

# Medical Surveillance and Medical Event Reporting Technical Manual



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

# Medical Surveillance and Medical Event Reporting

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## 1-1. **Introduction.**

1. The selection and application of the best preventive medicine (PM) actions or communicable disease control measures in response to a public health threat often requires public health expertise/experience beyond that which is available at the local level. Furthermore, the selection of such measures sometimes requires the assessment of, communication of, and ultimately a commander's acceptance of some level of risk. This is one reason the Navy's Medical Event Reporting (MER) system exists. It enables public health experts in Navy Medicine with greater experience and training to be aware of both the important medical events when they occur and the prevention and control actions already taken by or being considered by local level medical staff. Furthermore, the system enables Navy public health experts to be proactive in offering their assistance to local level medical staff even when those at the local level do not realize such assistance would benefit them.

2. Reportable Medical Events (RMEs) are events/conditions that may pose an inherent, significant threat to public health and military operation. These events have the potential to affect large numbers of people, to be widely transmitted within a population, to have severe/life threatening clinical manifestations, and to disrupt military training and deployment. Specific reportable events were chosen by Tri-Service consensus and recommendations about notifiable diseases from the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE). Events that military public health experts have identified as representing a significant threat to the military were also selected. All RMEs are listed in the *Tri-service Reportable Events: Guideline & Case definitions* document published by the Armed Forces Health Surveillance Center (AFHSC). More specific information about RMEs appears in paragraph 1-6 below.

1-2. **Purpose.** Under the authority granted by the Bureau of Medicine and Surgery Instruction (BUMED) 6220.12C this technical manual provides guidance for all unit level Navy and Marine Corps personnel who have responsibilities for medical surveillance and medical event reporting. Medical surveillance for the purpose of this guide includes only those actions taken by local/unit level Navy medical personnel to detect or identify RMEs. The guidance also applies to Navy medical research laboratories that support the Navy's overall public health surveillance efforts.

1-3. **Responsibilities.** The duties and responsibilities of Navy Medical Department personnel, relating to medical surveillance and medical event reporting, are defined in Chapters 2 and 22 of the *Manual of the Medical Department* (MANMED). As required by MANMED, Senior Medical Officers (SMOs) at every command must ensure that their command has adequate policy and procedures in place to effectively implement medical event reporting.

## 1-4. **Medical Event Case finding.**

1. We refer to the actions taken by local/unit level Navy medical personnel to detect or identify RMEs as case finding. The basic case finding strategy required of all Navy health care settings involves arming the health care providers with knowledge of the reporting requirements and ensuring that they report as required either directly into the reporting system or to their own Preventive Medicine staff. In this way each provider becomes a surveillance agent. Additional

case finding processes should be employed locally, and they will vary depending upon the staff mix and whether the medical team belongs to a MTF or an operational unit. The Navy and Marine Corps Public Health Center (NMCPHC) has also developed an electronic case finding capability for the medical event reporting system that will be described further in the “Reporting Methods” section below.

2. To search for unreported RMEs in a systematic way, Preventive Medicine personnel at MTFs and Branch Health Clinics (BHCs) should leverage their access to local lab results, the electronic medical record system, and DOD’s electronic surveillance systems such as the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). The medical staff in operational units with more than one provider should review the sick-call logs and the weekly Disease Non-Battle Injury (DNBI) reports for reportable cases. Guidance for the reporting, interpretation, and response to fleet DNBI information is available at the NMCPHC website by clicking [here](#).

### 1-5. Reporting Requirements.

1. Any diagnosis, case or medical event (listed in AFHSC’s Tri-service guide) that has been identified in a DON health care beneficiary and classified as reportable in accordance with paragraph 1-6 below shall be reported.
2. The healthcare provider who diagnoses or identifies a reportable case/medical-event is the individual required by BUMED DON-wide policy to report it. This is analogous to state laws which require similar reports from all licensed practitioners as a condition of their license.
3. Research labs that identify a case/medical-event, sufficiently enough to classify it as reportable in accordance with paragraph 1-6, shall report their findings to the cognizant Navy Environmental and Preventive Medicine Unit (NEPMU).

1-6. **RME Classification.** A diagnosis, case, or medical-event becomes reportable once it has been classified as “suspected”, “probable”, or “confirmed” based on the specific clinical, laboratory, or epidemiological criteria which must be met. Reporters should use the detailed criteria for condition specific classification provided by AFHSC in their Tri-service guide available at the NMCPHC web site by clicking [here](#). Those conditions which require a report for either suspect or probable cases are listed in [appendix A](#) of this guide. Events reported as probable or suspect must ultimately be confirmed in the medical event reporting system described in paragraph 1-9 below or by a follow-up MER.

