



SECTION 20 – MISCELLANEOUS

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HYPONATREMIA, EXERTIONAL

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations. In the summer of 1997, Army training centers reported eight hospitalizations of soldiers for hyponatremia secondary to excessive water consumption during military training in hot weather – one case was fatal, and several others required intensive medical care.^{1 2}

Clinical Description

Hyponatremia is defined as a low concentration of sodium in the blood (i.e., serum sodium concentration <135mEq/L); it can have serious and sometimes fatal clinical effects. In otherwise healthy, physically active adults (e.g., long distance runners, military recruits), hyponatremia is often associated with excessive water consumption during prolonged physical exertion (“exertional hyponatremia”), particularly during heat stress.³

Case Definition and Incidence Rules

For surveillance purposes, a case of exertional hyponatremia is defined as:

- *One inpatient or outpatient medical encounter* with a defining diagnosis of hyposmolality and/or hyponatremia (see ICD9 code list below) in the *primary* diagnostic position AND no other illness or injury-specific diagnoses (ICD9 codes 001-999); or
- *One inpatient or outpatient medical encounter* with a defining diagnosis of hyposmolality and/or hyponatremia in *any* diagnostic position PLUS at least one associated condition (see ICD9 code list below) in *diagnostic positions 1-3*.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of exertional hyponatremia.
- An individual is considered an incident case only once per calendar year.

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¹ Army Medical Surveillance Activity. Hyponatremia associated with heat stress and excessive water consumption: Fort Benning, GA; Fort Leonard Wood, MO; Fort Jackson, SC June -August 1997. *Medical Surveillance Monthly Report (MSMR)*. 1997 Sep; 3(6): 2-3, 8.

² Army Medical Surveillance Activity. Hyponatremia associated with heat stress and excessive water consumption: Outbreak investigation and recommendations. *Medical Surveillance Monthly Report (MSMR)*. 1997 Sep; 3(6): 9-10.

³ Armed Forces Health Surveillance Center. Update: Exertional Hyponatremia, Active Component, U.S. Armed Forces, 1999-2010. *Medical Surveillance Monthly Report (MSMR)*. March 2011 Vol 18(3): 12-15.



Case Definition and Incidence Rules (cont.)

Exclusions:

- Cases of hyponatremia that include any of the following complicating diagnoses in any diagnostic position: alcohol/illicit drug abuse; psychosis, depression, or other major mental disorders; endocrine (e.g. pituitary, adrenal) disorders; kidney diseases; intestinal infectious diseases; cancers; major traumatic injuries; or complications of medical care.

Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM codes	CPT Codes
Hyponatremia	276.1 (hyposmolality and/or hyponatremia)	NA
Conditions associated with hyponatremia	276.6 (fluid overload) 780.0 (alteration of consciousness) 780.39 (convulsions) 780.97 (altered mental status) 992.0 - 992.9 (effects of heat and light) 728.88 (rhabdomyolysis)	

Development and Revisions

This case definition was developed for the AFHSC Medical Surveillance Monthly Report (MSMR) article referenced above.³ AFHSC surveillance on this condition dates back to 1997.^{1,2}

Case Definition and Incidence Rule Rationale

- *Rationale for exclusions:* Surveillance for exertional hyponatremia is intended to detect those cases which are potentially preventable through well-known measures to safeguard healthy service members who are training or carrying out their duties under conditions associated with high ambient temperature and strenuous exertion. Cases of hyponatremia due to alcohol/illicit drug abuse, mental disorders, endocrine disorders, kidney diseases, infectious diseases, cancers, major traumatic injuries, or complications of medical care are less susceptible to prevention through organized procedures and practices. Thus, such causes of hyponatremia are excluded.

Reports

AFHSC reports on hyponatremia in the following reports:

- Annual MSMR article; published in March



Review

July 2011	Case definition reviewed and adopted by the AFHSC Surveillance Methods and Standards (SMS) working group.
Mar 2011	Case definition reviewed by AFHSC MSMR staff.

