DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6220.12B
BUMED-M3/5
12 Feb 2009

BUMED INSTRUCTION 6220.12B

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Departments Personnel

Subj: MEDICAL SURVEILLANCE AND NOTIFIABLE EVENT REPORTING

Ref: (a) DoD Directive 6490.2 of 21 Oct 2004
(b) BUMEDINST 6200.17
(c) ASD (HA) Policy 07-001 of 17 Jan 2007
(d) Tri-Service Reportable Diseases Guidelines and Case Definitions of May 2004 (NOTAL)
(e) OPNAVINST 3100.6I

Encl: (1) Medical Event Report (MER) Submission Requirements
(2) Navy Preventive Medicine Addressees
(3) Acronyms

1. Purpose. To provide policy concerning Navy medical surveillance practices, processes, and reporting requirements. This includes monitoring of the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), and reporting of MER submission requirements.

2. Cancellation. BUMEDINST 6220.12A.

3. Applicability. Monitoring of ESSENCE alerts applies to all Navy medical treatment facilities (MTFs). Reporting of MERs applies to all ships, stations, and units of the Navy, Marine Corps, and Military Sealift Command (MSC) that provide outpatient or inpatient medical care.

4. Background

a. According to reference (a), health surveillance shall be conducted to enable early intervention and control strategies. Monitoring for and timely reporting of significant health events that may adversely affect mission accomplishment and shape commanders' decision making are vital military medicine functions. As described in reference (b), surveillance information also is critical in both preparing for and responding to public health emergencies. Syndromic surveillance, using ESSENCE, is required per reference (c) to enhance the Services' ability to detect and monitor outbreaks. Syndromic surveillance is critical in identifying emerging or re-emerging infectious diseases that pose a substantial risk of a significant number of human fatalities or severe disabilities. ESSENCE is a tool for local use to ascertain growth and spread of particular syndromes. MERs are required for select diseases and injuries due to their potential to compromise operational readiness, present hazards to the military or civilian community, result in quarantine, or generate inquiries to the Chief, BUMED.

Submission of a MER does not relieve the reporting command or unit of reporting requirements in ref (e). Enclosure (3) provides a list of acronyms used in this instruction.

b. The primary objectives of medical surveillance and reporting are:

(1) Timely and proficient public health response to medical events that ultimately reduce morbidity and mortality. A successful medical surveillance program depends on regular monitoring of trends and early notification of suspected or confirmed medical events. Seemingly unrelated cases of disease and injury occurring on different ships or stations may be medically significant when viewed regionally.

(2) Estimation of the distribution, trends, and risks associated with significant medical events.

(3) Development and assessment of policy and resource allocation for the prevention and control of communicable diseases.

5. Action

a. Navy Medicine Regional Commands shall ensure subordinate MTFs maintain an effective command medical surveillance program. ESSENCE monitoring requires incorporation into routine medical surveillance activities to include subordinate health care facilities (either centrally or at each location). Procedures and processes described in reference (c) and enclosure (1) should be implemented.

b. MTFs shall:

(1) Implement medical event reporting, guided by enclosure (1), and monitor ESSENCE alerts as outlined in reference (c). ESSENCE monitoring responsibilities should be assigned to a minimum of two MTF staff. ESSENCE monitoring shall occur at least once each routine workday. The frequency of monitoring shall increase to include weekends and holidays during periods of increased threat, e.g., specific local threat or World Health Organization (WHO) national pandemic influenza alert phase 5 or 6. ESSENCE monitoring should cover all subordinate health care clinics.

(2) Ensure accuracy of patient encounter data entered into Armed Forces Health Longitudinal Technology Application (AHLTA). Electronic data used in ESSENCE originate from data generated at MTF patient encounters.

(3) Ensure providers report medical events to their chain of command's preventive medicine or public health representative.

(4) Perform medical event surveillance and response activities including follow-up of suspect cases, as well as, case contacts, as appropriate.

(5) Submit MERs, as outlined in reference (d) and enclosure (1) when a reportable medical event is suspected or confirmed. Reference (d) outlines case definitions for reportable conditions. Formats for the minimal MERs and outbreak report requirements, if the Navy Disease Reporting System, internet (NDRSi) program is not available, are provided in Appendices B and C to enclosure (1). Appendix D to enclosure (1) outlines the reporting flow for MERs originated by MTFs.

(6) Request consultative epidemiologic services from the regional Navy Environmental and Preventive Medicine Unit (NEPMU) as needed to control disease outbreaks or to investigate unusual health-related conditions. Enclosure (2) provides NEPMU contact information.

(7) Report medical events to local civilian public health authorities according to State and local regulations.

c. Operational Units with Medical Representatives shall:

(1) Advise their respective commanding officers of the requirements of this instruction to facilitate the reporting of significant medical events via MERs, as appropriate.

(2) Ensure providers report medical events in Appendix A to enclosure (1) to their chain of command's preventive medicine or public health representative.

(3) Perform medical event surveillance and public health response activities including follow-up of suspect cases and case contact investigation, treatment, and follow-up as appropriate.

