis of 0.03

per 100 V/T-Years in 2002 (Figure 43).

In 2003, two post-service claims by returned Volunteers for filariasis were filed with the U.S. Department of Labor. Both completed service in 2002. One claimant served in Cameroon and the other in Guyana.

Neither the ESS nor service-related claims differentiate among species of filariasis. However, based upon the geographic distribution of the species, cases in Central Africa are most likely to be loiasis, whereas cases from West Africa are more likely to be onchocerciasis. Mixed infections with both *Loa loa* and *O. volvulus* can occur as a result of overlapping endemic regions.

Eosinophilia is commonly seen with filarial infections, so filariasis should be considered in Volunteers living in an endemic area who have persistent eosinophilia and in whom an evaluation for intestinal parasites has been unrevealing. Significant elevation in the eosinophil count of several weeks' duration has been associated with the development of endocardial lesions,²¹ although the frequency of this complication is low. No Volunteers have thus far been diagnosed with endocardial lesions. PCMOs who identify a Volunteer with cryptic persistent eosinophilia should consult with their APCMO and/or OMS to discuss further diagnostic options.

Intestinal Helminths

Soil-transmitted intestinal helminths, or geohelminths, have been reported in all regions where Volunteers serve. Intestinal helminths are divided into three categories according to their life cycle. Type 1, the direct geohelminths, include *Enterobius vermicularis* and *Trichuris trichiura* and do not require a period in the soil to become infectious for humans. Type 2, the modified direct geohelminths, are passed in the stool and undergo a period of development in the soil before they can be infectious upon ingestion. Included in this group are *Ascaris lumbricoides* and *Toxocara canis*. Type 3 geohelminths infect humans via penetration of the skin and include *Ancylostoma* (hookworm) and *Strongyloides stercoralis*.

In 2003, the incidence of reported geohelminth infection was 2.9 per 100 V/T-Years, 6% less than the incidence in 2002 (3.1 per 100 V/T-Years) (Figure 44). Examining regional trends in 2003, the largest number of cases (143) (75% of the total) and highest incidence (5.8 per 100 V/T-Years) were in the IAP region (Table 5). The Africa and EMA regions have demonstrated slowly decreasing incidences of intestinal helminthes since 1993 (Figure 45).

Efforts to reduce intestinal helminth infections should continue to focus on prevention strategies that

interrupt transmission and decrease the risk of exposure.

Other Infectious Diseases

Hepatitis

Type-specific viral hepatitis is reported in the monthly ESS and includes hepatitis A, B, C, and E, as well as unspecified hepatitis.

Hepatitis A, usually transmitted via the oral-fecal route, is invariably a self-limited disease but can impair a person's ability to work for one or more months because of the accompanying symptoms (fatigue, malaise, weakness, and anorexia). In 1995, the U.S. Food and Drug Administration (FDA) approved the use of hepatitis A vaccine, which involves a two-dose immunization strategy (1.0 mL vaccine intramuscularly in months zero and six). The Peace Corps began giving the hepatitis A vaccine in 1995. Until 1995, immune globulin had been given to Volunteers every three to four months to provide passive immunity against symptomatic hepatitis A infection. However, immune globulin was less than ideal because of the need for repeat dosing during Volunteer service and the variability in product antibody titer and hence in the immunity it produced.

In 1994 and 1995, the incidence of reported hepatitis A in PCVs was 0.19 per 100 V/T-Years (Figure

46). Since the introduction of hepatitis A vaccine in 1995, hepatitis A among Volunteers has been greatly reduced. Two cases of hepatitis A were reported in PCVs in 2003 (0.03 per 100 V/T-Years). The cases, reported in El Salvador and Zambia, occurred in PCVs who had received the first dose of hepatitis A vaccine but had not yet completed the two-dose series, hence likely had incomplete immunity.

Hepatitis B, a sexually transmitted and blood-borne pathogen, usually has a similar clinical course to that seen in patients with hepatitis A. However, it may be associated with several possible severe sequelae, including fulminant hepatitis (requiring liver transplantation), chronic active hepatitis, superinfection with hepatitis D, cirrhosis, and hepatocellular carcinoma. Hepatitis B infection occurs primarily in young adulthood when individuals become sexually active.

An FDA-approved hepatitis B vaccine has been available in the United States since the 1980s. Because the total lifetime risk of hepatitis B infection is approximately 5%, the United States has adopted a long-range goal of eliminating hepatitis B infection and its sequelae through universal childhood immunization against this virus.²² However, in the short term, the U.S. Public Health Service has recommended

that all sexually active adults be immunized against hepatitis B.²³

In 1995 the Peace Corps implemented universal hepatitis B immunization for Volunteers. Since the introduction of the hepatitis B vaccine in 1995, hepatitis B among Volunteers has virtually disappeared. In 1993 the incidence of hepatitis B was 0.05 per 100 V/T-Years. In 2003 there were no reported cases of hepatitis B, and only one case of hepatitis B infection has been reported among PCVs during the past nine years (1998).

As a result of hepatitis B immunization, infections with hepatitis D have also been averted. Hepatitis D is a defective virus that is incapable of replicating in the absence of hepatitis B.

The virtual elimination of hepatitis A and hepatitis B as threats to Volunteer health emphasizes the need to educate Volunteers about strategies to prevent other infectious and noninfectious forms of hepatitis. Training aimed at preventing infections caused by the oral-fecal and sexually transmitted routes is key, and PCMOs routinely provide such training.

Among the hepatitis virus group, hepatitis C, E, and G have no effective vaccine or immune globulin to prevent infection. Hepatitis C virus can be sexually transmitted, usually in practices that compromise the mucosal barrier,

such as anal-receptive intercourse. Chronic liver disease occurs in over 60% of hepatitis C infections in adults.²⁴ In 2003, there were no reported cases of hepatitis C infection among PCVs.

Hepatitis E is transmitted via the oral-fecal route, whereas hepatitis C and G are primarily transmitted via the parenteral route. In 2003, there were no reported cases of hepatitis E infection.

The “catchall” reporting category, unspecified hepatitis, is the major type of hepatitis now reported among PCVs. It has a wide variety of infectious and noninfectious causes, including other viruses such as cytomegalovirus (CMV), Epstein-Barr virus (EBV), herpes simplex virus (HSV), varicella zoster virus (VZV), human immunodeficiency virus (HIV), and dengue virus; bacterial infections including leptospirosis and syphilis; and drug or toxin exposures such as isoniazid. In 2003, the incidence of unspecified hepatitis was 0.33 per 100 V/T-Years, an increase of 38% compared with 1993 (0.24 per 100 V/T-Years).

Tuberculosis

Tuberculosis (TB) remains one of the leading causes of death worldwide. The emergence of multiple-drug-resistant TB has increased the urgency for improved surveillance for this disease.²⁵ The total lifetime risk for developing an active case of TB following

infection is 10%. More than half of this risk is borne in the first two years following infection. The ideal way to identify new infections and to prevent active disease among persons at risk for acquiring the organism is to have an annual skin-testing program. Early identification of infections is coupled with preventive therapy, usually isoniazid (INH) chemoprophylaxis, against the development of active disease. The use of INH decreases the total lifetime risk of developing active TB to 2%.

In 2003, the incidence of tuberculin skin test (TST) conversions was 1.0 per 100 V/T-Years (*Figure 47*). Sixty-seven TST conversions occurred in 31 countries in 2003 (*Table 19*). The overall incidence of TST conversions decreased 33% in 2003 compared to 2002 (1.5 per 100V/T-Years).

The regional incidence of TST conversions in 2003 was highest in the Africa region (1.2 per 100 V/T-Years) and lowest in the IAP and EMA regions (0.9 per 100 V/T-Years) (*Figure 48*). Six countries reported incidences greater than 3.0 per 100 V/T-Years in 2003 (four in the Africa region and two in the IAP region) (*Figure 49*), compared with 10 countries with incidences greater than 3.0 per 100 V/T-Years in 2002.

In 2003, two Volunteers were diagnosed with active TB, one each in Malawi and Tanzania. There

were no Volunteers diagnosed with active TB in 2002. The last time a Volunteer was diagnosed with active TB was in 2001.

TB remains a risk for Volunteers throughout the world. The introduction of TG #645, "Pulmonary Tuberculosis," in 1995 increased awareness of TB infection and the benefits of initiating treatment for latent TB infection prior to the development of active TB. TG #645 stresses the use of the Mantoux intradermal skin test as the preferred screening method. It instructs that Volunteers are not allowed to read, interpret, or report the results of their own tests. TG #645 also states that the multipuncture (tine) skin test is not acceptable for screening Volunteers at close of service.

It is very important to use the proper technique in applying a TST. Equally important is when and how the test is read. Optimally, the TST is read by a health-care provider 48 to 72 hours after the test has been applied. The induration (not redness) at the site should be measured and recorded in millimeters. Misclassification of some Volunteers as converters may occur when they are in fact reactors who had their immunity "boosted" at the time of testing prior to service (this phenomenon is most likely to occur in those older than 55).

Vaccine Use and Vaccine-Preventable Diseases

PCMOs report monthly the number of doses of vaccines given to Volunteers and trainees for hepatitis A, hepatitis B, Japanese B encephalitis, meningococcal disease, rabies (pre-exposure and post-exposure), tick-borne encephalitis, and typhoid (oral and injectable). Also reported is the number of doses of rabies hyperimmune immunoglobulin (HRIG).

In 2003, 27,692 doses of vaccines and 21 doses of HRIG were given to Volunteers and trainees (Tables 22 and 23). The largest number of doses given was for rabies (8,610 pre-exposure; 354 post-exposure), followed by hepatitis B (5,850), hepatitis A (5,063), and typhoid (188 oral; 3,801 injectable). This distribution is affected because pre-exposure rabies vaccine and hepatitis B vaccine consist of three-dose series.

Vaccine-preventable diseases reported among Volunteers in 2003 included five cases of typhoid fever. Such cases can be expected because field trials of the injectable Vi capsular polysaccharide typhoid vaccine, the one preferred for overseas use, demonstrated an efficacy of only 74% in preventing blood-culture-confirmed typhoid fever among vaccine recipients when observed for 20 months in a disease-endemic area.²⁶

Other Health Conditions

Asthma

The incidence of reported asthma cases in 2003 was 2.6 per 100 V/T-Years, increasing 13% compared to 2002 (2.3 per 100 V/T-Years), and 63% compared to 1993 (1.6 per 100 V/T-Years) (*Figure 50*). This category includes both newly diagnosed cases of asthma and recurrences of previously controlled asthma. Examining regional trends in 2003, the IAP region reported the highest incidence of asthma (3.0 per 100 V/T-Years) (Table 14). Seven countries in 2003 reported an incidence of asthma greater than 7.5 per 100 V/T-Years (*Figure 51*). Burkina Faso had an incidence of asthma greater than 7.5 per 100 V/T-Years in both 2002 and 2003. Burkina Faso, Fiji, Madagascar, and Mozambique are not designated as countries that can accommodate Volunteers with controlled asthma, suggesting that asthma reported in these countries represents either new-onset asthma or previously unrevealed asthma. OMS continues to review which countries are able to accommodate Volunteers with stable, controlled asthma and updates country-specific information as appropriate.

Alcohol Problems

The incidence of reported problems with alcohol among Volunteers in 2003 was 1.7 per 100 V/T-Years, a decrease of 11% compared with

2002 (1.9 per 100 V/T-Years), and 32% less than the peak incidence of alcohol problems reported in 1996 (2.5 per 100 V/T-Years) (*Figure 52*). Alcohol problems are defined as situations in which a Volunteer's behavior is altered or his/her physical or mental acuity is impaired because of alcohol intoxication. Signs of intoxication include violent behavior, slurred speech, a decrease in physical coordination, or unconsciousness. Incidents might be observed by medical staff, other in-country staff, or other reliable sources. Multiple incidents of alcohol problems in the same Volunteer during the same month are reported only once; however, PCMOs clinically evaluate such incidents and address them as indicated.

Examining regional trends in 2003, the highest incidence of alcohol problems was reported in the EMA region (3.1 per 100 V/T-Years) (Table 1), a finding observed in previous years. This can be partially explained by cultural norms regarding alcohol use in some of the EMA region countries in which drinking by Volunteers becomes socially encouraged, but can later lead to problem drinking.

Cardiovascular Conditions

The incidence of reported cardiovascular conditions in 2003 was 0.8 per 100 V/T-Years (Table 1). Examining regional trends in 2003, the highest incidence was reported in the EMA region (1.6 per

100 V/T-Years). This may reflect the older age of Volunteers who serve in this region. Reported cardiovascular conditions are those related to the heart and blood vessels that are evaluated by a health-care professional. Although one cardiovascular problem may result in several visits, it is reported only once. Palpitations and chest pain are not reportable as a cardiovascular condition unless a specific cardiac disorder is diagnosed.

Consistent with the association of cardiovascular conditions with older age, in a study of OMS-authorized medevacs ages 65 or older during 1996–1998, cardiovascular conditions represented the largest percentage (15%) of final diagnostic categories.²⁷

Health Interactions

Volunteer-PCMO Contacts

PCMOs report the number of contacts they have with Volunteers about health conditions on a monthly basis. A contact is defined as an interaction that a Volunteer or trainee has with the health unit for any health- or safety-related matter. Contacts include office visits, telephone conversations, letters,

faxes, e-mails, or site visits by the PCMO in which health-related matters are discussed. They also include visits for routine immunizations and medical supplies. These data do not include interactions between Volunteers and PCMOs that occur during PST or IST, when the PCMO is teaching or interacting with a group of Volunteers.

In 2003, there were 155,639 Volunteer-PCMO contacts, or 14,253 contacts per month (Table 20). This translates to 2.1 contacts per V/T-Year each month, unchanged compared to 2002. Contact rates in 2003 increased in the Africa region, remained unchanged in the IAP region, and decreased in the EMA region. However the highest rate (2.4 per V/T-Year per month) remains reported in the EMA region (*Figure 53*). Contact rates provide a better estimate of the total workload of PCMOs than the cumulative number of illnesses and conditions reported monthly in the ESS.

Medevacs

Medevacs include both OMS-authorized and country-sponsored (regional) medevacs (CSMs). OMS-authorized medevacs are reported in the Peace Corps Medevac Case Management System managed by the Field Support Unit. The number of CSMs is reported monthly in the ESS, and individual case reports of each CSM are reported as per TG #430.



The overall incidence of medevacs in 2003 was 9.8 per 100 V/T-Years. There were 655 medevacs in 2003; 526 (80%) were OMS-authorized medevacs, primarily to receive care in the United States; and 129 (20%) were CSMs (Table 13, *Figure 54*). The incidence of all medevacs in 2003 decreased 6% compared with 2002 (10.4 per 100 V/T-Years). However, the incidence of OMS-authorized medevacs decreased by 9% (from 8.7 per 100 V/T-Years in 2002 to 7.9 per 100 V/T-Years in 2003), while the incidence of CSMs increased by 12% (from 1.7 per 100 V/T-Years in 2002 to 1.9 per 100 V/T-Years in 2003) (*Figure 55*).

The distribution of OMS-authorized medevacs varied by region. In 2003, the incidence of OMS-authorized medevacs was highest in the EMA region (9.4 per 100 V/T-Years) and lowest in the IAP region (7.1 per 100 V/T-Years) (*Figure 56*).

Examining regional trends of CSMs in 2003, the highest incidence was in the Africa region (3.8 per 100 V/T-Years), and the lowest was in the IAP region (0.2 per 100 V/T-Years).

The observed differences likely reflect the overall health-care delivery systems in countries of a particular region, a country's geographic proximity to the United States, and/or the availability of nearby advanced-care tertiary facilities. In the Africa region, the limited availability of advanced

medical care, except in a few regional centers such as Senegal and South Africa, likely accounts for the higher incidence of CSMs observed in the Africa region.

In-Country Hospitalizations

The incidence of in-country hospitalizations (ICHs) reported in 2003 was 5.8 per 100 V/T-Years, unchanged from 2002 (*Figure 57*).

An ICH is defined in TG #410 as an overnight stay in a clinic, hospital, or similar facility authorized by medical staff for the monitoring or treatment of a health condition that requires prolonged attendance by a medical professional. An overnight stay at a non-health-care facility (e.g., a staff member's residence) is included among hospitalizations if the Volunteer had a condition that required hospitalization but an appropriate hospital was not available.

Examining regional trends in 2003, the IAP region had the highest incidence of ICHs (8.6 per 100 V/T-Years), about twice the incidence reported in the EMA region (4.4 per 100 V/T-Years) or the Africa region (4.1 per 100 V/T-Years) (Table 6).

In 2003, three countries (Bolivia, El Salvador, and Philippines) had incidences of ICHs greater than 20.0 per 100 V/T-Years. Philippines has had incidences of ICHs greater than 20.0 per 100 V/T-Years every year from 2001 to

2003. These patterns may reflect differences in locally available facilities and supporting services including laboratories, differences in patterns of medical evacuations for acute illnesses, and underreporting of hospitalizations in countries where the PCMO's home or the Peace Corps health unit serves as the de facto hospital.

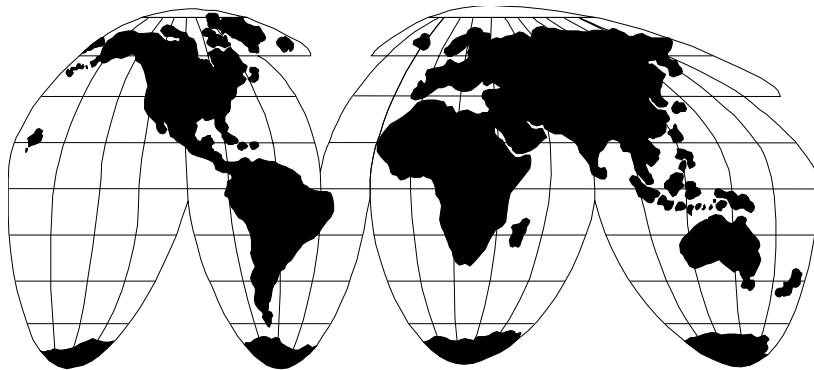
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APPENDIX A

The Health of the Volunteer 2003 Annual Report

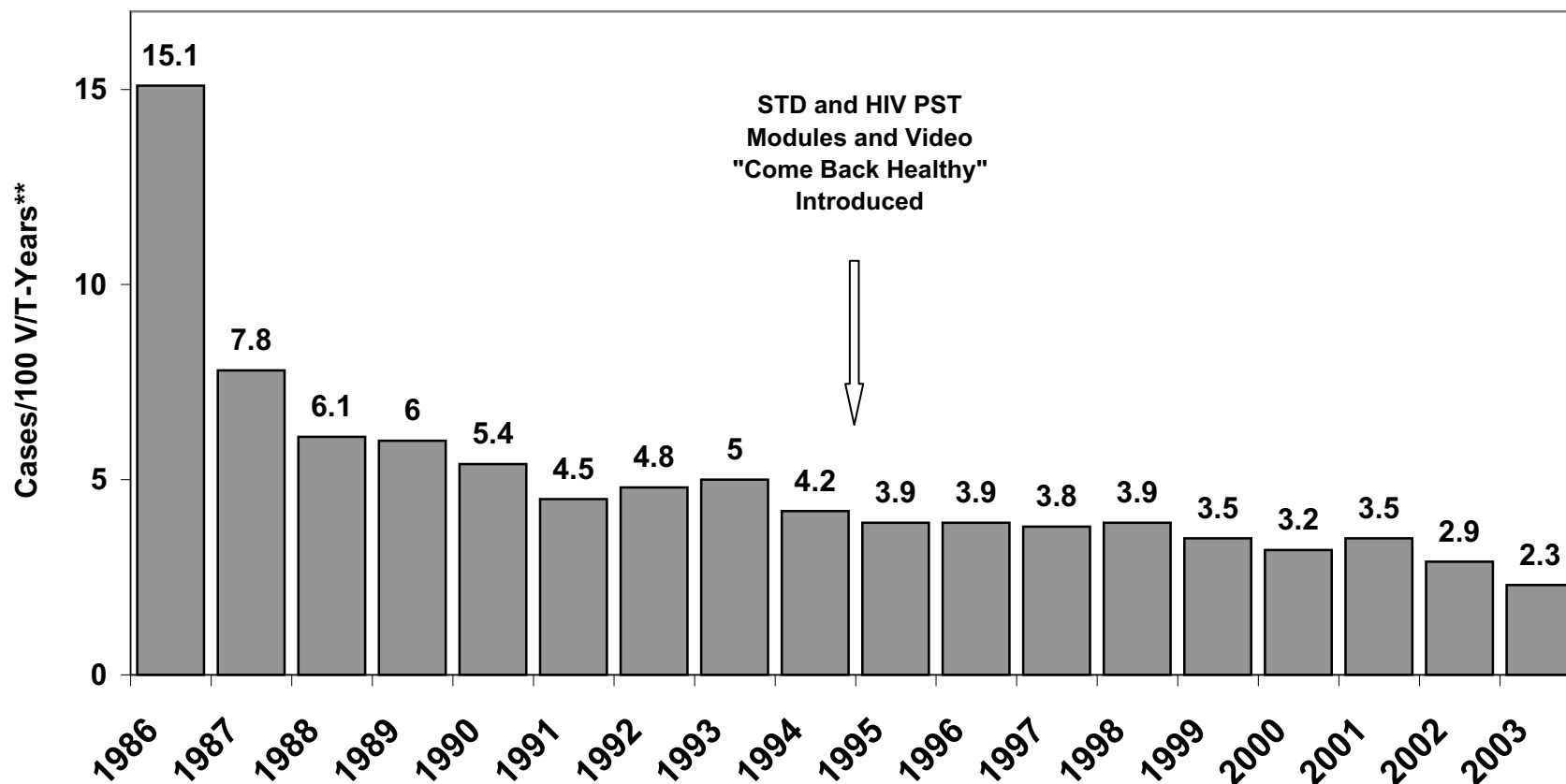


Graphic Displays

1986–2003 Volunteer Health Trends

Incidence of Sexually Transmitted Diseases*

Figure 1



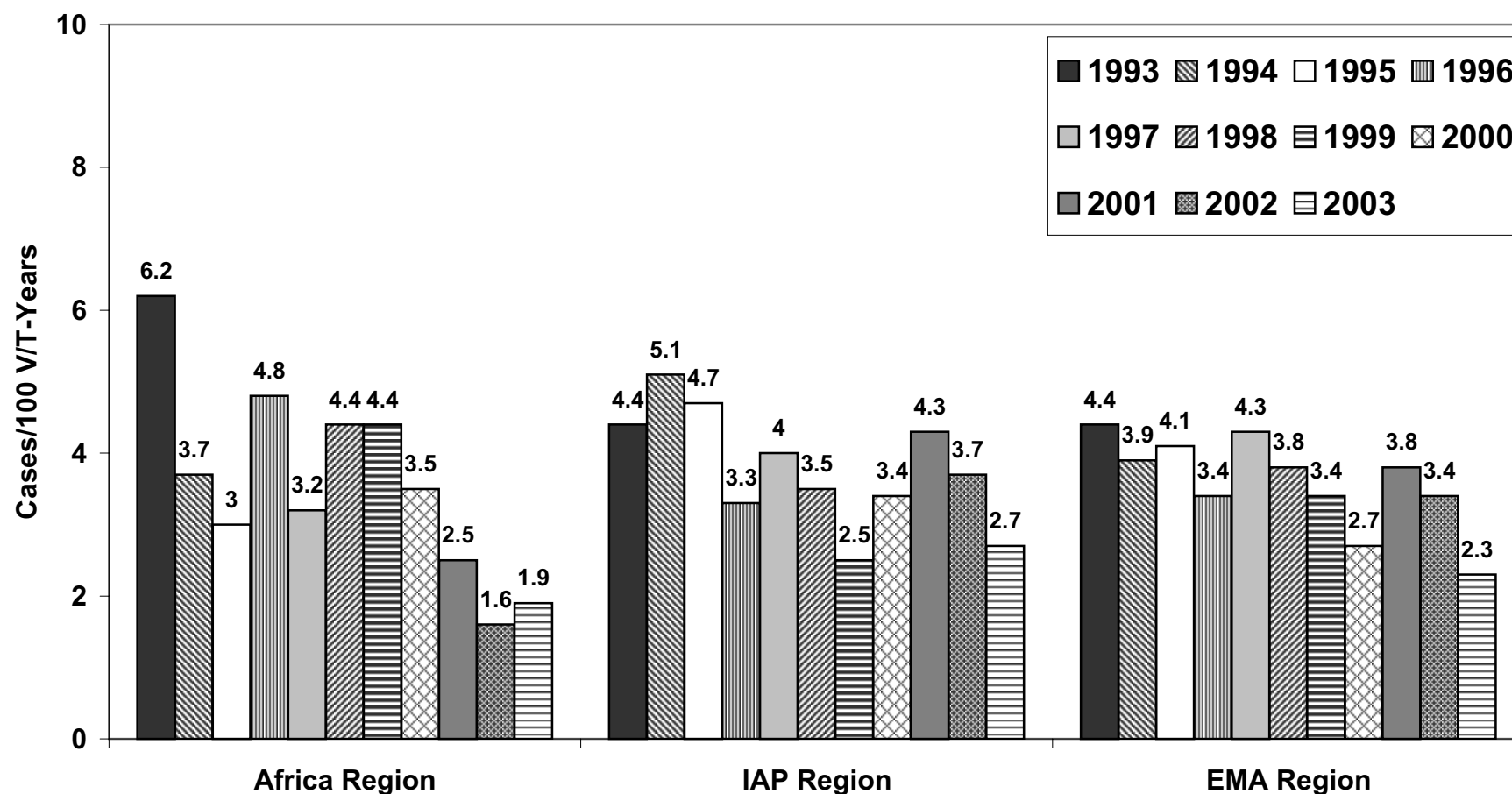
*Includes chlamydia, genital herpes, genital warts, gonorrhea, syphilis, and other STDs

**Prior to 1993, rates per 100 Volunteers/Year were used as an approximation of V/T-Years

1993–2003 Volunteer Health Regional Trends

Incidence of Sexually Transmitted Diseases*

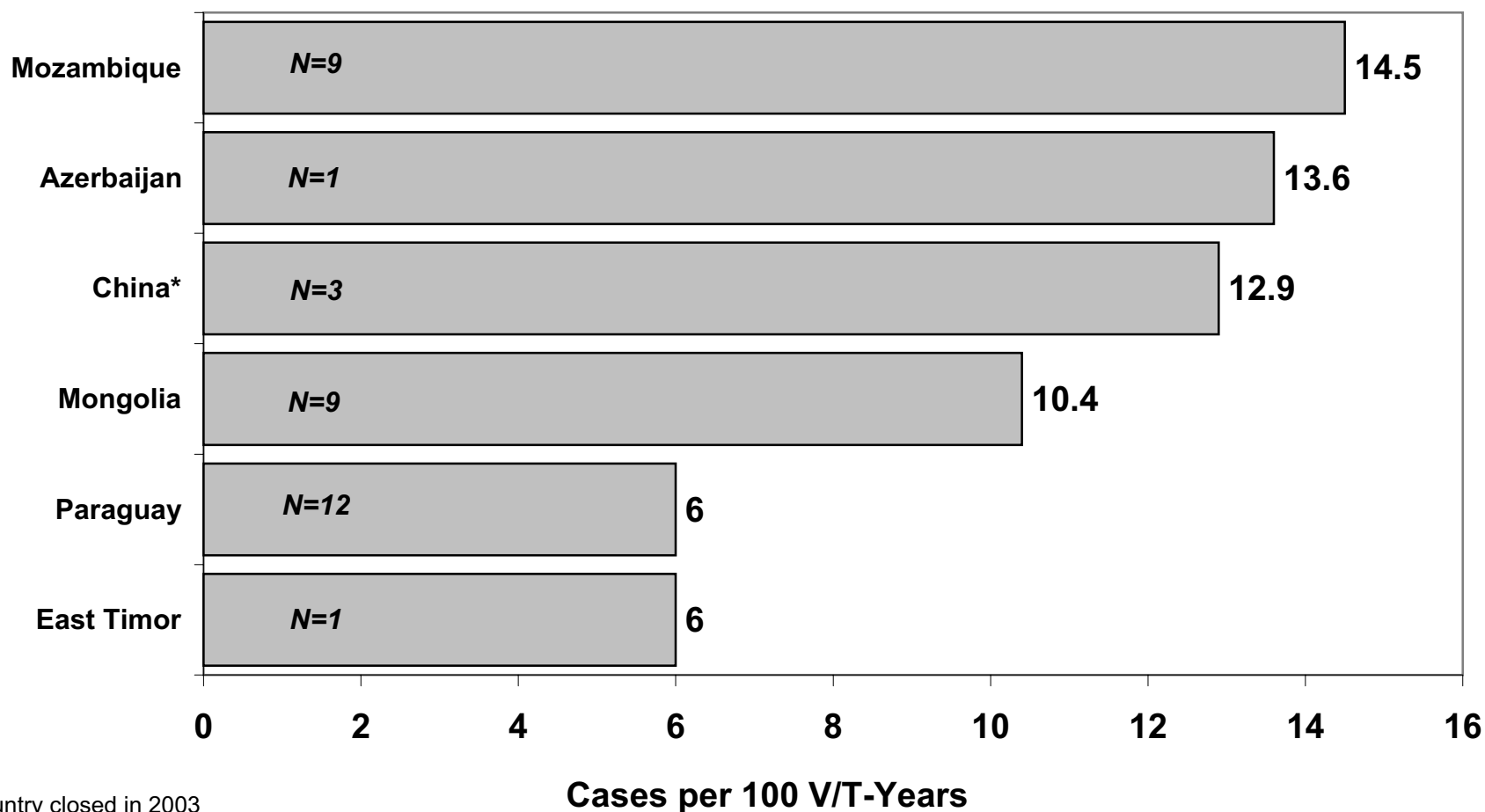
Figure 2



*Includes chlamydia, genital herpes, genital warts, gonorrhea, syphilis, and other STDs

Highest Incidence of Sexually Transmitted Diseases

Figure 3

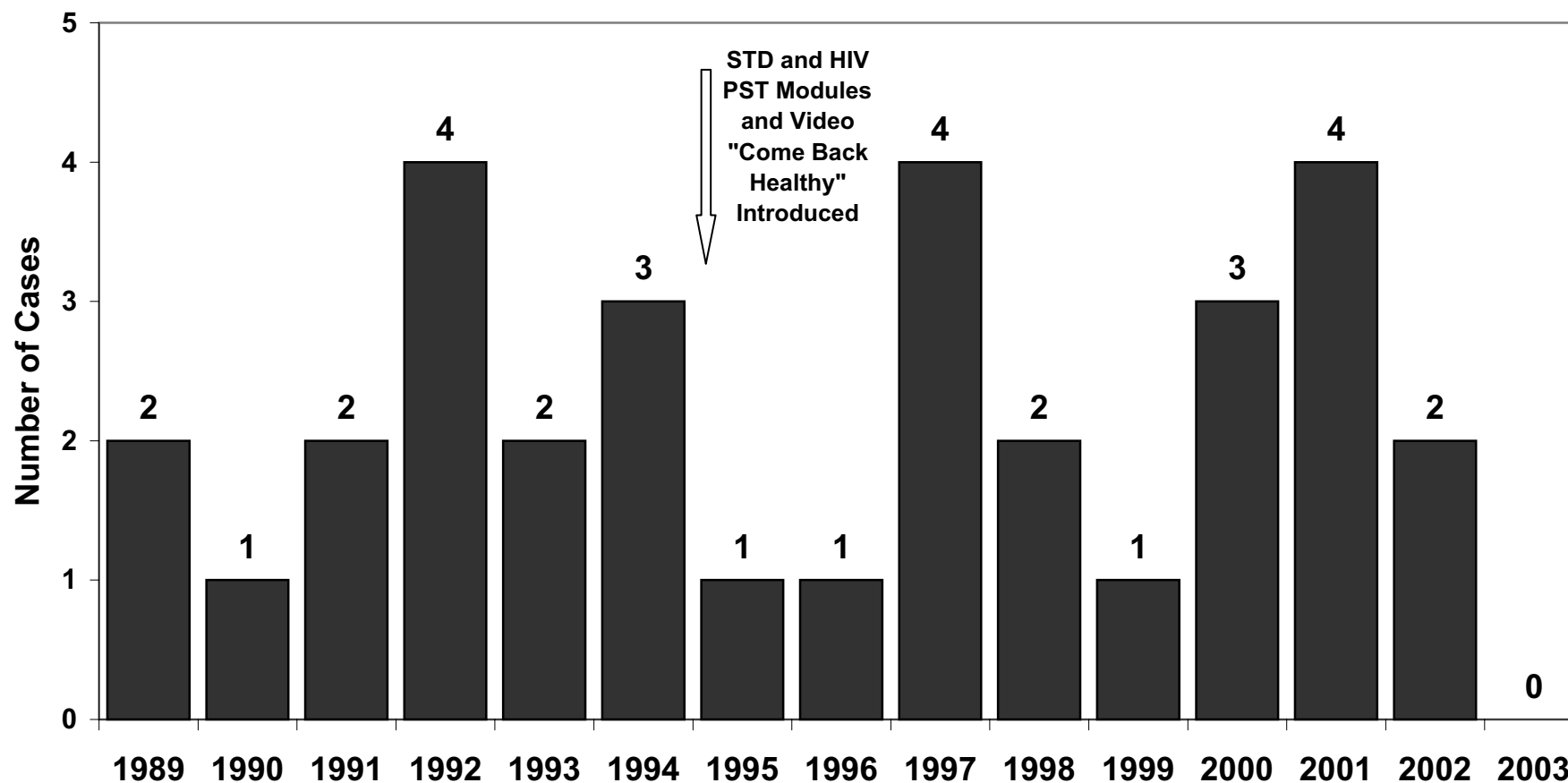


*Country closed in 2003

1989–2003 Volunteer Health Trends

HIV Infections by Year Reported

Figure 4

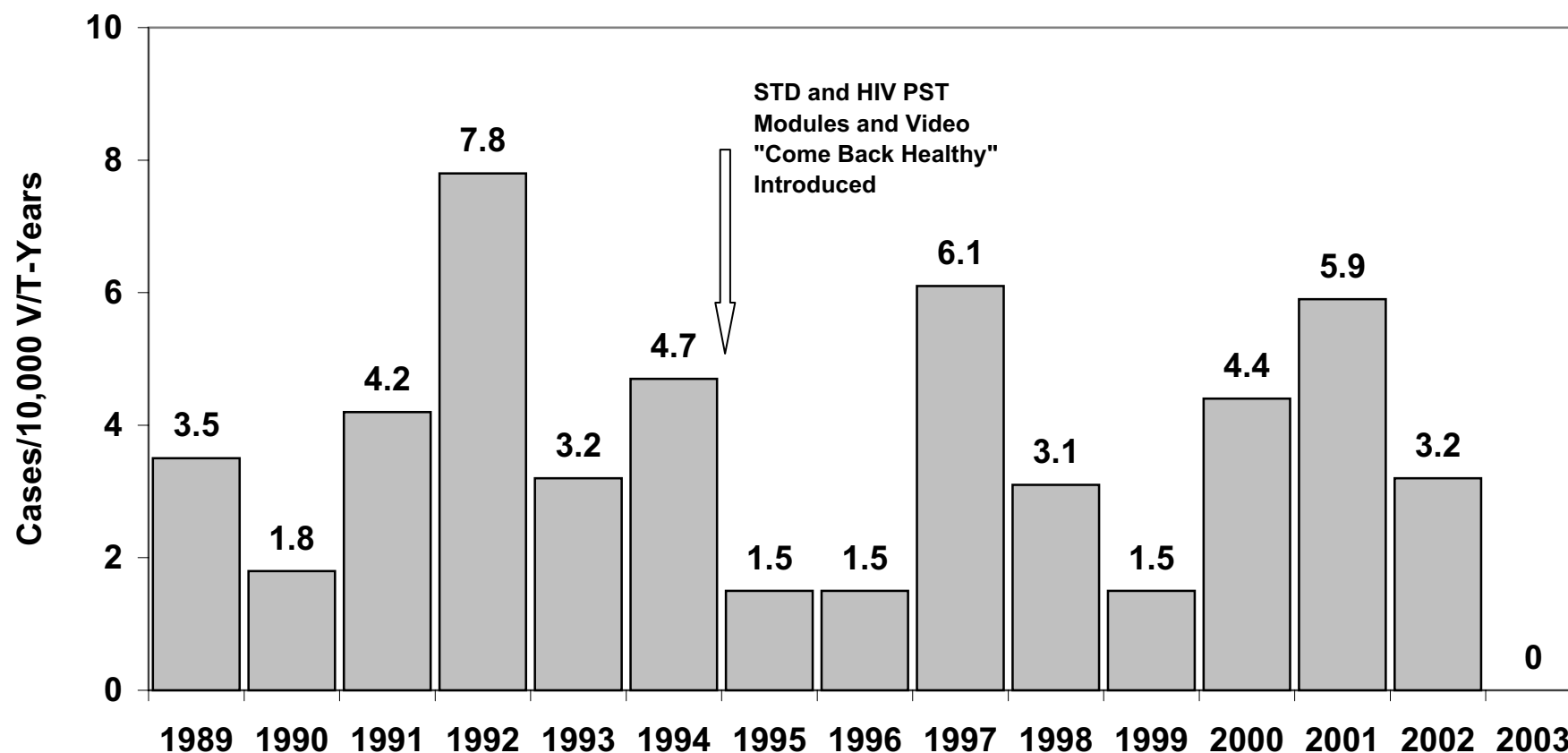


Note: All infections have been with HIV-1

1989–2003 Volunteer Health Trends

Incidence of HIV Infections

Figure 5



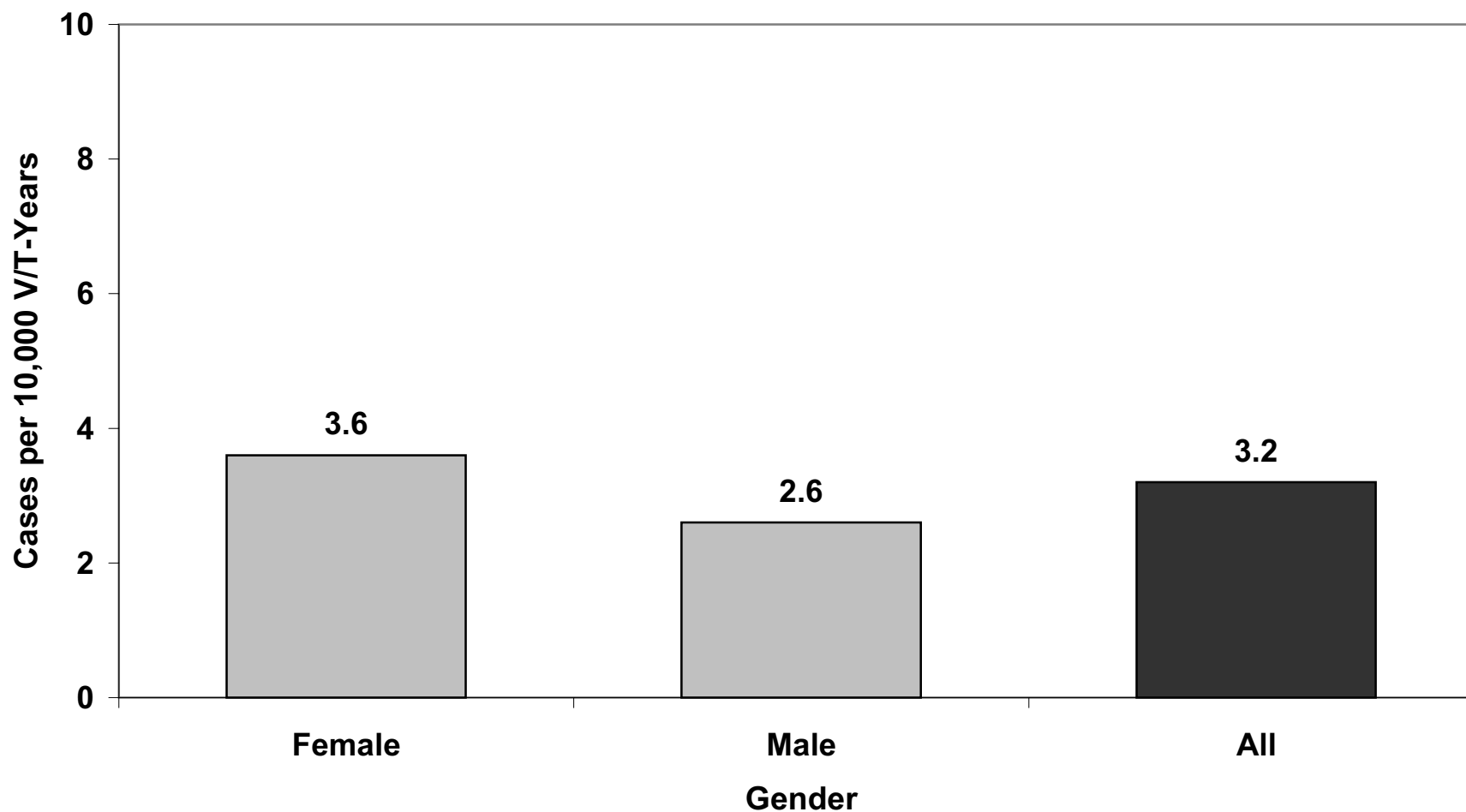
Note: All infections have been with HIV-1

*Prior to 1993, rates per 10,000 Volunteer/Year were used as an approximation of V/T-Years