Comments

None



INSOMNIA

Includes Primary and Secondary Insomnia

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations. Individuals with insomnia have been shown to be at increased risk for both work-related and motor vehicle accidents.¹ In the military setting, the consequences of work-related accidents can be magnified given the nature and demands of military operations; for example, fatigue is cited as the primary cause of military aviation mishaps.²

Clinical Description

Insomnia is the inability to obtain an adequate amount or quality of sleep and the condition is the most common sleep disorder in adults in the United States. Symptoms include difficulty initiating sleep, early awakening, and non-restorative or poor quality sleep. Insomnia can occur as a “primary” condition or as a “secondary condition meaning the cause is attributable to, or may coexist with, a specific medical, psychiatric or environmental condition. The diagnosis is more common in women and older adults and is often associated with occupational and environmental risk factors (e.g., military personnel on rotating shifts, night shift work, stress, and frequent moves, including deployment).^{3,4}

Case Definition and Incidence Rules

For surveillance purposes, a case of insomnia is defined as:

- *One inpatient medical encounter* with any of the defining diagnoses of insomnia (see ICD9 code list below) in *any* diagnostic position; or
- *Two outpatient medical encounters, within 90 days* of each other, with any of the defining diagnoses of insomnia (see ICD9 code list below) in *any* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of insomnia.

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¹ National Institutes of Health. NIH State of the Science Conference Statement on Manifestations and Management of Chronic Insomnia in Adults. *Sleep*. 2005; 28:1049-1057.

² Naval Safety Center. Fatigue: The Importance of Proper Rest. Approach: *The Navy & Marine Corps Aviation Safety Magazine*. 2007; 52(5):3-32.

³ Braunwald, E., Fauci, A., Longo, D. et al. 2008. *Harrison's Principles of Internal Medicine*. 17th ed. United States: McGraw-Hill Professional.

⁴ Armed Forces Health Surveillance Center. Insomnia, Active Component, U.S. Armed Forces, January 2000-December 2009. *Medical Surveillance Monthly Report (MSMR)*; 2010 May; Vol 17(5): 8-11.



Case Definition and Incidence Rules (cont.)

- An individual is considered an incident case only *once per year*.

Exclusions:

- None

Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM Codes	CPT Codes
Insomnia	307.41 (transient disorder of initiating or maintaining sleep) 307.42 (persistent disorder of initiating or maintaining sleep) 327.00 (organic insomnia, unspecified) 327.01 (insomnia due to medical condition classified elsewhere) 327.02 (insomnia due to mental disorder) 327.09 (other organic insomnias) 780.52 (insomnia unspecified)	NA

Development and Revisions

The case definition for insomnia was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses. The case definition was developed by the AFHSC MSMR staff for a May 2010 MSMR article on insomnia

Case Definition and Incidence Rule Rationale

- The requirement of two outpatient visits within 90 days is used to increase the likelihood of detecting more persistent, chronic, cases of insomnia. This case definition was not designed to capture transient, limited or acute episodes of insomnia.⁴
- This case definition does not distinguish primary and secondary insomnia. The decision to analyze primary and secondary insomnias together was informed by a National Institutes of Health consensus panel which concluded that insomnia that co-occurs with other conditions should be considered comorbid insomnia rather than secondary insomnia.⁵ The distinction is important because the cause-effect relationships between insomnia and most co-occurring conditions have not been definitively established.⁶

⁵ National Institutes of Health. NIH State of the Science Conference Statement on Manifestations and Management of Chronic Insomnia in Adults. *Sleep*. 2005; 28:1049-1057.

⁶ Sarsour K, Morin CM, Foley K, Kalsekar A, Walsh JK. Association of insomnia severity and comorbid medical and psychiatric disorders in a health plan-based sample: Insomnia severity and comorbidities. *Sleep Med*. 11(1):69-74.