### 1-7. RME Specific Guidance.

1. Outbreaks. Note that any unusual increase in disease incidence at the local/unit level should be investigated. However, the decision to report an outbreak requires judgment. In making these decisions reporters should consider that a reportable outbreak can be any surge in disease at a rate above the baseline rate when the population is in a healthy state, and this includes disease

surges that are likely due to seasonal influences. When in doubt report, but know that Navy public health experts are most interested in the following:

- Illnesses that have been linked to point sources in published outbreak investigations.
- Severe illnesses i.e. those causing hospitalizations.
- Illnesses indicative of highly infectious organisms.
- Illnesses causing a continuing rapid rise in numbers of affected persons
- Illnesses requiring more sophisticated lab testing than that which is available locally to accurately identify the health threat.
- Illnesses indicative of an act of bioterrorism.
- Illnesses indicative of a sustained outbreak.
- Illnesses which appear to be limited to a specific group (demographic, occupational, etc.).
- Clusters of infectious disease in the population where the etiology is unknown.

2. When submitting reports of outbreaks, reporters need not include identifying information about individual patients and need not submit a MER for each individual. See Appendix C for a description of information to include in outbreak reports. Submit only one MER per outbreak unless instructed otherwise by the supporting NEPMU.

1-8. **Reporting deadlines.** Reports can be either urgent or routine. Urgent reports are required for events listed in [appendix B](#). Urgent reports shall be submitted no later than 24 hours after event identification. Submit routine reports for all non-urgent events no later than 30 days after their identification.

#### 1-9. **Reporting Methods.**

1. The Navy Disease Reporting System internet (NDRSi) was recently renamed. It is now known as the Disease Reporting System internet (DRSi), and it is the U.S. Navy's official system to capture, store and communicate information related to RMEs. Where possible, its use is mandatory, and the use of the Shipboard Non-tactical Automated Data Processing (SNAP) Automated Medical System (SAMS) to submit these reports is no longer authorized. To obtain a DRSi account please contact the NDRSi helpdesk at [NDRS@nmcphc.med.navy.mil](mailto:NDRS@nmcphc.med.navy.mil), COMM: 757-953-0954, DSN: (312) 377-0954 or follow the detailed instructions which are available at the NMCPHC Web site by clicking [here](#).

2. A new module in DRSi flags certified Composite Health Care System (CHCS) lab results for would be reporters at fixed MTFs to aid their case finding efforts. Reporters using this module must verify if these possible RMEs are valid. If they are, each can be automatically filed as a MER in DRSi with the click of a button and very little additional data entry. A training video for this DRSi capability is available at NMCPHC's web site by clicking [here](#).

3. When internet access is unavailable the ability of reporters to submit reports via DRSi may be impeded significantly. Given this obstacle, the methods a reporter should use depends on the extent of connectivity disruption. Where connectivity is only temporarily limited, reporters should use the 30 day window allowed for routine reports and wait for improved connectivity. Meanwhile, urgent reports may be made by phone, priority naval message, or properly encrypted

e-mail especially if it's unlikely that sufficient connectivity will be reestablished before the 24 hour report deadline has passed. In units where there is no useful connectivity at all, reporters should submit urgent reports to their nearest NEPMU by phone or by priority naval message; they should submit routine reports by U.S. mail. Reporters may take advantage of the 30 day reporting time limit for routine reports to group them and reduce mailings.

4. [Appendix C](#) contains a list of basic information to include in any medical event reports submitted by phone, properly encrypted e-mail, or priority naval message. Operational units in a communications condition that prohibits all external communications may delay urgent reports until after the condition is lifted.

1-10. **Security Classification.** In general, MERs are “unclassified” unless an officer with appropriate authority has classified it. Reporters who are concerned that their MER might have an adverse impact on their operational unit or national security should consult their information security/commanding officer for a classification decision before releasing the report. Navy MERs contain sensitive medical information, so all reports through U.S. Mail and email should be marked “For Official Use Only” and handled accordingly.

1-11. **RME Consultation.** See appendix D for contact information for your nearest NEPMU. The NEPMUs are available as the Navy's primary direct providers of the following consultative support services:

- RME confirmation assistance.
- General MER assistance.
- Public Health Lab support, sample collection etc.
- Outbreak response/epidemiological study designs etc.
- Disease surveillance and MER training.