Figure 6



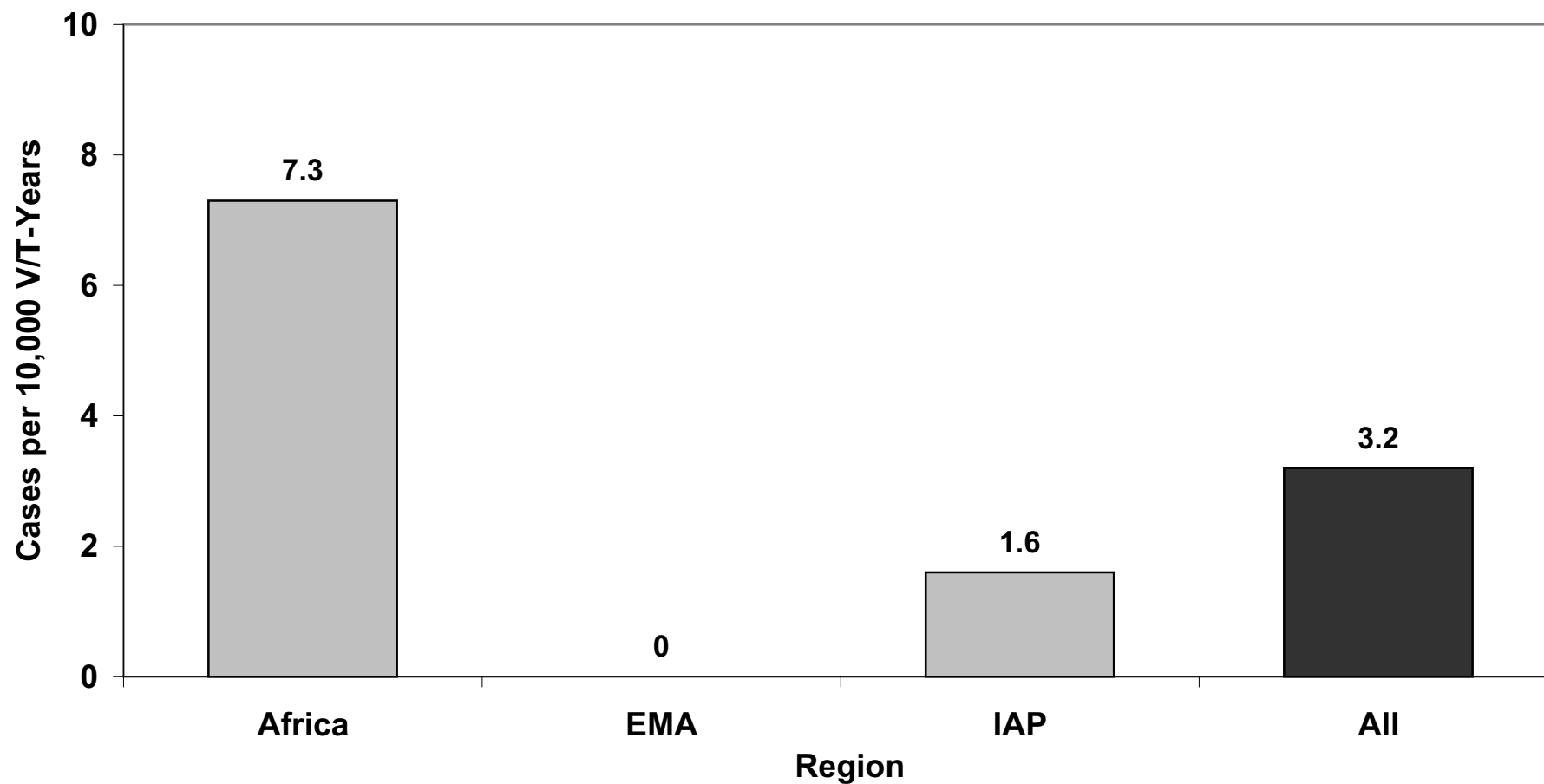
Incidence of HIV Infections by Gender



1993–2003 Volunteer Health Regional Trends

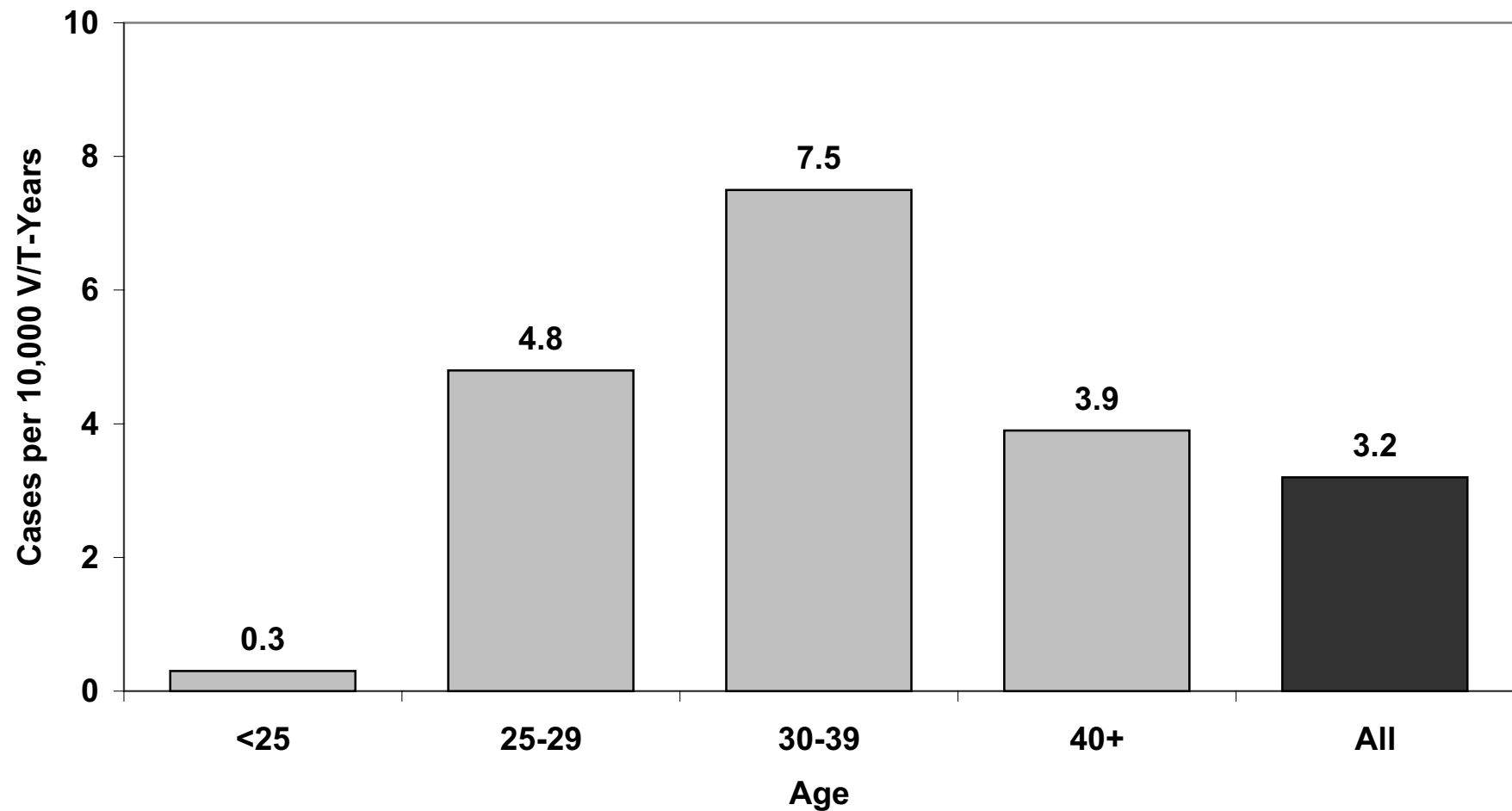
Incidence of HIV Infections

Figure 7





Incidence of HIV Infections by Age

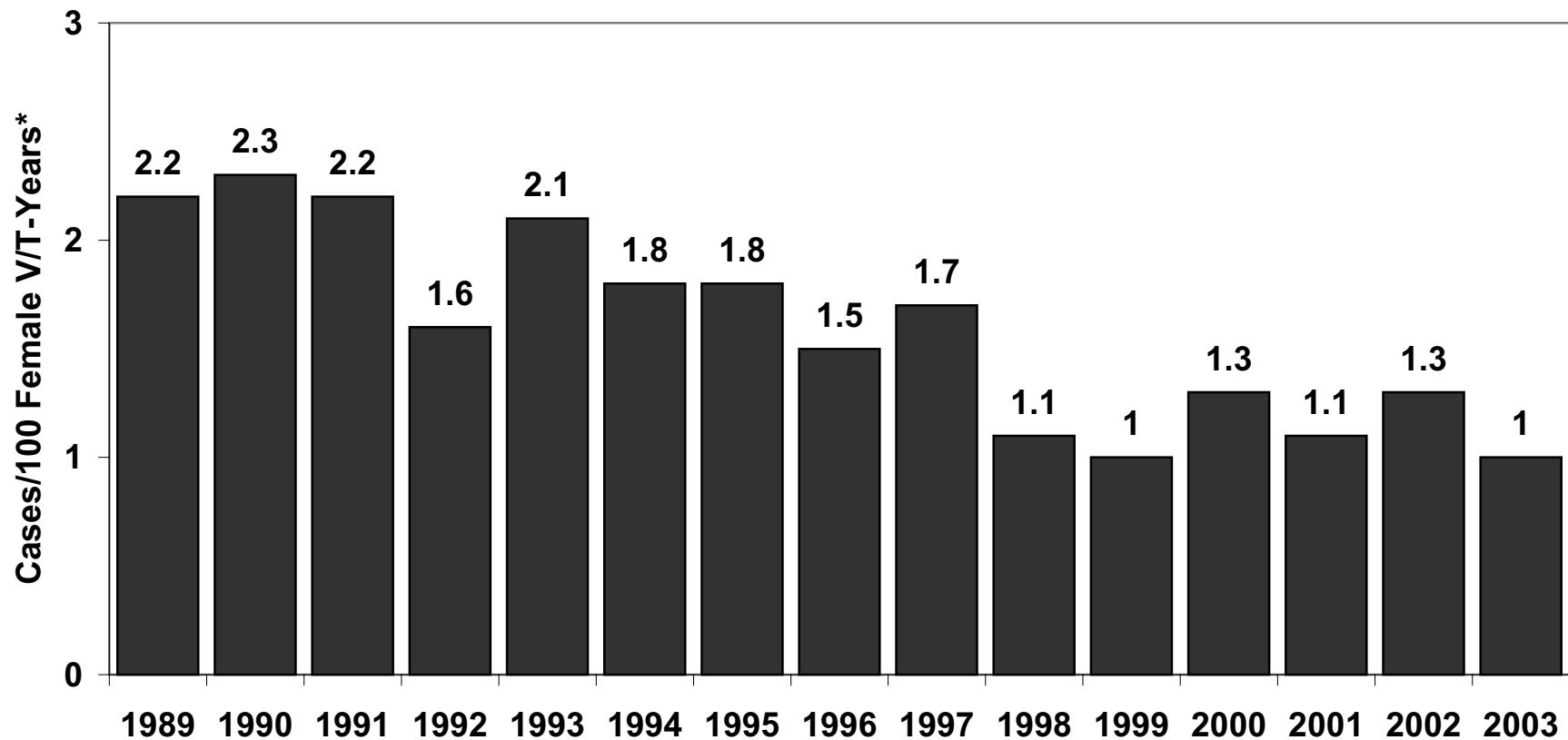


1989–2003 Volunteer Health Trends

Figure 9



Incidence of Pregnancy



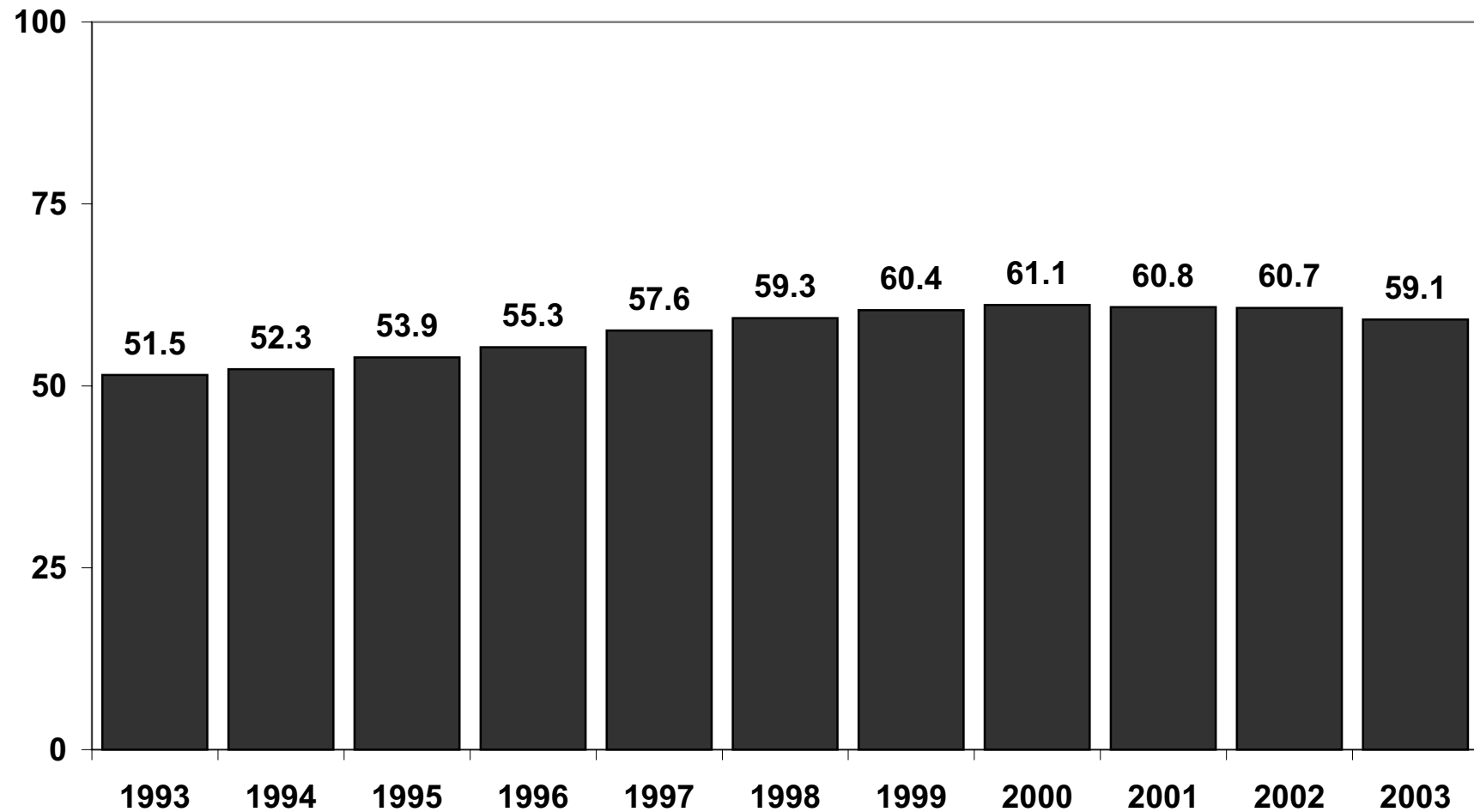
*Prior to 1993, rates per 100 female Volunteer/Year were used as an approximation of female V/T-Years.

1993–2003 Volunteer Health Trends

Figure 10



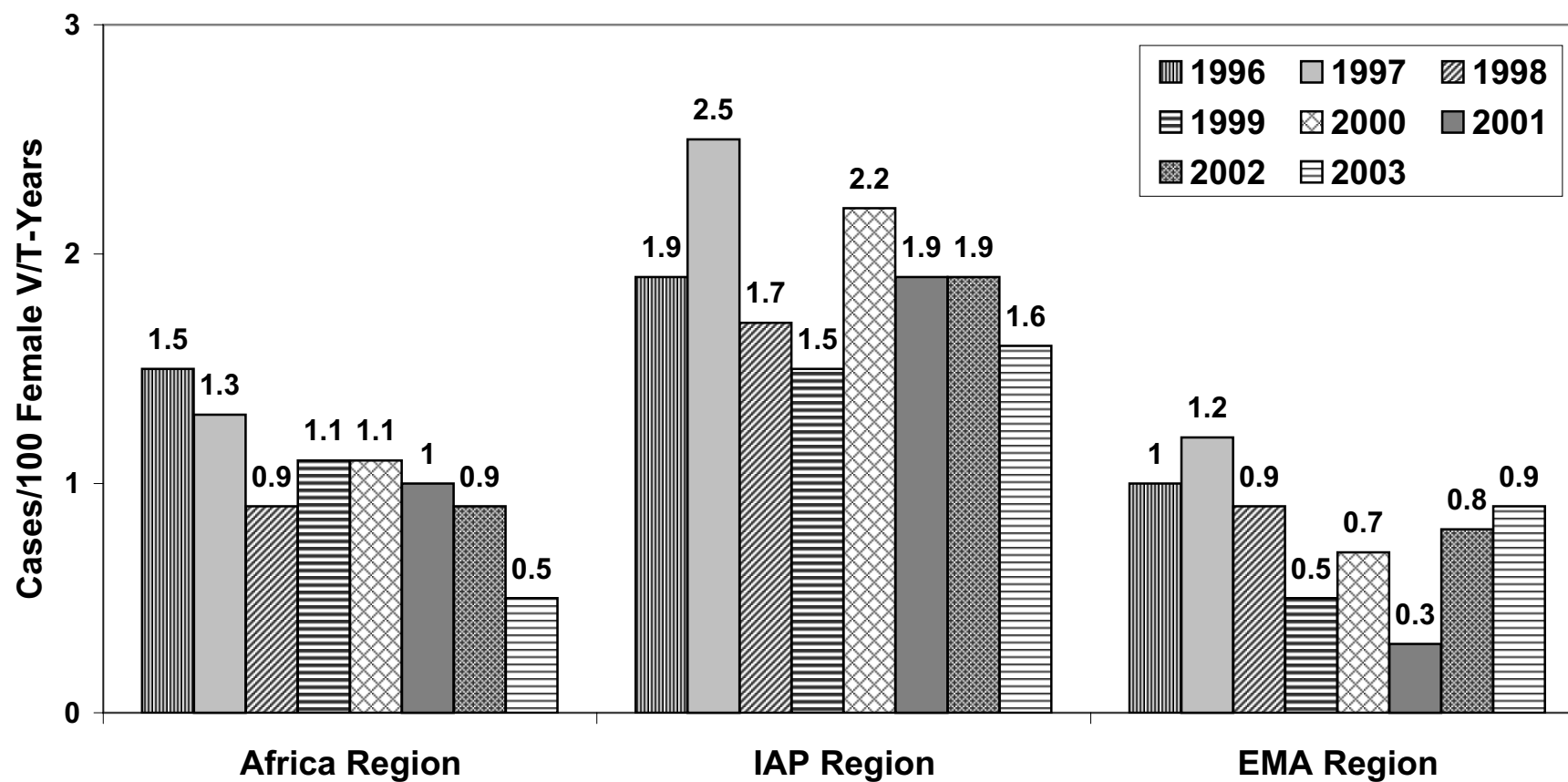
Percentage of Female V/T-Years



1996–2003 Volunteer Health Regional Trends

Incidence of Pregnancy

Figure 11



Highest Incidence of Pregnancy

Figure 12

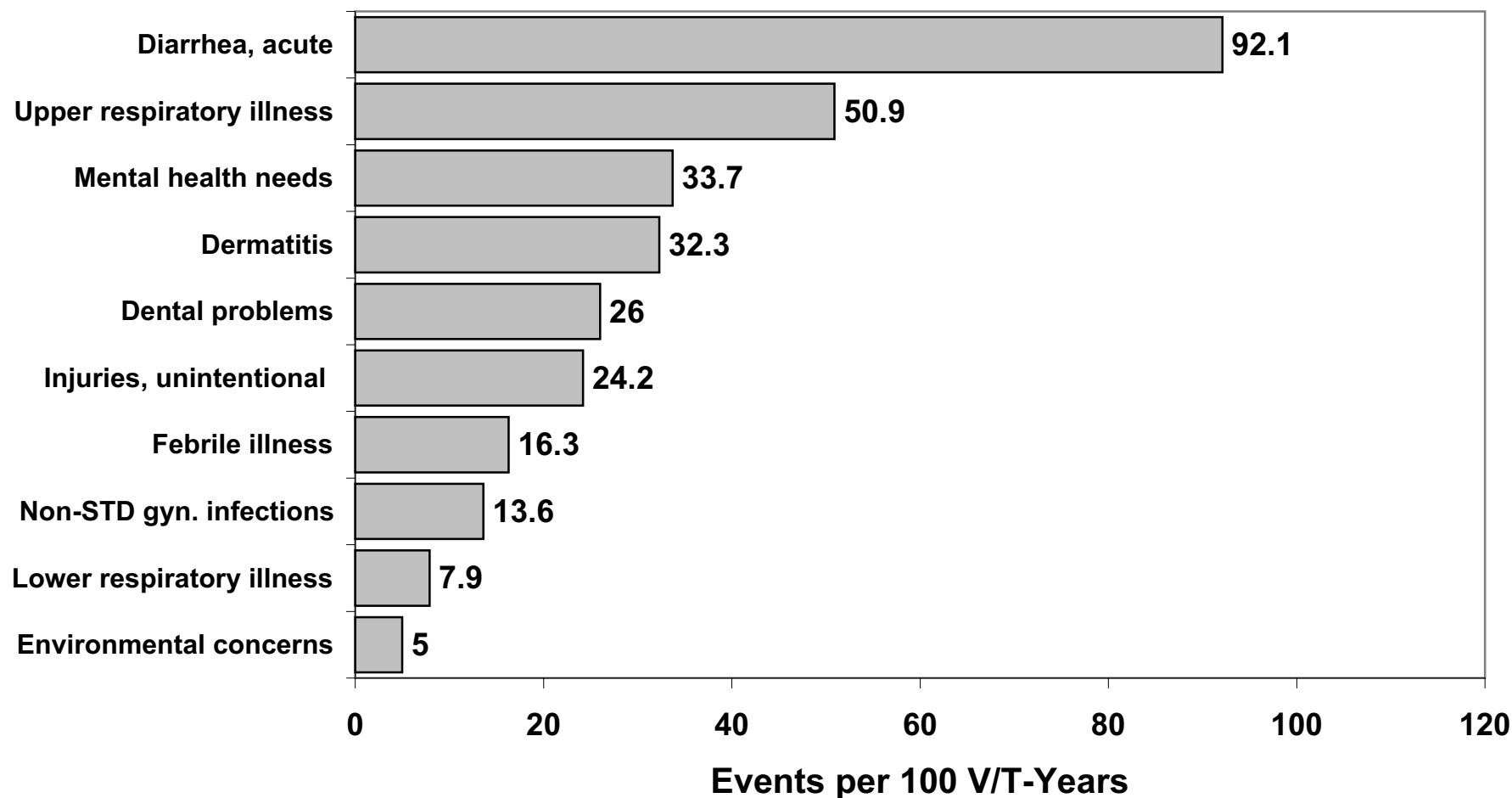


2003 Volunteer Health Profile

Figure 13

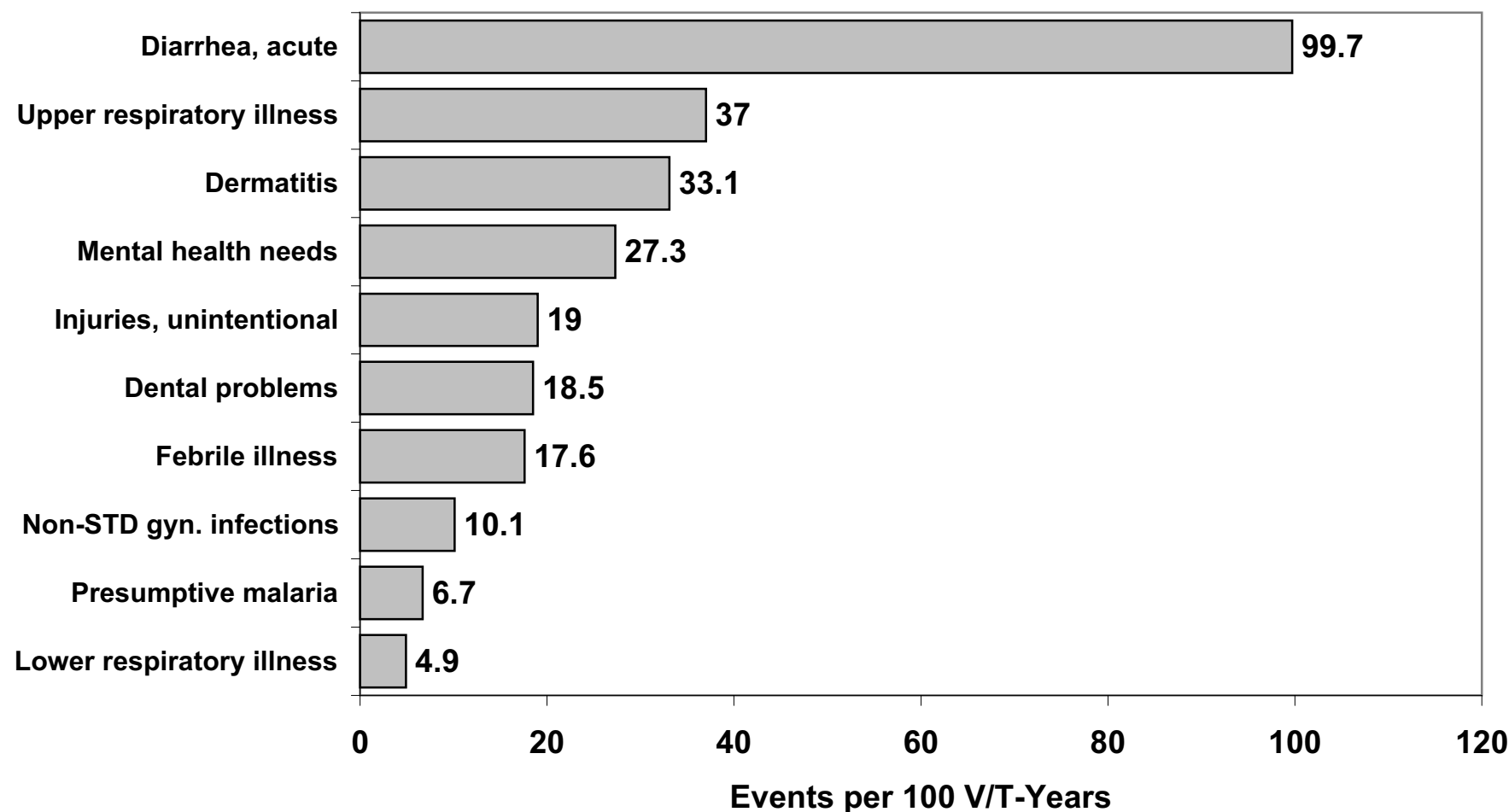


Incidence of the 10 Most Commonly Reported Health-Related Events



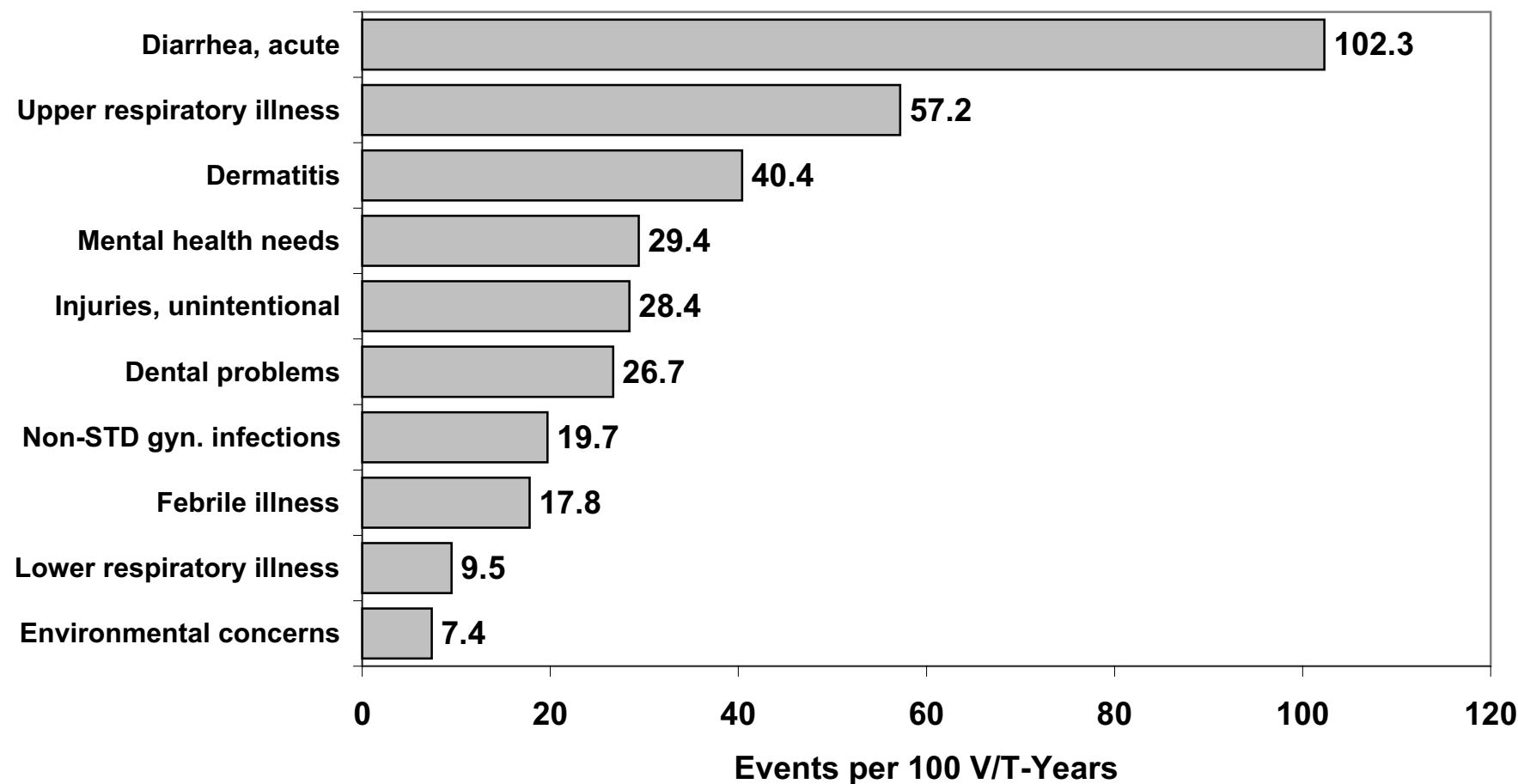


Incidence of the 10 Most Commonly Reported Health-Related Events



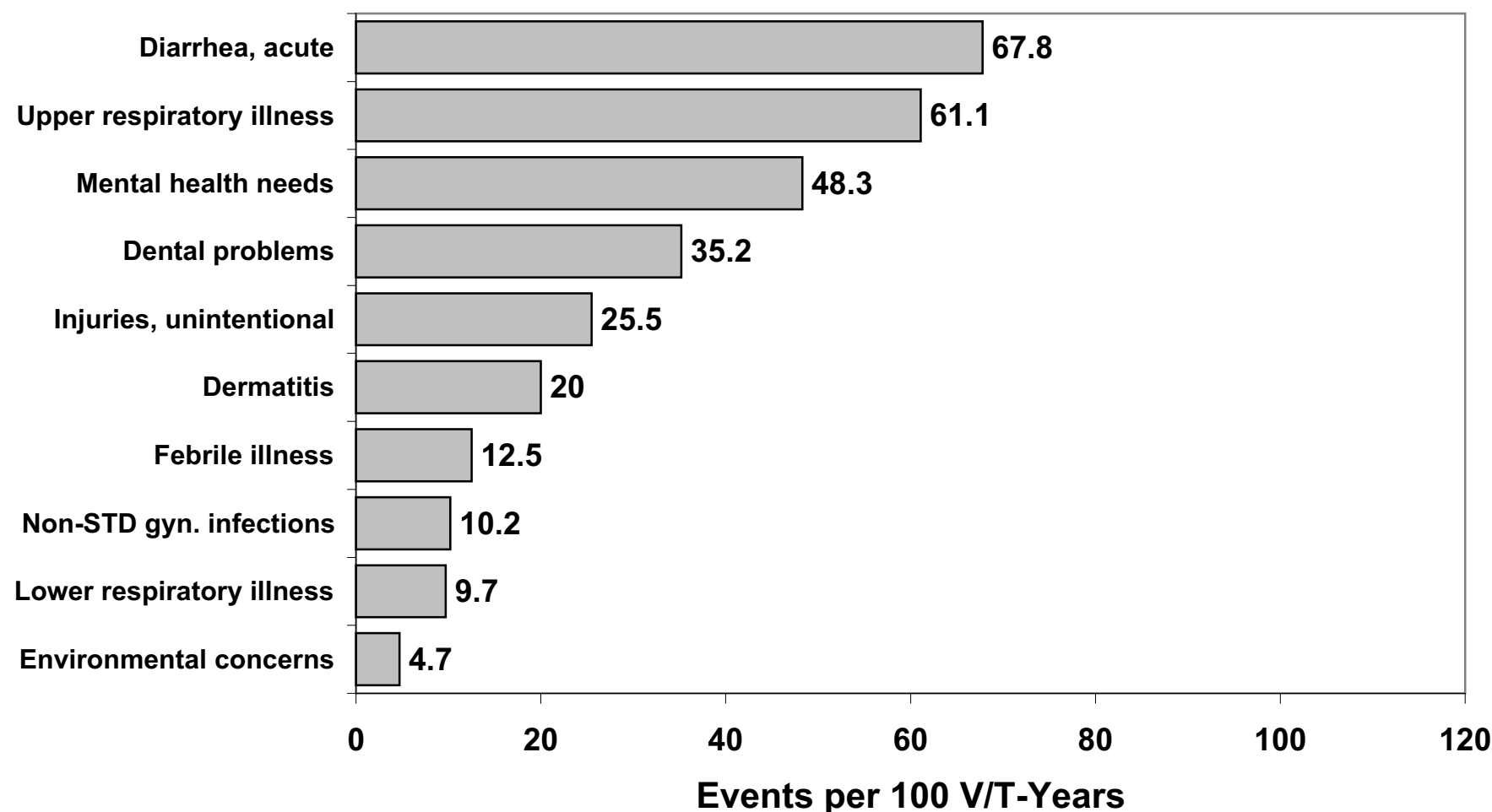
Incidence of the 10 Most Commonly Reported Health-Related Events

Figure15

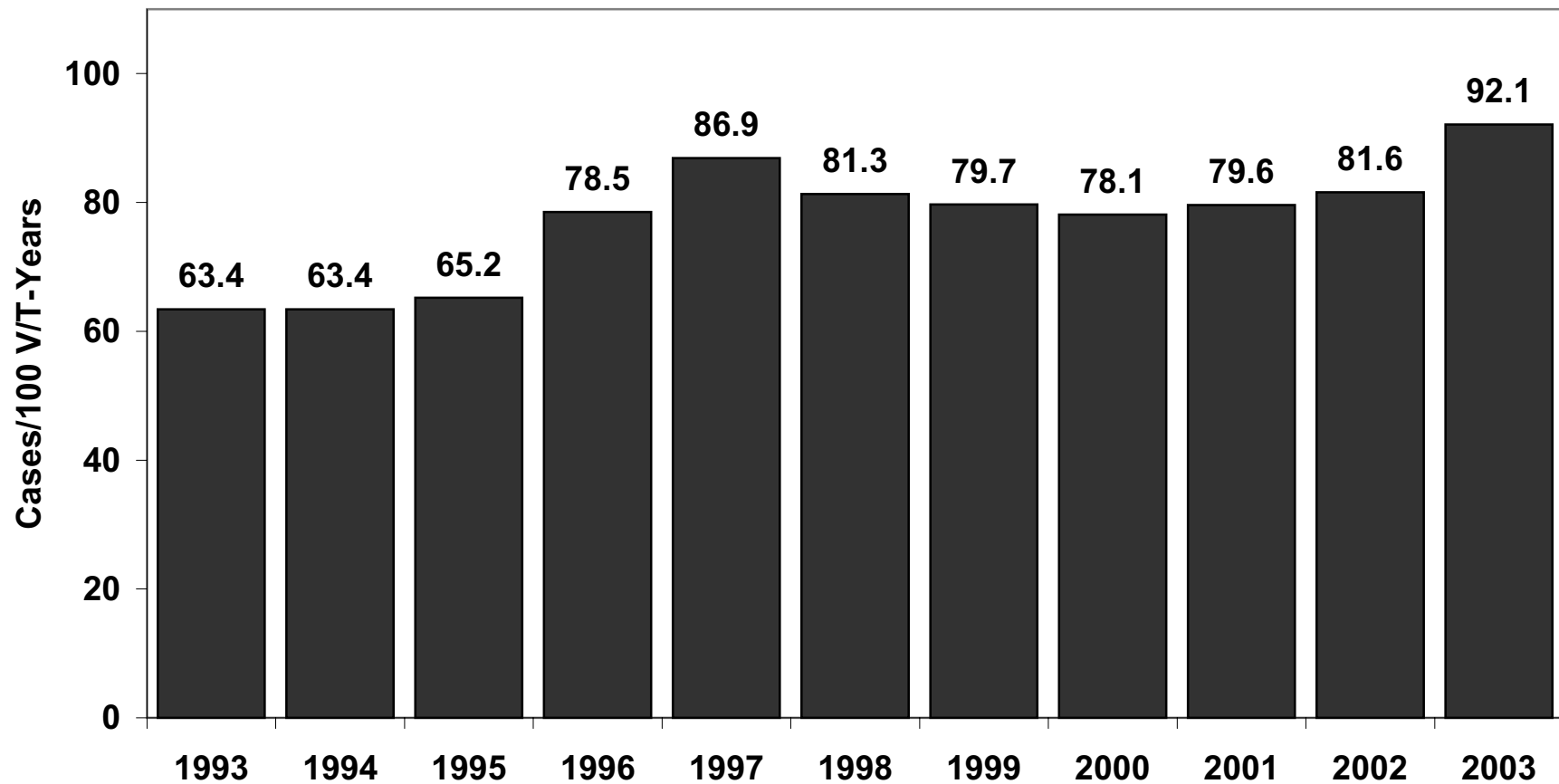


2003 Europe, Mediterranean, & Asia Region Volunteer Health Profile
***Incidence of the 10 Most Commonly
Reported Health-Related Events***