Code Set Determination and Rationale

- The code set was selected after a review of the scientific literature and of the relevant codes in the International Classification of Diseases, 9th Revision.

Reports

None

Review

March 2012	Case definition reviewed and adopted by the AFHSC Surveillance Methods and Standards (SMS) working group.
May 2010	Case definition developed and reviewed by the AFHSC MSMR staff.

Comments

None



OVERWEIGHT / OBESITY

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations. To ensure a mission-ready force with a “military appearance,” the Department of Defense mandates that each military service implement “body composition programs,” including enforcement of weight-for-height standards required for accession and advancement.¹ Despite physical fitness and body fat standards, many active service members receive clinical diagnoses of overweight or obesity during routine medical examinations and other outpatient encounters.

Clinical Description

Obesity is a state of excess adipose tissue mass. The most widely used method to gauge obesity is the body mass index (BMI), which is equal to weight/height² (in kg/m²). Based on data of substantial morbidity, a BMI of 30 is most commonly used as a threshold for obesity in both men and women. Most authorities use the term *overweight* (rather than obese) to describe individuals with BMIs between 25 and 30. A BMI between 25 and 30 should be viewed as medically significant and worthy of therapeutic intervention, especially in the presence of risk factors that are influenced by adiposity, such as hypertension and glucose intolerance.²

Case Definition and Incidence Rules

For surveillance purposes, a case of overweight / obesity is defined as:

- *One outpatient medical encounter* with any of the defining diagnoses of overweight/obesity in *any* diagnostic position (see ICD9 code list below); or
- *One outpatient medical encounter*, with a V-coded diagnosis indicating a body mass index above 25 kg/m² for adults, or a pediatric body mass index above the 85th percentile for persons up to 20 years of age in *any* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first outpatient medical encounter that includes any of the defining diagnoses of overweight/obesity.
- An individual is considered an incident case only *once per lifetime*.

Exclusions:

- None

¹ Department of Defense Directive No. 1308.1 June 30, 2004. DoD Physical Fitness and Body Fat Program.

² Braunwald, E., Fauci, A., Longo, D. et al. 2008. *Harrison's Principles of Internal Medicine*. 17th ed. United States: McGraw-Hill Professional.



Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM codes	CPT Codes
Overweight / Obesity	278.00 (obesity, unspecified) 278.01 (morbid obesity) 278.02 (overweight) V85.2x (body mass index between 25-29, adult) V85.3x (body mass index between 30-39, adult) V85.4 (body mass index 40 and over, adult) V85.53 (body mass index, pediatric, 85 th percentile to less than 95 th percentile for age) V85.54 (body mass index, pediatric, greater than or equal to 95 th percentile for age)	NA

Development and Revisions

The case definition for overweight/obesity was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses.

The case definition was developed by the AFHSC Medical Surveillance Monthly Report (MSMR) staff for the January 2009 and 2011 MSMR articles referenced below.^{3,4}

Reports

None

Review

June 2011 Case definition reviewed and adopted by Surveillance Methods and Standards (SMS) working group.

Jan 2011 Case definition developed and reviewed by AFHSC MSMR staff.

Comments

None

³ Armed Forces Health Surveillance Center. Surveillance Snapshot: Diagnoses of overweight/obesity among Reserve component members, U.S. Armed Forces, 1998-2007. *Medical Surveillance Monthly Report (MSMR)*. 2009 January; Vol 16(1): 7.

⁴ Armed Forces Health Surveillance Center. Diagnoses of Overweight/Obesity, Active Component, U.S. Armed Forces, 1998-2010. *Medical Surveillance Monthly Report (MSMR)*. 2011 January; Vol 18(1): 7-11.



RHABDOMYOLYSIS, EXERTIONAL

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations. In U.S. military members, rhabdomyolysis is a significant threat during physical exertion, particularly to those under heat stress.