**Appendix A.****Events that are reportable when classified as suspected or probable cases.****Suspected**

Hemorrhagic fever  
Meningococcal disease  
Plague  
Sever acute respiratory syndrome (SARS)  
Smallpox  
Trypanosomiasis

**Probable**

Botulism  
Brucellosis  
Dengue fever  
Encephalitis, arboviral  
Meningococcal disease  
Plague  
Poliomyelitis  
Q fever  
Rocky Mountain spotted fever  
Sever acute respiratory syndrome (SARS)  
Smallpox  
Trypanosomiasis  
Tuberculosis, pulmonary

Note. Efforts must be made to confirm/rule out these diagnoses, and the reporter shall update the DRSi report once this has been done. Reporters lacking DRSi access should submit a follow-up report which indicates it has been confirmed or ruled out.

## **Appendix B.**

### **Medical Events Requiring an Urgent Report**

Amebiasis  
Anthrax  
Biological Warfare Agent Exposure  
Botulism  
Cholera  
Dengue Fever  
E. coli 0157:H7  
Encephalitis Arboviral and Tick-borne  
Hantavirus Infection  
Hemorrhagic Fever (specify type)  
Legionellosis  
Malaria (All)\*  
Measles  
Meningococcal Disease  
Pertussis  
Plague  
Q Fever  
Rabies, clinical human  
Smallpox  
Tuberculosis, pulmonary  
Tularemia  
Typhoid Fever  
Typhus Fever  
Yellow Fever  
Outbreaks

\* For Fleet Use Only: After local interpretation and in the absence of confirmation capability, forward blood smears to the nearest NEPMU for confirmation

## Appendix C.

### Medical Event Report Format: Minimum Elements (Message, Mail, & Phone)

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1. Date(s)<sup>1</sup>:
2. Reporting Command:
3. POC of reporter:  
Telephone (include commercial and DSN, as applicable):  
E-mail:
4. Patient's Name<sup>2</sup>:
5. Patient's Sex<sup>2</sup>:
6. Patient's Duty Status (active, reserve, cadet, etc)<sup>2</sup>:
5. Patient's FMP/Sponsor's SSN<sup>2</sup>:
6. Sponsor's Command and Unit Identification Code (UIC):
7. Sponsor's Branch of Service:<sup>2</sup>
7. Diagnosis (including ICD-9 code):
8. Diagnosis/Outbreak Classification (Suspected, Probable or Confirmed):
9. Number of People Affected<sup>3</sup>:
10. Narrative<sup>3</sup>:
  - a. How were cases in outbreak defined?
  - b. If diagnosis classification is confirmed, what clinical, laboratory, or epidemiological criteria were used to classify the case.
  - c. Suspected/confirmed source of outbreak.
  - d. Preventive measures taken.
12. Disposition<sup>4</sup>
13. Additional Comments (optional)

- 
1. Include the date of onset for individually reportable medical events. For outbreaks include the date the outbreak began and ended if known.
  2. Do not include patient identifying information in "outbreak" MERs.
  3. Only applicable to outbreak MERs
  4. Not applicable to outbreak MERs

**Appendix D.****Navy Environmental and Preventive Medicine Unit Contact Information****1. Officer in Charge**

Navy Environmental and Preventive Medicine Unit TWO

1285 West D Street, Bldg. U-238

Naval Station Norfolk, VA 23511-3394

Com: (757) 953-6600; DSN (312) 377-6600 Fax (757) 953-7212

E-mail : [NEPMU2NorfolkThreatAssessment@med.navy.mil](mailto:NEPMU2NorfolkThreatAssessment@med.navy.mil)

PLAD : NAVENPVNTMEDU TWO NORFORLK VA

**2. Officer in Charge**

Navy Environmental and Preventive Medicine Unit FIVE

3235 Albacore Alley

San Diego, CA 92136-5199

Com: (619) 556-7070; DSN (312) 526-7070; Fax (619)-556-7071

Secure Telephone (STU-III): (619) 556-9694; DSN 526-9694

E-mail: [ThreatAssessment@med.navy.mil](mailto:ThreatAssessment@med.navy.mil)

PLAD: NAVENPVNTMEDU FIVE SAN DIEGO CA

**3. Officer in Charge**

Navy Environmental and Preventive Medicine Unit SIX

385 South Ave Bldg 618

Joint Base Pearl Harbor-Hickam, HI 96860

Com: (808) 471-0237; DSN (315) 471-0237

E-mail: [NEPMU6ThreatAssessment@med.navy.mil](mailto:NEPMU6ThreatAssessment@med.navy.mil)

Fax: (808) 471-0157

PLAD: NAVENPVNTMEDU SIX PEARL HARBOR HI