Figure 16

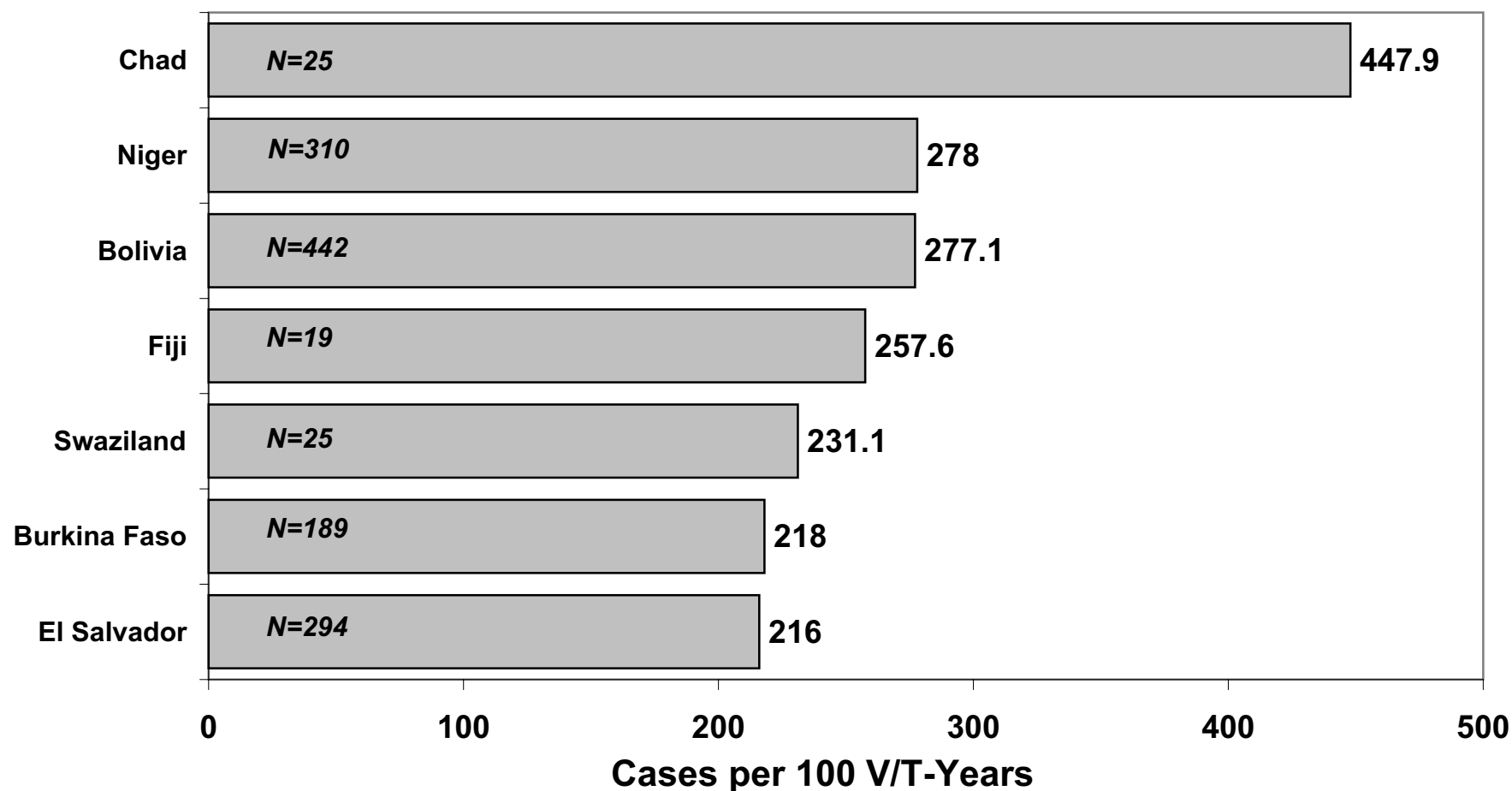


Incidence of Acute Diarrhea





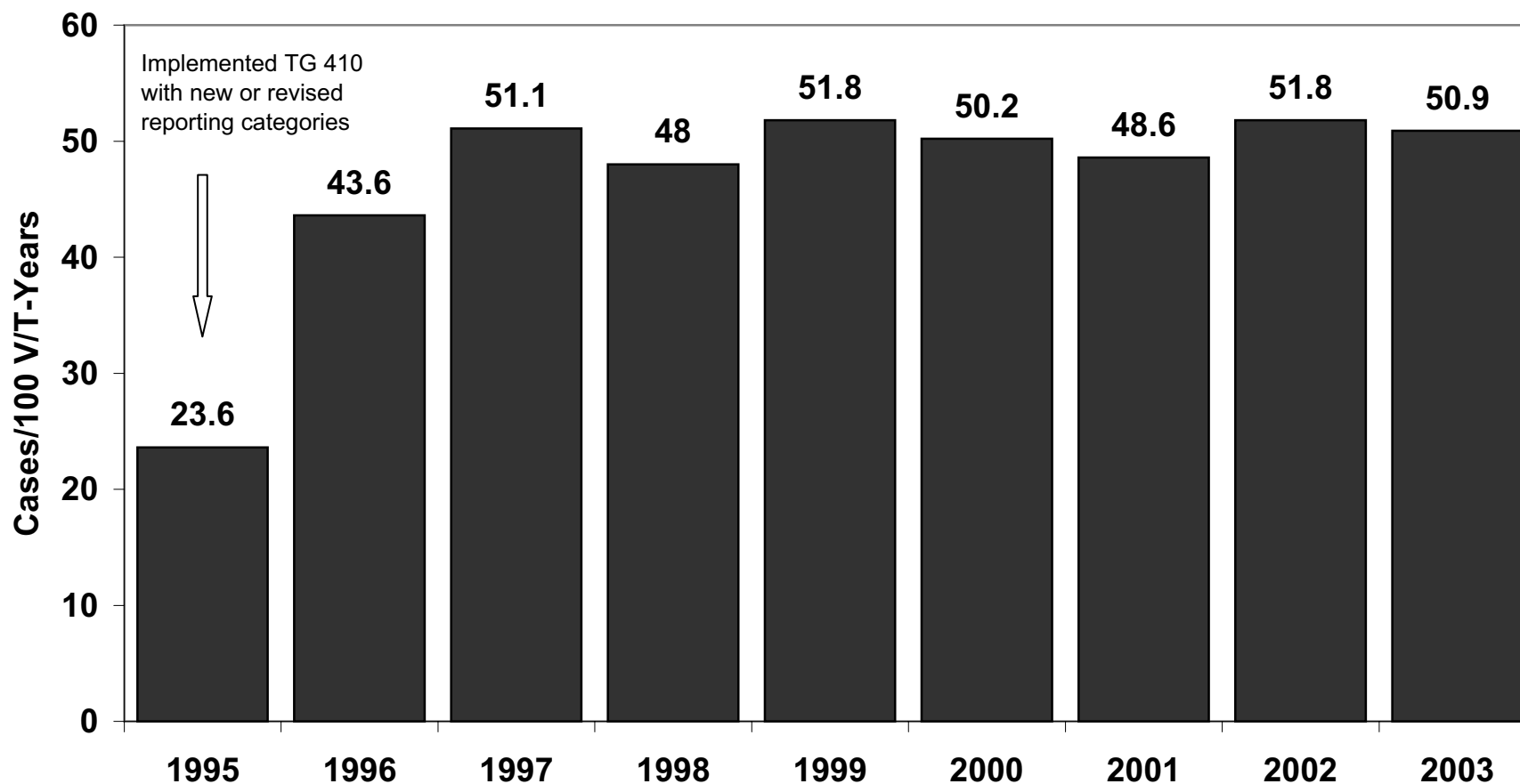
Highest Incidence of Acute Diarrhea



1995–2003 Volunteer Health Trends

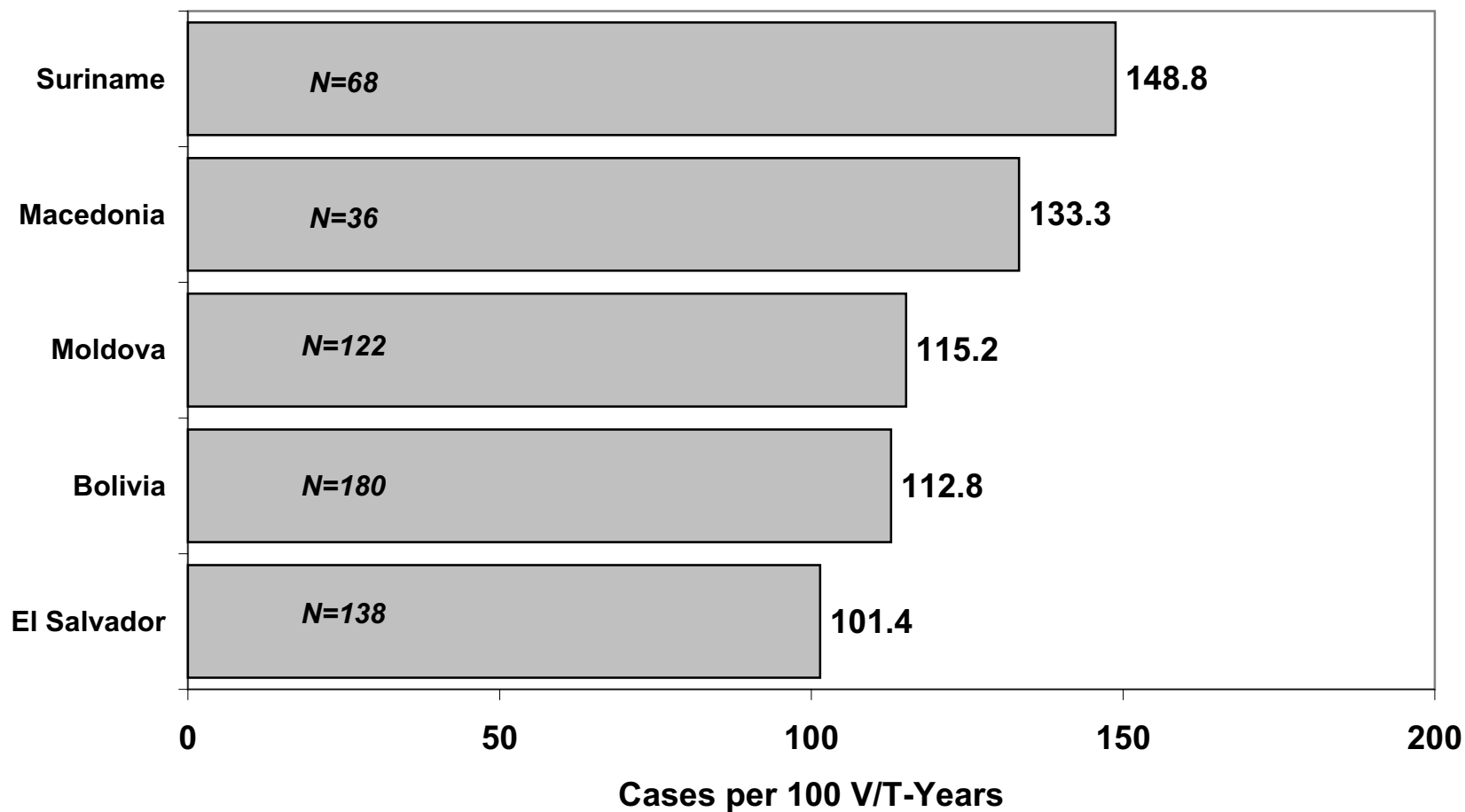
Figure 19

Incidence of Upper Respiratory Tract Illnesses





Highest Incidence of Upper Respiratory Tract Illnesses

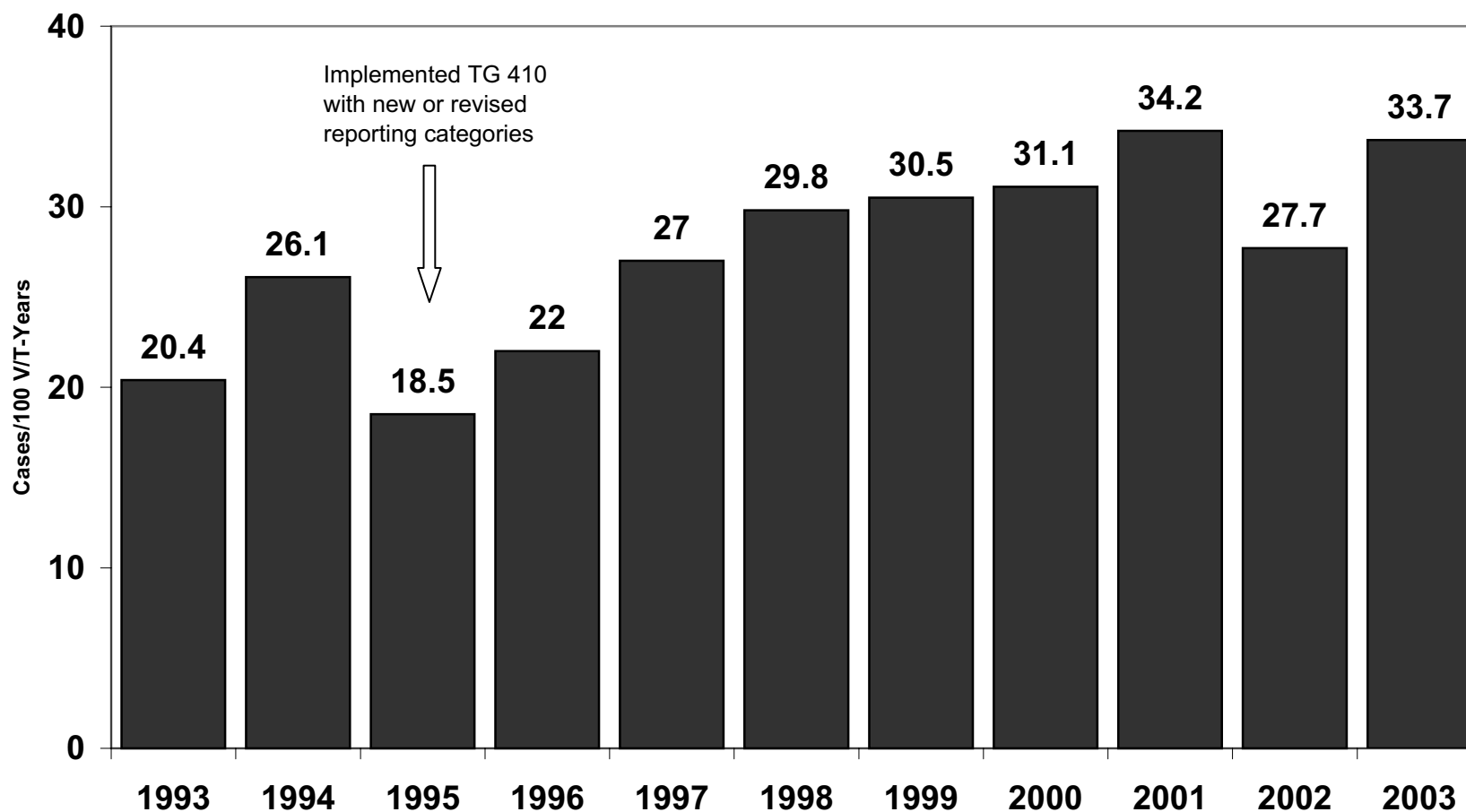


1993–2003 Volunteer Health Trends

Figure 21

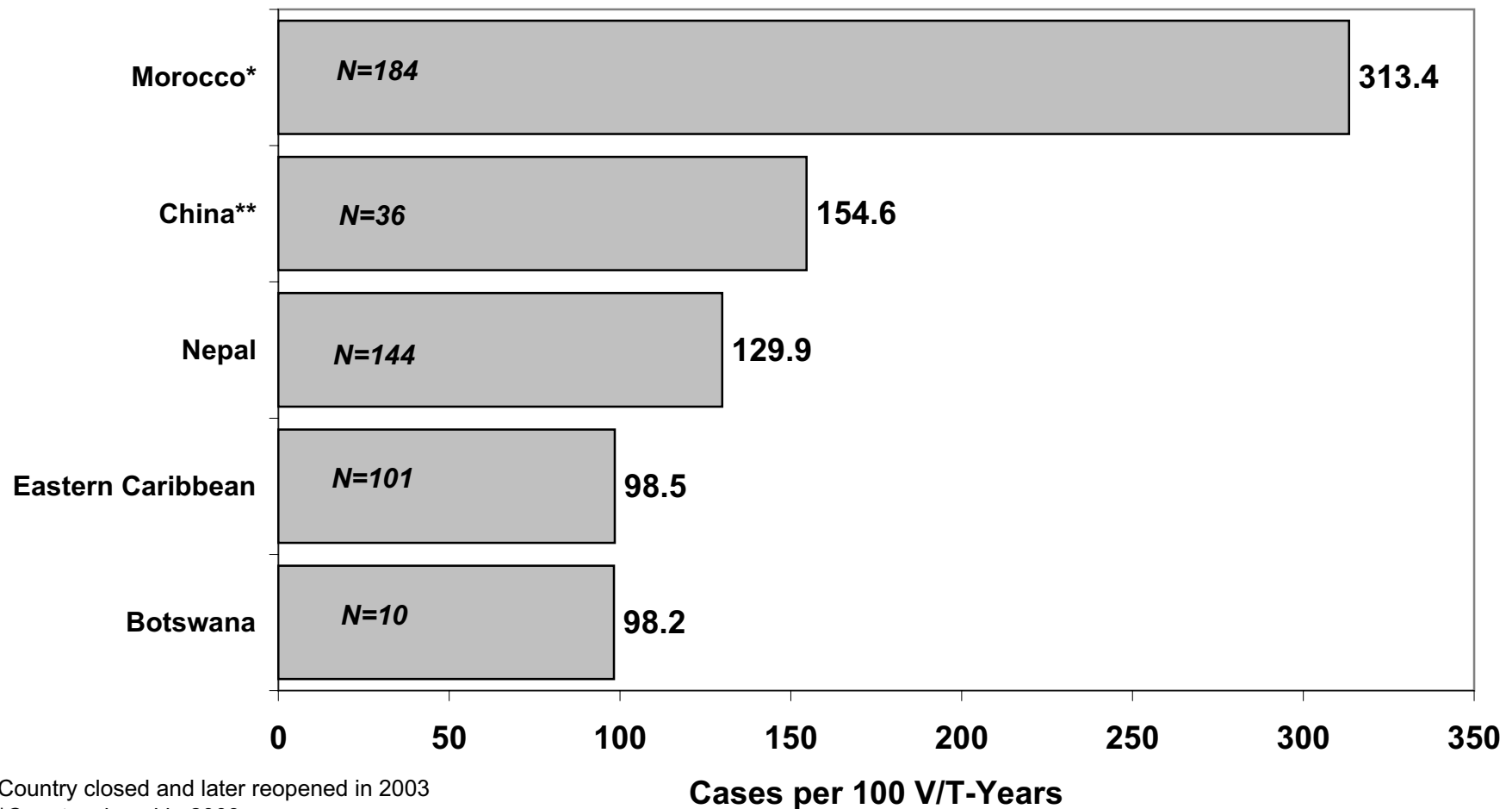


Incidence of Mental Health Needs





Highest Incidence of Mental Health Needs

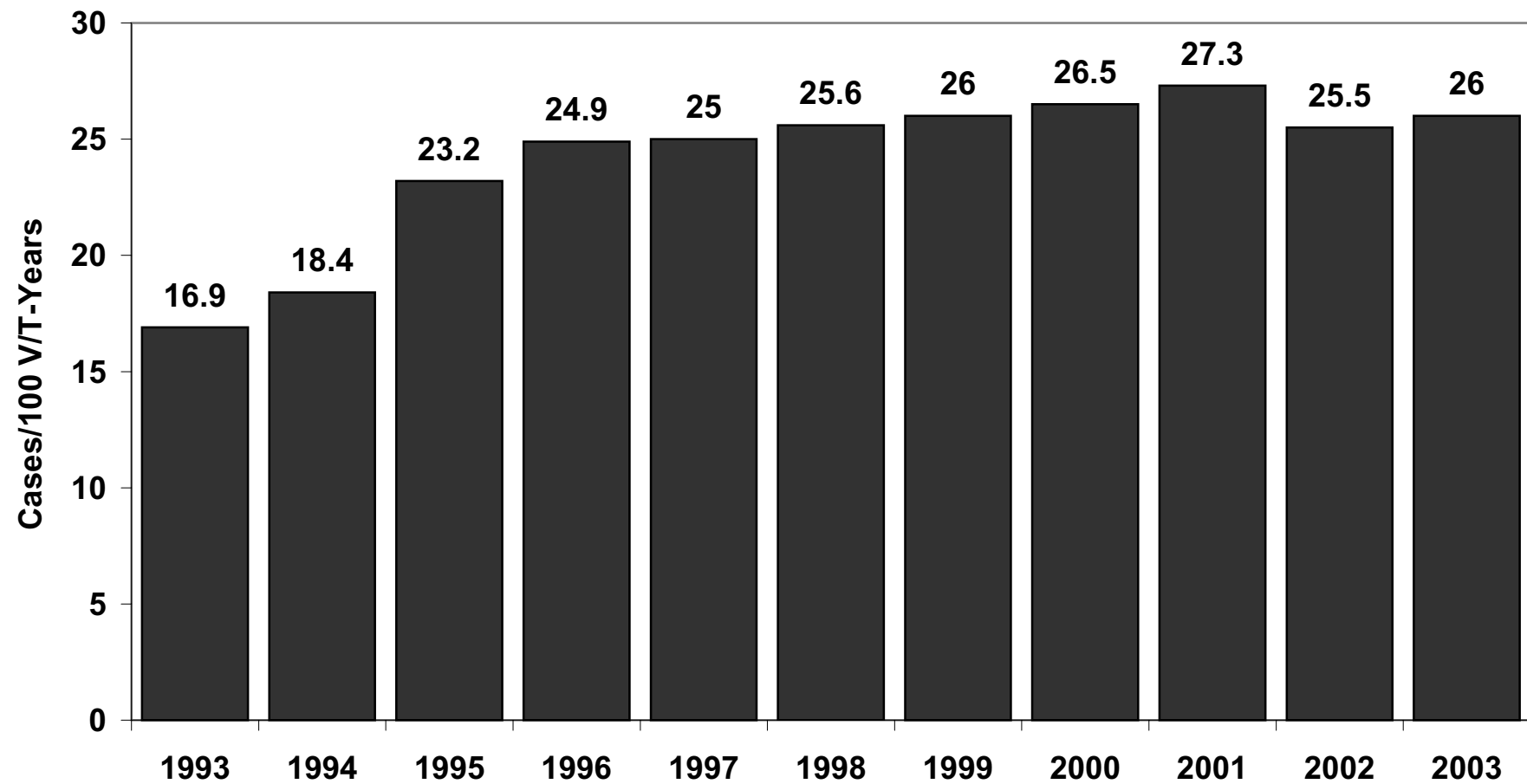


1993–2003 Volunteer Health Trends

Figure 23

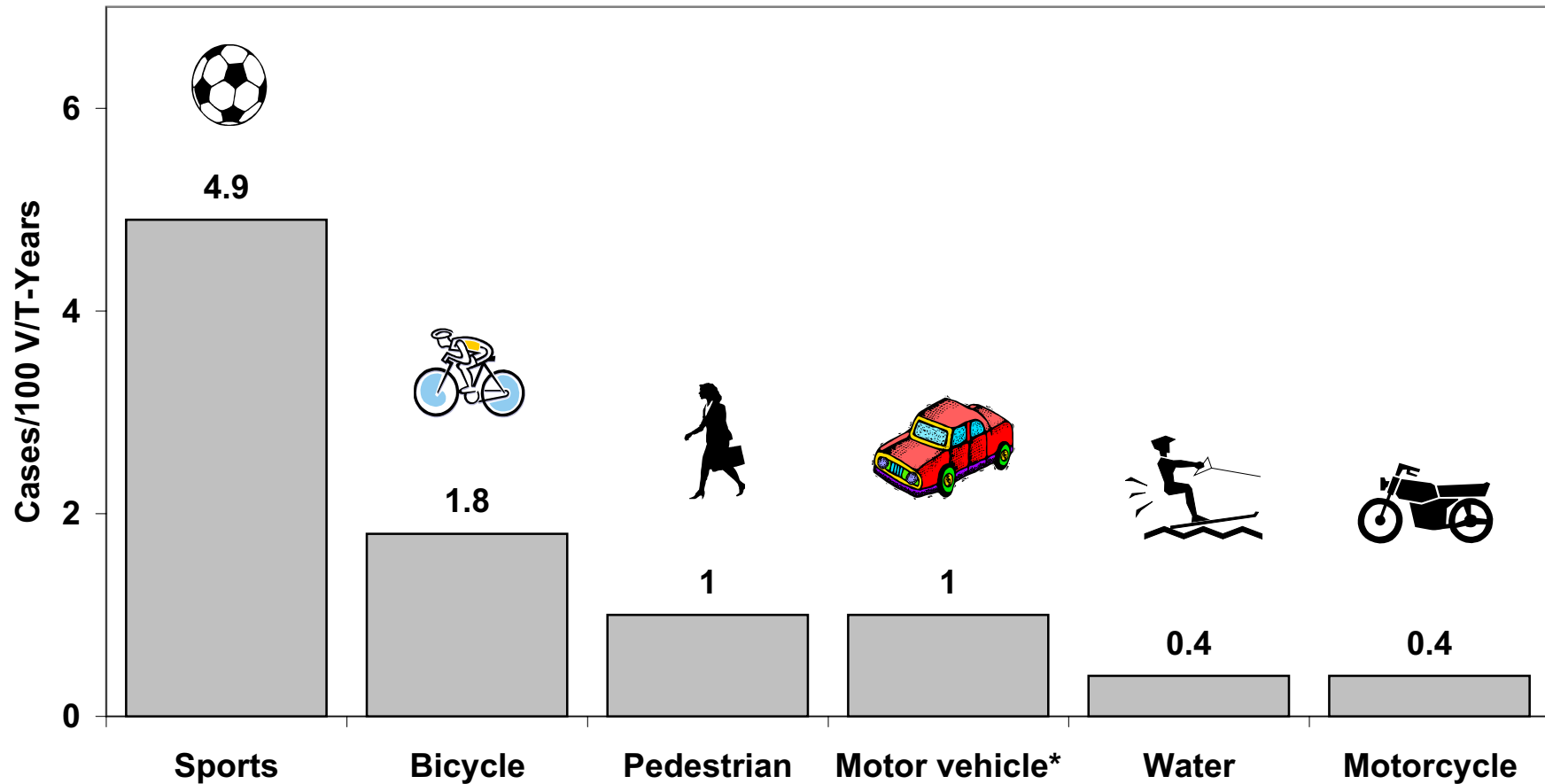


Incidence of Dental Problems



Incidence of Unintentional Injuries

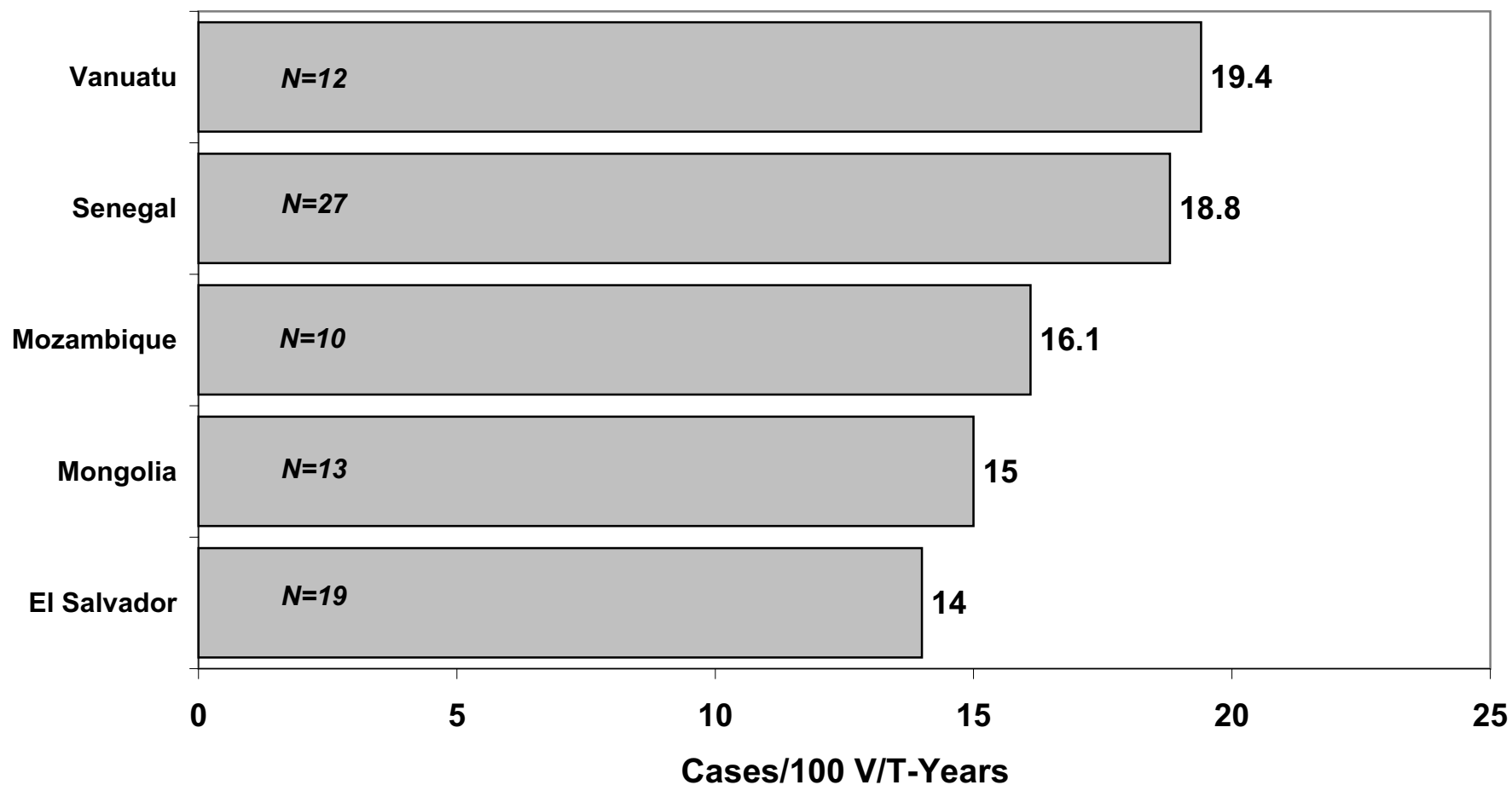
Figure 24



*Includes all motor vehicles other than motorcycles or motorboats

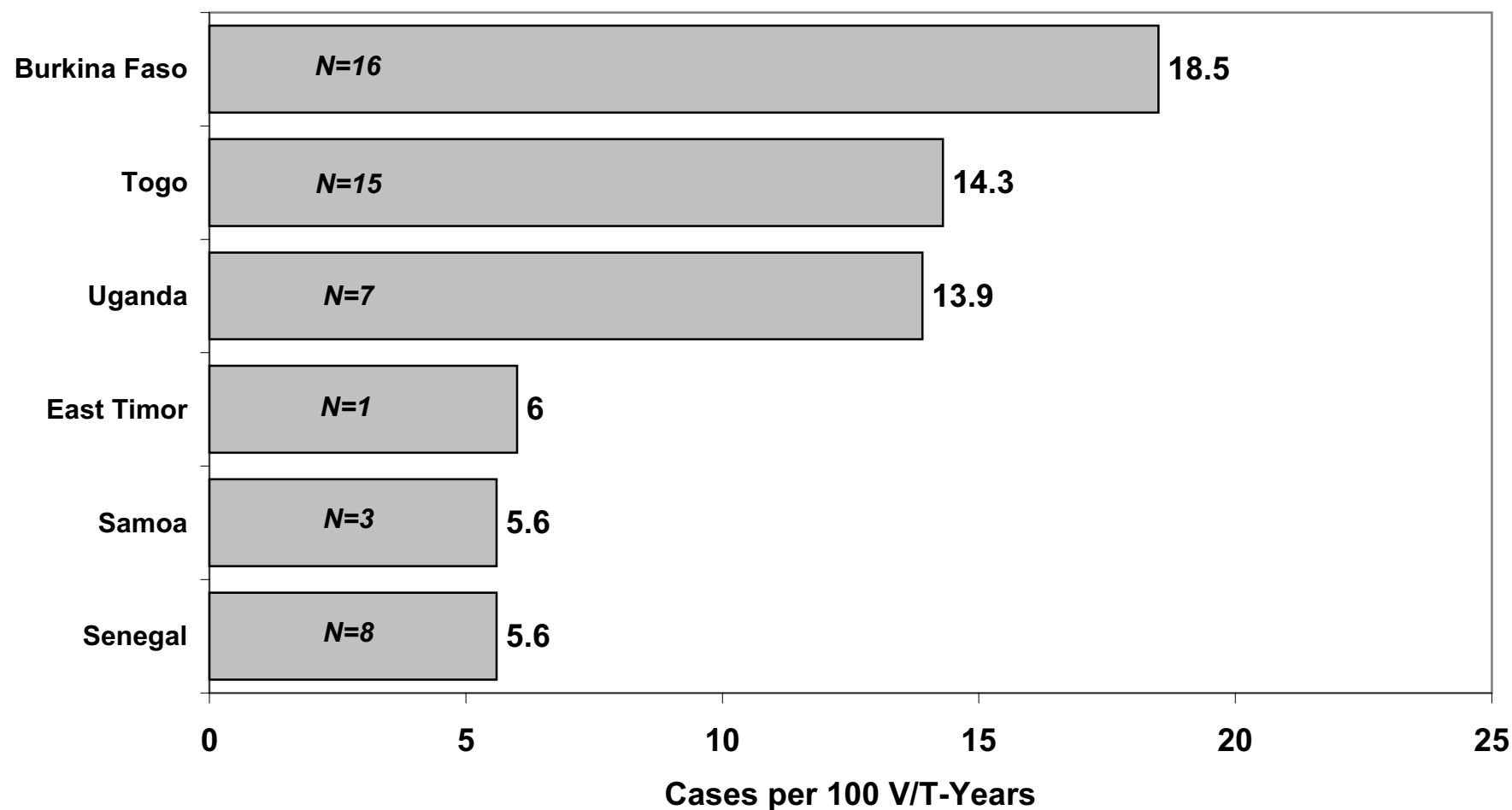


Highest Incidence of Sports-Related Injuries

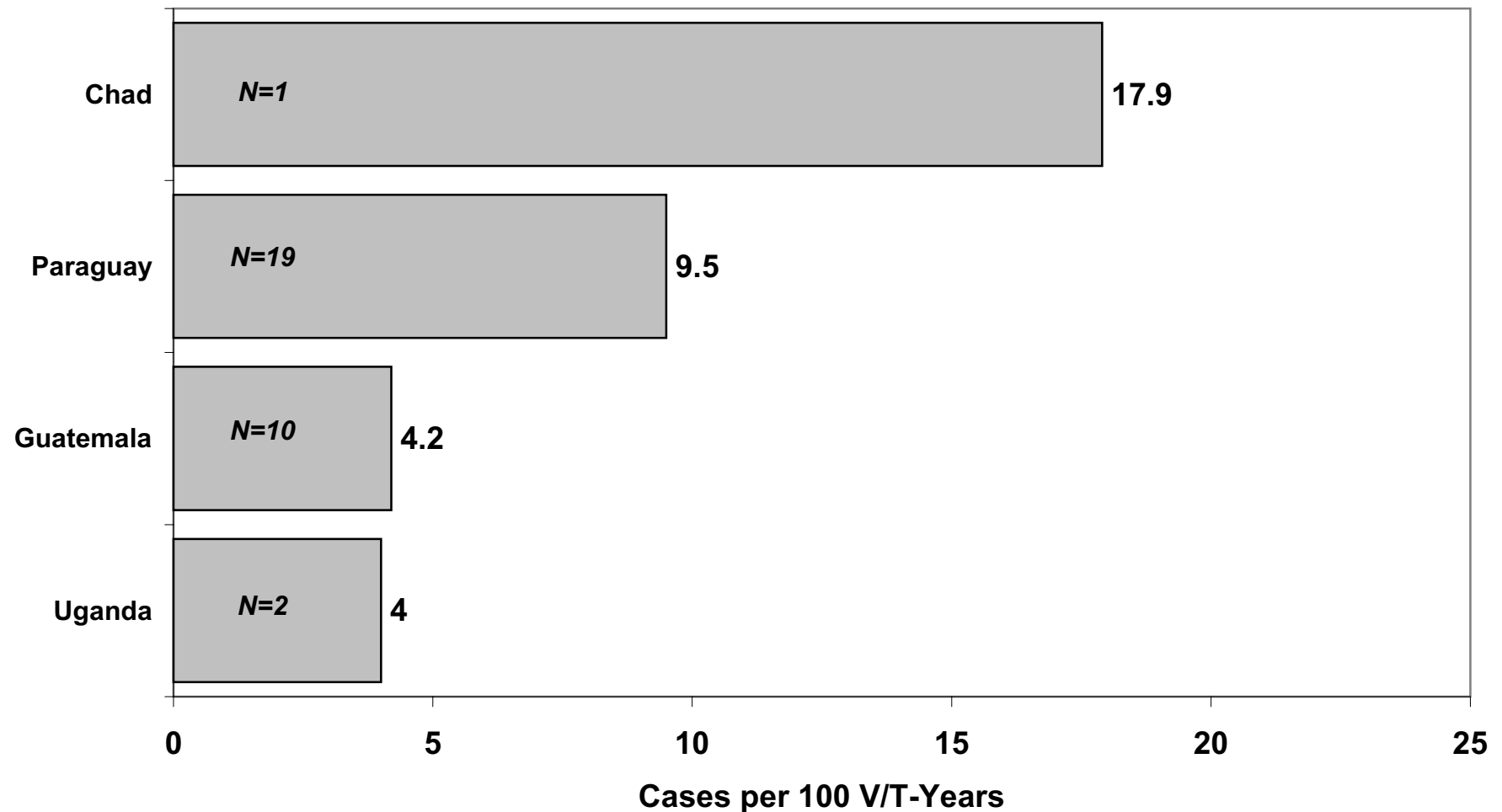


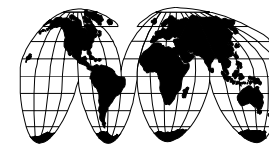


Highest Incidence of Bicycle Injuries

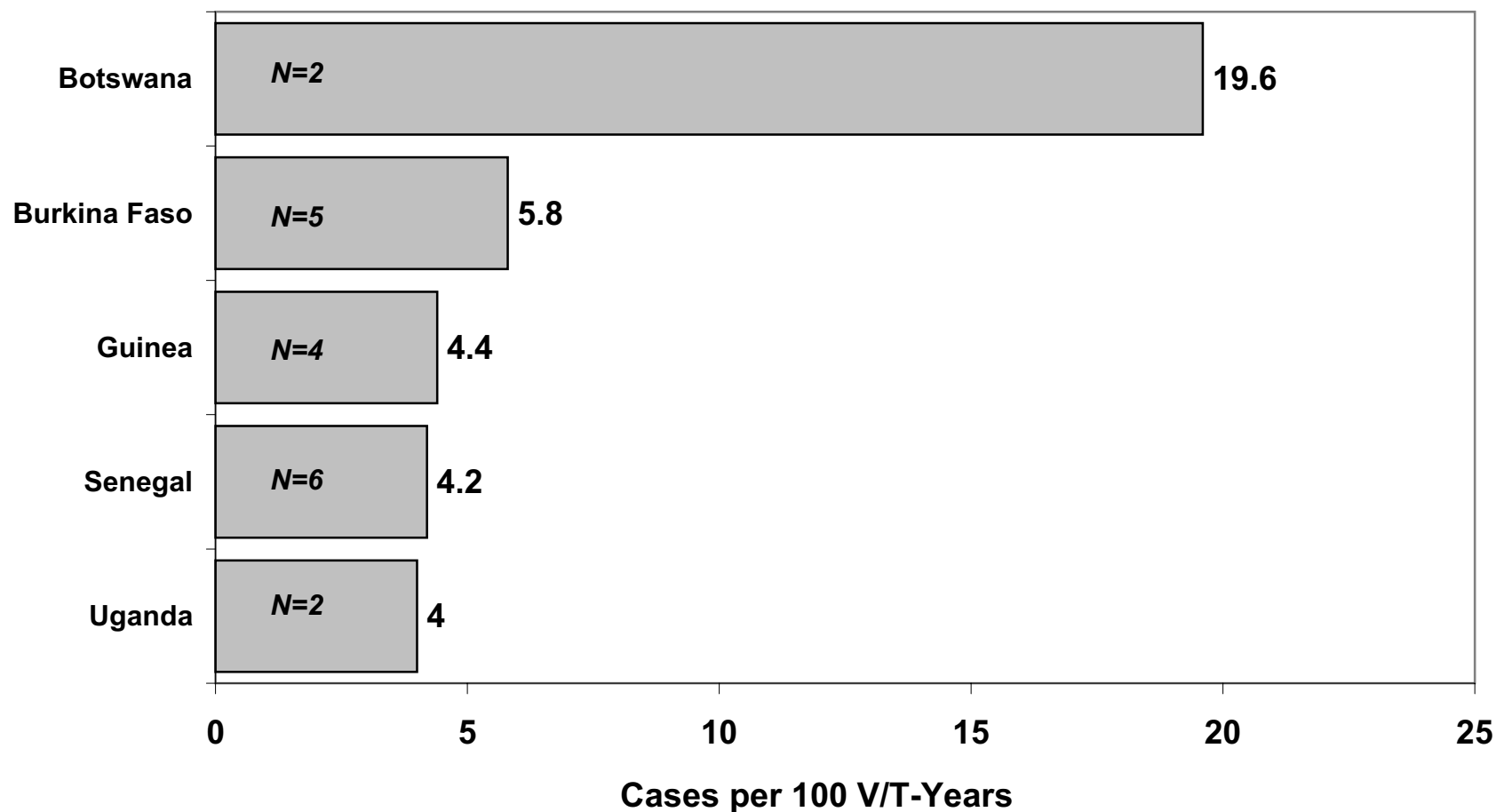


Highest Incidence of Pedestrian Injuries





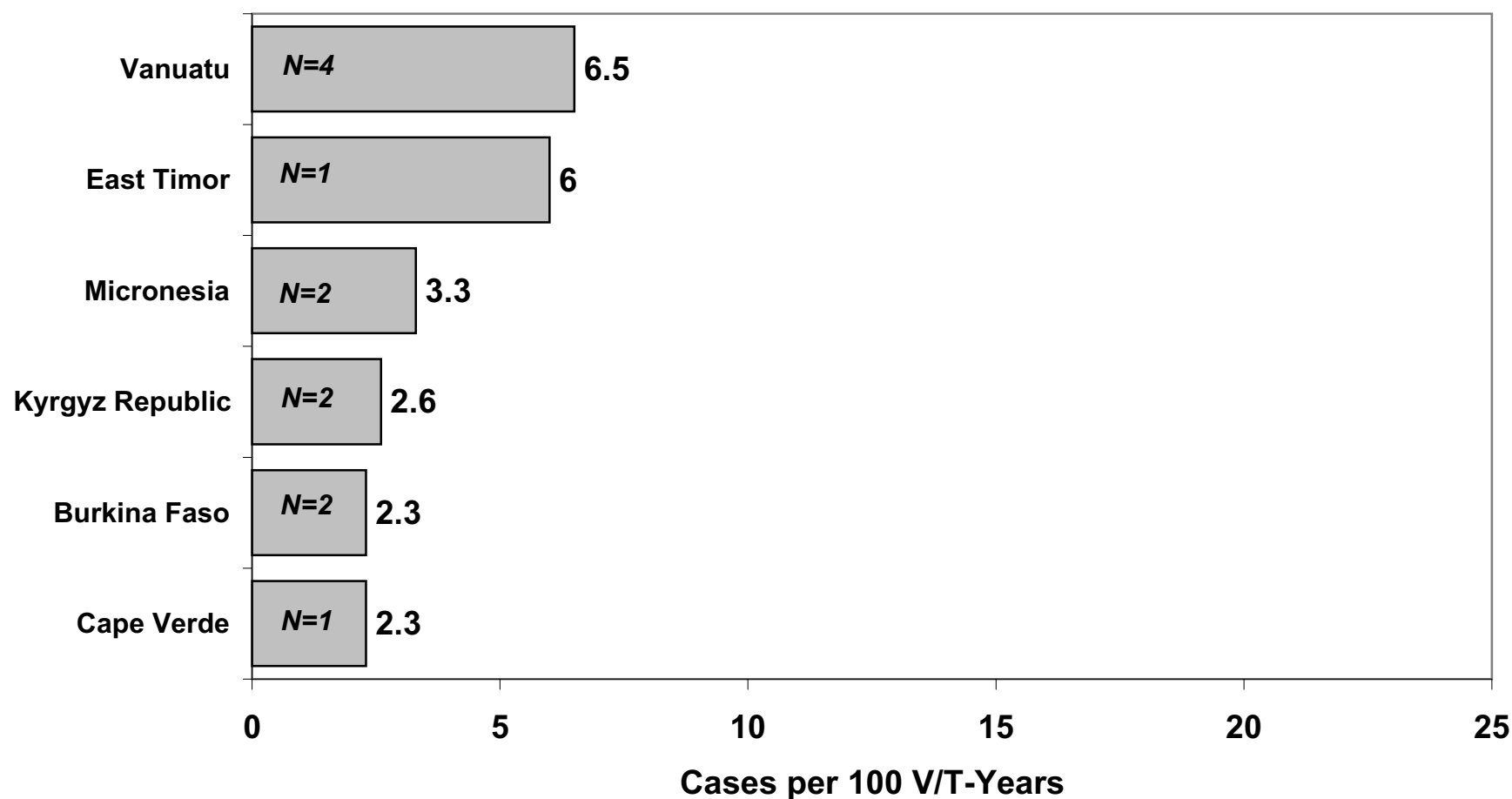
Highest Incidence of Motor Vehicle* Injuries