Clinical Description

Rhabdomyolysis is the breakdown of striated muscle cells with release into the bloodstream of their potentially toxic contents.¹ In high enough concentrations, the contents of skeletal muscle cells can cause organ and systemic dysfunction, including disseminated intravascular coagulation (DIC), disturbances of fluid, electrolyte, and acid-base balances, compartment syndrome, and renal failure. In the United States, case fatality with rhabdomyolysis is less than 5% and depends on the nature of the precipitating cause, the severity and clinical effects of comorbid conditions, and the prior state of health of affected individuals.²

Case Definition and Incidence Rules

For surveillance purposes, a case of exertional rhabdomyolysis is defined as:

- *One inpatient or outpatient medical encounter* with any of the defining diagnoses of rhabdomyolysis and/or myoglobinuria (see ICD9 code list below) in *any* diagnostic position PLUS at least one of the diagnoses associated with “dehydration or the effects of heat or exertion” (see ICD9 code list below) in *any* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of rhabdomyolysis.
- An individual is considered an incident case only once per calendar year.

Exclusions:

- Cases of rhabdomyolysis secondary to traumatic injuries, intoxications, or adverse drug reactions; specifically, medical encounters with ICD9 codes 800 – 999 (injury, poisoning, toxic effects, except ICD9 codes 992.0 - 992.9, 994.3 - 994.5 and 840 - 888 sprains and strains of joints and adjacent muscles) in *any* diagnostic position .

¹ Armed Forces Health Surveillance Center. Update: Exertional Rhabdomyolysis, Active Component, U.S. Armed Forces 2010. *Medical Surveillance Monthly Report (MSMR)*. 2011 March; Vol 18(3): 9-11.

² Armed Forces Health Surveillance Center. Update: Exertional Rhabdomyolysis among U.S. Military Members, 2004-2007. *Medical Surveillance Monthly Report (MSMR)*. 2008 March; Vol 15(2): 8-11.



Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM codes	CPT Codes
Exertional Rhabdomyolysis	728.88 (rhabdomyolysis) 791.3 (myoglobinuria)	NA
Dehydration; effects of heat or exertion	276.5 (volume depletion ; dehydration; hypovolemia) 992.0 – 992.9 (effects of heat and light) 994.3 (effects of thirst; deprivation of water) 994.4 (exhaustion due to exposure) 994.5 (exhaustion due to excessive exertion)	

Development and Revisions

This case definition was developed for the AFHSC Medical Surveillance Monthly Report (MSMR) article referenced above. AFHSC surveillance of this condition dates back to 1998.¹

Case Definition and Incidence Rule Rationale

- Surveillance for rhabdomyolysis is intended to detect those cases which are potentially preventable through well-known measures to safeguard healthy service members who are training or carrying out their duties under conditions associated with high ambient temperature, strenuous exertion, and inadequate hydration. Cases of rhabdomyolysis due to trauma, intoxications, or adverse drug reactions are less common among service members and are less susceptible to prevention through organized procedures and practices. Thus, such causes of rhabdomyolysis are excluded.
- The diagnosis of rhabdomyolysis by itself does not indicate the cause. In an attempt to distinguish cases that are exertional and/or heat-related from those with other precipitating causes, the case definition specifies that ICD9 codes 728.88 or 791.3 must be accompanied by one of the codes associated with dehydration, heat, or exertion.

Code Set Determination and Rationale

- The diagnostic code specific for “rhabdomyolysis”, i.e., 728.88, was added to the ICD-9-CM in 2004. Therefore, it is difficult to document the occurrence of cases prior to that time

Reports

AFHSC reports on rhabdomyolysis in the following reports:

- Annual MSMR article; published in March



Review

July 2011	Case definition reviewed and adopted by the AFHSC Surveillance Methods and Standards (SMS) working group.
Mar 2011	Case definition developed and reviewed by the AFHSC MSMR staff.

Comments

None



COLD WEATHER INJURIES

Applies to Frostbite, Trench Foot (Immersion Foot), Hypothermia, and Other Specified and Unspecified Effects of Reduced Temperature

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of conditions important to military-associated populations. Prolonged or intense exposures to cold can significantly impact the health, well-being, and operational effectiveness of service members and their units. Because the U.S. military operations are conducted in diverse geographic and weather conditions, the U.S. military has developed extensive countermeasures against threats associated with training and operating in cold environments.¹

Clinical Description

Cold injuries include several abnormal and often serious physical conditions caused by exposure to cold temperatures. Injuries are often divided into two categories, those that occur without the freezing of body tissue, i.e., chilblains and trench foot, and those that occur with the freezing of body tissue, i.e., frostbite. In addition, hypothermia, or systemic cold injury, is a clinical condition in which the core body temperature decreases to 35°C (94°F) or lower with multiple end-organ effects. The severity of injury due to cold depends on the temperature, the rate of chilling, and the duration of exposure.

Case Definition and Incidence Rules

For surveillance purposes, a case of cold weather injury is defined as:

- *One inpatient or outpatient medical encounter* with any of the defining diagnoses of cold weather injury (see ICD9 code list below) in the *primary* diagnostic position; or
- One record of a reportable medical event of cold weather injury.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of cold weather injury.
- An individual is considered an incident case only once per “cold year” (1 July thru 30 June), i.e., one cold weather injury of any type per individual per cold year.
- If data on a specific *type* of cold weather injury is required, an individual is considered an incident case once per type of injury per calendar year, i.e., one of each type of cold injury per individual per year.

Exclusions:

- None

¹ Armed Forces Health Surveillance Center. Cold Weather Injuries, U.S. Armed Forces, July 2005-June 2010. *Medical Surveillance Monthly Report (MSMR)*. 2010 October; Vol 17(10): 7-11.



Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM codes	CPT Codes
Cold Weather Injuries	991.0 (frostbite of face)	NA
	991.1 (frostbite of hand)	
	991.2 (frostbite of foot)	
	991.3 (frostbite of other and unspecified sites)	
	991.4 (immersion foot or trench foot)	
	991.6 (hypothermia)	
	991.8 (other specified effects of reduced temperature)	
	991.9 (other unspecified effects of reduced temperature)	

Development and Revisions

2000 Case definition originally developed by the Army Medical Surveillance Activity (AMSA) MSMR staff for a MSMR article on cold weather injuries in active duty soldiers.²

Code Set Determination and Rationale

- In Sept/Oct of 2004 AFHSC ICD9 code 991.5 (chilblains) was deleted from the code set because the condition is common, infrequently "diagnosed" as an "illness or injury", usually mild in severity, and thought to have minimal medical, public health, or military impacts.
- Surveillance of cold weather injuries in the MSMR dates back to December of 2000. Prior to Sept/Oct of 2004 all codes related to cold weather injuries (999.1-991.9) were included in the ICD9 code set used for analysis.
- The Tri-Service Reportable Events system case definition for cold weather injuries does not include ICD9 codes 991.5 (chilblains), 991.8 (other specified effects of reduced temperature) or 991.9 (other unspecified effects of reduced temperature).

Reports

AFHSC reports on cold weather injuries in the following reports:

- Annual MSMR article; published in September or October.
- Monthly: Armed Forces Health Surveillance Center. *Sentinel reportable events among service members and beneficiaries at U.S. Army, Navy, and Air Force medical facilities*. Medical Surveillance Monthly Report (MSMR); includes only reportable medical events (does not include ICD9 codes 991.8-991.9).

² Army Medical Surveillance Activity (AMSA). Cold Weather Injuries, Active Duty Soldiers, 1997-2000. *Medical Surveillance Monthly Report (MSMR)*. 2000 December; Vol 6(10): 2-3.