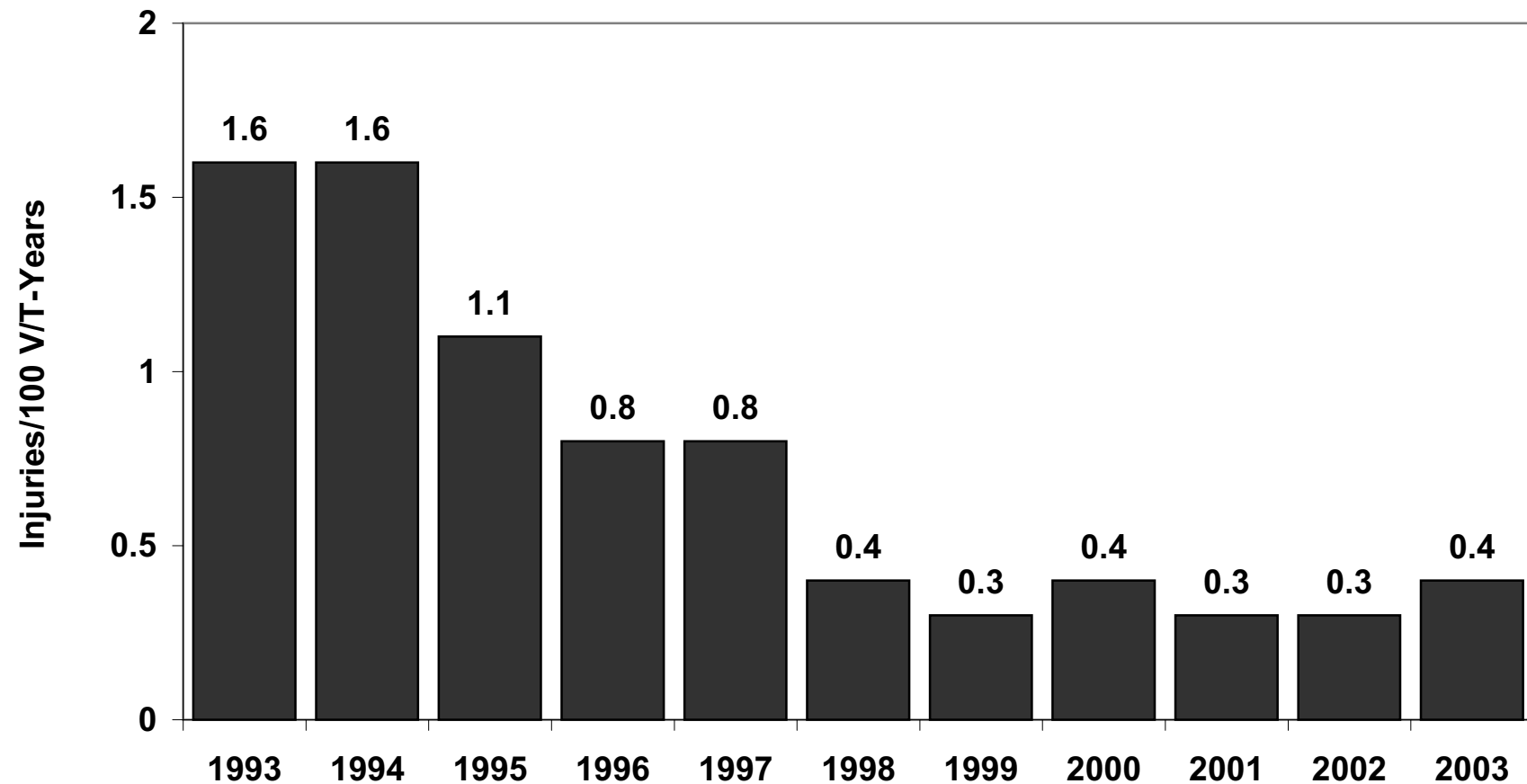
*Does not include motorcycles

Highest Incidence of Water-Related Injuries

Figure 29

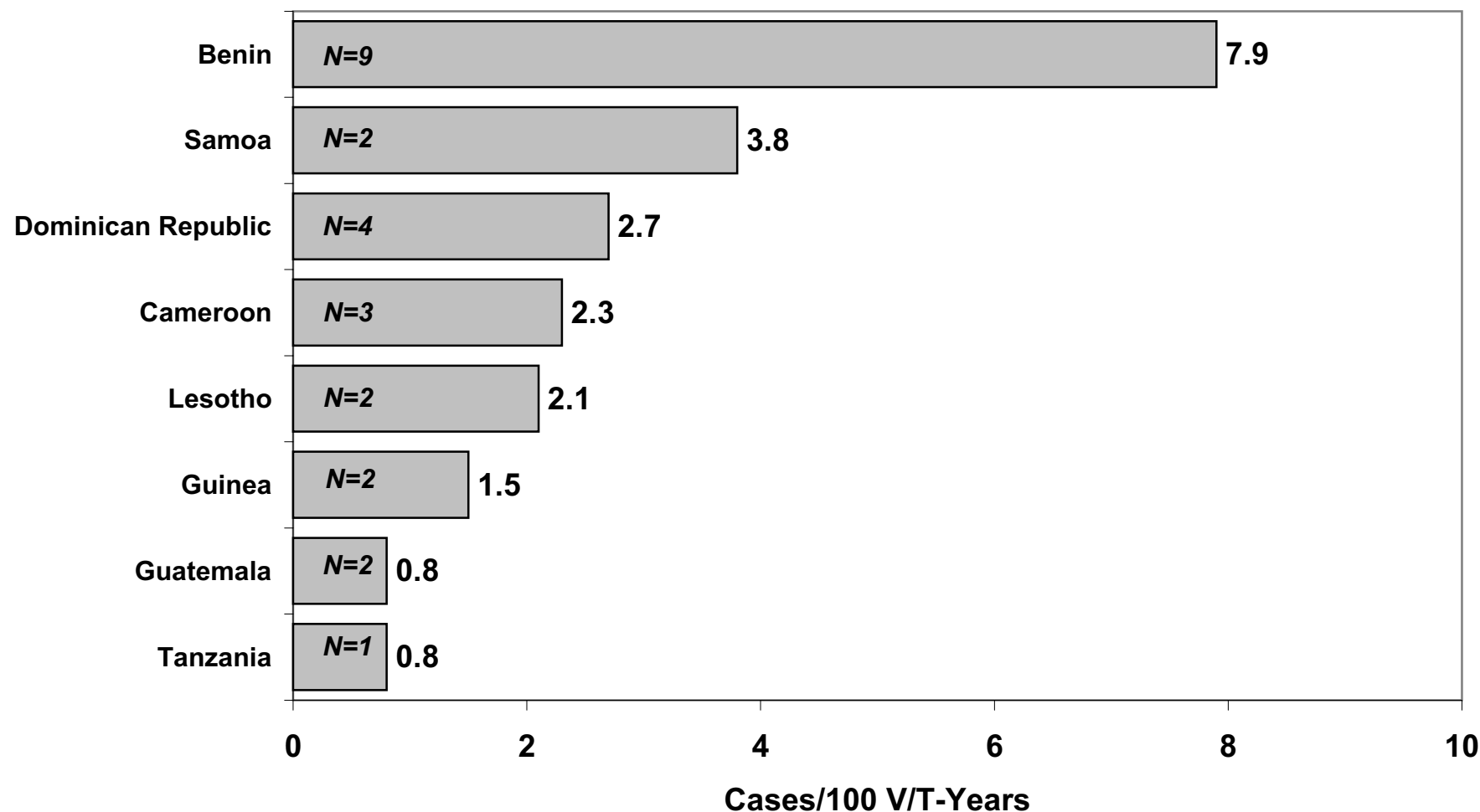


Incidence of Motorcycle Injuries



Highest Incidence of Motorcycle Injuries

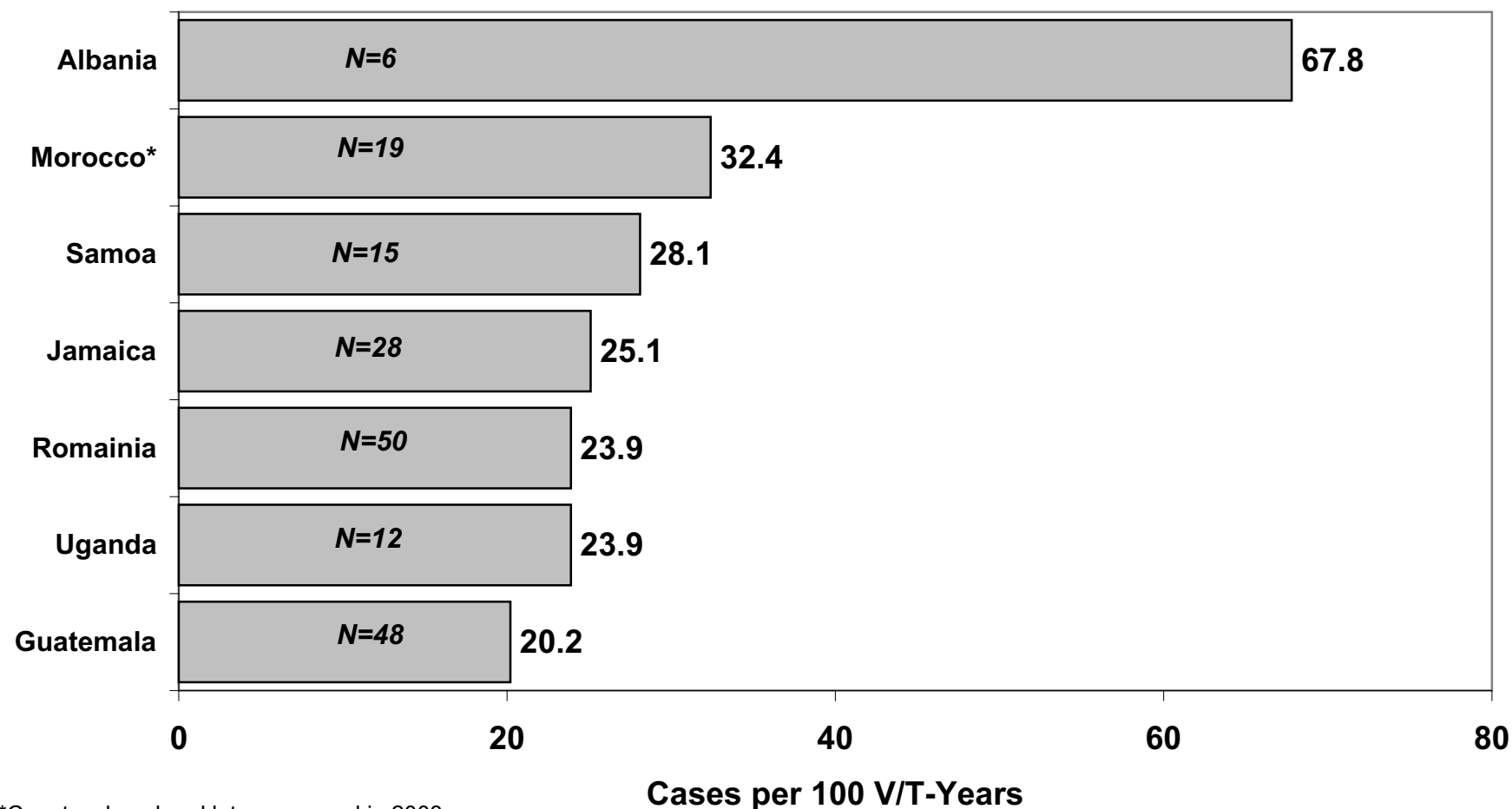
Figure 31



2003 Volunteer Health Country Profiles

Highest Incidence of Lower Respiratory Tract Illness

Figure 32



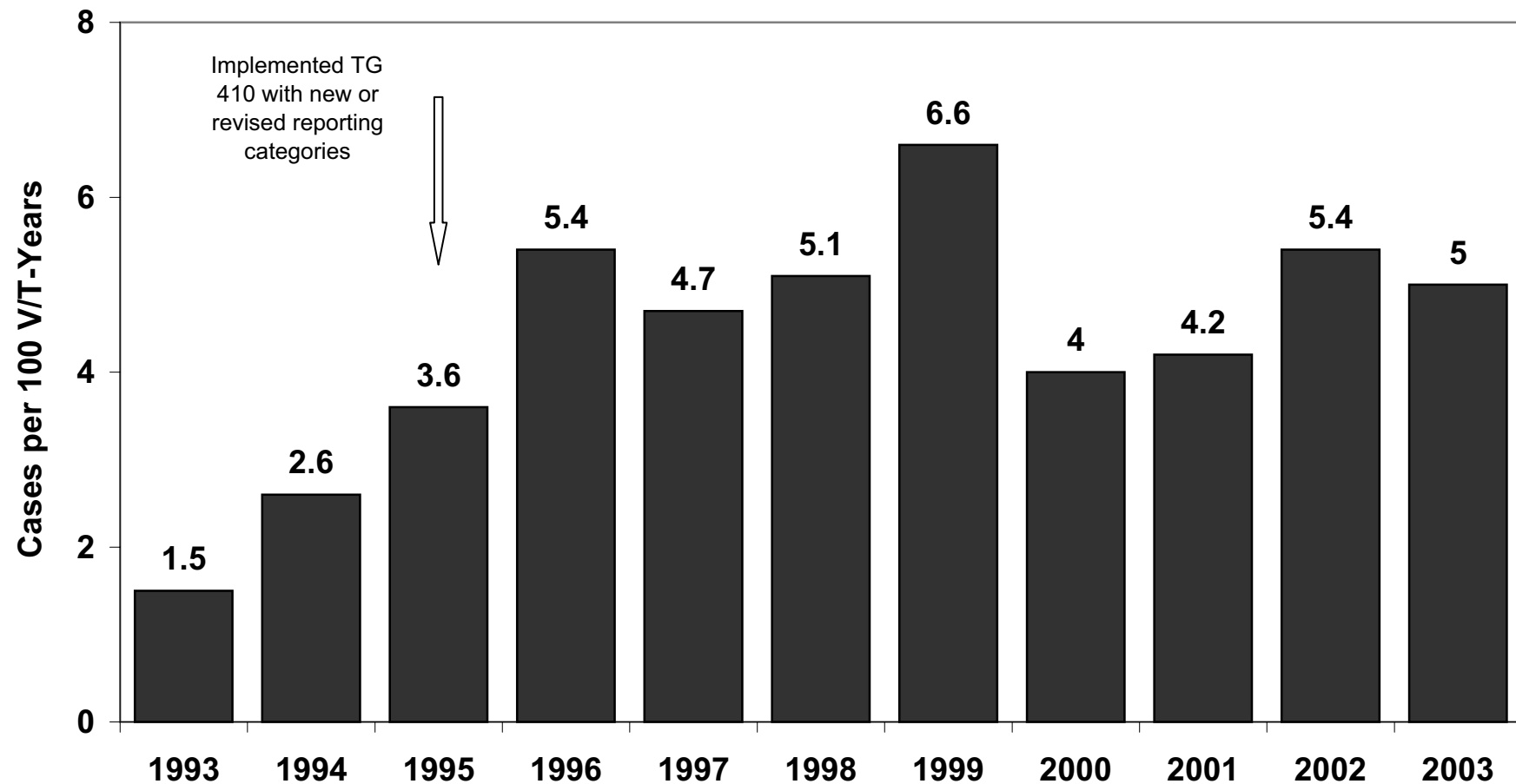
*Country closed and later reopened in 2003

1993–2003 Volunteer Health Trends

Figure 33

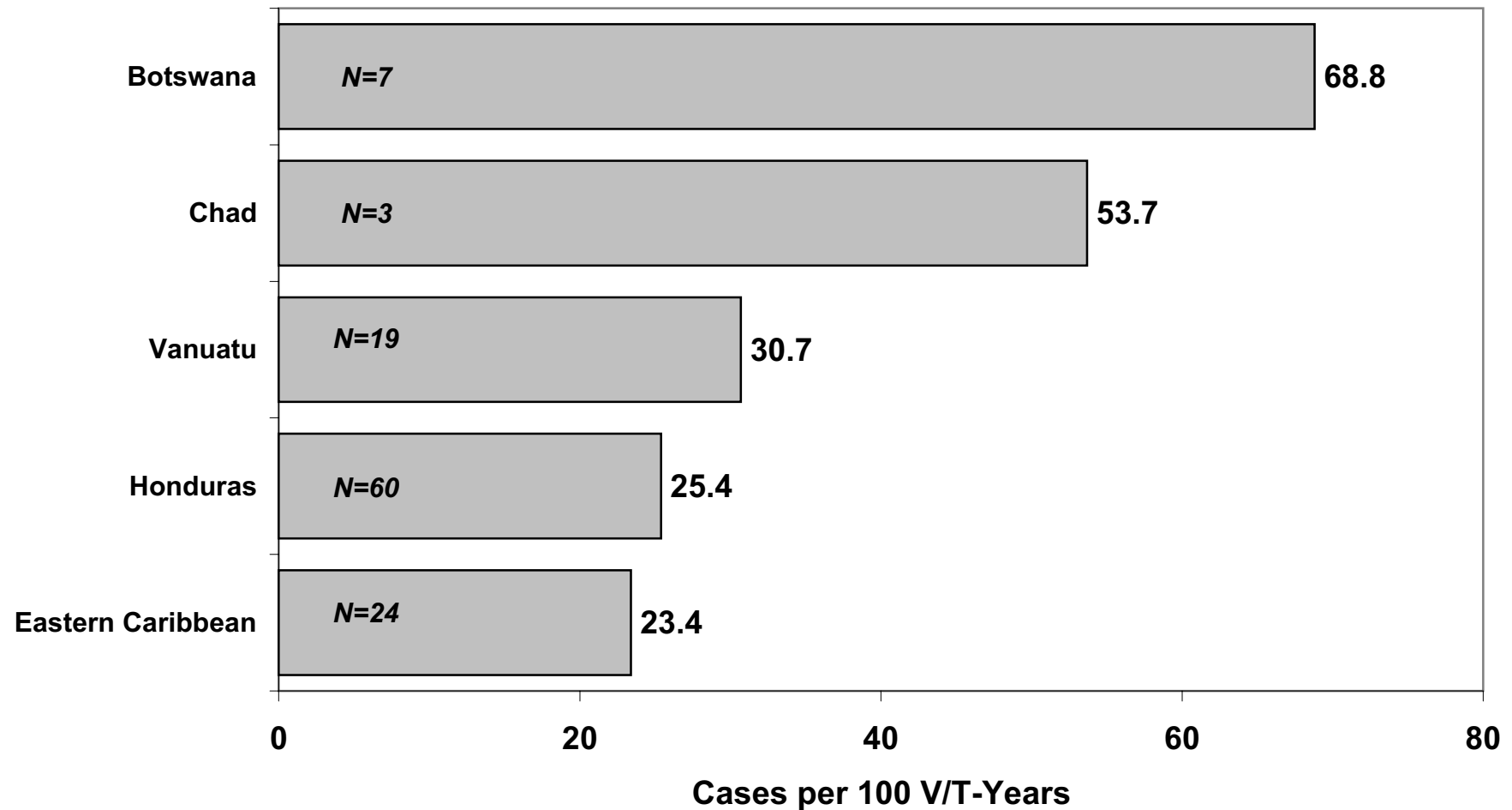


Incidence of Environmental Concerns





Highest Incidence of Environmental Concerns

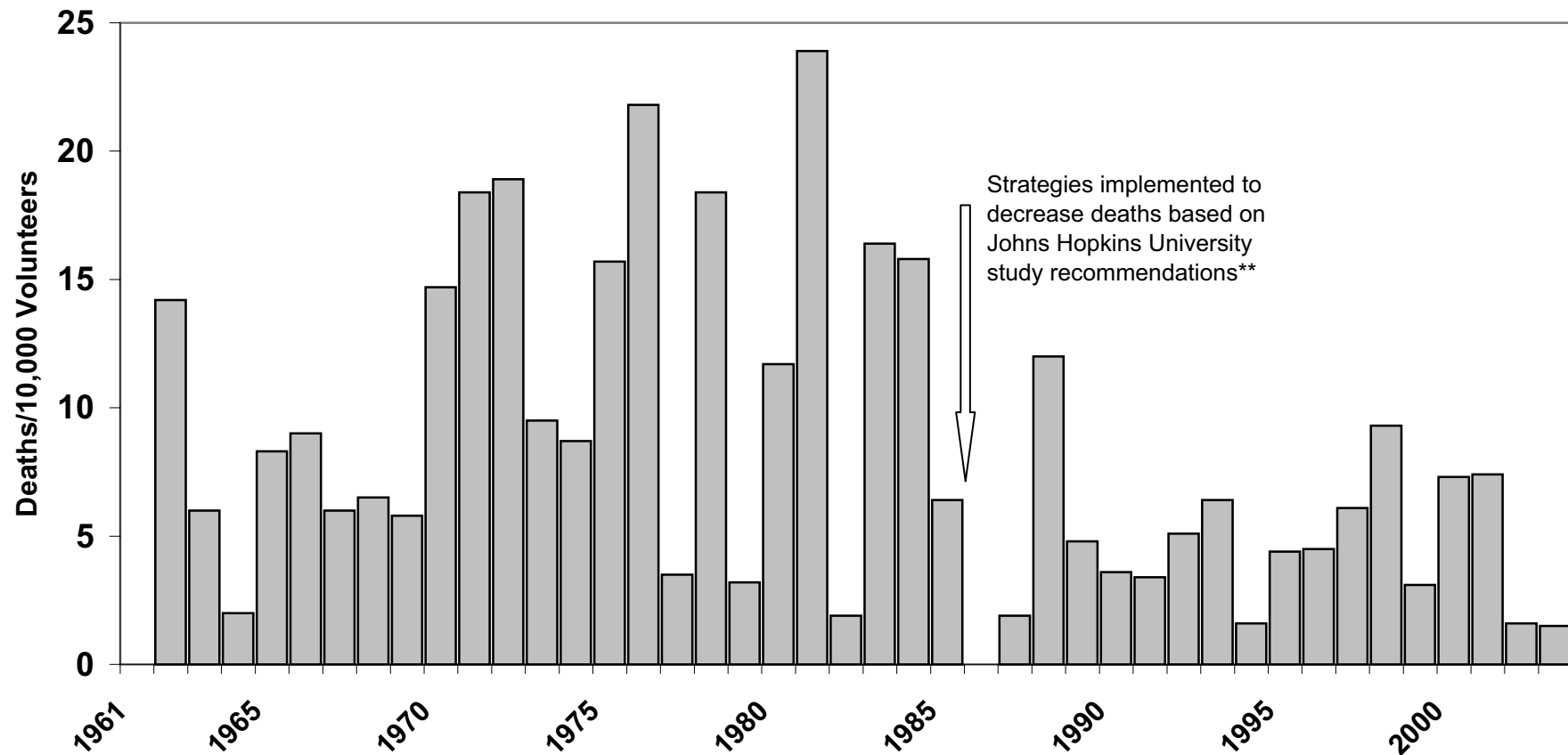


1961–2003 Volunteer Health Trends

Figure 35



Mortality Rates*

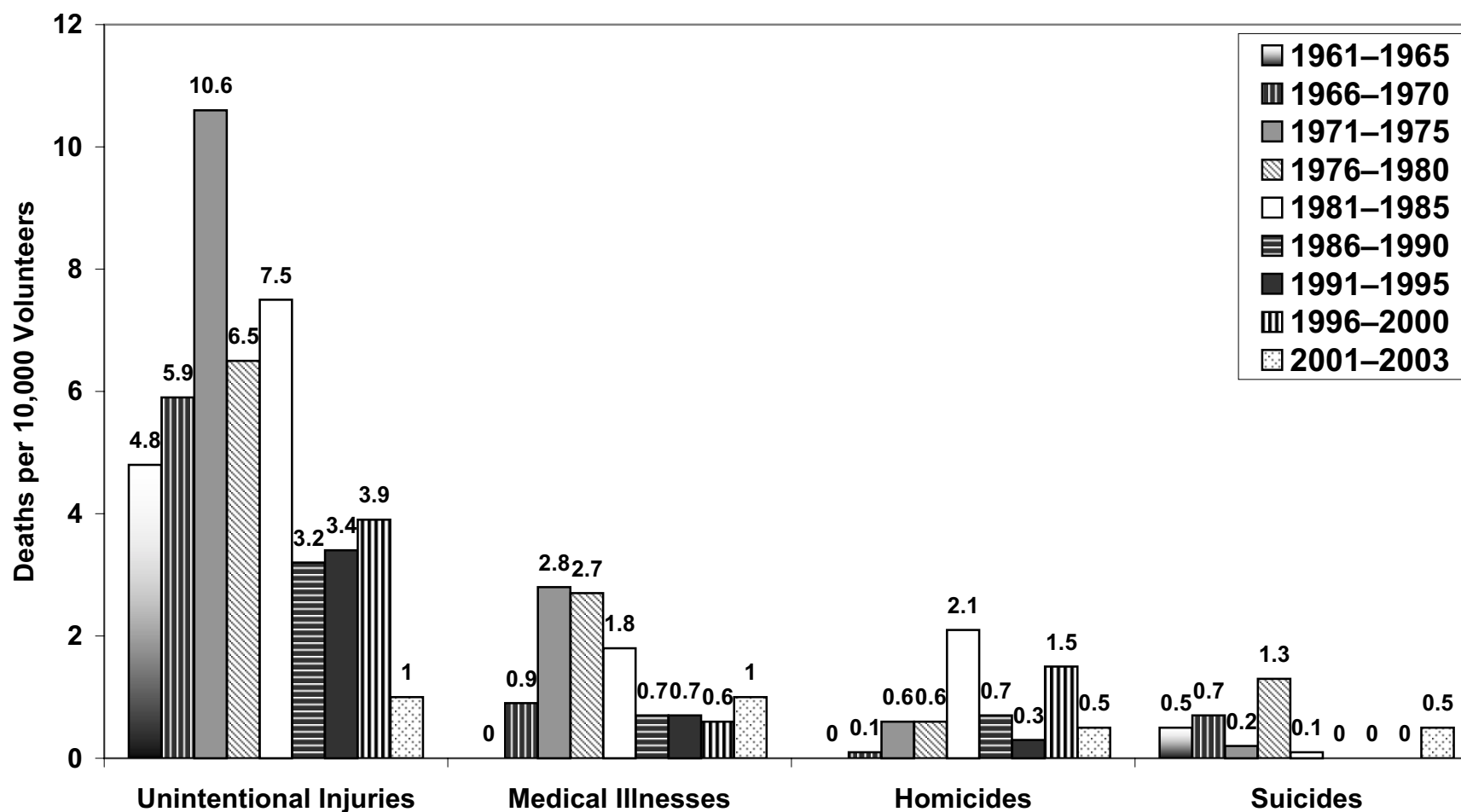


* Rate=deaths per 10,000 Volunteers

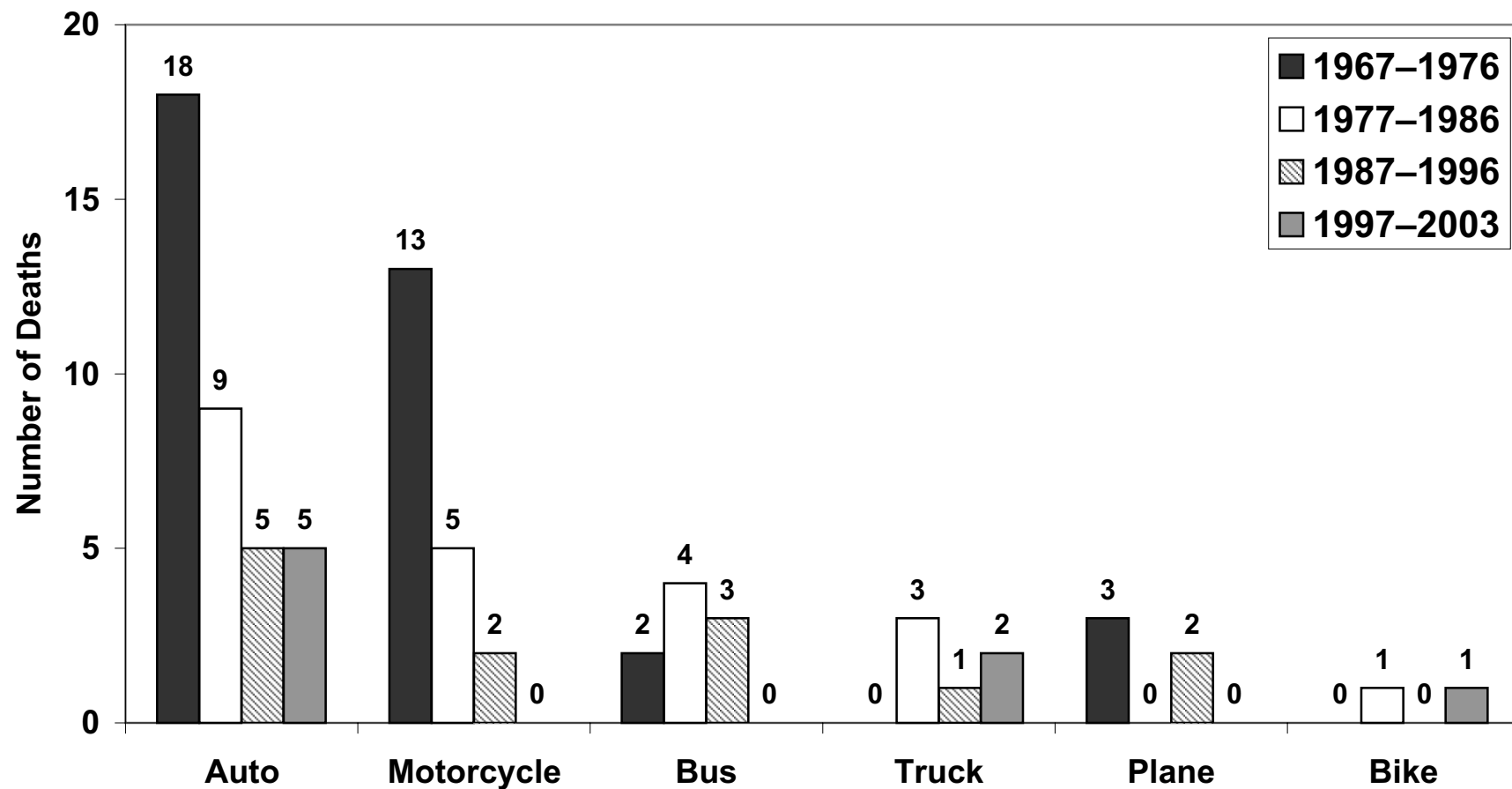
**Hargarten SW and Baker SP. 1985. Fatalities in the Peace Corps. *JAMA* 254:1326-1329.



Cause-Specific Fatalities



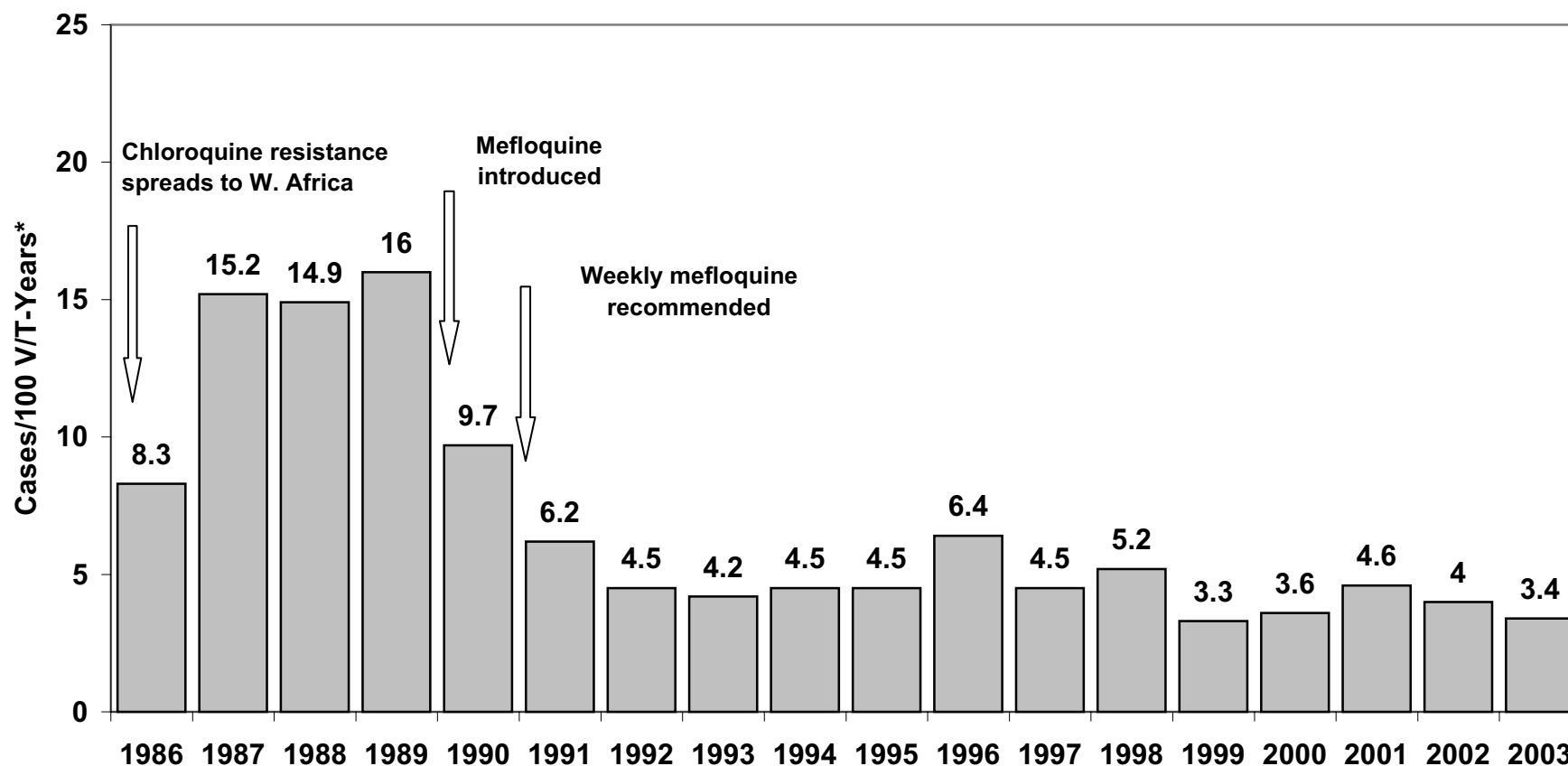
Number of Transportation-Related Deaths



1986–2003 Africa Region Volunteer Health Trends

Incidence of *Falciparum* Malaria

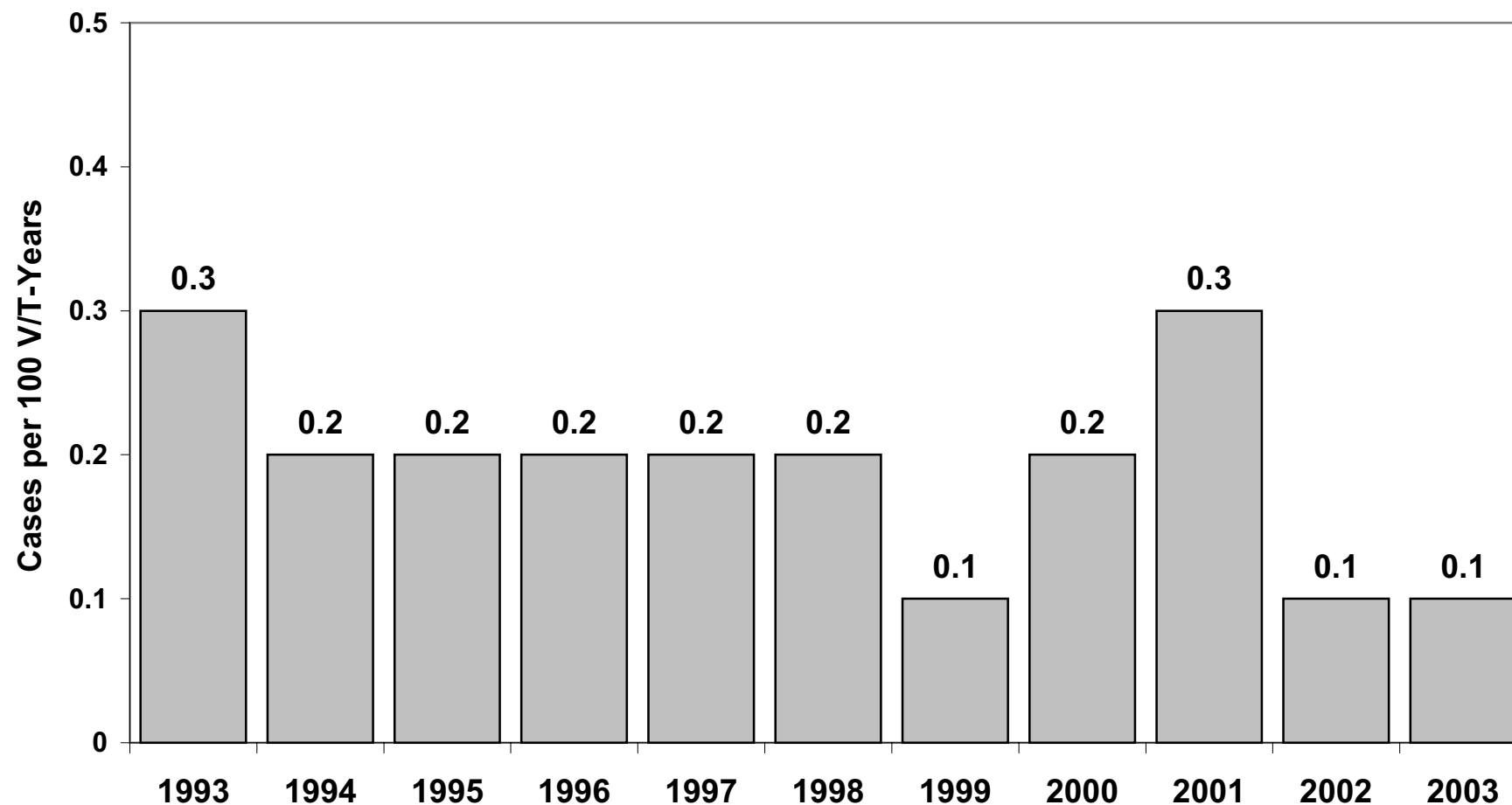
Figure 38



Note: Data represent laboratory-confirmed cases

*Prior to 1993, rates per 100 Volunteer/Year were used as an approximation of V/T-Years

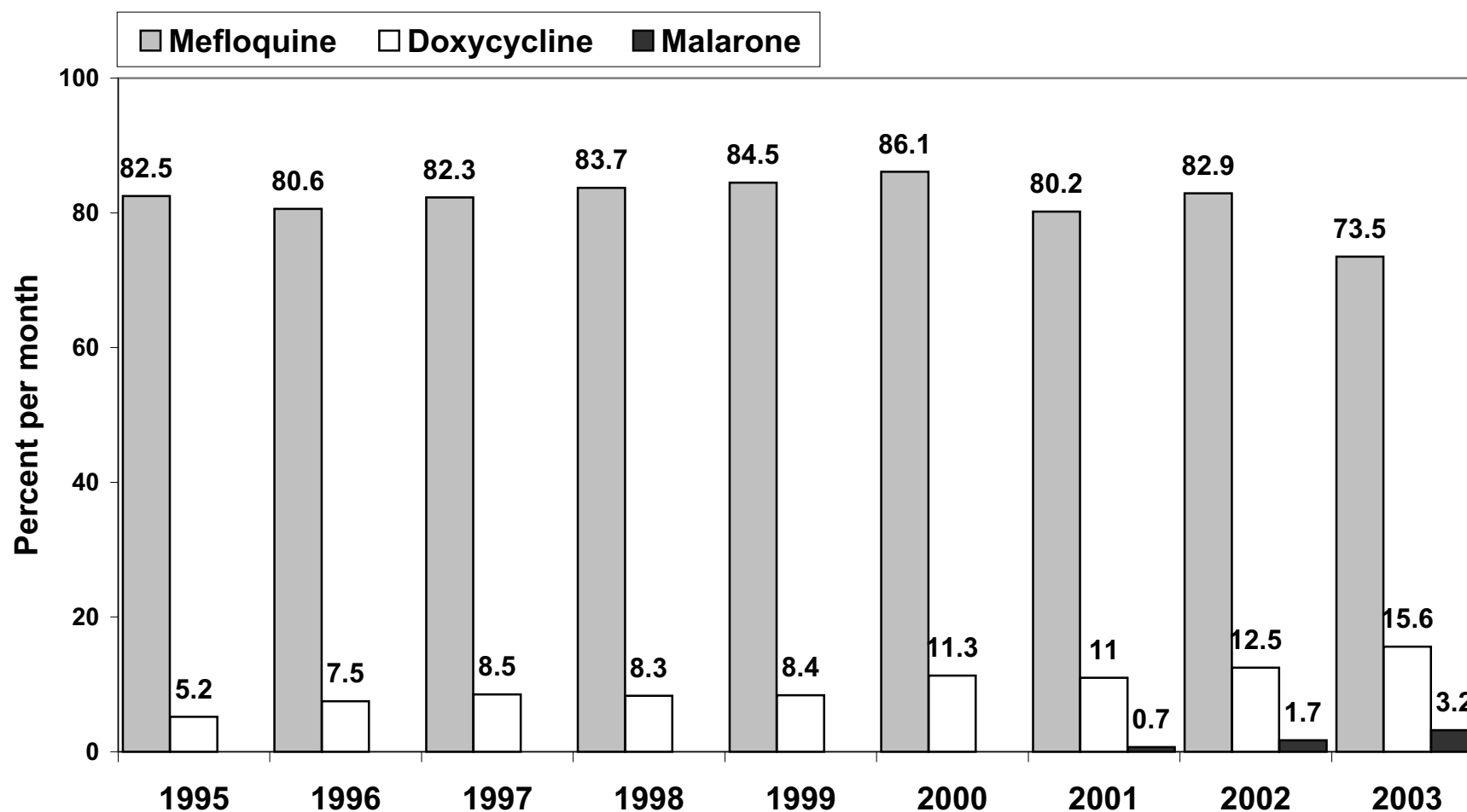
Incidence of Non-Falciparum Malaria



Note: Data represent laboratory-confirmed cases

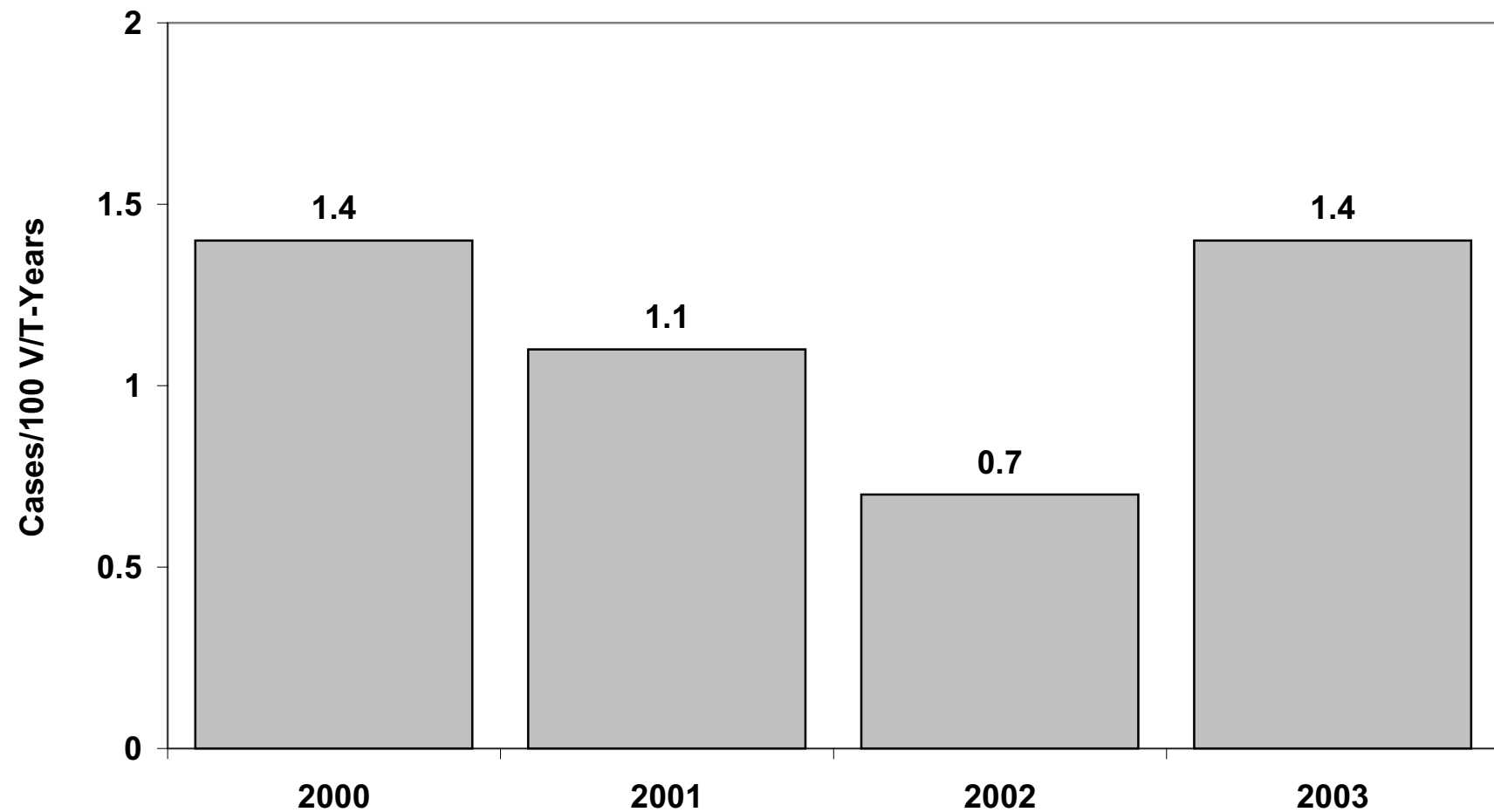


Monthly Antimalarials Prescribed



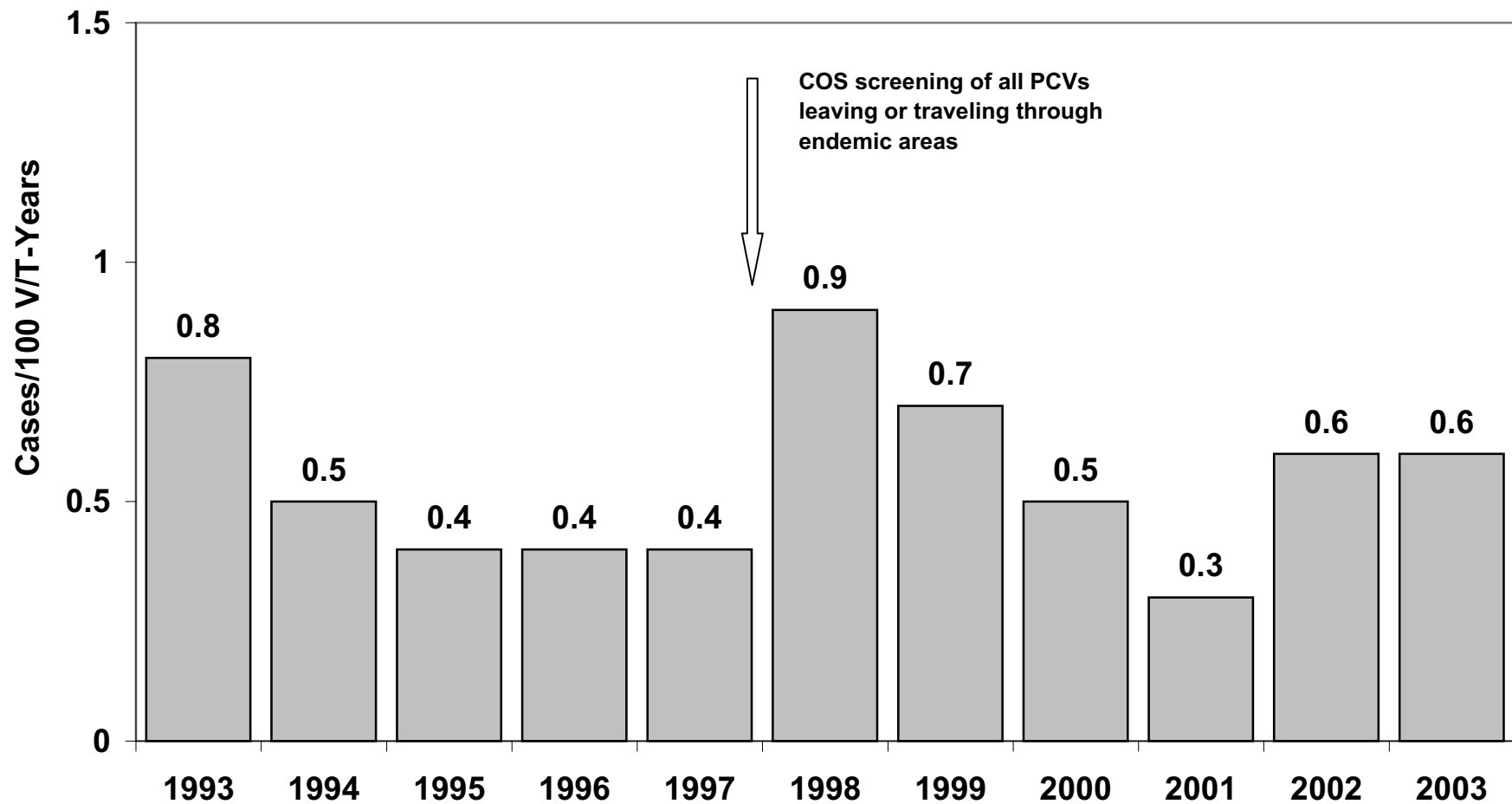


Incidence of Dengue





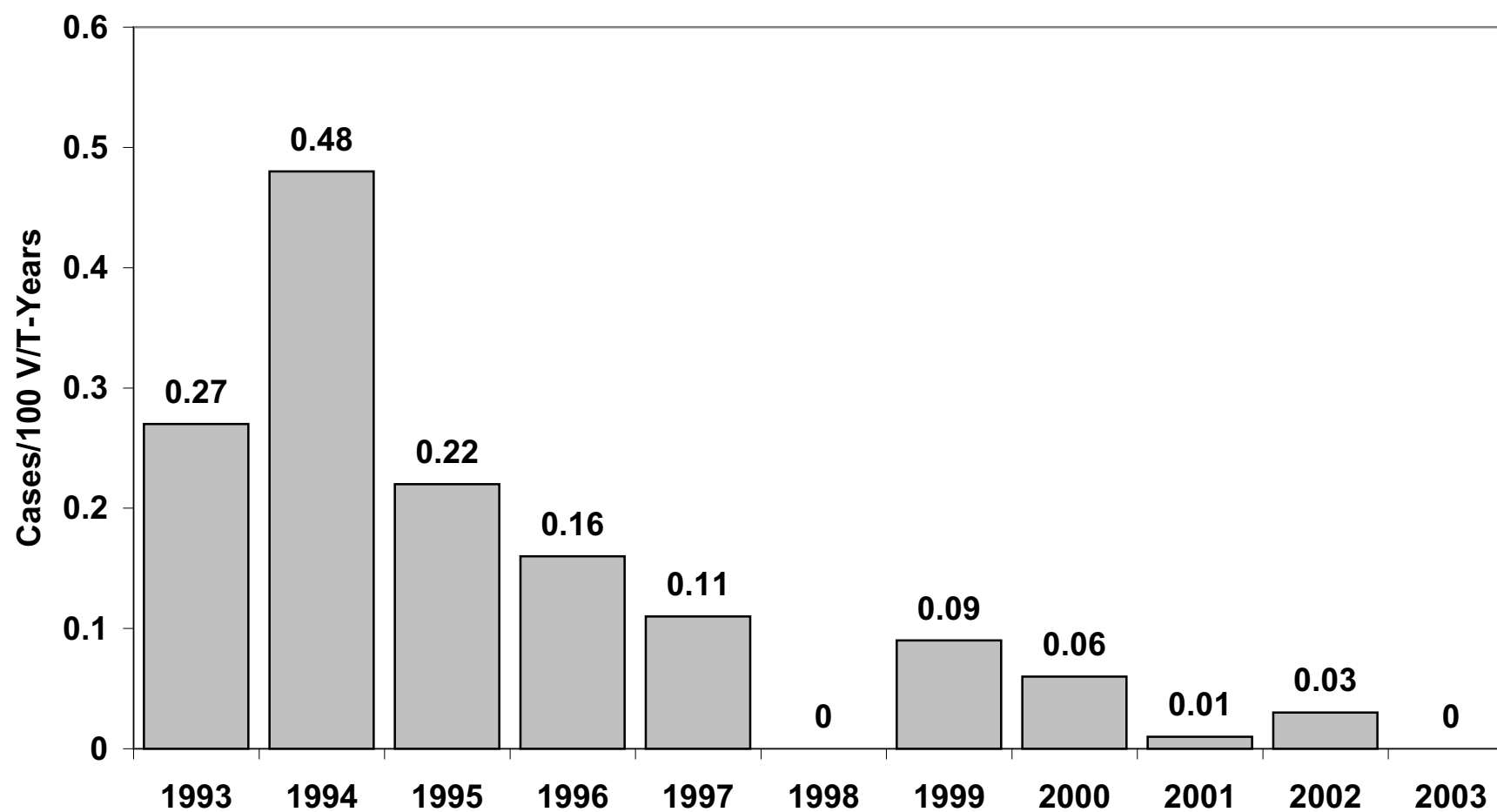
Incidence of Schistosomiasis



1993–2003 Volunteer Health Trends

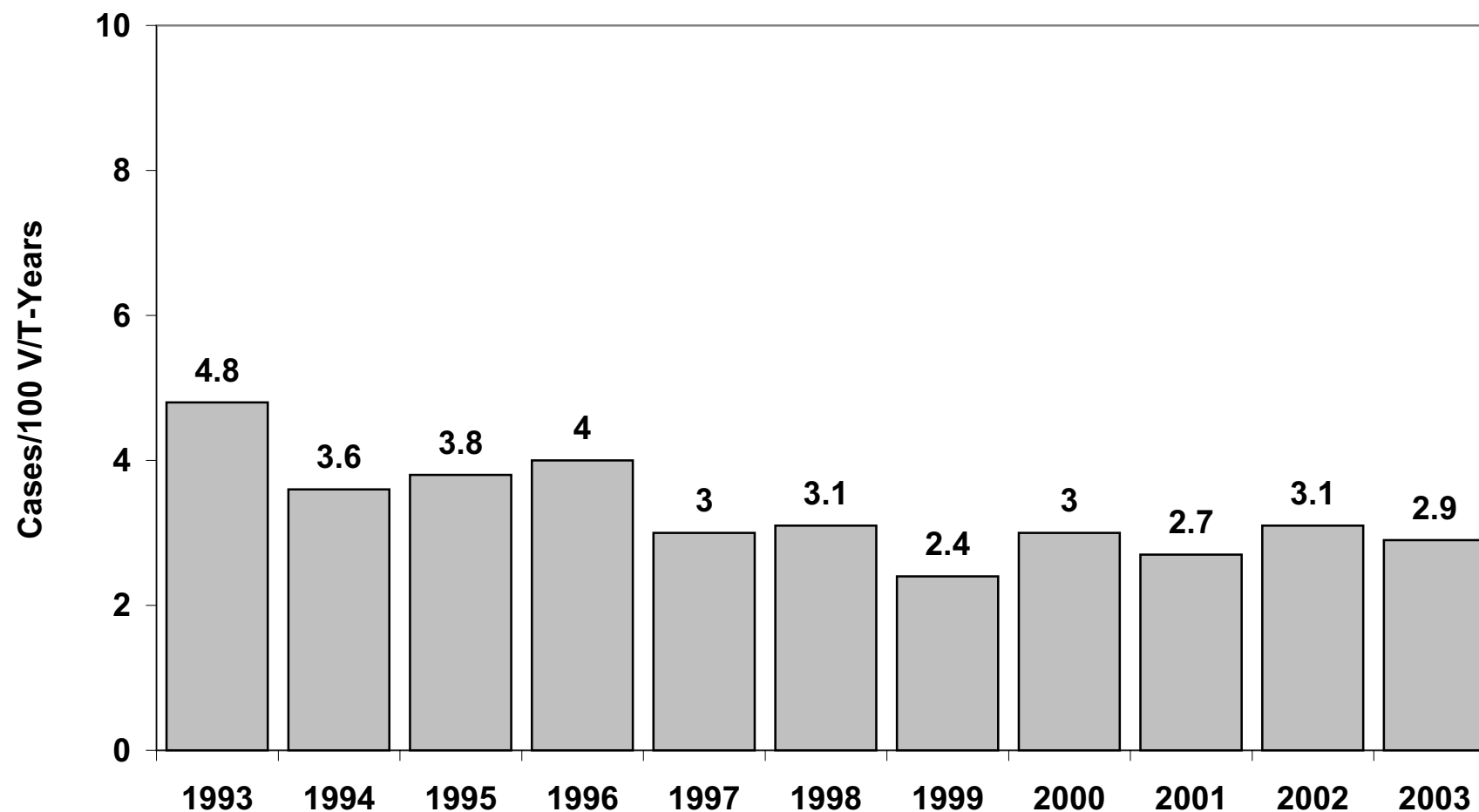
Incidence of Filariasis

Figure 43



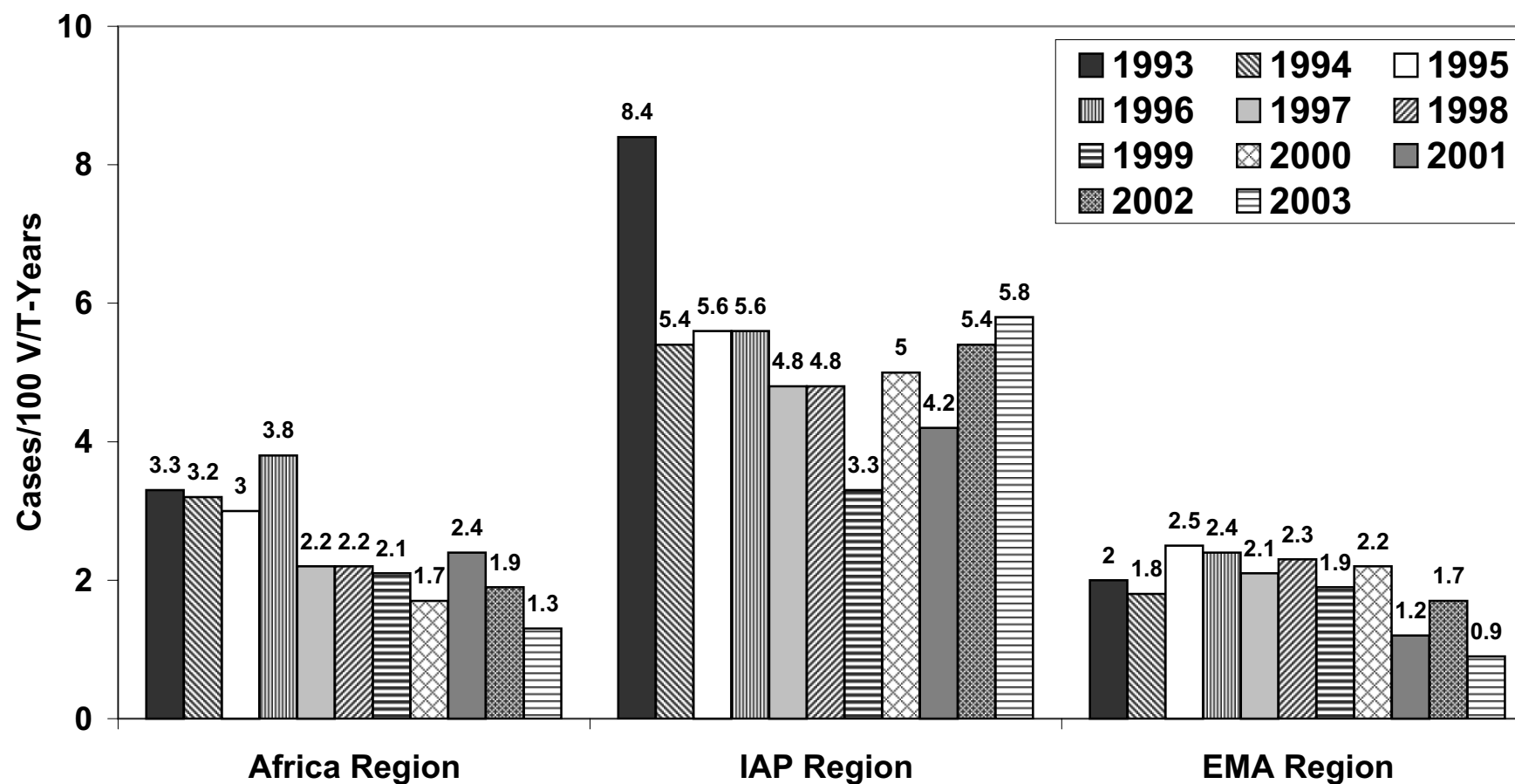


Incidence of Intestinal Helminths





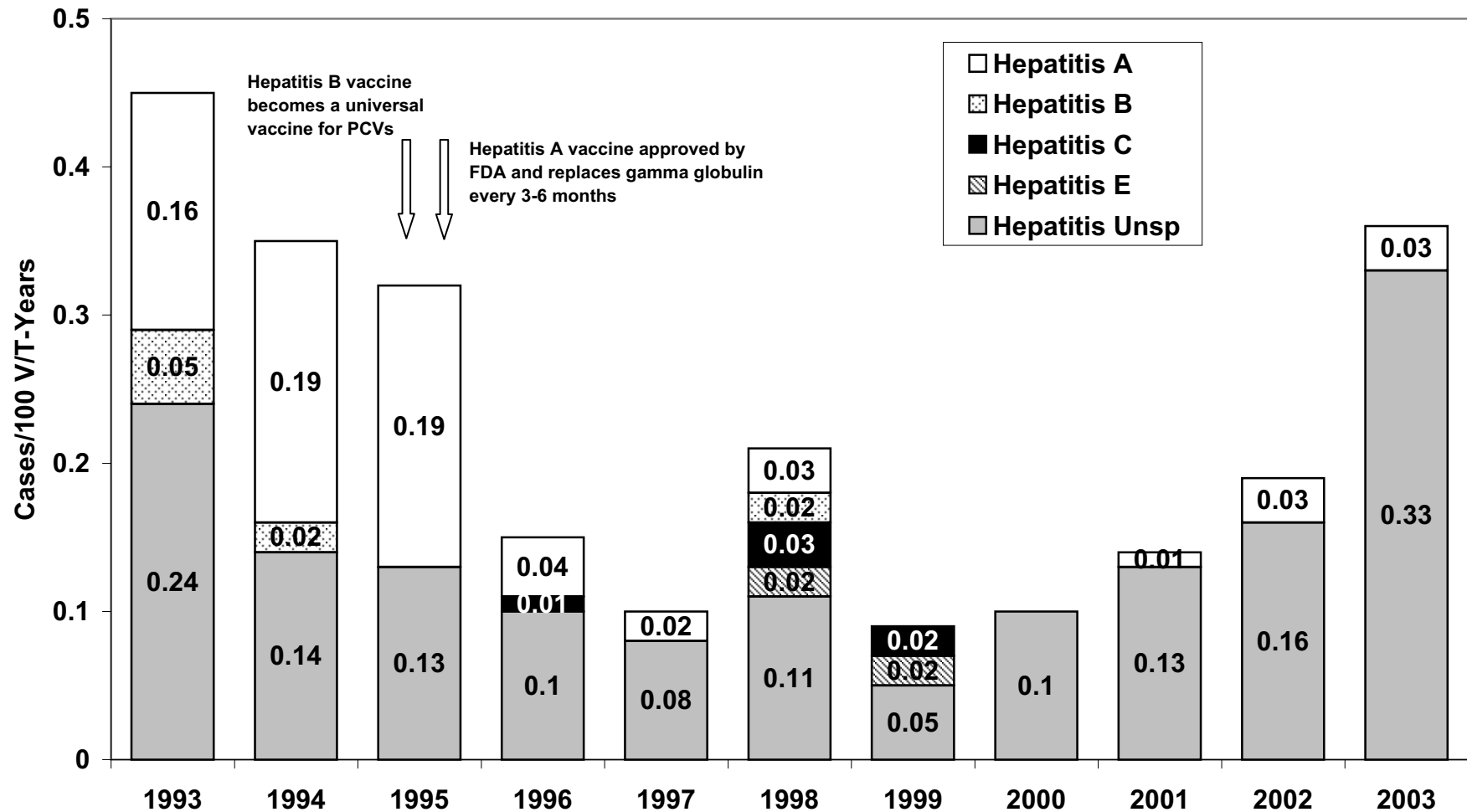
Incidence of Intestinal Helminths



1993–2003 Volunteer Health Trends

Incidence of Hepatitis

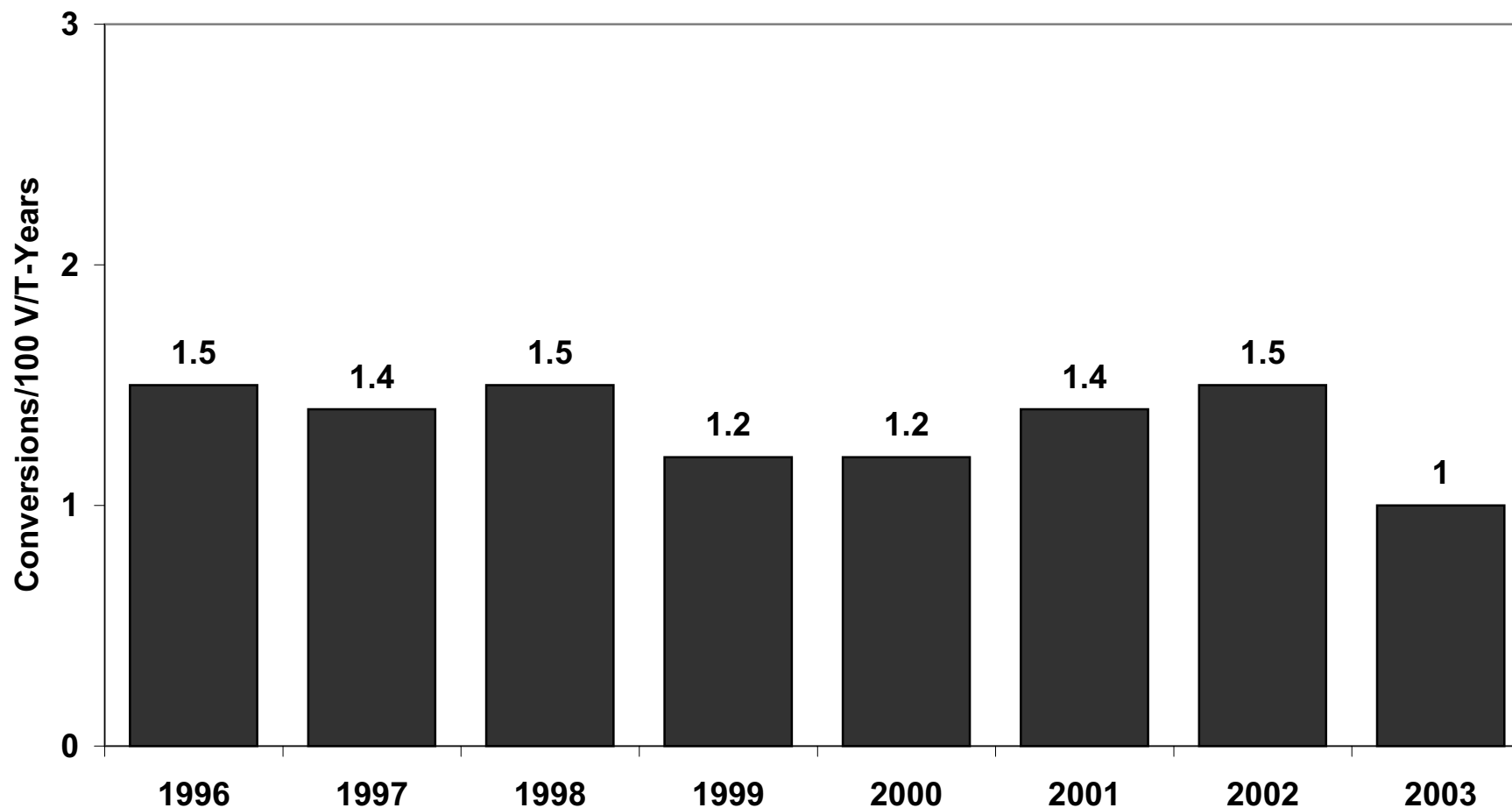
Figure 46



1996–2003 Volunteer Health Trends

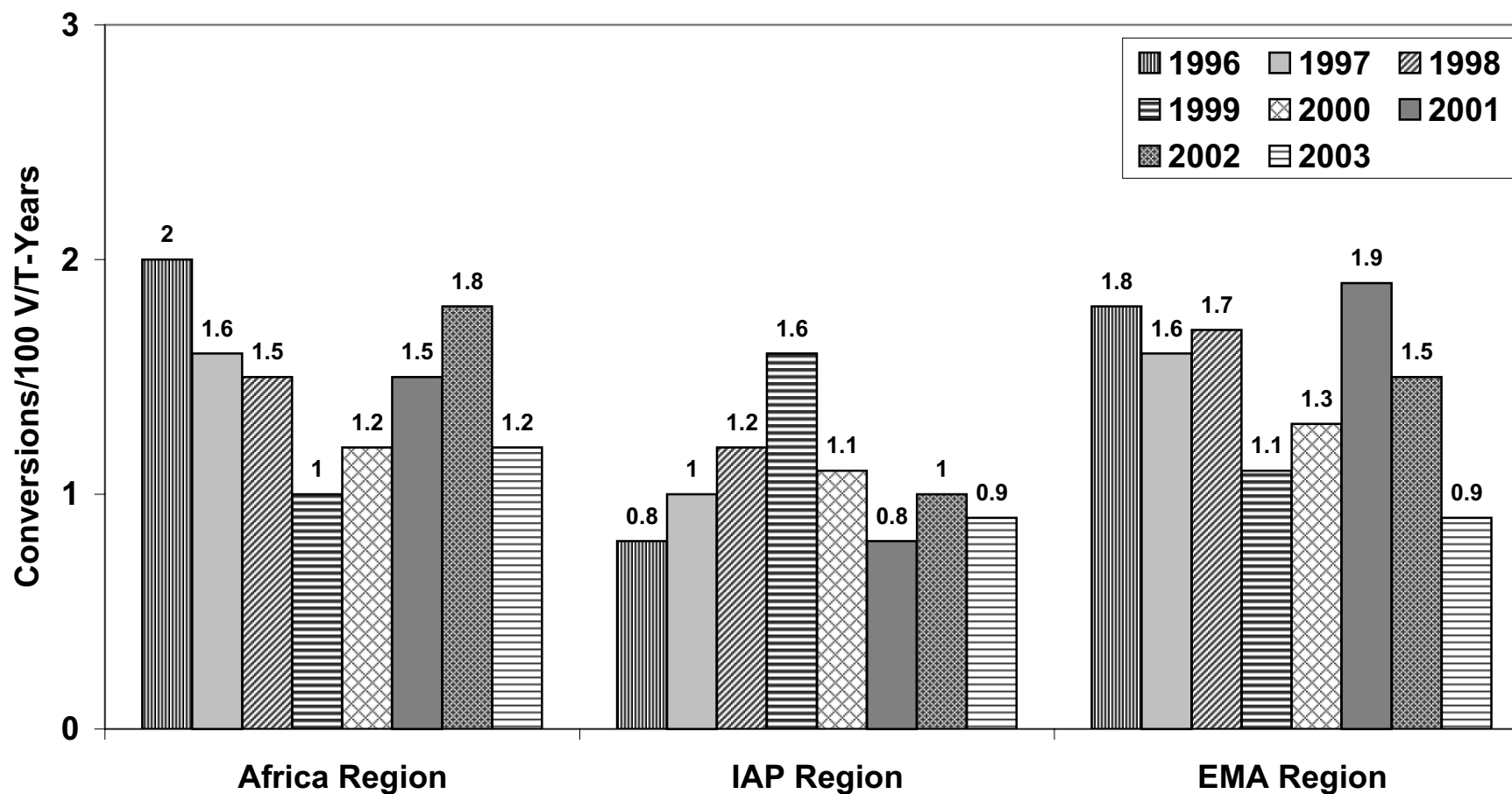
Incidence of Tuberculin Skin Test Conversions

Figure 47



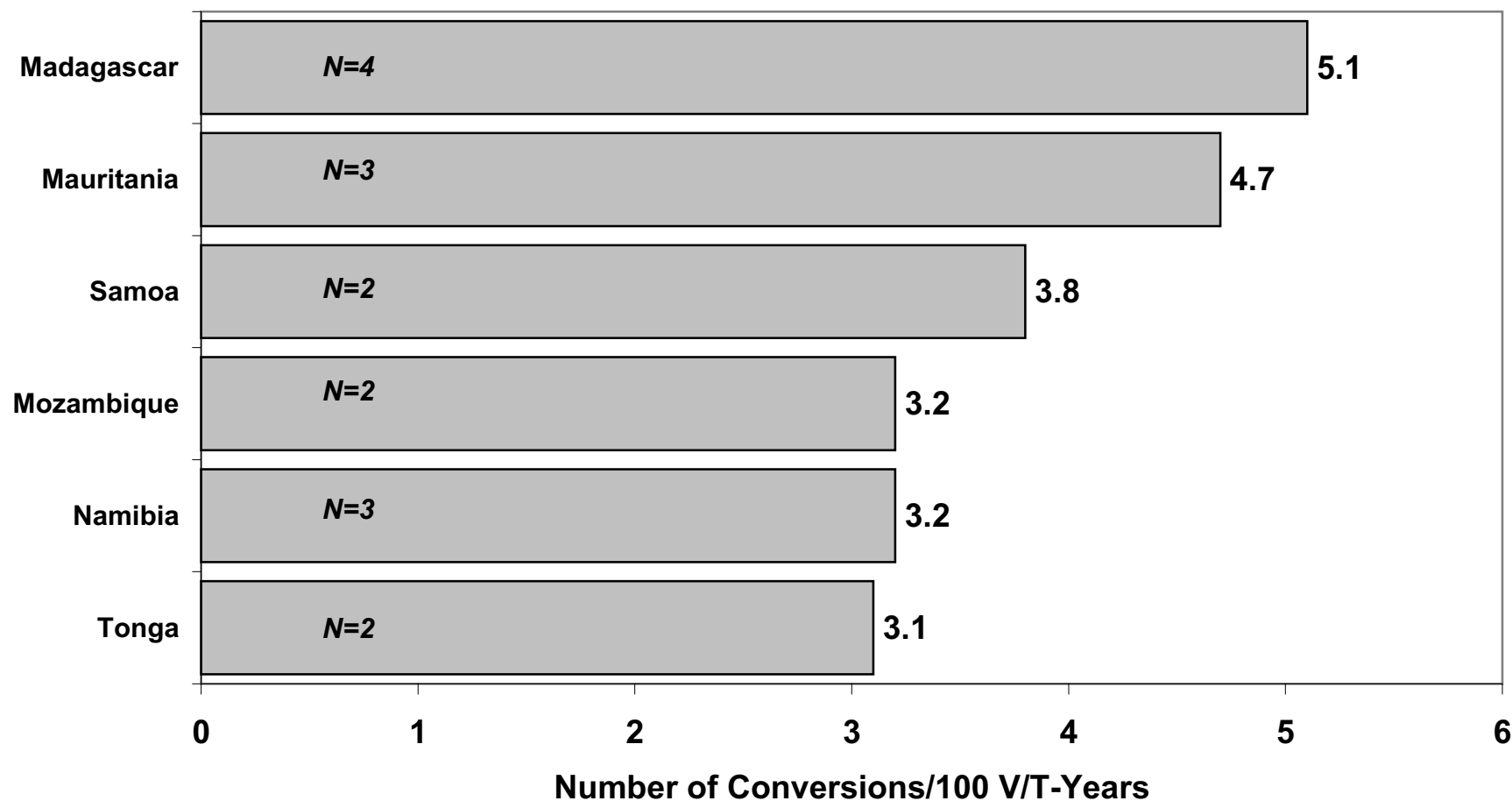
Incidence of Tuberculin Skin Test Conversions

Figure 48





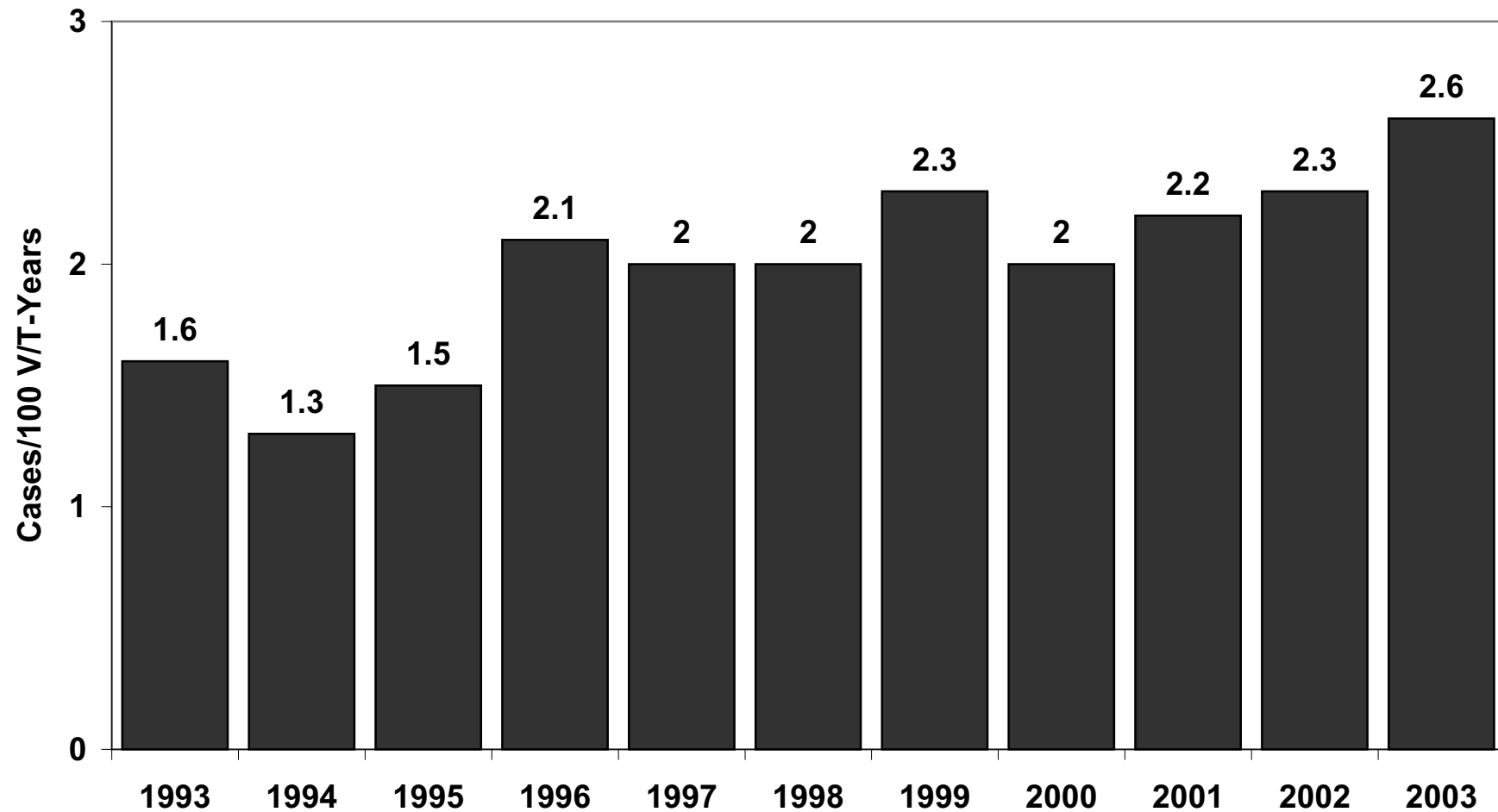
Highest Incidence of Tuberculin Skin Test Conversions



1993–2003 Volunteer Health Trends

Incidence of Asthma

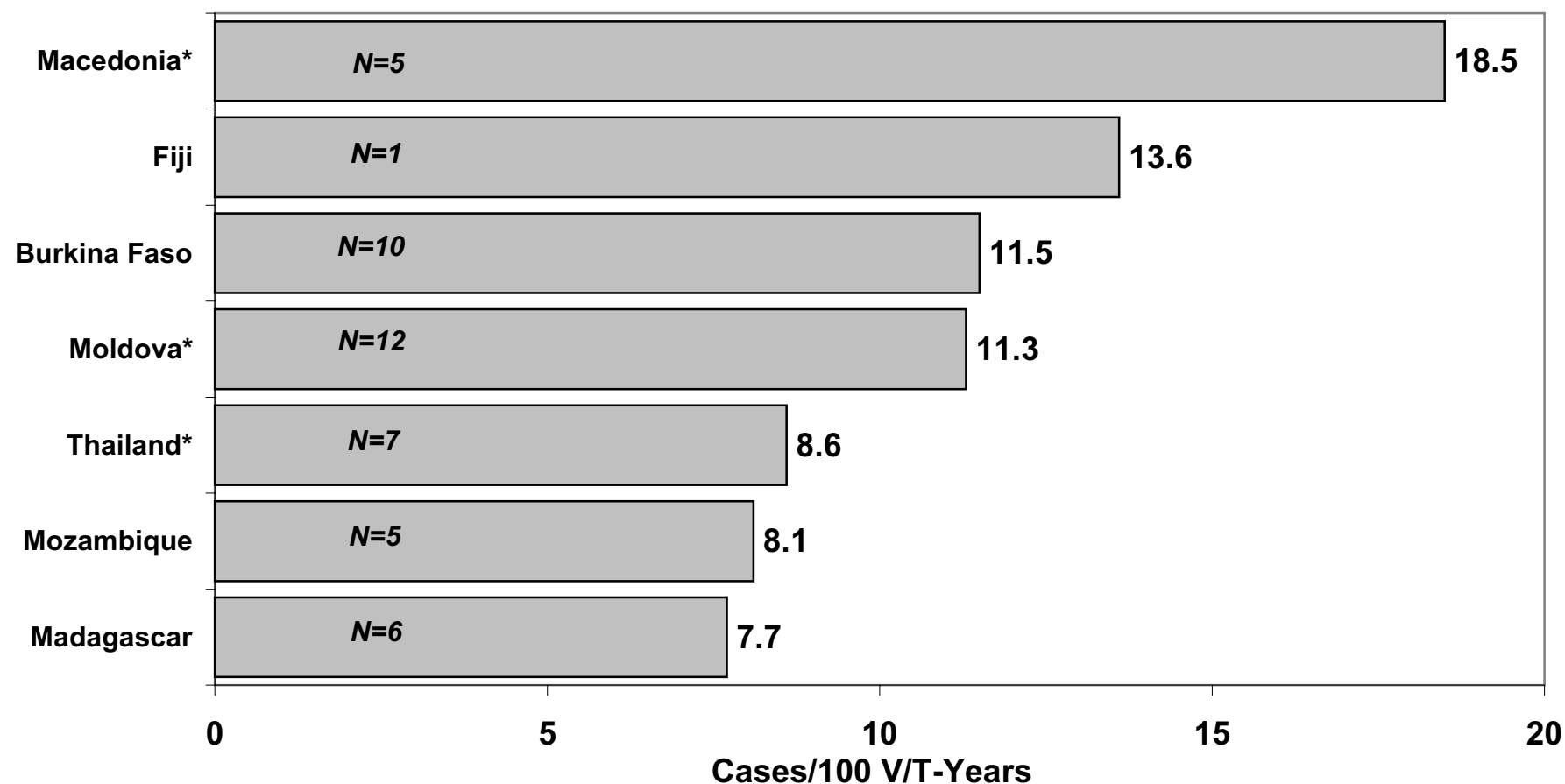
Figure 50



2003 Volunteer Health Country Profiles

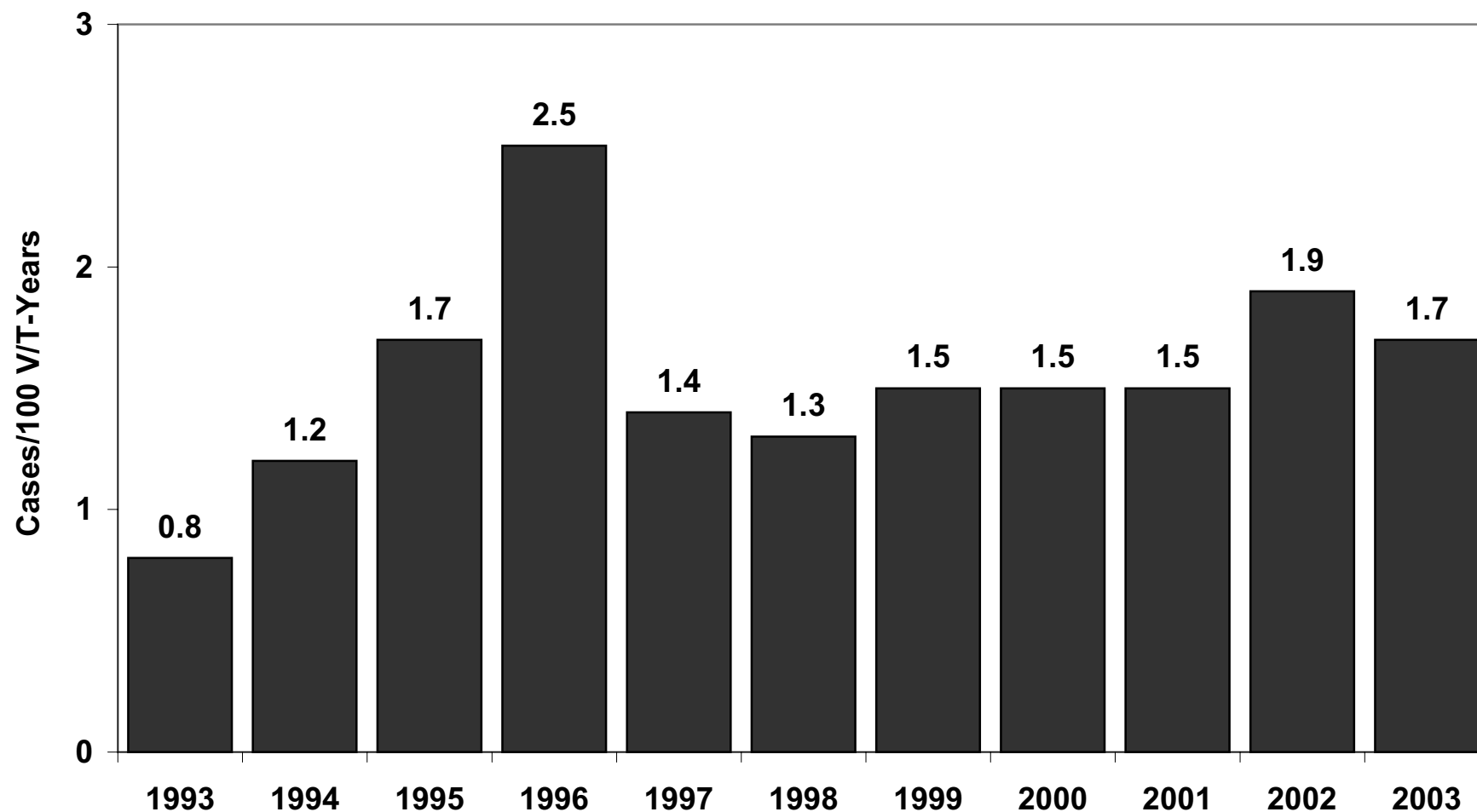
Highest Incidence of Asthma

Figure 51



*This country accepts trainees/Volunteers with known stable asthma documented on pre-service exam