Review

Feb 2011	Case definition reviewed and adopted by Surveillance Methods and Standards (SMS) working group.
Dec 2000	Case definition originally developed and reviewed by AMSA MSMR staff.

Comments

None



HEAT INJURIES

Applies to Heat Stroke, Heat Exhaustion, and Unspecified Effects of Heat

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of conditions important to military-associated populations. In order to identify cases, the definition takes advantage of outpatient and inpatient medical encounters and cases reported through the Tri-Service Reportable Events system.

Clinical Description

Heat stroke is a form of hyperthermia, in which the body temperature is elevated dramatically ($>104^{\circ}$), often accompanied by physical and central nervous system dysfunction. Heat stroke is considered a medical emergency that can be fatal if not properly treated. Heat exhaustion is an acute reaction to excessive heat often accompanied by profuse sweating, dizziness, nausea, headache and fatigue. Children, elderly, athletes, and obese people are at higher risk of developing heat illness.¹

Case Definition and Incidence Rules

For surveillance purposes, a case of “heat-related injury” is defined as:

- *One inpatient or outpatient medical encounter* with any of the defining diagnoses of heat-related injury (see ICD9 code list below) in either the *primary* or *secondary* diagnostic position.
- One record of a reportable medical event of heat-related injury.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of heat-related injury.
- An individual is considered an incident case only once per calendar year.
- An individual is allowed one event per category, (i.e., heat stroke, heat exhaustion, or other heat injuries) every 60 days (see *Comments*).
- For individuals with more than one heat injury diagnosis in a calendar year, diagnoses of heat stroke are prioritized over other heat injury diagnoses.

Exclusions:

- None

¹ Fauci, Anthony S., et al. *Harrison's Principles of Internal Medicine*. 17th ed. United States: McGraw-Hill Professional, 2008.



Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM codes	CPT Codes
Heat Injuries	992.0 (heat stroke and sunstroke) <i>Other heat injuries:</i> 992.3 (heat exhaustion, anhydrotic) 992.4 (heat exhaustion due to salt depletion) 992.5 (heat exhaustion, unspecified) 992.9 (unspecified effects of heat)	NA

Development and Revisions

Case definition originally developed by the AFHSC Medical Surveillance Monthly Report (MSMR) staff for a MSMR article on heat injuries.²

Case Definition and Incidence Rule Rationale

- For the purpose of analysis, when calculating incidence rates, this case definition allows an individual to be an incident case only once per calendar year. When calculating *counts* of specific heat related events, this case definition allows an individual to have one event in each category, i.e., heat stroke, heat exhaustion, or other heat related injury, every 60 days.

Code Set Determination and Rationale

- *Tri-Service Reportable Events:* In the most recent version of the Tri-Service Reportable Event guidelines, “Heat Injuries” includes ICD9 code 992.0 “heat stroke” and ICD9 code 992.9 “unspecified effects of heat.” ICD9 codes 992.3-992.5 “heat exhaustion” are subsumed into the broader category of “unspecified effects of heat” with a focus on the need to document organ tissue damage in order for a case to qualify for reporting.
- Code lists used by the Agency for Health Research and Quality (AHRQ) were considered in the development of this definition.

Reports

AFHSC reports on heat-related injuries in the following reports:

- Annual MSMR article; published in March.
- Monthly: Armed Forces Health Surveillance Center. *Sentinel reportable events among service members and beneficiaries at U.S. Army, Navy, and Air Force medical facilities.* Medical Surveillance Monthly Report (MSMR); includes only reportable medical events.

² Armed Forces Health Surveillance Center. Update: Heat Injuries, Active Component, U.S. Armed Forces, 2009. *Medical Surveillance Monthly Report (MSMR)*. 2010 March; Vol 17(3): 6-8.



Review

Dec 2010	Case definition reviewed and adopted by Surveillance Methods and Standards (SMS) working group.
Mar 2010	Case definition developed and reviewed by AFHSC MSMR staff.

Comments

None