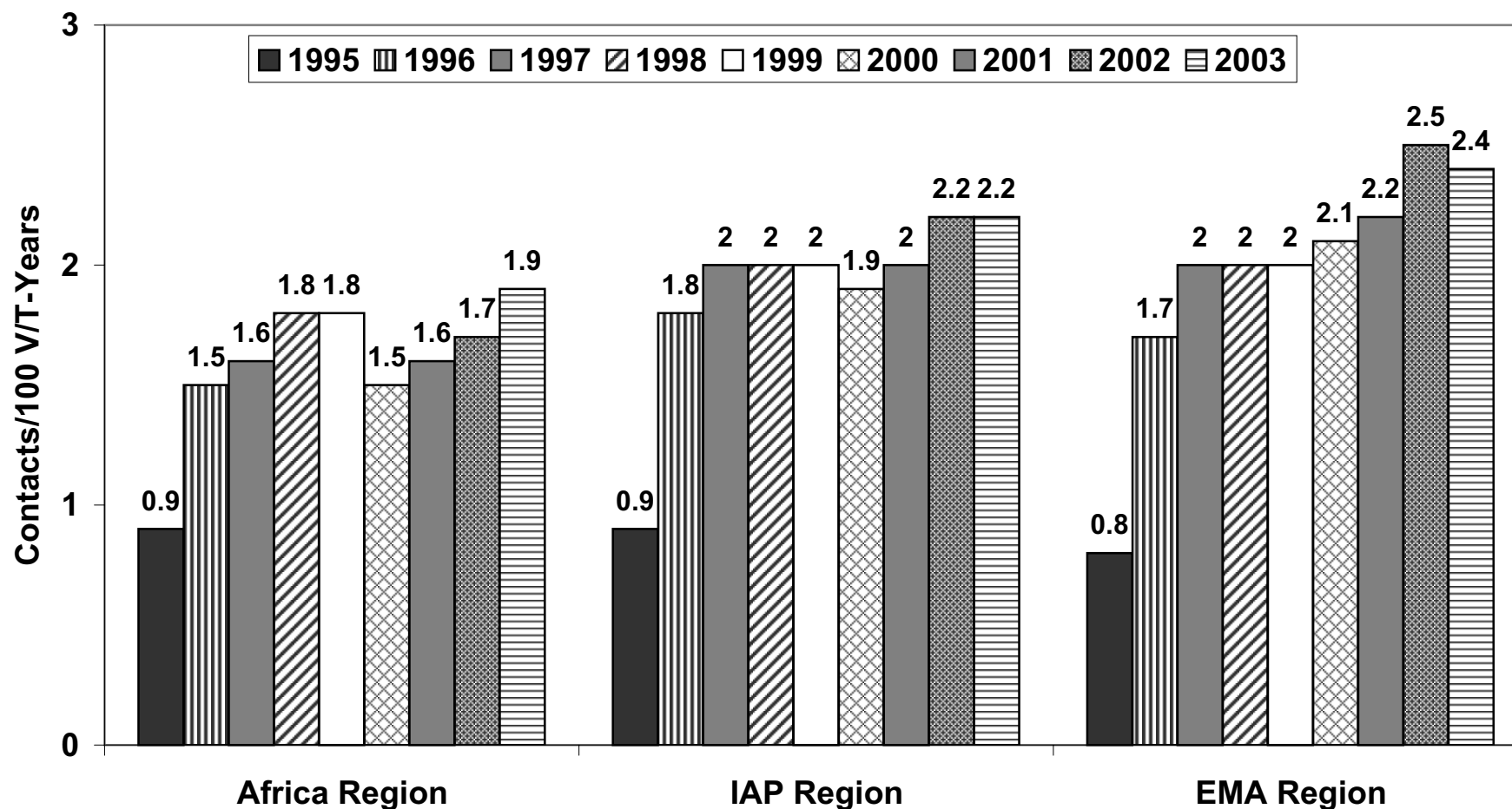
Incidence of Alcohol Problems



1995–2003 Volunteer Health and Safety Regional Trends

Incidence of Monthly PCMO-Volunteer Contacts

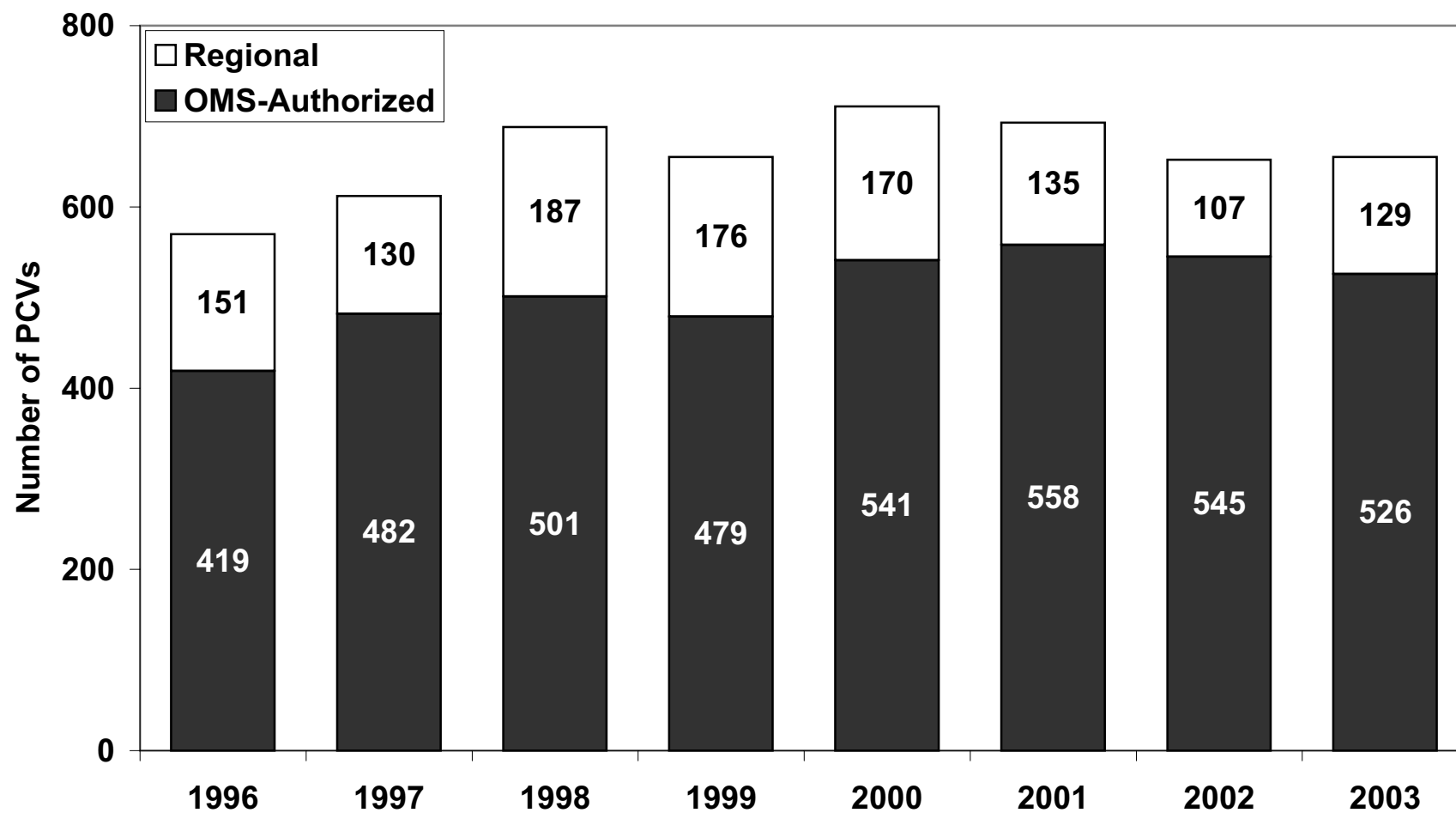
Figure 53



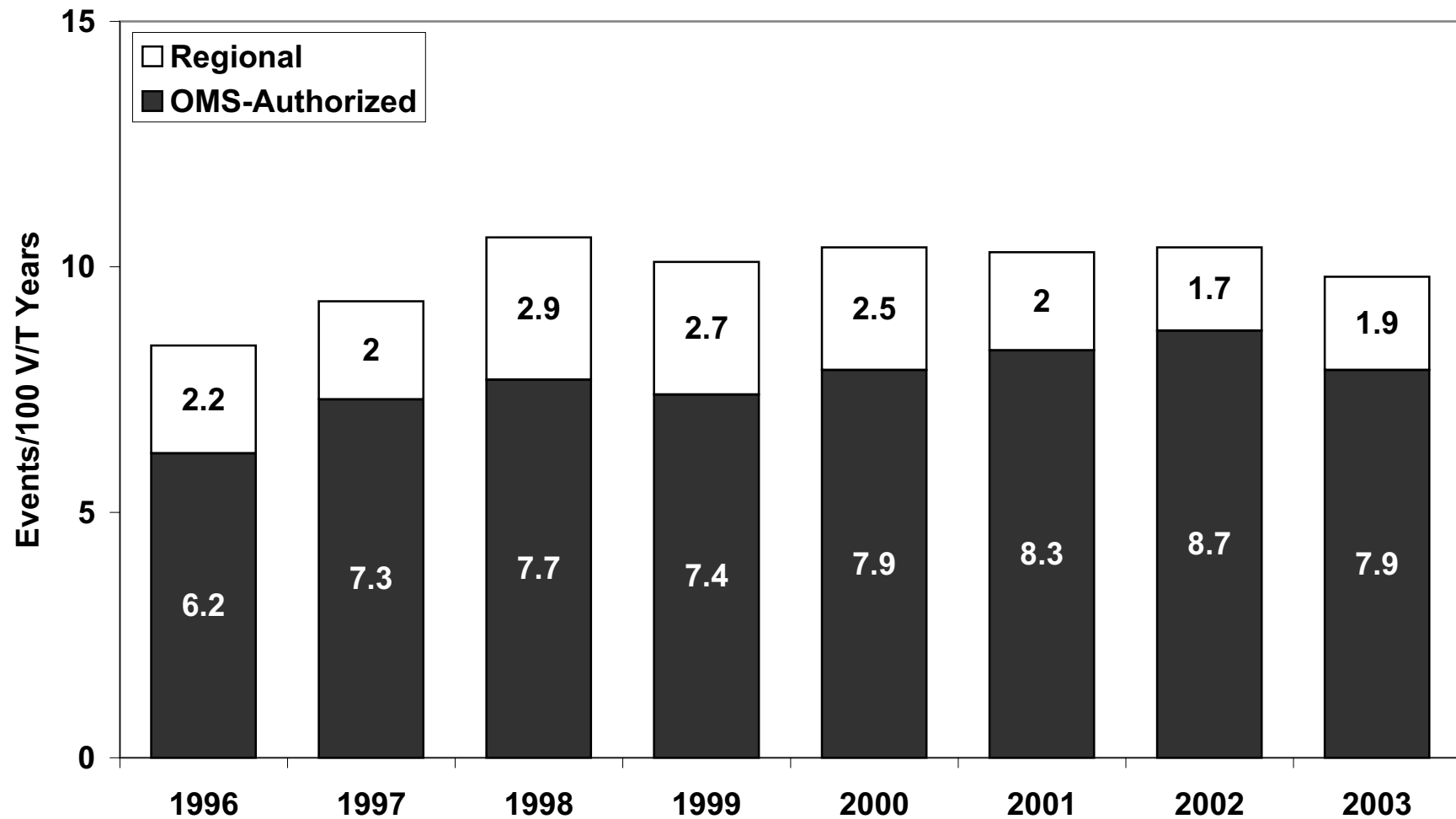
1996–2003 Volunteer Health Trends

Medical Evacuations

Figure 54

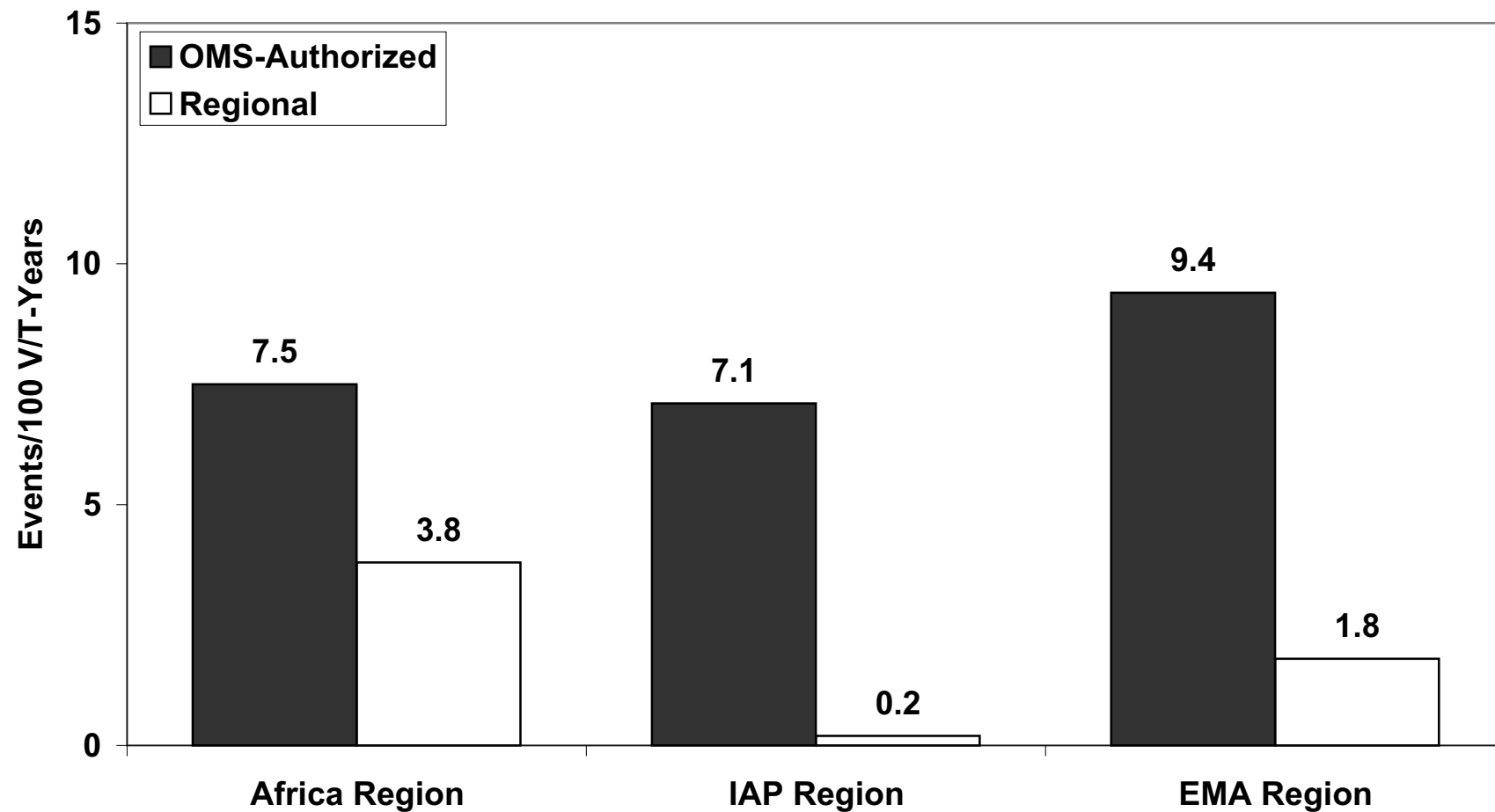


Incidence of Medical Evacuations



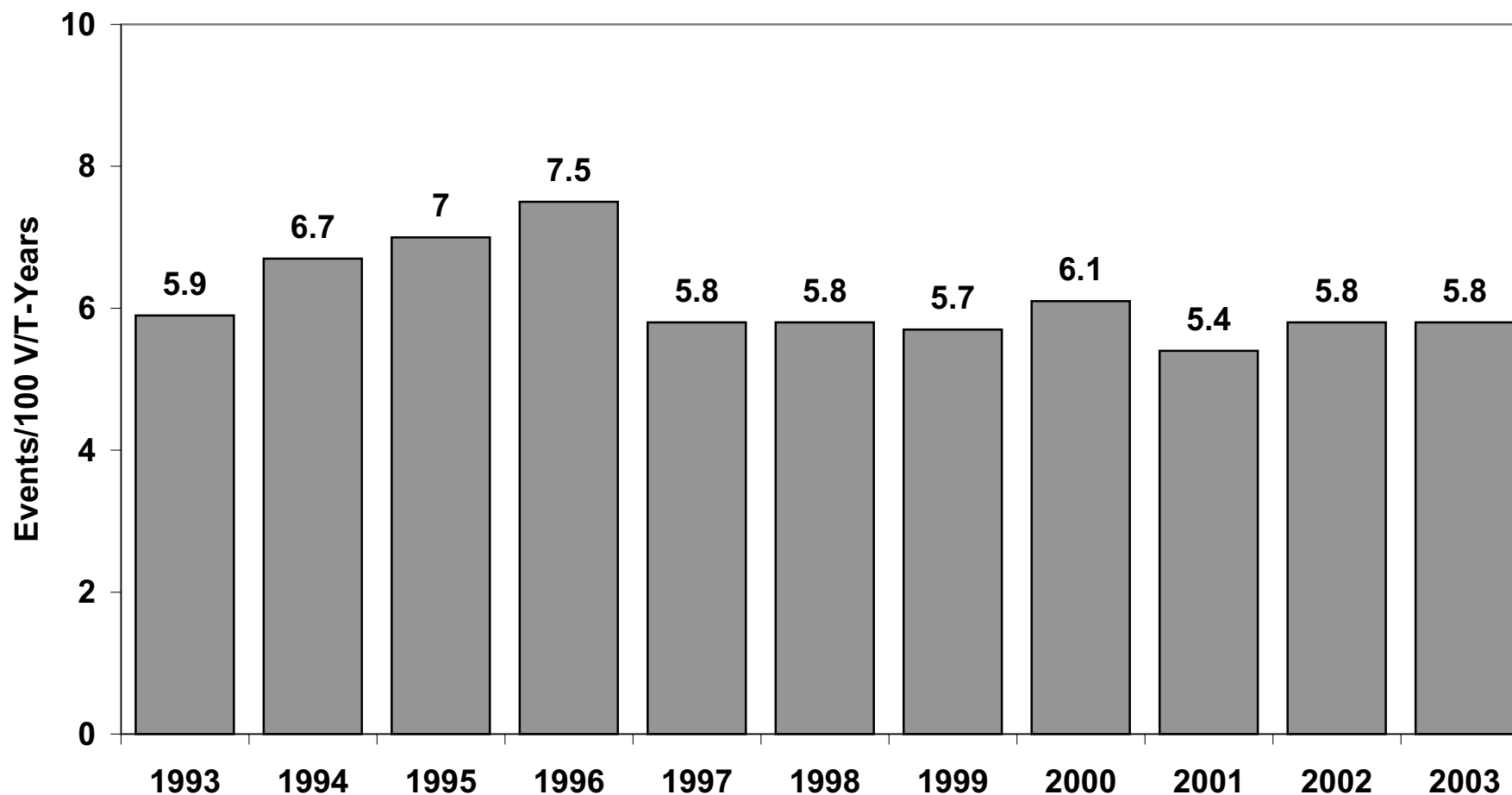


Incidence of Medical Evacuations



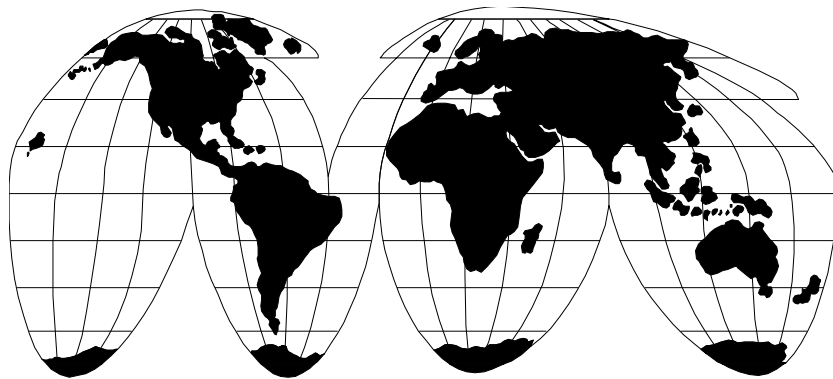


Incidence of In-Country Hospitalization



APPENDIX B

Numbers and Incidence of Reportable Health Conditions for Calendar Year 2003



**Based on Monthly Epidemiologic
Reports and Event Reports
Submitted by PCMOs**

Table 1. In 2003, Numbers and Incidence of Reported Alcohol and Cardiovascular Conditions

		V/T- Years	Alcohol Prob. No. Incidence		Cardiovasc. No. Incidence				V/T- Years	Alcohol Prob. No. Incidence		Cardiovasc. No. Incidence			
Africa Region							IAP Region								
BENIN		12	113	6	5.3	.	.	BELIZE	12	64	.	.	.	.
BOTSWANA	*	10	10	.	.	.	.	BOLIVIA	12	160	2	1.3	.	.
BURKINA FASO		12	87	1	1.2	.	.	COSTA RICA	12	54	5	9.3	2	3.7	
CAMEROON		12	128	1	.8	.	.	DOMINICAN REPUB	12	146	.	.	1	.7	
CAPE VERDE		12	44	.	.	.	.	EAST TIMOR	12	17	2	12.0	.	.
CHAD	*	4	6	.	.	.	.	EASTERN CARIBBEA	12	102	2	2.0	.	.
GABON		12	68	1	1.5	.	.	ECUADOR	12	157	1	.6	1	.6	
GHANA		12	137	.	.	.	.	EL SALVADOR	12	136	.	.	3	2.2
GUINEA		12	92	FIJI	*	4	7
KENYA		12	145	.	.	1	.7	GUATEMALA	12	237	3	1.3	.	.	
LESOTHO		12	97	1	1.0	.	.	GUYANA	12	54	.	.	.	.
MADAGASCAR		12	78	1	1.3	2	2.6	HAITI	12	81	2	2.5	.	.	
MALAWI		12	124	.	.	.	.	HONDURAS	12	236	.	.	5	2.1
MALI		12	182	2	1.1	2	1.1	JAMAICA	12	111	.	.	2	1.8	
MAURITANIA		12	64	.	.	.	.	KIRIBATI	12	51	.	.	.	.
MOZAMBIQUE		12	62	2	3.2	1	1.6	MICRONESIA	12	61	.	.	.	.
NAMIBIA		12	93	.	.	.	.	NICARAGUA	12	180	3	1.7	.	.
NIGER		12	112	1	.9	.	.	PANAMA	12	131	2	1.5	.	.	
SENEGAL		12	143	1	.7	.	.	PARAGUAY	12	200	2	1.0	.	.	
SOUTH AFRICA		12	104	.	.	.	.	PERU	12	40	2	4.9	.	.
SWAZILAND	*	4	11	.	.	.	.	SAMOA	12	53	2	3.8	.	.
TANZANIA		12	129	1	.8	2	1.5	SURINAME	12	46	3	6.6	.	.	
THE GAMBIA		12	95	1	1.0	.	.	TONGA	12	64	.	.	.	.
TOGO		12	105	8	7.6	.	.	VANUATU	12	62	1	1.6	.	.	
UGANDA		12	50	.	.	.	.	TOTAL IAP 280 2,451 32 1.3 14 .6						
ZAMBIA		12	133	1	.8	.	.								
TOTAL AFRICA 294 2,411 28 1.2 8 .3							ALL COUNTRIES 786 6,656 116 1.7 51 .8								
EMA Region															
ALBANIA	*	4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA		12	78	1	1.3	.	.								
AZERBAIJAN	*	3	7	1	13.6	.	.								
BANGLADESH		12	44	2	4.6	.	.								
BULGARIA		12	140	8	5.7	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western							
CHINA	**	4	23								
GEORGIA		12	51								
KAZAKHSTAN		12	120	15	12.5	2	1.7								
KYRGYZ REPUB		12	76	2	2.6	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco							
MACEDONIA		12	27	2	7.4	4	14.8								
MOLDOVA		12	106	2	1.9	.	.								
MONGOLIA		12	86	2	2.3	1	1.2								
MOROCCO	***7	59	1	1.7	2	3.4	.	Incidence = events/100 V/T-Years							
NEPAL		12	111	3	2.7	.	.								
PHILIPPINES		12	144	2	1.4	9	6.3								
ROMANIA		12	209	2	1.0	2	1.0								
RUSSIA/FAR EAST**	1	1								
RUSSIA/WESTERN **	1	2								
THAILAND		12	82	1	1.2	1	1.2								
TURKMENISTAN		12	61	1	1.6	.	.								
UKRAINE		12	249	4	1.6	7	2.8								
UZBEKISTAN		12	108	7	6.5	1	.9								
TOTAL EMA		212	1,794	56	3.1	29	1.6								

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 2. In 2003, Numbers and Incidence of Reported Dengue and Dental Problems

		V/T- # Rpts Years	Dengue No. Incidence		Dental No. Incidence				V/T- # Rpts Years	Dengue No. Incidence		Dental No. Incidence		
Africa Region							IAP Region							
BENIN		12	113	.	.	14	12.3	BELIZE	12	64	.	.	11	17.1
BOTSWANA	*	10	10	.	.	4	39.3	BOLIVIA	12	160	1	.6	44	27.6
BURKINA FASO		12	87	.	.	24	27.7	COSTA RICA	12	54	.	.	18	33.4
CAMEROON		12	128	.	.	20	15.6	DOMINICAN REPUB	12	146	16	10.9	25	17.1
CAPE VERDE		12	44	.	.	5	11.4	EAST TIMOR	12	17	.	.	7	42.0
CHAD	*	4	6	.	.	1	17.9	EASTERN CARIBBEA	12	102	.	.	84	82.0
GABON		12	68	1	1.5	15	22.2	ECUADOR	12	157	1	.6	70	44.7
GHANA		12	137	.	.	7	5.1	EL SALVADOR	12	136	2	1.5	18	13.2
GUINEA		12	92	.	.	24	26.1	FIJI	*	4	.	.	3	40.7
KENYA		12	145	.	.	21	14.5	GUATEMALA	12	237	2	.8	66	27.8
LESOTHO		12	97	.	.	12	12.4	GUYANA	12	54	.	.	11	20.4
MADAGASCAR		12	78	.	.	14	17.9	HAITI	12	81	.	.	12	14.7
MALAWI		12	124	.	.	7	5.6	HONDURAS	12	236	14	5.9	67	28.4
MALI		12	182	.	.	39	21.5	JAMAICA	12	111	2	1.8	11	9.9
MAURITANIA		12	64	.	.	8	12.6	KIRIBATI	12	51	.	.	3	5.9
MOZAMBIQUE		12	62	1	1.6	15	24.2	MICRONESIA	12	61	.	.	23	37.5
NAMIBIA		12	93	.	.	14	15.0	NICARAGUA	12	180	27	15.0	44	24.4
NIGER		12	112	.	.	22	19.7	PANAMA	12	131	1	.8	23	17.5
SENEGAL		12	143	1	.7	42	29.3	PARAGUAY	12	200	.	.	50	25.0
SOUTH AFRICA		12	104	.	.	33	31.9	PERU	12	40	.	.	11	27.2
SWAZILAND	*	4	11	.	.	.	.	SAMOA	12	53	.	.	16	30.0
TANZANIA		12	129	.	.	19	14.7	SURINAME	12	46	.	.	15	32.8
THE GAMBIA		12	95	.	.	21	22.0	TONGA	12	64	.	.	11	17.2
TOGO		12	105	.	.	20	19.1	VANUATU	12	62	10	16.2	11	17.8
UGANDA		12	50	.	.	29	57.8	TOTAL IAP	280	2,451	76	3.1	654	26.7
ZAMBIA		12	133	.	.	15	11.3							
TOTAL AFRICA							294	2,411	3	.1	445	18.5		
EMA Region							ALL COUNTRIES							
ALBANIA	*	4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA		12	78	.	.	10	12.8							
AZERBAIJAN	*	3	7	.	.	1	13.6							
BANGLADESH		12	44	1	2.3	8	18.3							
BULGARIA		12	140	.	.	50	35.6							
CHINA	**	4	23	.	.	9	38.6	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
GEORGIA		12	51	.	.	49	96.3							
KAZAKHSTAN		12	120	.	.	51	42.5							
KYRGYZ REPUB		12	76	.	.	23	30.2	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
MACEDONIA		12	27	.	.	15	55.5							
MOLDOVA		12	106	.	.	34	32.1							
MONGOLIA		12	86	.	.	22	25.5	Incidence = events/100 V/T-Years						
MOROCCO	***	7	59	.	.	28	47.7							
NEPAL		12	111	1	.9	79	71.3							
PHILIPPINES		12	144	12	8.3	24	16.7							
ROMANIA		12	209	.	.	66	31.6							
RUSSIA/FAR EAST**	1	1		.	.	1	90.8							
RUSSIA/WESTERN **	1	2		.	.	1	42.8							
THAILAND		12	82	1	1.2	30	36.8							
TURKMENISTAN		12	61	.	.	23	37.9							
UKRAINE		12	249	.	.	48	19.3							
UZBEKISTAN		12	108	.	.	59	54.7							
TOTAL EMA		212	1,794	15	.8	631	35.2							

Table 3. In 2003, Numbers and Incidence of Reported Dermatitis and Environmental Concerns

	# Rpts	V/T- Years	Dermatitis		Env. Concerns			# Rpts	V/T- Years	Dermatitis		Env. Concerns	
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence
Africa Region							IAP Region						
BENIN	12	113	73	64.3	1	.9	BELIZE	12	64	30	46.8	.	.
BOTSWANA	* 10	10	.	.	7	68.8	BOLIVIA	12	160	12	7.5	.	.
BURKINA FASO	12	87	27	31.1	8	9.2	COSTA RICA	12	54	23	42.7	.	.
CAMEROON	12	128	15	11.7	.	.	DOMINICAN REPUB	12	146	90	61.5	12	8.2
CAPE VERDE	12	44	16	36.5	.	.	EAST TIMOR	12	17	5	30.0	1	6.0
CHAD	* 4	6	6	107	3	53.7	EASTERN CARIBBEA	12	102	144	140	24	23.4
GABON	12	68	21	31.1	.	.	ECUADOR	12	157	57	36.4	14	8.9
GHANA	12	137	19	13.9	.	.	EL SALVADOR	12	136	75	55.1	.	.
GUINEA	12	92	48	52.3	6	6.5	FIJI	* 4	7	1	13.6	.	.
KENYA	12	145	22	15.2	3	2.1	GUATEMALA	12	237	80	33.7	9	3.8
LESOTHO	12	97	1	1.0	6	6.2	GUYANA	12	54	9	16.7	3	5.6
MADAGASCAR	12	78	35	44.8	2	2.6	HAITI	12	81	31	38.1	.	.
MALAWI	12	124	15	12.1	.	.	HONDURAS	12	236	93	39.4	60	25.4
MALI	12	182	56	30.8	.	.	JAMAICA	12	111	35	31.4	.	.
MAURITANIA	12	64	34	53.4	1	1.6	KIRIBATI	12	51	4	7.9	.	.
MOZAMBIQUE	12	62	18	29.0	.	.	MICRONESIA	12	61	13	21.2	2	3.3
NAMIBIA	12	93	7	7.5	.	.	NICARAGUA	12	180	39	21.7	.	.
NIGER	12	112	47	42.1	.	.	PANAMA	12	131	69	52.6	.	.
SENEGAL	12	143	212	148	17	11.9	PARAGUAY	12	200	38	19.0	30	15.0
SOUTH AFRICA	12	104	5	4.8	12	11.6	PERU	12	40	.	.	1	2.5
SWAZILAND	* 4	11	4	37.0	.	.	SAMOA	12	53	69	129	6	11.3
TANZANIA	12	129	45	34.8	1	.8	SURINAME	12	46	26	56.9	.	.
THE GAMBIA	12	95	39	40.9	.	.	TONGA	12	64	21	32.8	.	.
TOGO	12	105	10	9.5	.	.	VANUATU	12	62	27	43.7	19	30.7
UGANDA	12	50	24	47.8	.	.							
ZAMBIA	12	133	.	.	2	1.5							
TOTAL AFRICA							TOTAL IAP						
294	2,411	799	33.1	69	2.9		280	2,451	991	40.4	181	7.4	
							ALL COUNTRIES						
							786	6,656	2,149	32.3	335	5.0	
EMA Region													
ALBANIA	* 4	9	2	22.6	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	78	2	2.6	4	5.1							
AZERBAIJAN	* 3	7	2	27.2	.	.							
BANGLADESH	12	44	4	9.2	1	2.3	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
BULGARIA	12	140	10	7.1	7	5.0							
CHINA	** 4	23	4	17.2	2	8.6							
GEORGIA	12	51	5	9.8	2	3.9	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
KAZAKHSTAN	12	120	23	19.2	.	.							
KYRGYZ REPUB	12	76	6	7.9	4	5.2							
MACEDONIA	12	27	6	22.2	3	11.1	Incidence = events/100 V/T-Years						
MOLDOVA	12	106	39	36.8	.	.							
MONGOLIA	12	86	16	18.5	.	.							
MOROCCO	***7	59	5	8.5	.	.							
NEPAL	12	111	40	36.1	4	3.6							
PHILIPPINES	12	144	21	14.6	2	1.4							
ROMANIA	12	209	44	21.1	29	13.9							
RUSSIA/FAR EAST**	1	1							
RUSSIA/WESTERN **	1	2							
THAILAND	12	82	28	34.3	1	1.2							
TURKMENISTAN	12	61	2	3.3	1	1.6							
UKRAINE	12	249	94	37.7	13	5.2							
UZBEKISTAN	12	108	6	5.6	12	11.1							
TOTAL EMA													
212	1,794	359	20.0	85	4.7								

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 4. In 2003, Numbers and Incidence of Reported Febrile Illness and Filariasis

		V/T- # Rpts Years	Febrile Illness No. Incidence		Filariasis No. Incidence			V/T- # Rpts Years	Febrile Illness No. Incidence		Filariasis No. Incidence	
Africa Region							IAP Region					
BENIN		12	113	11	9.7	.	.	BELIZE	12	64	.	.
BOTSWANA	*	10	10	3	29.5	.	.	BOLIVIA	12	160	7	4.4
BURKINA FASO		12	87	14	16.1	.	.	COSTA RICA	12	54	18	33.4
CAMEROON		12	128	17	13.3	.	.	DOMINICAN REPUB	12	146	51	34.9
CAPE VERDE		12	44	13	29.7	.	.	EAST TIMOR	12	17	5	30.0
CHAD	*	4	6	3	53.7	.	.	EASTERN CARIBBEA	12	102	70	68.3
GABON		12	68	25	37.0	.	.	ECUADOR	12	157	27	17.2
GHANA		12	137	10	7.3	.	.	EL SALVADOR	12	136	16	11.8
GUINEA		12	92	19	20.7	.	.	FIJI	*	4	5	67.8
KENYA		12	145	29	20.0	.	.	GUATEMALA	12	237	25	10.5
LESOTHO		12	97	.	.	.	.	GUYANA	12	54	3	5.6
MADAGASCAR		12	78	7	9.0	.	.	HAITI	12	81	12	14.7
MALAWI		12	124	12	9.7	.	.	HONDURAS	12	236	6	2.5
MALI		12	182	18	9.9	.	.	JAMAICA	12	111	21	18.8
MAURITANIA		12	64	21	33.0	.	.	KIRIBATI	12	51	18	35.5
MOZAMBIQUE		12	62	26	41.9	.	.	MICRONESIA	12	61	5	8.1
NAMIBIA		12	93	1	1.1	.	.	NICARAGUA	12	180	.	.
NIGER		12	112	26	23.3	.	.	PANAMA	12	131	1	.8
SENEGAL		12	143	62	43.3	.	.	PARAGUAY	12	200	45	22.5
SOUTH AFRICA		12	104	13	12.6	.	.	PERU	12	40	26	64.2
SWAZILAND	*	4	11	.	.	.	.	SAMOA	12	53	3	5.6
TANZANIA		12	129	39	30.1	.	.	SURINAME	12	46	8	17.5
THE GAMBIA		12	95	11	11.5	.	.	TONGA	12	64	23	36.0
TOGO		12	105	23	21.9	.	.	VANUATU	12	62	41	66.3
UGANDA		12	50	6	11.9	.	.					
ZAMBIA		12	133	16	12.0	.	.					
TOTAL AFRICA							294	2,411	425	17.6	.	.
EMA Region							ALL COUNTRIES					
ALBANIA	*	4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland				
ARMENIA		12	78	57	73.1	.	.					
AZERBAIJAN	*	3	7	1	13.6	.	.					
BANGLADESH		12	44	6	13.8	.	.					
BULGARIA		12	140	2	1.4	.	.					
CHINA	**	4	23	4	17.2	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western				
GEORGIA		12	51					
KAZAKHSTAN		12	120	9	7.5	.	.					
KYRGYZ REPUB		12	76	15	19.7	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco				
MACEDONIA		12	27	18	66.6	.	.					
MOLDOVA		12	106	2	1.9	.	.					
MONGOLIA		12	86	1	1.2	.	.	Incidence = events/100 V/T-Years				
MOROCCO	***	7	59	22	37.5	.	.					
NEPAL		12	111	18	16.2	.	.					
PHILIPPINES		12	144	18	12.5	.	.					
ROMANIA		12	209	12	5.7	.	.					
RUSSIA/FAR EAST	**	1	1					
RUSSIA/WESTERN	**	1	2	1	42.8	.	.					
THAILAND		12	82	11	13.5	.	.					
TURKMENISTAN		12	61					
UKRAINE		12	249	1	.4	.	.					
UZBEKISTAN		12	108	27	25.0	.	.					
TOTAL EMA							212	1,794	225	12.5	.	.

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 5. In 2003, Numbers and Incidence of Reported Gastrointestinal Problems (Diarrhea)¹ and Helminths

Africa Region	# Rpts	V/T- Years	Diarrhea		Helminths		IAP Region	# Rpts	V/T- Years	Diarrhea		Helminths	
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence
BENIN	12	113	186	164	1	.9	BELIZE	12	64	32	49.9	2	3.1
BOTSWANA	* 10	10	20	196	.	.	BOLIVIA	12	160	442	277	7	4.4
BURKINA FASO	12	87	189	218	2	2.3	COSTA RICA	12	54	40	74.3	.	.
CAMEROON	12	128	148	116	2	1.6	DOMINICAN REPUBL	12	146	116	79.3	4	2.7
CAPE VERDE	12	44	31	70.7	1	2.3	EAST TIMOR	12	17	19	114	.	.
CHAD	* 4	6	25	448	.	.	EASTERN CARIBBEA	12	102	65	63.4	.	.
GABON	12	68	15	22.2	3	4.4	ECUADOR	12	157	177	113	19	12.1
GHANA	12	137	63	46.0	.	.	EL SALVADOR	12	136	294	216	2	1.5
GUINEA	12	92	102	111	2	2.2	FIJI	* 4	7	19	258	.	.
KENYA	12	145	64	44.1	.	.	GUATEMALA	12	237	278	117	12	5.1
LESOTHO	12	97	31	31.9	.	.	GUYANA	12	54	15	27.8	.	.
MADAGASCAR	12	78	66	84.5	5	6.4	HAITI	12	81	146	179	28	34.4
MALAWI	12	124	72	58.1	2	1.6	HONDURAS	12	236	102	43.2	1	.4
MALI	12	182	260	143	.	.	JAMAICA	12	111	22	19.7	1	.9
MAURITANIA	12	64	89	140	.	.	KIRIBATI	12	51	40	78.9	.	.
MOZAMBIQUE	12	62	29	46.8	.	.	MICRONESIA	12	61	21	34.2	2	3.3
NAMIBIA	12	93	25	26.8	.	.	NICARAGUA	12	180	233	129	14	7.8
NIGER	12	112	310	278	4	3.6	PANAMA	12	131	100	76.2	11	8.4
SENEGAL	12	143	177	123	4	2.8	PARAGUAY	12	200	83	41.6	1	.5
SOUTH AFRICA	12	104	31	29.9	.	.	PERU	12	40	70	173	2	4.9
SWAZILAND	* 4	11	25	231	.	.	SAMOA	12	53	47	88.1	.	.
TANZANIA	12	129	86	66.4	.	.	SURINAME	12	46	51	112	35	76.6
THE GAMBIA	12	95	48	50.3	.	.	TONGA	12	64	38	59.4	.	.
TOGO	12	105	198	189	2	1.9	VANUATU	12	62	57	92.2	2	3.2
UGANDA	12	50	73	145	3	6.0							
ZAMBIA	12	133	41	30.9	.	.							
TOTAL AFRICA	294	2,411	2,404	99.7	31	1.3	TOTAL IAP	280	2,451	2,507	102	143	5.8
EMA Region							ALL COUNTRIES						
ALBANIA	* 4	9	11	124	.	.							
ARMENIA	12	78	103	132	4	5.1							
AZERBAIJAN	* 3	7	4	54.3	.	.							
BANGLADESH	12	44	81	186	2	4.6							
BULGARIA	12	140	24	17.1	.	.							
CHINA	** 4	23	7	30.1	.	.							
GEORGIA	12	51	54	106	.	.							
KAZAKHSTAN	12	120	54	45.0	.	.							
KYRGYZ REPUBL	12	76	66	86.6	1	1.3							
MACEDONIA	12	27	10	37.0	.	.							
MOLDOVA	12	106	53	50.1	1	.9							
MONGOLIA	12	86	50	57.8	1	1.2							
MOROCCO	***7	59	60	102	.	.							
NEPAL	12	111	182	164	4	3.6							
PHILIPPINES	12	144	48	33.4	3	2.1							
ROMANIA	12	209	136	65.1	.	.							
RUSSIA/FAR EAST**	1	1	1	90.8	.	.							
RUSSIA/WESTERN **	1	2	2	85.5	.	.							
THAILAND	12	82	35	42.9	.	.							
TURKMENISTAN	12	61	58	95.6	.	.							
UKRAINE	12	249	64	25.7	.	.							
UZBEKISTAN	12	108	113	105	.	.							
TOTAL EMA	212	1,794	1,216	67.8	16	.9							

¹Diarrhea includes all field-confirmed cases of amebiasis, giardiasis, salmonellosis, shigellosis, and "other" diarrheal conditions as defined in OMS Technical Guideline 410.

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 6. In 2003, Numbers and Incidence of Reported Hepatitis and Hospitalizations

Africa Region	# Rpts	V/T- Years	Hepatitis		Hospitaliz.		IAP Region	# Rpts	V/T- Years	Hepatitis		Hospitaliz.	
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence
BENIN	12	113	.	.	5	4.4	BELIZE	12	64	.	.	2	3.1
BOTSWANA	* 10	10	.	.	1	9.8	BOLIVIA	12	160	.	.	36	22.6
BURKINA FASO	12	87	.	.	1	1.2	COSTA RICA	12	54	.	.	2	3.7
CAMEROON	12	128	1	.8	7	5.5	DOMINICAN REPUBL	12	146	.	.	27	18.5
CAPE VERDE	12	44	.	.	1	2.3	EAST TIMOR	12	17	.	.	.	.
CHAD	* 4	6	.	.	.	.	EASTERN CARIBBEA	12	102	.	.	6	5.9
GABON	12	68	.	.	2	3.0	ECUADOR	12	157	1	.6	3	1.9
GHANA	12	137	.	.	1	.7	EL SALVADOR	12	136	1	.7	34	25.0
GUINEA	12	92	.	.	2	2.2	FIJI	* 4	7	.	.	.	.
KENYA	12	145	.	.	16	11.0	GUATEMALA	12	237	.	.	28	11.8
LESOTHO	12	97	.	.	4	4.1	GUYANA	12	54	.	.	3	5.6
MADAGASCAR	12	78	.	.	.	.	HAITI	12	81	.	.	1	1.2
MALAWI	12	124	1	.8	11	8.9	HONDURAS	12	236	.	.	37	15.7
MALI	12	182	5	2.8	5	2.8	JAMAICA	12	111	.	.	3	2.7
MAURITANIA	12	64	.	.	1	1.6	KIRIBATI	12	51	.	.	.	.
MOZAMBIQUE	12	62	4	6.4	.	.	MICRONESIA	12	61	.	.	4	6.5
NAMIBIA	12	93	.	.	8	8.6	NICARAGUA	12	180	2	1.1	6	3.3
NIGER	12	112	.	.	5	4.5	PANAMA	12	131	.	.	12	9.1
SENEGAL	12	143	.	.	10	7.0	PARAGUAY	12	200	.	.	5	2.5
SOUTH AFRICA	12	104	1	1.0	8	7.7	PERU	12	40	.	.	.	.
SWAZILAND	* 4	11	.	.	.	.	SAMOA	12	53	.	.	1	1.9
TANZANIA	12	129	.	.	4	3.1	SURINAME	12	46	.	.	.	.
THE GAMBIA	12	95	.	.	.	.	TONGA	12	64	.	.	1	1.6
TOGO	12	105	.	.	2	1.9	VANUATU	12	62	.	.	1	1.6
UGANDA	12	50	.	.	.	.			
ZAMBIA	12	133	1	.8	4	3.0							
TOTAL AFRICA	294	2,411	13	.5	98	4.1	TOTAL IAP	280	2,451	4	.2	212	8.6
EMA Region							ALL COUNTRIES	786	6,656	24	.4	388	5.8
ALBANIA	* 4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	78	.	.	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
AZERBAIJAN	* 3	7	.	.	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
BANGLADESH	12	44	.	.	3	6.9	Incidence = events/100 V/T-Years						
BULGARIA	12	140	.	.	3	2.1							
CHINA	** 4	23	.	.	.	.			
GEORGIA	12	51	.	.	.	.			
KAZAKHSTAN	12	120	.	.	1	.8							
KYRGYZ REPUBL	12	76	.	.	1	1.3							
MACEDONIA	12	27	.	.	.	.			
MOLDOVA	12	106	1	.9	3	2.8							
MONGOLIA	12	86	.	.	.	.			
MOROCCO	***7	59	1	1.7	4	6.8							
NEPAL	12	111	1	.9	6	5.4							
PHILIPPINES	12	144	.	.	42	29.2							
ROMANIA	12	209	3	1.4	1	.5							
RUSSIA/FAR EAST**	1	1	.	.	.	.			
RUSSIA/WESTERN **	1	2	.	.	.	.			
THAILAND	12	82	.	.	11	13.5							
TURKMENISTAN	12	61	.	.	1	1.6							
UKRAINE	12	249	1	.4	2	.8							
UZBEKISTAN	12	108	.	.	.	.			
TOTAL EMA	212	1,794	7	.4	78	4.4							

Table 7. In 2003, Numbers and Incidence of Reported Pedestrian and Bicycle Injuries

Africa Region	# Rpts	V/T- Years	Pedestrian Inj.		Bicycle Inj.		IAP Region	# Rpts	V/T- Years	Pedestrian Inj.		Bicycle Inj.	
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence
BENIN	12	113	1	.9	6	5.3	BELIZE	12	64	1	1.6	1	1.6
BOTSWANA	* 10	10	.	.	.	.	BOLIVIA	12	160	.	.	.	.
BURKINA FASO	12	87	1	1.2	16	18.5	COSTA RICA	12	54	.	.	.	.
CAMEROON	12	128	.	.	.	.	DOMINICAN REPUB	12	146	3	2.1	2	1.4
CAPE VERDE	12	44	.	.	.	.	EAST TIMOR	12	17	.	.	1	6.0
CHAD	* 4	6	1	17.9	.	.	EASTERN CARIBBEA	12	102	2	2.0	.	.
GABON	12	68	1	1.5	1	1.5	ECUADOR	12	157	.	.	1	.6
GHANA	12	137	.	.	3	2.2	EL SALVADOR	12	136	.	.	.	.
GUINEA	12	92	1	1.1	4	4.4	FIJI	* 4	7	.	.	.	.
KENYA	12	145	.	.	2	1.4	GUATEMALA	12	237	10	4.2	7	3.0
LESOTHO	12	97	1	1.0	.	.	GUYANA	12	54	.	.	2	3.7
MADAGASCAR	12	78	.	.	3	3.8	HAITI	12	81	.	.	.	.
MALAWI	12	124	2	1.6	4	3.2	HONDURAS	12	236	2	.8	.	.
MALI	12	182	2	1.1	2	1.1	JAMAICA	12	111	.	.	2	1.8
MAURITANIA	12	64	.	.	.	.	KIRIBATI	12	51	.	.	1	2.0
MOZAMBIQUE	12	62	.	.	1	1.6	MICRONESIA	12	61	.	.	.	.
NAMIBIA	12	93	2	2.1	2	2.1	NICARAGUA	12	180	3	1.7	.	.
NIGER	12	112	.	.	.	.	PANAMA	12	131	.	.	.	.
SENEGAL	12	143	1	.7	8	5.6	PARAGUAY	12	200	19	9.5	7	3.5
SOUTH AFRICA	12	104	.	.	.	.	PERU	12	40	.	.	.	.
SWAZILAND	* 4	11	.	.	.	.	SAMOA	12	53	.	.	3	5.6
TANZANIA	12	129	.	.	1	.8	SURINAME	12	46	.	.	.	.
THE GAMBIA	12	95	.	.	2	2.1	TONGA	12	64	.	.	3	4.7
TOGO	12	105	1	1.0	15	14.3	VANUATU	12	62	1	1.6	.	.
UGANDA	12	50	2	4.0	7	13.9	TOTAL IAP	280	2,451	41	1.7	30	1.2
ZAMBIA	12	133	1	.8	.	.							
TOTAL AFRICA	294	2,411	17	.7	77	3.2							
							ALL COUNTRIES	786	6,656	68	1.0	118	1.8
EMA Region													
ALBANIA	* 4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	78							
AZERBAIJAN	* 3	7							
BANGLADESH	12	44							
BULGARIA	12	140	3	2.1	.	.							
CHINA	** 4	23	.	.	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
GEORGIA	12	51							
KAZAKHSTAN	12	120							
KYRGYZ REPUB	12	76	1	1.3	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
MACEDONIA	12	27							
MOLDOVA	12	106							
MONGOLIA	12	86	1	1.2	.	.	Incidence = events/100 V/T-Years						
MOROCCO	***7	59							
NEPAL	12	111	3	2.7	6	5.4							
PHILIPPINES	12	144	.	.	1	.7							
ROMANIA	12	209							
RUSSIA/FAR EAST**	1	1							
RUSSIA/WESTERN **	1	2							
THAILAND	12	82	.	.	4	4.9							
TURKMENISTAN	12	61							
UKRAINE	12	249							
UZBEKISTAN	12	108	2	1.9	.	.							
TOTAL EMA	212	1,794	10	.6	11	.6							

Table 8. In 2003, Numbers and Incidence of Reported Motorcycle and Motor Vehicle Injuries

		V/T-		Motorcycle		Motor Vehicle				V/T-		Motorcycle		Motor Vehicle	
		# Rpts	Years	No.	Incidence	No.	Incidence			# Rpts	Years	No.	Incidence	No.	Incidence
Africa Region								IAP Region							
BENIN		12	113	9	7.9	1	.9	BELIZE		12	64	.	.	.	.
BOTSWANA	*	10	10	.	.	2	19.6	BOLIVIA		12	160	.	.	2	1.3
BURKINA FASO		12	87	.	.	5	5.8	COSTA RICA		12	54	.	.	.	.
CAMEROON		12	128	3	2.3	.	.	DOMINICAN REPUBL		12	146	4	2.7	1	.7
CAPE VERDE		12	44	.	.	.	.	EAST TIMOR		12	17	.	.	.	.
CHAD	*	4	6	.	.	.	.	EASTERN CARIBBEA		12	102	.	.	1	1.0
GABON		12	68	.	.	.	.	ECUADOR		12	157	.	.	.	.
GHANA		12	137	2	1.5	.	.	EL SALVADOR		12	136	.	.	3	2.2
GUINEA		12	92	.	.	4	4.4	FIJI	*	4	7	.	.	.	.
KENYA		12	145	.	.	2	1.4	GUATEMALA		12	237	2	.8	6	2.5
LESOTHO		12	97	2	2.1	3	3.1	GUYANA		12	54	.	.	.	.
MADAGASCAR		12	78	.	.	.	.	HAITI		12	81	.	.	.	.
MALAWI		12	124	.	.	2	1.6	HONDURAS		12	236	.	.	1	.4
MALI		12	182	.	.	2	1.1	JAMAICA		12	111	.	.	1	.9
MAURITANIA		12	64	.	.	.	.	KIRIBATI		12	51	.	.	.	.
MOZAMBIQUE		12	62	.	.	.	.	MICRONESIA		12	61	.	.	.	.
NAMIBIA		12	93	.	.	.	.	NICARAGUA		12	180	.	.	.	.
NIGER		12	112	.	.	1	.9	PANAMA		12	131	.	.	1	.8
SENEGAL		12	143	.	.	6	4.2	PARAGUAY		12	200	.	.	1	.5
SOUTH AFRICA		12	104	.	.	.	.	PERU		12	40	.	.	.	.
SWAZILAND	*	4	11	.	.	.	.	SAMOA		12	53	2	3.8	.	.
TANZANIA		12	129	1	.8	2	1.5	SURINAME		12	46	.	.	.	.
THE GAMBIA		12	95	.	.	.	.	TONGA		12	64	.	.	1	1.6
TOGO		12	105	.	.	1	1.0	VANUATU		12	62	.	.	1	1.6
UGANDA		12	50	.	.	2	4.0								
ZAMBIA		12	133	.	.	2	1.5								
TOTAL AFRICA		294	2,411	17	.7	35	1.5	TOTAL IAP		280	2,451	8	.3	19	.8
EMA Region								ALL COUNTRIES							
ALBANIA	*	4	9	.	.	.	.	786	6,656	25	.4	64	1.0		
ARMENIA		12	78	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland							
AZERBAIJAN	*	3	7	.	.	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western							
BANGLADESH		12	44	.	.	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco							
BULGARIA		12	140	.	.	1	.7	Incidence = events/100 V/T-Years							
CHINA	**	4	23	.	.	.	.				
GEORGIA		12	51	.	.	.	.				
KAZAKHSTAN		12	120	.	.	1	.8								
KYRGYZ REPUBL		12	76	.	.	1	1.3								
MACEDONIA		12	27	.	.	.	.				
MOLDOVA		12	106	.	.	2	1.9								
MONGOLIA		12	86	.	.	.	.				
MOROCCO	***	7	59	.	.	.	.				
NEPAL		12	111	.	.	1	.9								
PHILIPPINES		12	144	.	.	.	.				
ROMANIA		12	209	.	.	.	.				
RUSSIA/FAR EAST**	1	1	1	.	.	.	.				
RUSSIA/WESTERN **	1	2	2	.	.	.	.				
THAILAND		12	82	.	.	.	.				
TURKMENISTAN		12	61	.	.	2	3.3								
UKRAINE		12	249	.	.	1	.4								
UZBEKISTAN		12	108	.	.	1	.9								
TOTAL EMA		212	1,794	.	.	10	.6								

Table 9. In 2003, Numbers and Incidence of Reported Sports- and Assault-Related Injuries

	# Rpts	V/T- Years	Sports Inj. No.	Inj. Incidence	Assault Inj. No.	Inj. Incidence		# Rpts	V/T- Years	Sports Inj. No.	Inj. Incidence	Assault Inj. No.	Inj. Incidence
Africa Region							IAP Region						
BENIN	12	113	2	1.8	2	1.8	BELIZE	12	64	2	3.1	.	.
BOTSWANA	* 10	10	.	.	.	.	BOLIVIA	12	160	.	.	3	1.9
BURKINA FASO	12	87	2	2.3	.	.	COSTA RICA	12	54	1	1.9	2	3.7
CAMEROON	12	128	5	3.9	.	.	DOMINICAN REPUB	12	146	.	.	2	1.4
CAPE VERDE	12	44	6	13.7	1	2.3	EAST TIMOR	12	17	2	12.0	.	.
CHAD	* 4	6	.	.	.	.	EASTERN CARIBBEA	12	102	.	.	3	2.9
GABON	12	68	1	1.5	.	.	ECUADOR	12	157	16	10.2	.	.
GHANA	12	137	.	.	.	.	EL SALVADOR	12	136	19	14.0	1	.7
GUINEA	12	92	.	.	2	2.2	FIJI	* 4	7	1	13.6	.	.
KENYA	12	145	.	.	.	.	GUATEMALA	12	237	24	10.1	1	.4
LESOTHO	12	97	.	.	5	5.1	GUYANA	12	54	3	5.6	1	1.9
MADAGASCAR	12	78	3	3.8	.	.	HAITI	12	81	.	.	.	.
MALAWI	12	124	1	.8	.	.	HONDURAS	12	236	12	5.1	2	.8
MALI	12	182	6	3.3	1	.6	JAMAICA	12	111	4	3.6	1	.9
MAURITANIA	12	64	4	6.3	1	1.6	KIRIBATI	12	51	2	3.9	.	.
MOZAMBIQUE	12	62	10	16.1	.	.	MICRONESIA	12	61	.	.	.	.
NAMIBIA	12	93	4	4.3	1	1.1	NICARAGUA	12	180	7	3.9	2	1.1
NIGER	12	112	2	1.8	.	.	PANAMA	12	131	1	.8	.	.
SENEGAL	12	143	27	18.8	2	1.4	PARAGUAY	12	200	23	11.5	1	.5
SOUTH AFRICA	12	104	.	.	.	.	PERU	12	40	.	.	1	2.5
SWAZILAND	* 4	11	.	.	.	.	SAMOA	12	53	5	9.4	2	3.8
TANZANIA	12	129	2	1.5	5	3.9	SURINAME	12	46	.	.	1	2.2
THE GAMBIA	12	95	2	2.1	.	.	TONGA	12	64	.	.	4	6.3
TOGO	12	105	8	7.6	5	4.8	VANUATU	12	62	12	19.4	1	1.6
UGANDA	12	50	5	10.0	.	.	TOTAL IAP	280	2,451	134	5.5	28	1.1
ZAMBIA	12	133	.	.	1	.8							
TOTAL AFRICA	294	2,411	90	3.7	26	1.1							
							ALL COUNTRIES 786 6,656 325 4.9 78 1.2						
EMA Region													
ALBANIA	* 4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	78							
AZERBAIJAN	* 3	7	1	13.6	1	13.6							
BANGLADESH	12	44	3	6.9	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
BULGARIA	12	140	11	7.8	1	.7							
CHINA	** 4	23							
GEORGIA	12	51	1	2.0	2	3.9	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
KAZAKHSTAN	12	120	4	3.3	4	3.3							
KYRGYZ REPUB	12	76	2	2.6	1	1.3							
MACEDONIA	12	27	.	.	.	.	Incidence = events/100 V/T-Years						
MOLDOVA	12	106	12	11.3	4	3.8							
MONGOLIA	12	86	13	15.0	2	2.3							
MOROCCO	***7	59	.	.	1	1.7							
NEPAL	12	111	3	2.7	2	1.8							
PHILIPPINES	12	144	2	1.4	1	.7							
ROMANIA	12	209	25	12.0	2	1.0							
RUSSIA/FAR EAST**	1	1							
RUSSIA/WESTERN **	1	2							
THAILAND	12	82	3	3.7	.	.							
TURKMENISTAN	12	61	4	6.6	.	.							
UKRAINE	12	249	17	6.8	3	1.2							
UZBEKISTAN	12	108							

Table 10. In 2003, Numbers and Incidence of Reported Water-Related Injuries and “Other” Unintentional Injuries

		V/T- Years	Water Inj. No. Incidence		“Other” Inj. No. Incidence				V/T- Years	Water Inj. No. Incidence		“Other” Inj. No. Incidence	
Africa Region						IAP Region							
BENIN	12	113	1	.9	6	5.3	BELIZE	12	64	1	1.6	17	26.5
BOTSWANA	* 10	10	.	.	2	19.6	BOLIVIA	12	160	.	.	8	5.0
BURKINA FASO	12	87	2	2.3	7	8.1	COSTA RICA	12	54	1	1.9	2	3.7
CAMEROON	12	128	1	.8	11	8.6	DOMINICAN REPUB	12	146	1	.7	13	8.9
CAPE VERDE	12	44	1	2.3	5	11.4	EAST TIMOR	12	17	1	6.0	4	24.0
CHAD	* 4	6	.	.	.	.	EASTERN CARIBBEA	12	102	.	.	27	26.3
GABON	12	68	.	.	1	1.5	ECUADOR	12	157	.	.	49	31.3
GHANA	12	137	1	.7	.	.	EL SALVADOR	12	136	.	.	35	25.7
GUINEA	12	92	.	.	5	5.4	FIJI	* 4	7	.	.	.	.
KENYA	12	145	.	.	15	10.3	GUATEMALA	12	237	1	.4	58	24.5
LESOTHO	12	97	.	.	13	13.4	GUYANA	12	54	1	1.9	3	5.6
MADAGASCAR	12	78	.	.	17	21.8	HAITI	12	81	.	.	23	28.2
MALAWI	12	124	2	1.6	4	3.2	HONDURAS	12	236	.	.	58	24.6
MALI	12	182	.	.	18	9.9	JAMAICA	12	111	.	.	20	17.9
MAURITANIA	12	64	.	.	3	4.7	KIRIBATI	12	51	.	.	1	2.0
MOZAMBIQUE	12	62	.	.	2	3.2	MICRONESIA	12	61	2	3.3	5	8.1
NAMIBIA	12	93	1	1.1	9	9.6	NICARAGUA	12	180	.	.	4	2.2
NIGER	12	112	.	.	8	7.2	PANAMA	12	131	.	.	23	17.5
SENEGAL	12	143	2	1.4	46	32.1	PARAGUAY	12	200	.	.	30	15.0
SOUTH AFRICA	12	104	.	.	18	17.4	PERU	12	40	.	.	6	14.8
SWAZILAND	* 4	11	.	.	.	.	SAMOA	12	53	1	1.9	10	18.8
TANZANIA	12	129	.	.	6	4.6	SURINAME	12	46	.	.	10	21.9
THE GAMBIA	12	95	.	.	2	2.1	TONGA	12	64	.	.	9	14.1
TOGO	12	105	.	.	9	8.6	VANUATU	12	62	4	6.5	36	58.2
UGANDA	12	50	.	.	1	2.0	TOTAL IAP 280 2,451 13 .5 451 18.4						
ZAMBIA	12	133	.	.	2	1.5							
TOTAL AFRICA 294 2,411 11 .5 210 8.7						ALL COUNTRIES 786 6,656 29 .4 981 14.7							
EMA Region													
ALBANIA	* 4	9	.	.	1	11.3	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	78	.	.	1	1.3							
AZERBAIJAN	* 3	7							
BANGLADESH	12	44	.	.	3	6.9	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
BULGARIA	12	140	.	.	45	32.0							
CHINA	** 4	23							
GEORGIA	12	51	.	.	4	7.9	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
KAZAKHSTAN	12	120	.	.	32	26.7							
KYRGYZ REPUB	12	76	2	2.6	5	6.6							
MACEDONIA	12	27	.	.	6	22.2	Incidence = events/100 V/T-Years						
MOLDOVA	12	106	2	1.9	47	44.4							
MONGOLIA	12	86	.	.	23	26.6							
MOROCCO	***7	59							
NEPAL	12	111	.	.	23	20.7							
PHILIPPINES	12	144	1	.7	9	6.3							
ROMANIA	12	209	.	.	56	26.8							
RUSSIA/FAR EAST**	1	1							
RUSSIA/WESTERN **	1	2							
THAILAND	12	82	.	.	19	23.3							
TURKMENISTAN	12	61	.	.	4	6.6							
UKRAINE	12	249	.	.	34	13.6							
UZBEKISTAN	12	108	.	.	8	7.4							
TOTAL EMA		212	1,794	5	.3	320	17.8						

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 11. In 2003, Numbers and Incidence of Reported Leishmaniasis and Confirmed Falciparum Malaria

		V/T-	Leishmaniasis		Falcip. Malaria				V/T-	Leishmaniasis		Falcip. Malaria			
		# Rpts	Years	No.	Incidence	No.	Incidence			# Rpts	Years	No.	Incidence	No.	Incidence
Africa Region								IAP Region							
BENIN		12	113	.	.	5	4.4	BELIZE		12	64	.	.	.	.
BOTSWANA	*	10	10	.	.	.	.	BOLIVIA		12	160	.	.	.	.
BURKINA FASO		12	87	.	.	4	4.6	COSTA RICA		12	54	.	.	.	.
CAMEROON		12	128	.	.	9	7.0	DOMINICAN REPUBL		12	146	.	.	.	.
CAPE VERDE		12	44	.	.	.	.	EAST TIMOR		12	17	.	.	.	.
CHAD	*	4	6	.	.	2	35.8	EASTERN CARIBBEA		12	102	.	.	.	.
GABON		12	68	.	.	2	3.0	ECUADOR		12	157	.	.	.	.
GHANA		12	137	.	.	3	2.2	EL SALVADOR		12	136	.	.	.	.
GUINEA		12	92	.	.	18	19.6	FIJI	*	4	7	.	.	.	.
KENYA		12	145	.	.	2	1.4	GUATEMALA		12	237	1	.4	.	.
LESOTHO		12	97	.	.	.	.	GUYANA		12	54	.	.	.	.
MADAGASCAR		12	78	.	.	1	1.3	HAITI		12	81	.	.	.	.
MALAWI		12	124	.	.	4	3.2	HONDURAS		12	236	.	.	.	.
MALI		12	182	.	.	7	3.9	JAMAICA		12	111	.	.	.	.
MAURITANIA		12	64	.	.	.	.	KIRIBATI		12	51	.	.	.	.
MOZAMBIQUE		12	62	.	.	3	4.8	MICRONESIA		12	61	.	.	.	.
NAMIBIA		12	93	.	.	.	.	NICARAGUA		12	180	.	.	.	.
NIGER		12	112	.	.	6	5.4	PANAMA		12	131	.	.	.	.
SENEGAL		12	143	.	.	3	2.1	PARAGUAY		12	200	.	.	.	.
SOUTH AFRICA		12	104	.	.	.	.	PERU		12	40	.	.	.	.
SWAZILAND	*	4	11	.	.	.	.	SAMOA		12	53	.	.	.	.
TANZANIA		12	129	.	.	.	.	SURINAME		12	46	.	.	.	.
THE GAMBIA		12	95	.	.	5	5.2	TONGA		12	64	.	.	.	.
TOGO		12	105	.	.	5	4.8	VANUATU		12	62	.	.	1	1.6
UGANDA		12	50	.	.	1	2.0								
ZAMBIA		12	133	.	.	2	1.5								
TOTAL AFRICA		294	2,411	.	.	82	3.4	TOTAL IAP		280	2,451	1	<.1	1	<.1
EMA Region								ALL COUNTRIES							
ALBANIA	*	4	9	.	.	.	.			786	6,656	1	<.1	84	1.3
ARMENIA		12	78	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland							
AZERBAIJAN	*	3	7	.	.	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western							
BANGLADESH		12	44	.	.	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco							
BULGARIA		12	140	.	.	1	.7	Incidence = events/100 V/T-Years							
CHINA	**	4	23	.	.	.	.				
GEORGIA		12	51	.	.	.	.				
KAZAKHSTAN		12	120	.	.	.	.				
KYRGYZ REPUBL		12	76	.	.	.	.				
MACEDONIA		12	27	.	.	.	.				
MOLDOVA		12	106	.	.	.	.				
MONGOLIA		12	86	.	.	.	.				
MOROCCO	***	7	59	.	.	.	.				
NEPAL		12	111	.	.	.	.				
PHILIPPINES		12	144	.	.	.	.				
ROMANIA		12	209	.	.	.	.				
RUSSIA/FAR EAST**	1		1	.	.	.	.				
RUSSIA/WESTERN **	1		2	.	.	.	.				
THAILAND		12	82	.	.	.	.				
TURKMENISTAN		12	61	.	.	.	.				
UKRAINE		12	249	.	.	.	.				
UZBEKISTAN		12	108	.	.	.	.				
TOTAL EMA		212	1,794	.	.	1	.1								

Table 12. In 2003, Numbers and Incidence of Reported Confirmed Non-Falciparum Malaria and Presumptive Malaria

		V/T- Years	NonFal. Malaria		Presump. Malaria				V/T- Years	NonFal. Malaria		Presump. Malaria	
# Rpts			No.	Incidence	No.	Incidence	# Rpts			No.	Incidence	No.	Incidence
Africa Region							IAP Region						
BENIN	12	113	.	.	.	.	BELIZE	12	64	.	.	.	.
BOTSWANA	* 10	10	.	.	.	.	BOLIVIA	12	160	.	.	.	.
BURKINA FASO	12	87	.	.	.	.	COSTA RICA	12	54	.	.	.	.
CAMEROON	12	128	.	.	8	6.2	DOMINICAN REPUBL	12	146	.	.	.	.
CAPE VERDE	12	44	.	.	.	.	EAST TIMOR	12	17	.	.	.	.
CHAD	* 4	6	.	.	.	.	EASTERN CARIBBEA	12	102	.	.	.	.
GABON	12	68	.	.	20	29.6	ECUADOR	12	157	.	.	.	.
GHANA	12	137	.	.	11	8.0	EL SALVADOR	12	136	.	.	.	.
GUINEA	12	92	.	.	22	24.0	FIJI	* 4	7	.	.	.	.
KENYA	12	145	.	.	6	4.1	GUATEMALA	12	237	.	.	.	.
LESOTHO	12	97	.	.	.	.	GUYANA	12	54	.	.	.	.
MADAGASCAR	12	78	.	.	.	.	HAITI	12	81	.	.	3	3.7
MALAWI	12	124	.	.	7	5.6	HONDURAS	12	236	1	.4	.	.
MALI	12	182	.	.	41	22.6	JAMAICA	12	111	.	.	.	.
MAURITANIA	12	64	.	.	.	.	KIRIBATI	12	51	.	.	.	.
MOZAMBIQUE	12	62	.	.	2	3.2	MICRONESIA	12	61	.	.	.	.
NAMIBIA	12	93	.	.	1	1.1	NICARAGUA	12	180	.	.	.	.
NIGER	12	112	.	.	5	4.5	PANAMA	12	131	2	1.5	.	.
SENEGAL	12	143	.	.	12	8.4	PARAGUAY	12	200	.	.	.	.
SOUTH AFRICA	12	104	.	.	.	.	PERU	12	40	.	.	.	.
SWAZILAND	* 4	11	.	.	.	.	SAMOA	12	53	.	.	.	.
TANZANIA	12	129	.	.	9	7.0	SURINAME	12	46	.	.	.	.
THE GAMBIA	12	95	.	.	1	1.0	TONGA	12	64	.	.	.	.
TOGO	12	105	.	.	7	6.7	VANUATU	12	62	3	4.9	.	.
UGANDA	12	50	.	.	.	.	TOTAL IAP	280	2,451	6	.2	3	.1
ZAMBIA	12	133	.	.	10	7.5							
TOTAL AFRICA							294	2,411	.	.	162	6.7	
EMA Region							ALL COUNTRIES						
ALBANIA	* 4	9	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	78							
AZERBAIJAN	* 3	7	.	.	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
BANGLADESH	12	44							
BULGARIA	12	140							
CHINA	** 4	23	.	.	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
GEORGIA	12	51							
KAZAKHSTAN	12	120							
KYRGYZ REPUBL	12	76							
MACEDONIA	12	27							
MOLDOVA	12	106	.	.	.	.	Incidence = events/100 V/T-Years						
MONGOLIA	12	86							
MOROCCO	***7	59							
NEPAL	12	111							
PHILIPPINES	12	144							
ROMANIA	12	209							
RUSSIA/FAR EAST**	1	1							
RUSSIA/WESTERN **	1	2							
THAILAND	12	82							
TURKMENISTAN	12	61							
UKRAINE	12	249							
UZBEKISTAN	12	108							
TOTAL EMA							212	1,794	.	.	.	.

Table 13. In 2003, Numbers and Incidence of Office of Medical Services¹ (OMS) Medevacs and Regional² Medevacs

Africa Region							IAP Region						
	# Rpts	V/T- Years	OMS Medevacs		Reg. Medevacs			# Rpts	V/T- Years	OMS Medevacs		Reg. Medevacs	
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence
BENIN	12	113	10	8.8	9	7.9	BELIZE	12	64	4	6.2	.	.
BOTSWANA	* 10	10	.	.	.	.	BOLIVIA	12	160	10	6.3	.	.
BURKINA FASO	12	87	13	15.0	4	4.6	COSTA RICA	12	54	2	3.7	.	.
CAMEROON	12	128	10	7.8	1	.8	DOMINICAN REPUBL	12	146	5	3.4	.	.
CAPE VERDE	12	44	5	11.4	5	11.4	EAST TIMOR	12	17	.	.	3	18.0
CHAD	* 4	6	.	.	.	.	EASTERN CARIBBEA	12	102	7	6.8	.	.
GABON	12	68	7	10.4	.	.	ECUADOR	12	157	12	7.7	.	.
GHANA	12	137	5	3.7	1	.7	EL SALVADOR	12	136	11	8.1	.	.
GUINEA	12	92	9	9.8	1	1.1	FIJI	* 4	7	.	.	.	.
KENYA	12	145	15	10.3	1	.7	GUATEMALA	12	237	16	6.7	.	.
LESOTHO	12	97	2	2.1	9	9.3	GUYANA	12	54	7	13.0	.	.
MADAGASCAR	12	78	5	6.4	4	5.1	HAITI	12	81	10	12.3	.	.
MALAWI	12	124	3	2.4	6	4.8	HONDURAS	12	236	30	12.7	.	.
MALI	12	182	24	13.2	5	2.8	JAMAICA	12	111	3	2.7	.	.
MAURITANIA	12	64	4	6.3	3	4.7	KIRIBATI	12	51	2	3.9	.	.
MOZAMBIQUE	12	62	4	6.4	3	4.8	MICRONESIA	12	61	6	9.8	1	1.6
NAMIBIA	12	93	6	6.4	1	1.1	NICARAGUA	12	180	13	7.2	.	.
NIGER	12	112	10	9.0	9	8.1	PANAMA	12	131	6	4.6	.	.
SENEGAL	12	143	20	14.0	.	.	PARAGUAY	12	200	9	4.5	.	.
SOUTH AFRICA	12	104	5	4.8	.	.	PERU	12	40	8	19.8	.	.
SWAZILAND	* 4	11	.	.	.	.	SAMOA	12	53	5	9.4	.	.
TANZANIA	12	129	2	1.5	8	6.2	SURINAME	12	46	.	.	.	.
THE GAMBIA	12	95	12	12.6	8	8.4	TONGA	12	64	7	10.9	.	.
TOGO	12	105	8	7.6	3	2.9	VANUATU	12	62	2	3.2	2	3.2
UGANDA	12	50	.	.	2	4.0							
ZAMBIA	12	133	3	2.3	8	6.0							
TOTAL AFRICA	294	2,411	182	7.5	91	3.8	TOTAL IAP	280	2,451	175	7.1	6	.2

EMA Region							ALL COUNTRIES	786	6,656	526	7.9	129	1.9
ALBANIA	* 4	9	1	11.3	.	.							
ARMENIA	12	78	5	6.4	.	.							
AZERBAIJAN	* 3	7	.	.	.	.			
BANGLADESH	12	44	3	6.9	5	11.5							
BULGARIA	12	140	15	10.7	.	.							
CHINA	** 4	23	2	8.6	1	4.3							
GEORGIA	12	51	5	9.8	.	.							
KAZAKHSTAN	12	120	17	14.2	1	.8							
KYRGYZ REPUBL	12	76	16	21.0	.	.							
MACEDONIA	12	27	.	.	.	.			
MOLDOVA	12	106	13	12.3	.	.							
MONGOLIA	12	86	7	8.1	1	1.2							
MOROCCO	***7	59	2	3.4	.	.							
NEPAL	12	111	9	8.1	15	13.5							
PHILIPPINES	12	144	9	6.3	.	.							
ROMANIA	12	209	21	10.1	.	.							
RUSSIA/FAR EAST**	1	1	1	90.8	.	.							
RUSSIA/WESTERN **	1	2	.	.	.	.			
THAILAND	12	82	3	3.7	.	.							
TURKMENISTAN	12	61	4	6.6	2	3.3							
UKRAINE	12	249	27	10.8	.	.							
UZBEKISTAN	12	108	9	8.3	7	6.5							
TOTAL EMA	212	1,794	169	9.4	32	1.8							

¹Data are from the Peace Corps Medevac Case Management System. The majority of OMS-authorized medevacs are to the United States; however, on occasion, PCVs may be medevaced to another country, such as Germany, for immediate care.

²Regional medevacs involve the evacuation of PCVs from their host country to an approved regional medevac point, other than the United States, that does not require prior authorization from OMS.

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 14. In 2003, Numbers and Incidence of Reported Mental Health Problems and Asthma

	# Rpts	V/T- Years	Mental Health		Asthma			# Rpts	V/T- Years	Mental Health		Asthma			
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence		
Africa Region							IAP Region								
BENIN		12	113	43	37.9	1	.9	BELIZE	12	64	3	4.7	.	.	
BOTSWANA	*	10	10	10	98.2	.	.	BOLIVIA	12	160	29	18.2	2	1.3	
BURKINA FASO		12	87	21	24.2	10	11.5	COSTA RICA	12	54	7	13.0	3	5.6	
CAMEROON		12	128	20	15.6	1	.8	DOMINICAN REPUB	12	146	28	19.1	4	2.7	
CAPE VERDE		12	44	26	59.3	1	2.3	EAST TIMOR	12	17	12	72.0	.	.	
CHAD	*	4	6	2	35.8	.	.	EASTERN CARIBBEA	12	102	101	98.5	1	1.0	
GABON		12	68	3	4.4	.	.	ECUADOR	12	157	100	63.8	11	7.0	
GHANA		12	137	8	5.8	.	.	EL SALVADOR	12	136	76	55.8	.	.	
GUINEA		12	92	40	43.5	2	2.2	FIJI	*	4	4	54.2	1	13.6	
KENYA		12	145	20	13.8	1	.7	GUATEMALA		12	237	68	28.7	14	5.9
LESOTHO		12	97	45	46.3	1	1.0	GUYANA		12	54	3	5.6	.	.
MADAGASCAR		12	78	25	32.0	6	7.7	HAITI		12	81	7	8.6	.	.
MALAWI		12	124	6	4.8	2	1.6	HONDURAS		12	236	64	27.1	14	5.9
MALI		12	182	50	27.5	.	.	JAMAICA		12	111	26	23.3	3	2.7
MAURITANIA		12	64	26	40.8	.	.	KIRIBATI		12	51	3	5.9	.	.
MOZAMBIQUE		12	62	6	9.7	5	8.1	MICRONESIA		12	61	11	17.9	1	1.6
NAMIBIA		12	93	7	7.5	.	.	NICARAGUA		12	180	31	17.2	5	2.8
NIGER		12	112	11	9.9	.	.	PANAMA		12	131	9	6.9	.	.
SENEGAL		12	143	127	88.6	2	1.4	PARAGUAY		12	200	55	27.5	12	6.0
SOUTH AFRICA		12	104	51	49.3	6	5.8	PERU		12	40	7	17.3	.	.
SWAZILAND	*	4	11	1	9.2	.	.	SAMOA		12	53	43	80.6	.	.
TANZANIA		12	129	12	9.3	2	1.5	SURINAME		12	46	4	8.8	.	.
THE GAMBIA		12	95	35	36.7	1	1.0	TONGA		12	64	2	3.1	2	3.1
TOGO		12	105	48	45.7	6	5.7	VANUATU		12	62	28	45.3	.	.
UGANDA		12	50	5	10.0	.	.	TOTAL IAP	280	2,451	721	29.4	73	3.0	
ZAMBIA		12	133	10	7.5	2	1.5								
TOTAL AFRICA	294	2,411	658	27.3	49	2.0									
							ALL COUNTRIES 786 6,656 2,245 33.7 171 2.6								
EMA Region															
ALBANIA	*	4	9	4	45.2	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland							
ARMENIA		12	78	.	.	1	1.3								
AZERBAIJAN	*	3	7	1	13.6	.	.								
BANGLADESH		12	44	9	20.6	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western							
BULGARIA		12	140	81	57.7	6	4.3								
CHINA	**	4	23	36	155	.	.								
GEORGIA		12	51	20	39.3	1	2.0	*** Peace Corps country closed and reopened in calendar year 2003: Morocco							
KAZAKHSTAN		12	120	67	55.9	1	.8								
KYRGYZ REPUB		12	76	44	57.7	.	.								
MACEDONIA		12	27	14	51.8	5	18.5	Incidence = events/100 V/T-Years							
MOLDOVA		12	106	24	22.7	12	11.3								
MONGOLIA		12	86	52	60.2	.	.								
MOROCCO	***7	59	184	313	4	6.8									
NEPAL		12	111	144	130	4	3.6								
PHILIPPINES		12	144	27	18.8	3	2.1								
ROMANIA		12	209	24	11.5	.	.								
RUSSIA/FAR EAST**	1	1	.	.	.	.					
RUSSIA/WESTERN **	1	2	1	42.8	.	.									
THAILAND		12	82	10	12.3	7	8.6								
TURKMENISTAN		12	61	21	34.6	.	.								
UKRAINE		12	249	74	29.7	4	1.6								
UZBEKISTAN		12	108	29	26.9	1	.9								
TOTAL EMA	212	1,794	866	48.3	49	2.7									

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 15. In 2003, Numbers and Incidence of Reported Lower (LRI) and Upper Respiratory Illnesses (URI)

Africa Region	# Rpts	V/T- Years	LRI		URI		IAP Region	# Rpts	V/T- Years	LRI		URI	
			No.	Incidence	No.	Incidence				No.	Incidence	No.	Incidence
BENIN	12	113	.	.	30	26.4	BELIZE	12	64	6	9.4	27	42.1
BOTSWANA	* 10	10	.	.	10	98.2	BOLIVIA	12	160	.	.	180	113
BURKINA FASO	12	87	2	2.3	40	46.1	COSTA RICA	12	54	4	7.4	39	72.4
CAMEROON	12	128	5	3.9	73	57.0	DOMINICAN REPUBL	12	146	21	14.4	72	49.2
CAPE VERDE	12	44	.	.	11	25.1	EAST TIMOR	12	17	.	.	7	42.0
CHAD	* 4	6	.	.	1	17.9	EASTERN CARIBBEA	12	102	18	17.6	97	94.6
GABON	12	68	.	.	23	34.0	ECUADOR	12	157	8	5.1	81	51.7
GHANA	12	137	.	.	20	14.6	EL SALVADOR	12	136	15	11.0	138	101
GUINEA	12	92	2	2.2	44	47.9	FIJI	* 4	7	.	.	4	54.2
KENYA	12	145	2	1.4	15	10.3	GUATEMALA	12	237	48	20.2	121	51.0
LESOTHO	12	97	.	.	18	18.5	GUYANA	12	54	7	13.0	5	9.3
MADAGASCAR	12	78	7	9.0	42	53.8	HAITI	12	81	1	1.2	17	20.9
MALAWI	12	124	10	8.1	58	46.8	HONDURAS	12	236	13	5.5	76	32.2
MALI	12	182	26	14.3	70	38.5	JAMAICA	12	111	28	25.1	66	59.2
MAURITANIA	12	64	1	1.6	31	48.7	KIRIBATI	12	51	5	9.9	33	65.1
MOZAMBIQUE	12	62	1	1.6	28	45.1	MICRONESIA	12	61	8	13.0	25	40.7
NAMIBIA	12	93	1	1.1	43	46.0	NICARAGUA	12	180	4	2.2	76	42.2
NIGER	12	112	4	3.6	46	41.2	PANAMA	12	131	2	1.5	44	33.5
SENEGAL	12	143	24	16.7	124	86.5	PARAGUAY	12	200	23	11.5	63	31.6
SOUTH AFRICA	12	104	1	1.0	19	18.4	PERU	12	40	2	4.9	33	81.5
SWAZILAND	* 4	11	.	.	5	46.2	SAMOA	12	53	15	28.1	52	97.5
TANZANIA	12	129	6	4.6	27	20.9	SURINAME	12	46	2	4.4	68	149
THE GAMBIA	12	95	3	3.1	34	35.7	TONGA	12	64	3	4.7	57	89.1
TOGO	12	105	8	7.6	32	30.5	VANUATU	12	62	.	.	21	34.0
UGANDA	12	50	12	23.9	14	27.9							
ZAMBIA	12	133	2	1.5	34	25.6							
TOTAL AFRICA	294	2,411	117	4.9	892	37.0	TOTAL IAP	280	2,451	233	9.5	1,402	57.2
EMA Region							ALL COUNTRIES						
ALBANIA	* 4	9	6	67.8	5	56.5		786	6,656	524	7.9	3,390	50.9
ARMENIA	12	78	.	.	71	91.0	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
AZERBAIJAN	* 3	7	1	13.6	6	81.5	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
BANGLADESH	12	44	2	4.6	24	55.0	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
BULGARIA	12	140	10	7.1	79	56.2	Incidence = events/100 V/T-Years						
CHINA	** 4	23	1	4.3	11	47.2							
GEORGIA	12	51	1	2.0	47	92.4							
KAZAKHSTAN	12	120	2	1.7	75	62.5							
KYRGYZ REPUBL	12	76	3	3.9	37	48.6							
MACEDONIA	12	27	.	.	36	133							
MOLDOVA	12	106	21	19.8	122	115							
MONGOLIA	12	86	3	3.5	68	78.7							
MOROCCO	***7	59	19	32.4	38	64.7							
NEPAL	12	111	10	9.0	93	83.9							
PHILIPPINES	12	144	5	3.5	28	19.5							
ROMANIA	12	209	50	23.9	148	70.8							
RUSSIA/FAR EAST**	1	1	.	.	1	90.8							
RUSSIA/WESTERN **	1	2	.	.	2	85.5							
THAILAND	12	82	8	9.8	32	39.3							
TURKMENISTAN	12	61	5	8.2	18	29.7							
UKRAINE	12	249	23	9.2	115	46.1							
UZBEKISTAN	12	108	4	3.7	40	37.1							
TOTAL EMA	212	1,794	174	9.7	1,096	61.1							

Table 16. In 2003, Numbers and Incidence of Reported Pregnancy and Non-STD ("Other") Gynecological Infections

Africa Region	Female V/T-		Pregnancy		"Other" Gyn.		IAP Region	Female V/T-		Pregnancy		"Other" Gyn.	
	# Rpts	Years	No.	Incidence	No.	Incidence		# Rpts	Years	No.	Incidence	No.	Incidence
BENIN	12	79	.	.	15	19.0	BELIZE	12	37	.	.	9	24.4
BOTSWANA	* 10	7	.	.	3	42.8	BOLIVIA	12	87	2	2.3	40	46.2
BURKINA FASO	12	65	.	.	20	30.9	COSTA RICA	12	42	4	9.5	19	45.1
CAMEROON	12	76	.	.	20	26.2	DOMINICAN REPUBL	12	90	2	2.2	19	21.2
CAPE VERDE	12	23	.	.	5	21.5	EAST TIMOR	12	7	.	.	1	14.3
CHAD	* 4	3	.	.	.	.	EASTERN CARIBBEA	12	67	.	.	87	130
GABON	12	53	2	3.8	10	19.0	ECUADOR	12	97	1	1.0	34	35.0
GHANA	12	87	.	.	5	5.8	EL SALVADOR	12	80	1	1.3	24	30.1
GUINEA	12	64	.	.	15	23.6	FIJI	* 4	4	.	.	1	24.8
KENYA	12	91	.	.	.	.	GUATEMALA	12	141	2	1.4	42	29.9
LESOTHO	12	55	1	1.8	7	12.7	GUYANA	12	32	.	.	9	28.3
MADAGASCAR	12	53	1	1.9	15	28.5	HAITI	12	44	1	2.3	1	2.3
MALAWI	12	82	.	.	8	9.7	HONDURAS	12	138	3	2.2	25	18.1
MALI	12	103	1	1.0	4	3.9	JAMAICA	12	63	.	.	28	44.4
MAURITANIA	12	39	.	.	9	23.3	KIRIBATI	12	34	2	6.0	.	.
MOZAMBIQUE	12	41	.	.	12	29.6	MICRONESIA	12	35	.	.	9	25.9
NAMIBIA	12	58	.	.	5	8.6	NICARAGUA	12	113	1	.9	11	9.7
NIGER	12	70	1	1.4	11	15.6	PANAMA	12	75	1	1.3	22	29.3
SENEGAL	12	94	1	1.1	35	37.4	PARAGUAY	12	122	1	.8	45	36.9
SOUTH AFRICA	12	73	.	.	1	1.4	PERU	12	27	1	3.7	.	.
SWAZILAND	* 4	8	.	.	.	.	SAMOA	12	30	1	3.4	10	33.7
TANZANIA	12	70	.	.	3	4.3	SURINAME	12	25	.	.	26	105
THE GAMBIA	12	56	.	.	8	14.3	TONGA	12	32	.	.	10	31.2
TOGO	12	87	1	1.1	27	31.0	VANUATU	12	29	.	.	10	34.0
UGANDA	12	30	.	.	5	16.6							
ZAMBIA	12	69	.	.	.	.			
TOTAL AFRICA	294	1,534	8	.5	243	15.8	TOTAL IAP	280	1,449	23	1.6	482	33.3
EMA Region							ALL COUNTRIES	786	3,931	40	1.0	908	23.1
ALBANIA	* 4	4	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland						
ARMENIA	12	43	1	2.3	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western						
AZERBAIJAN	* 3	4	.	.	1	23.5	*** Peace Corps country closed and reopened in calendar year 2003: Morocco						
BANGLADESH	12	26	.	.	8	30.5	Incidence = events/100 Female V/T-Years						
BULGARIA	12	74	.	.	29	39.0							
CHINA	** 4	13	.	.	5	39.1							
GEORGIA	12	26	1	3.9	.	.							
KAZAKHSTAN	12	48	.	.	11	22.9							
KYRGYZ REPUBL	12	35	.	.	4	11.5							
MACEDONIA	12	12	.	.	.	.			
MOLDOVA	12	58	.	.	9	15.6							
MONGOLIA	12	43	.	.	17	39.9							
MOROCCO	***7	37	.	.	8	21.4							
NEPAL	12	70	.	.	6	8.6							
PHILIPPINES	12	73	3	4.1	12	16.4							
ROMANIA	12	105	1	1.0	37	35.4							
RUSSIA/FAR EAST**	1	1	.	.	.	.			
RUSSIA/WESTERN **	1	1	.	.	.	.			
THAILAND	12	48	.	.	11	22.8							
TURKMENISTAN	12	38	.	.	.	.			
UKRAINE	12	127	.	.	22	17.4							
UZBEKISTAN	12	63	3	4.8	3	4.8							
TOTAL EMA	212	948	9	.9	183	19.3							

Table 17. In 2003, Numbers and Incidence of Reported Genital Ulcers and Genital Warts

		V/T-	Genital Ulcers		Genital Warts				V/T-	Genital Ulcers		Genital Warts	
		# Rpts	Years	No.	Incidence	No.	Incidence			# Rpts	Years	No.	Incidence
Africa Region								IAP Region					
BENIN		12	113	2	1.8	.	.	BELIZE		12	64	1	1.6
BOTSWANA	*	10	10	.	.	.	.	BOLIVIA		12	160	.	.
BURKINA FASO		12	87	1	1.2	2	2.3	COSTA RICA		12	54	.	.
CAMEROON		12	128	.	.	4	3.1	DOMINICAN REPUBL		12	146	2	1.4
CAPE VERDE		12	44	.	.	.	.	EAST TIMOR		12	17	.	.
CHAD	*	4	6	.	.	.	.	EASTERN CARIBBEA		12	102	.	.
GABON		12	68	.	.	.	.	ECUADOR		12	157	1	.6
GHANA		12	137	.	.	.	.	EL SALVADOR		12	136	5	3.7
GUINEA		12	92	.	.	.	.	FIJI	*	4	7	.	.
KENYA		12	145	.	.	.	.	GUATEMALA		12	237	.	.
LESOTHO		12	97	1	1.0	.	.	GUYANA		12	54	.	.
MADAGASCAR		12	78	.	.	.	.	HAITI		12	81	.	.
MALAWI		12	124	1	.8	1	.8	HONDURAS		12	236	.	.
MALI		12	182	.	.	.	.	JAMAICA		12	111	.	.
MAURITANIA		12	64	.	.	.	.	KIRIBATI		12	51	.	.
MOZAMBIQUE		12	62	4	6.4	3	4.8	MICRONESIA		12	61	.	.
NAMIBIA		12	93	.	.	.	.	NICARAGUA		12	180	1	.6
NIGER		12	112	.	.	.	.	PANAMA		12	131	.	.
SENEGAL		12	143	.	.	1	.7	PARAGUAY		12	200	.	.
SOUTH AFRICA		12	104	.	.	1	1.0	PERU		12	40	.	.
SWAZILAND	*	4	11	.	.	.	.	SAMOA		12	53	1	1.9
TANZANIA		12	129	.	.	.	.	SURINAME		12	46	.	.
THE GAMBIA		12	95	.	.	.	.	TONGA		12	64	.	.
TOGO		12	105	.	.	4	3.8	VANUATU		12	62	.	.
UGANDA		12	50	.	.	.	.		
ZAMBIA		12	133	.	.	1	.8						
TOTAL AFRICA		294	2,411	9	.4	17	.7	TOTAL IAP		280	2,451	11	.4
EMA Region								ALL COUNTRIES		786	6,656	29	.4
ALBANIA	*	4	9	.	.	.	.					47	.7
ARMENIA		12	78	1	1.3	2	2.6	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland					
AZERBAIJAN	*	3	7	1	13.6	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western					
BANGLADESH		12	44	.	.	2	4.6	*** Peace Corps country closed and reopened in calendar year 2003: Morocco					
BULGARIA		12	140	.	.	1	.7	Incidence = events/100 V/T-Years					
CHINA	**	4	23	.	.	1	4.3						
GEORGIA		12	51	2	3.9	.	.						
KAZAKHSTAN		12	120	.	.	.	.		
KYRGYZ REPUBL		12	76	.	.	.	.		
MACEDONIA		12	27	.	.	.	.		
MOLDOVA		12	106	.	.	2	1.9						
MONGOLIA		12	86	1	1.2	.	.						
MOROCCO	***	7	59	.	.	.	.		
NEPAL		12	111	.	.	.	.		
PHILIPPINES		12	144	.	.	2	1.4						
ROMANIA		12	209	1	.5	.	.						
RUSSIA/FAR EAST**	1	1	1	.	.	.	.		
RUSSIA/WESTERN **	1	2	2	.	.	.	.		
THAILAND		12	82	.	.	1	1.2						
TURKMENISTAN		12	61	1	1.6	.	.						
UKRAINE		12	249	1	.4	.	.						
UZBEKISTAN		12	108	1	.9	.	.						
TOTAL EMA		212	1,794	9	.5	11	.6						

Table 18. In 2003, Numbers and Incidence of Reported "Other" Sexually Transmitted Diseases (STDs) and Schistosomiasis

		V/T-	"Other" STDs		Schistosomiasis				V/T-	"Other" STDs		Schistosomiasis	
		# Rpts	Years	No.	Incidence	No.	Incidence			# Rpts	Years	No.	Incidence
Africa Region								IAP Region					
BENIN		12	113	2	1.8	1	.9	BELIZE		12	64	2	3.1
BOTSWANA	*	10	10	.	.	.	.	BOLIVIA		12	160	1	.6
BURKINA FASO		12	87	2	2.3	1	1.2	COSTA RICA		12	54	2	3.7
CAMEROON		12	128	.	.	.	.	DOMINICAN REPUBL		12	146	2	1.4
CAPE VERDE		12	44	.	.	.	.	EAST TIMOR		12	17	.	.
CHAD	*	4	6	.	.	.	.	EASTERN CARIBBEA		12	102	.	.
GABON		12	68	1	1.5	.	.	ECUADOR		12	157	.	.
GHANA		12	137	.	.	2	1.5	EL SALVADOR		12	136	1	.7
GUINEA		12	92	3	3.3	2	2.2	FIJI	*	4	7	.	.
KENYA		12	145	1	.7	.	.	GUATEMALA		12	237	3	1.3
LESOTHO		12	97	2	2.1	.	.	GUYANA		12	54	.	.
MADAGASCAR		12	78	.	.	.	.	HAITI		12	81	3	3.7
MALAWI		12	124	2	1.6	15	12.1	HONDURAS		12	236	3	1.3
MALI		12	182	3	1.7	3	1.7	JAMAICA		12	111	.	.
MAURITANIA		12	64	.	.	.	.	KIRIBATI		12	51	.	.
MOZAMBIQUE		12	62	2	3.2	.	.	MICRONESIA		12	61	1	1.6
NAMIBIA		12	93	.	.	.	.	NICARAGUA		12	180	1	.6
NIGER		12	112	1	.9	.	.	PANAMA		12	131	3	2.3
SENEGAL		12	143	.	.	5	3.5	PARAGUAY		12	200	11	5.5
SOUTH AFRICA		12	104	.	.	.	.	PERU		12	40	.	.
SWAZILAND	*	4	11	.	.	.	.	SAMOA		12	53	2	3.8
TANZANIA		12	129	1	.8	4	3.1	SURINAME		12	46	1	2.2
THE GAMBIA		12	95	.	.	.	.	TONGA		12	64	.	.
TOGO		12	105	1	1.0	.	.	VANUATU		12	62	.	.
UGANDA		12	50	.	.	5	10.0						
ZAMBIA		12	133	.	.	.	.		
TOTAL AFRICA		294	2,411	21	.9	38	1.6	TOTAL IAP		280	2,451	36	1.5
EMA Region								ALL COUNTRIES		786	6,656	78	1.2
ALBANIA	*	4	9	.	.	.	.					38	.6
ARMENIA		12	78	.	.	.	.	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland					
AZERBAIJAN	*	3	7	.	.	.	.	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western					
BANGLADESH		12	44	.	.	.	.	*** Peace Corps country closed and reopened in calendar year 2003: Morocco					
BULGARIA		12	140	.	.	.	.	Incidence = events/100 V/T-Years					
CHINA	**	4	23	2	8.6	.	.						
GEORGIA		12	51	.	.	.	.		
KAZAKHSTAN		12	120	2	1.7	.	.						
KYRGYZ REPUBL		12	76	1	1.3	.	.						
MACEDONIA		12	27	.	.	.	.		
MOLDOVA		12	106	.	.	.	.		
MONGOLIA		12	86	8	9.3	.	.						
MOROCCO	***	7	59	2	3.4	.	.						
NEPAL		12	111	2	1.8	.	.						
PHILIPPINES		12	144	.	.	.	.		
ROMANIA		12	209	1	.5	.	.						
RUSSIA/FAR EAST**	1	1	1	.	.	.	.		
RUSSIA/WESTERN **	1	2	2	.	.	.	.		
THAILAND		12	82	.	.	.	.		
TURKMENISTAN		12	61	.	.	.	.		
UKRAINE		12	249	3	1.2	.	.						
UZBEKISTAN		12	108	.	.	.	.		
TOTAL EMA		212	1,794	21	1.2	.	.						

Table 19. In 2003, Numbers and Incidence of Reported Tuberculosis PPD Conversions and Active Tuberculosis (TB)

Africa Region						IAP Region					
	# Rpts	V/T- Years	PPD+ No.	Incidence	Active TB No. Incidence		# Rpts	V/T- Years	PPD+ No.	Incidence	Active TB No. Incidence
BENIN	12	113	1	.9	. .	BELIZE	12	64	. .	. .
BOTSWANA	* 10	10	. .	. .	. .	BOLIVIA	12	160	. .	. .
BURKINA FASO	12	87	1	1.2	. .	COSTA RICA	12	54	. .	. .
CAMEROON	12	128	2	1.6	. .	DOMINICAN REPUBL	12	146	3	2.1	. .
CAPE VERDE	12	44	. .	. .	. .	EAST TIMOR	12	17	. .	. .
CHAD	* 4	6	. .	. .	. .	EASTERN CARIBBEA	12	102	. .	. .
GABON	12	68	. .	. .	. .	ECUADOR	12	157	2	1.3	. .
GHANA	12	137	. .	. .	. .	EL SALVADOR	12	136	2	1.5	. .
GUINEA	12	92	. .	. .	. .	FIJI	* 4	7	. .	. .
KENYA	12	145	4	2.8	. .	GUATEMALA	12	237	5	2.1	. .
LESOTHO	12	97	1	1.0	. .	GUYANA	12	54	1	1.9	. .
MADAGASCAR	12	78	4	5.1	. .	HAITI	12	81	. .	. .
MALAWI	12	124	. .	. .	1 .8	HONDURAS	12	236	3	1.3	. .
MALI	12	182	2	1.1	. .	JAMAICA	12	111	. .	. .
MAURITANIA	12	64	3	4.7	. .	KIRIBATI	12	51	. .	. .
MOZAMBIQUE	12	62	2	3.2	. .	MICRONESIA	12	61	. .	. .
NAMIBIA	12	93	3	3.2	. .	NICARAGUA	12	180	2	1.1	. .
NIGER	12	112	. .	. .	. .	PANAMA	12	131	. .	. .
SENEGAL	12	143	. .	. .	. .	PARAGUAY	12	200	. .	. .
SOUTH AFRICA	12	104	. .	. .	. .	PERU	12	40	. .	. .
SWAZILAND	* 4	11	. .	. .	. .	SAMOA	12	53	2	3.8	. .
TANZANIA	12	129	1	.8	1 .8	SURINAME	12	46	1	2.2	. .
THE GAMBIA	12	95	. .	. .	. .	TONGA	12	64	2	3.1	. .
TOGO	12	105	2	1.9	. .	VANUATU	12	62	. .	. .
UGANDA	12	50	. .	. .	. .			
ZAMBIA	12	133	2	1.5	. .						
TOTAL AFRICA	294	2,411	28	1.2	2 .1	TOTAL IAP	280	2,451	23	.9	. .
EMA Region						ALL COUNTRIES					
ALBANIA	* 4	9	. .	. .	. .		786	6,656	67	1.0	2 <.1
ARMENIA	12	78	. .	. .	. .	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland					
AZERBAIJAN	* 3	7	. .	. .	. .	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western					
BANGLADESH	12	44	. .	. .	. .	*** Peace Corps country closed and reopened in calendar year 2003: Morocco					
BULGARIA	12	140	3	2.1	. .	Incidence = events/100 V/T-Years					
CHINA	** 4	23	. .	. .	. .			
GEORGIA	12	51	. .	. .	. .			
KAZAKHSTAN	12	120	2	1.7	. .						
KYRGYZ REPUBL	12	76	. .	. .	. .			
MACEDONIA	12	27	. .	. .	. .			
MOLDOVA	12	106	2	1.9	. .						
MONGOLIA	12	86	. .	. .	. .			
MOROCCO	***7	59	. .	. .	. .			
NEPAL	12	111	2	1.8	. .						
PHILIPPINES	12	144	. .	. .	. .			
ROMANIA	12	209	1	.5	. .						
RUSSIA/FAR EAST**	1	1	. .	. .	. .			
RUSSIA/WESTERN **	1	2	. .	. .	. .			
THAILAND	12	82	. .	. .	. .			
TURKMENISTAN	12	61	1	1.6	. .						
UKRAINE	12	249	4	1.6	. .						
UZBEKISTAN	12	108	1	.9	. .						
TOTAL EMA	212	1,794	16	.9	. .						

**Table 20. In 2003, Numbers and Rates of Peace Corps Volunteer Contacts with
Peace Corps Medical Officers (PCMOs)**

Africa Region						IAP Region					
	# Rpts	V/T - Years	Contacts	Contacts/ Month	Contacts/ V/T-Y/Month		# Rpts	V/T - Years	Contacts	Contacts/ Month	Contacts/ V/T-Y/Month
BENIN	12	113	2,599	217	1.9	BELIZE	12	64	1,418	118	1.8
BOTSWANA	* 10	10	322	32	3.2	BOLIVIA	12	160	6,510	543	3.4
BURKINA FASO	12	87	2,537	211	2.4	COSTA RICA	12	54	1,124	94	1.7
CAMEROON	12	128	2,830	236	1.8	DOMINICAN REPUBL	12	146	4,174	348	2.4
CAPE VERDE	12	44	1,047	87	2.0	EAST TIMOR	12	17	512	43	2.6
CHAD	* 4	6	285	71	12.8	EASTERN CARIBBEA	12	102	2,407	201	2.0
GABON	12	68	1,494	125	1.8	ECUADOR	12	157	4,517	376	2.4
GHANA	12	137	1,689	141	1.0	EL SALVADOR	12	136	7,061	588	4.3
GUINEA	12	92	1,707	142	1.5	FIJI	* 4	7	298	75	10.1
KENYA	12	145	6,200	517	3.6	GUATEMALA	12	237	5,223	435	1.8
LESOTHO	12	97	2,263	189	1.9	GUYANA	12	54	353	29	.5
MADAGASCAR	12	78	1,965	164	2.1	HAITI	12	81	1,587	132	1.6
MALAWI	12	124	2,454	205	1.6	HONDURAS	12	236	5,336	445	1.9
MALI	12	182	3,425	285	1.6	JAMAICA	12	111	2,833	236	2.1
MAURITANIA	12	64	1,469	122	1.9	KIRIBATI	12	51	417	35	.7
MOZAMBIQUE	12	62	882	74	1.2	MICRONESIA	12	61	901	75	1.2
NAMIBIA	12	93	1,142	95	1.0	NICARAGUA	12	180	4,473	373	2.1
NIGER	12	112	1,579	132	1.2	PANAMA	12	131	2,982	249	1.9
SENEGAL	12	143	5,718	477	3.3	PARAGUAY	12	200	2,764	230	1.2
SOUTH AFRICA	12	104	772	64	.6	PERU	12	40	897	75	1.8
SWAZILAND	* 4	11	135	34	3.1	SAMOA	12	53	1,602	134	2.5
TANZANIA	12	129	1,854	155	1.2	SURINAME	12	46	1,137	95	2.1
THE GAMBIA	12	95	1,576	131	1.4	TONGA	12	64	2,337	195	3.0
TOGO	12	105	2,229	186	1.8	VANUATU	12	62	2,505	209	3.4
UGANDA	12	50	1,646	137	2.7	TOTAL IAP	280	2,451	63,368	5,430	2.2
ZAMBIA	12	133	1,117	93	.7						
TOTAL AFRICA	294	2,411	50,936	4,508	1.9						
EMA Region						ALL COUNTRIES	786	6,656	155,639	14,253	2.1
ALBANIA	* 4	9	223	56	6.3	* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland					
ARMENIA	12	78	1,546	129	1.7						
AZERBAIJAN	* 3	7	258	86	11.7						
BANGLADESH	12	44	1,358	113	2.6	** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western					
BULGARIA	12	140	3,570	298	2.1						
CHINA	** 4	23	633	158	6.8	*** Peace Corps country closed and reopened in calendar year 2003: Morocco					
GEORGIA	12	51	896	75	1.5						
KAZAKHSTAN	12	120	3,550	296	2.5	Incidence = events/100 V/T-Years					
KYRGYZ REPUBL	12	6	1,359	113	1.5						
MACEDONIA	12	27	1,016	85	3.1	<u>Contacts/Month=(Total no. of reported PCV-PCMO contacts)</u> (No. of months country reported ESS)					
MOLDOVA	12	106	3,330	278	2.6						
MONGOLIA	12	86	1,707	142	1.6	<u>Contacts/V/T-Years/Month=(Total no. of reported PCV-PCMO contacts)</u> (V/T-Years) (No. of months country reported ESS)					
MOROCCO	***7	59	1,029	147	2.5						
NEPAL	12	111	3,650	304	2.7						
PHILIPPINES	12	144	2,959	247	1.7						
ROMANIA	12	209	5,403	450	2.2						
RUSSIA/FAR EAST**	1	1	11	11	10.0						
RUSSIA/WESTERN **	1	2	28	28	12.0						
THAILAND	12	82	1,540	128	1.6						
TURKMENISTAN	12	61	910	76	1.2						
UKRAINE	12	249	4,057	338	1.4						
UZBEKISTAN	12	108	2,302	192	1.8						
TOTAL EMA	212	1,794	41,335	4,288	2.4						

Table 21. In 2003, Reported Malaria Chemoprophylaxis Use Among Peace Corps Volunteers

		V/T- Years	Percent of Volunteers Taking Agent						
	# Rpts		Mefloquine	Chloroquine	Malarone	Chlorpal.	Doxycycline	Other	On Any Agent
Africa Region									
BENIN	12	113	71.5	.	2.5	.	26.1	.	100.1
BOTSWANA	* 10	10	89.1	.	8.6	.	2.3	.	100.0
BURKINA FASO	12	87	76.0	.	2.4	.	20.6	.1	99.2
CAMEROON	12	128	87.1	.	.	.	12.9	.	100.0
CAPE VERDE	12	44	26.1	.	.6	.	7.7	.	34.3
CHAD	* 4	6	90.0	.	.	.	10.0	.	100.0
GABON	12	68	92.0	.	2.3	.	5.7	.	100.0
GHANA	12	137	77.3	.	8.4	.	14.3	.	100.0
GUINEA	12	92	77.7	.	1.5	.	19.2	.	98.3
KENYA	12	145	74.8	.	2.3	.	24.8	.	101.9
LESOTHO	12	97	4.3	.	.4	.	1.1	.	5.8
MADAGASCAR	12	78	77.3	.	7.5	.	18.2	.	103.0
MALAWI	12	124	83.2	.	2.2	.	14.6	.	100.0
MALI	12	182	70.2	.	4.7	.	25.2	.	100.0
MAURITANIA	12	64	89.8	.	.	.	10.2	.	100.0
MOZAMBIQUE	12	62	67.9	.	3.8	.	28.2	.	99.9
NAMIBIA	12	93	85.7	.	.4	.	13.7	.	99.8
NIGER	12	112	83.0	.	2.2	.	14.2	.7	100.1
SENEGAL	12	143	80.5	.	4.9	.	14.9	.	100.3
SOUTH AFRICA	12	104	78.7	.	.2	.	21.2	.	100.0
SWAZILAND	* 4	11	97.2	.	.	.	2.8	.	100.0
TANZANIA	12	129	79.5	.	2.1	.	9.5	.	91.1
THE GAMBIA	12	95	79.0	.	5.8	.	15.3	.	100.0
TOGO	12	105	69.4	.	10.9	.	18.9	.	99.2
UGANDA	12	50	79.6	.	8.9	.	11.4	.	100.0
ZAMBIA	12	133	91.9	.	1.2	.	9.7	.	102.8
TOTAL AFRICA	294	2,411	78.8	.	3.4	.	16.7	<.1	99.0
EMA Region									
ALBANIA	* 4	9	.	.	.	.	.	.	.
ARMENIA	12	78	.	.	.	.	.	.	.
AZERBAIJAN	* 3	7	.	.	.	.	.	.	.
BANGLADESH	12	44	80.4	.	1.7	.	17.9	.	100.0
BULGARIA	12	140	.	.	.	.	.	.	.
CHINA	** 4	23	3.7	.	.	.	.9	.	4.7
GEORGIA	12	51	.	.	.	.	.	.	.
KAZAKHSTAN	12	120	.6	.	.	.	.2	.	.8
KYRGYZ REPubL	12	76	.	8.8	.	.	.5	.	9.3
MACEDONIA	12	27	.	.	.	.	.	.	.
MOLDOVA	12	106	.	.	.	.	.	.	.
MONGOLIA	12	86	.	.	.	.	.	.	.
MOROCCO	***7	59	.	.	.	.	.	.	.
NEPAL	12	111	58.9	18.3	.	.	9.4	.	86.6
PHILIPPINES	12	144	4.1	90.6	4.0	.	1.0	.	99.8
ROMANIA	12	209	.	.	.	.	.	.	.
RUSSIA/FAR EAST**	1	1	.	.	.	.	.	.	.
RUSSIA/WESTERN **	1	2	.	.	.	.	.	.	.
THAILAND	12	82	.	.	.	.	.	.	.
TURKMENISTAN	12	61	.	.	.	.	.	.	.
UKRAINE	12	249	.	.	.	.	.	.	.
UZBEKISTAN	12	108	.	.	.	.	.	.	.
TOTAL EMA	212	1,794	7.0	10.2	.4	.	1.3	.	19.0

(Continued)

Table 21. In 2003, Reported Malaria Chemoprophylaxis Use Among Peace Corps Volunteers

IAP Region	# Rpts	V/T- Years	Percent of Volunteers Taking Agent						On Any Agent
			Mefloquine	Chloroquine	Malarone	Chlorpal.	Doxycycline	Other	
BELIZE	12	64	.	55.8	.	.	.8	.	56.6
BOLIVIA	12	160	.	36.3	.	.	.	.	36.3
COSTA RICA	12	54	.9	97.1	.	.	2.0	.	100.0
DOMINICAN REPUBL	12	146	.	99.3	.	.	.7	.	99.9
EAST TIMOR	12	17	75.5	.	8.9	.	18.2	.	102.6
EASTERN CARIBBEA	12	102	.	.	.	.	.	.	.
ECUADOR	12	157	38.0	.	.2	.	23.7	.	61.9
EL SALVADOR	12	136	.	100.6	.	.	.7	.	101.3
FIJI	* 4	7	.	.	.	.	.	.	.
GUATEMALA	12	237	3.0	97.1	.	.	.5	.	100.6
GUYANA	12	54	73.3	.	5.9	.	21.2	.	100.5
HAITI	12	81	.	100.0	.	.	.	.	100.0
HONDURAS	12	236	.	97.1	.	.	3.2	.	100.3
JAMAICA	12	111	.	.	.	.	.	.	.
KIRIBATI	12	51	.	.	.	.	.	.	.
MICRONESIA	12	61	.	.	.	.	.	.	.
NICARAGUA	12	180	.	94.9	.	.	5.1	.	100.0
PANAMA	12	131	15.1	79.7	.	.	5.2	.	100.0
PARAGUAY	12	200	.	.	.	.	.	.	.
PERU	12	40	16.8	.	.	.	4.7	1.8	23.3
SAMOA	12	53	.	.	.	.	.	.	.
SURINAME	12	46	42.7	.	3.1	.	4.0	.	49.7
TONGA	12	64	.	.	.	.	.	.	.
VANUATU	12	62	60.3	.	.	.	38.5	1.2	100.0
TOTAL IAP	280	2,451	8.4	51.8	.3	.	4.5	.1	64.9
ALL COUNTRIES	786	6,656	34.2	22.4	1.5	.	8.2	<.1	66.3

N.B. Country-specific percentages = (summation of number of PCVs on each malaria prophylaxis each month)/(summation of number of PCVs in country each month).

Region and All Countries percentages = (summation of number of PCVs on each malaria prophylaxis each month)/ (summation of number of PCVs, by region [or worldwide], in 2003).

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 22. In 2003, Reported Vaccine and Immunobiologic Use Among Peace Corps Volunteers

	# Rpts	V/T- Years				Number of Doses Given			Rabies HRIG	Tick-borne Encephalitis
			Hep. A	Hep. B	Jap. B	Mening.	Rabies Pre-exp.	Rabies Post-exp.		
Africa Region										
BENIN	12	113	68	83	.	102	172	4	.	.
BOTSWANA	* 10	10	28	40	.	14	48	.	.	.
BURKINA FASO	12	87	69	107	.	69	168	6	.	.
CAMEROON	12	128	118	132	.	170	276	3	.	.
CAPE VERDE	12	44	53	45	.	1	86	3	.	.
CHAD	* 4	6	14	22	.	20	38	.	.	.
GABON	12	68	82	54	.	92	104	.	.	.
GHANA	12	137	36	29	.	113	67	46	.	.
GUINEA	12	92	53	53	.	28	71	.	.	.
KENYA	12	145	61	133	.	88	251	4	.	.
LESOTHO	12	97	73	83	.	24	79	7	.	.
MADAGASCAR	12	78	101	124	.	73	275	.	.	.
MALAWI	12	124	94	112	.	145	151	8	.	.
MALI	12	182	90	138	.	161	246	4	.	.
MAURITANIA	12	64	58	39	.	55	153	.	.	.
MOZAMBIQUE	12	62	58	82	.	38	121	.	.	.
NAMIBIA	12	93	76	109	.	68	194	.	.	.
NIGER	12	112	110	83	.	31	130	.	.	.
SENEGAL	12	143	95	137	.	79	222	1	2	.
SOUTH AFRICA	12	104	99	97	.	78	117	2	.	.
SWAZILAND	* 4	11	28	28	.	36	107	.	.	.
TANZANIA	12	129	92	89	.	95	96	.	.	.
THE GAMBIA	12	95	68	74	.	70	176	.	.	.
TOGO	12	105	69	67	.	120	94	14	3	.
UGANDA	12	50	31	37	.	29	26	.	1	.
ZAMBIA	12	133	53	89	.	66	192	7	.	.
TOTAL AFRICA	294	2,411	1,777	2,086	.	1,865	3,660	109	6	.
EMA Region										
ALBANIA	* 4	9	25	40	.	.	.	.	.	.
ARMENIA	12	78	72	95	.	.	.	.	.	.
AZERBAIJAN	* 3	7	23	31	.	.	52	.	.	.
BANGLADESH	12	44	83	57	171	49	167	.	.	.
BULGARIA	12	140	140	190	.	1	.	.	.	40
CHINA	** 4	23	.	.	.	.	.	.	.	.
GEORGIA	12	51	37	38	.	.	231	.	.	.
KAZAKHSTAN	12	120	87	128	.	50	146	1	.	146
KYRGYZ REPubL	12	76	93	87	.	108	181	.	.	121
MACEDONIA	12	27	75	55	.	.	.	.	.	.
MOLDOVA	12	106	95	115	.	.	229	4	.	.
MONGOLIA	12	86	82	77	101	51	102	.	.	.
MOROCCO	***7	59	85	103	.	.	258	40	.	.
NEPAL	12	111	89	116	186	59	161	22	6	.
PHILIPPINES	12	144	67	122	179	.	180	3	.	.
ROMANIA	12	209	166	208	.	.	.	3	5	.
RUSSIA/FAR EAST**	1	1	.	.	.	.	.	.	.	.
RUSSIA/WESTERN **	1	2	.	.	.	.	.	.	.	.
THAILAND	12	82	64	72	114	.	125	16	.	.
TURKMENISTAN	12	61	83	88	.	59	167	5	.	.
UKRAINE	12	249	133	164	.	120	.	7	3	.
UZBEKISTAN	12	108	125	116	.	100	243	3	.	.
TOTAL EMA	212	1,794	1,624	1,902	751	597	2,242	104	14	307

(Continued)

Table 22. In 2003, Reported Vaccine and Immunobiologic Use Among Peace Corps Volunteers

IAP Region	# Rpts	V/T- Years	Number of Doses Given					Rabies HRIG	Tick-borne Encephalitis
			Hep. A	Hep. B	Jap. B	Mening.	Rabies Pre-exp.		
BELIZE	12	64	45	56	.	.	102	.	.
BOLIVIA	12	160	68	91	.	.	200	6	.
COSTA RICA	12	54	29	33	.	.	106	.	.
DOMINICAN REPUBL	12	146	116	97	.	151	233	12	.
EAST TIMOR	12	17	19	23	52	9	30	21	.
EASTERN CARIBBEA	12	102	108	129	.	.	32	2	.
ECUADOR	12	157	113	137	.	.	158	13	.
EL SALVADOR	12	136	74	68	.	.	187	7	1
FIJI	* 4	7	16	32	.	.	.	.	.
GUATEMALA	12	237	88	98	.	.	337	20	.
GUYANA	12	54	55	39	.	.	91	.	.
HAITI	12	81	65	67	.	54	168	28	.
HONDURAS	12	236	168	108	.	.	293	24	.
JAMAICA	12	111	99	130	.	.	.	.	.
KIRIBATI	12	51	25	35	.	.	.	.	.
MICRONESIA	12	61	51	68	.	.	.	.	.
NICARAGUA	12	180	99	130	.	.	264	2	.
PANAMA	12	131	96	90	.	.	201	2	.
PARAGUAY	12	200	56	89	.	.	142	.	.
PERU	12	40	80	94	.	.	98	4	.
SAMOA	12	53	41	45	.	.	.	.	.
SURINAME	12	46	83	76	.	.	66	.	.
TONGA	12	64	43	72	.	.	.	.	.
VANUATU	12	62	25	55	.	40	.	.	.
TOTAL IAP	280	2,451	1,662	1,862	52	254	2,708	141	1
ALL COUNTRIES	786	6,656	5,063	5,850	803	2,716	8,610	354	21
									307

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

Table 23. In 2003, Reported Typhoid Vaccine Use Among Peace Corps Volunteers

Africa Region	# Rpts	V/T- Years	Oral		Heat Inactivated		VI Injection		Total
			# Doses	% of all Doses	# Doses	% of all Doses	# Doses	% of all Doses	
BENIN	12	113	.	.	.	.	65	100.0	65
BOTSWANA	* 10	10	.	.	.	.	16	100.0	16
BURKINA FASO	12	87	.	.	.	.	56	100.0	56
CAMEROON	12	128	.	.	.	.	95	100.0	95
CAPE VERDE	12	44	.	.	.	.	7	100.0	7
CHAD	* 4	6	.	.	.	.	20	100.0	20
GABON	12	68	36	47.4	.	.	40	52.6	76
GHANA	12	137	.	.	.	.	68	100.0	68
GUINEA	12	92	.	.	.	.	25	100.0	25
KENYA	12	145	.	.	.	.	85	100.0	85
LESOTHO	12	97	.	.	.	.	79	100.0	79
MADAGASCAR	12	78	.	.	.	.	98	100.0	98
MALAWI	12	124	.	.	.	.	33	100.0	33
MALI	12	182	83	89.2	.	.	10	10.8	93
MAURITANIA	12	64	.	.	.	.	110	100.0	110
MOZAMBIQUE	12	62	.	.	.	.	38	100.0	38
NAMIBIA	12	93	.	.	.	.	68	100.0	68
NIGER	12	112	.	.	.	.	31	100.0	31
SENEGAL	12	143	.	.	.	.	129	100.0	129
SOUTH AFRICA	12	104	.	.	.	.	78	100.0	78
SWAZILAND	* 4	11	.	.	.	.	36	100.0	36
TANZANIA	12	129	.	.	.	.	93	100.0	93
THE GAMBIA	12	95	.	.	.	.	54	100.0	54
TOGO	12	105	.	.	18	30.0	42	70.0	60
UGANDA	12	50	.	.	.	.	29	100.0	29
ZAMBIA	12	133	.	.	.	.	67	100.0	67
TOTAL AFRICA	294	2,411	119	7.4	18	1.1	1,472	91.5	1,609
EMA Region									
ALBANIA	* 4	9	.	.	.	.	32	100.0	32
ARMENIA	12	78	.	.	.	.	.	.	.
AZERBAIJAN	* 3	7	.	.	.	.	28	100.0	28
BANGLADESH	12	44	.	.	.	.	63	100.0	63
BULGARIA	12	140	.	.	.	.	62	100.0	62
CHINA	** 4	23	.	.	.	.	.	.	.
GEORGIA	12	51	.	.	.	.	52	100.0	52
KAZAKHSTAN	12	120	.	.	.	.	99	100.0	99
KYRGYZ REPubL	12	76	.	.	.	.	58	100.0	58
MACEDONIA	12	27	.	.	.	.	31	100.0	31
MOLDOVA	12	106	.	.	.	.	75	100.0	75
MONGOLIA	12	86	.	.	.	.	57	100.0	57
MOROCCO	***7	59	.	.	.	.	54	100.0	54
NEPAL	12	111	.	.	.	.	3	100.0	3
PHILIPPINES	12	144	40	51.3	.	.	38	48.7	78
ROMANIA	12	209	.	.	.	.	.	.	.
RUSSIA/FAR EAST**	1	1	.	.	.	.	.	.	.
RUSSIA/WESTERN **	1	2	.	.	.	.	.	.	.
THAILAND	12	82	.	.	.	.	60	100.0	60
TURKMENISTAN	12	61	.	.	.	.	57	100.0	57
UKRAINE	12	249	.	.	.	.	170	100.0	170
UZBEKISTAN	12	108	.	.	.	.	102	100.0	102
TOTAL EMA	212	1,794	40	3.7	.	.	1,041	96.3	1,081

(Continued)

Table 23. In 2003, Reported Typhoid Vaccine Use Among Peace Corps Volunteers

IAP Region	# Rpts	V/T- Years	Oral		Heat Inactivated		VI Injection		Total
			# Doses	% of all Doses	# Doses	% of all Doses	# Doses	% of all Doses	
BELIZE	12	64	29	100.0	.	.	.	.	29
BOLIVIA	12	160	.	.	.	.	74	100.0	74
COSTA RICA	12	54	.	.	.	.	32	100.0	32
DOMINICAN REPUBL	12	146	.	.	.	.	83	100.0	83
EAST TIMOR	12	17	.	.	.	.	15	100.0	15
EASTERN CARIBBEA	12	102	.	.	.	.	60	100.0	60
ECUADOR	12	157	.	.	.	.	88	100.0	88
EL SALVADOR	12	136	.	.	.	.	67	100.0	67
FIJI	* 4	7	.	.	.	.	26	100.0	26
GUATEMALA	12	237	.	.	.	.	123	100.0	123
GUYANA	12	54	.	.	.	.	35	100.0	35
HAITI	12	81	.	.	.	.	54	100.0	54
HONDURAS	12	236	.	.	.	.	114	100.0	114
JAMAICA	12	111	.	.	.	.	71	100.0	71
KIRIBATI	12	51	.	.	.	.	16	100.0	16
MICRONESIA	12	61	.	.	.	.	38	100.0	38
NICARAGUA	12	180	.	.	.	.	96	100.0	96
PANAMA	12	131	.	.	.	.	63	100.0	63
PARAGUAY	12	200	.	.	.	.	77	100.0	77
PERU	12	40	.	.	.	.	35	100.0	35
SAMOA	12	53	.	.	.	.	32	100.0	32
SURINAME	12	46	.	.	.	.	.	.	.
TONGA	12	64	.	.	.	.	32	100.0	32
VANUATU	12	62	.	.	.	.	39	100.0	39
TOTAL IAP	280	2,451	29	2.2	.	.	1,270	97.8	1,299
ALL COUNTRIES	786	6,656	188	4.7	18	.5	3,783	94.8	3,989

* Peace Corps countries opened or reopened in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland

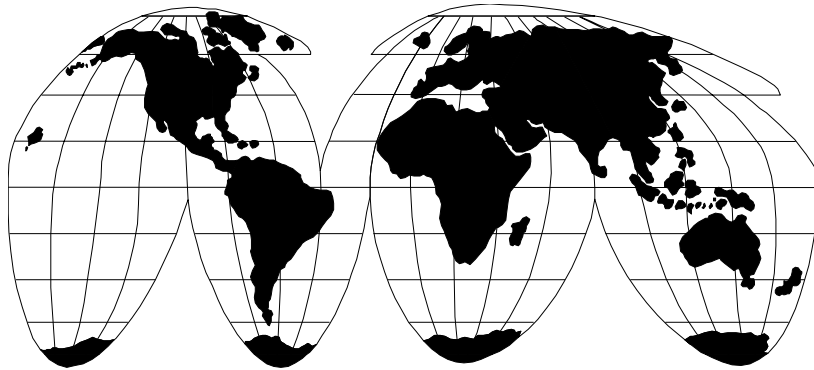
** Peace Corps countries closed in calendar year 2003: China, Russia/Far East, Russia/Western

*** Peace Corps country closed and reopened in calendar year 2003: Morocco

Incidence = events/100 V/T-Years

APPENDIX C

2003 Peace Corps Countries



By Region

Peace Corps Regions

Health of the Volunteer 2003

AFRICA

Africa

Benin
Botswana
Burkina Faso
Cameroon
Cape Verde
Chad
Gabon
Ghana
Guinea
Kenya
Lesotho
Madagascar
Malawi
Mali
Mauritania
Mozambique
Namibia
Niger
Senegal
South Africa
Swaziland
Tanzania
The Gambia
Togo
Uganda
Zambia

EMA

Europe, Mediterranean, and Asia

Albania
Armenia
Azerbaijan
Bangladesh
Bulgaria
China
Georgia
Kazakhstan
Kyrgyz Republic
Macedonia
Moldova
Mongolia
Morocco
Nepal
Philippines
Romania
Russia/Far East
Russia/Western
Thailand
Turkmenistan
Ukraine
Uzbekistan

IAP

Inter-America and the Pacific

Belize
Bolivia
Costa Rica
Dominican Republic
East Timor
Eastern Caribbean
Ecuador
El Salvador
Fiji
Guatemala
Guyana
Haiti
Honduras
Jamaica
Kiribati
Micronesia
Nicaragua
Panama
Paraguay
Peru
Samoa
Suriname
Tonga
Vanuatu

*Peace Corps countries **opened** or **reopened** in calendar year 2003: Albania, Azerbaijan, Botswana, Chad, Fiji, Swaziland*

*Peace Corps countries **closed** in calendar year 2003: China, Russia/Far East, Russia/Western*

*Peace Corps country **closed** and **reopened** in calendar year 2003: Morocco*