(4) Submit MERs, as outlined in reference (d) and enclosure (1) when a reportable medical event is suspected or confirmed. Reference (d) outlines case definitions for reportable conditions. Though reporting via Navy and Marine Corps Public Health Center's (NMCPHC), NDRSi Web site is preferred; if internet connectivity is not available, alternate forms of reporting are required. Alternate reporting methods and formats for the minimal MERs and outbreak report requirements, if the NDRSi program is not available, are provided in Appendices B and C to enclosure (1).

(5) Request consultative epidemiologic services from the regional NEPMU as needed to control disease outbreaks or to investigate unusual health-related conditions. Enclosure (2) provides NEPMU contact information.

(6) Report medical events to local civilian public health authorities according to State and local regulations.

d. NEPMUs shall:

(1) Provide regional technical oversight for ESSENCE monitoring, reportable medical event surveillance, and outbreak response and coordination.

(2) Include daily ESSENCE monitoring of MTFs within their Navy Medicine Regions as part of NEPMU routine public health surveillance activities. ESSENCE alerts shall be assessed for propagated outbreaks of regional significance, with epidemic or mission degrading potential. In such instances, advise commanders of increased disease activities of concern and communicate appropriate control measures with local commands as necessary.

(3) Monitor MERs within their area of responsibility (AOR). Monitor NDRSi to ensure events communicated via e-mail or, telephone consultations are reported as indicated in enclosure (1) and a verified receipt of finalized reports when suspect MERs initially are submitted.

(4) Assess MER completeness and data validity. ESSENCE may be used as an assessment tool for particular diseases.

(5) Provide consultative services and technical assistance for outbreak and medical event investigations when requested by MTFs or directed by Navy Medicine Regional Commanders.

(6) Maintain active liaison with NMCPHC to provide current disease surveillance information and reports.

e. NMCPHC shall:

(1) Monitor ESSENCE daily, evaluate ESSENCE program execution and assess compliance with reference (c). Conduct quarterly analysis of ESSENCE data to maintain situational awareness of long-term trends and identify areas for improved surveillance capability. Provide monthly reports describing MTF monitoring compliance to Navy Medicine Regional Commanders.

(2) Perform global medical event surveillance and monitoring of reportable medical events. Maintain NDRSi, a global database of reportable events that is accessible to NEPMUs. Data will be forwarded to the Defense Medical Surveillance System or higher authority as required and upon request.

(3) Perform periodic MER analysis. Evaluate annually the Navy's medical event surveillance program effectiveness. Publish quarterly MER analyses that examine Navy and Marine Corps disease trends.

(4) Develop methods to improve and facilitate medical surveillance, response, and communication. This includes regular program evaluation to identify areas for process improvement.

6. Report. The medical event report (MER) is assigned report control symbol NAVMED 6220-3. This reporting requirement is approved for 3 years from the date of this instruction.

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Distribution is electronic only via the Navy Medicine Web site at:
http://navymedicine.med.navy.mil/default.cfm?selTab=Directives.

MEDICAL EVENT REPORT (MER) SUBMISSION REQUIREMENTS

1. The requirement to submit MERs extends to all beneficiaries, including active duty personnel, civilian mariners, eligible family members, retirees, and reservists on active duty.

2. Medical departments providing inpatient or outpatient medical care must submit a MER when:

a. A Tri-service reportable condition, as listed in reference (d), is suspected or confirmed.

b. Notified of a significant communicable disease outbreak among the military or civilian population, which may impact the health and readiness of military personnel. An outbreak is defined as the occurrence, in a community or region, of cases of an illness or other health-related events in excess of normal expectancy.

3. An MER shall be submitted by the medical department of the command with primary responsibility for the health of the affected individual.

4. Reporting Procedures

a. Authorized methods of reporting include:

(1) NDRSi is the preferred method for submitting MERs. Account information and training materials are provided at: http://www-nmcphc.med.navy.mil/prevmed/epi/Reporting_Tools.htm. Assistance may be obtained by contacting the cognizant NEPMU or NMCPHC located in enclosure (2).

(2) For commands that do not have adequate internet access, the Medical Event Reporting module in SAMS (Shipboard Non-Tactical Automated Data Processing Program (SNAP Automated Medical System)) may be used to submit MERs. Files generated using SAMS should be uploaded to the NDRS file cabinet on Navy Medicine Online (NMO). Specific procedures and a tutorial on this process are available at: http://www-nmcphc.med.navy.mil/prevmed/epi/Reporting_Tools.htm

(3) Naval messages or standard correspondence (via mail, e-mail, or fax) containing information listed in enclosure (2). The primary action addressee is the responsible NEPMU. If a reporting ship or unit is home ported in the area of one NEPMU, but deploys into the region of another, the MER must be in enclosure (2), and addressed to the NEPMU responsible for the geographic area of deployment. Follow appropriate Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Privacy Act regulations when communicating personal health information.

(4) In situations when timeliness is critical, MERs may be reported via telephone or e-mail with follow-on correspondence to the responsible NEPMU. See enclosure (2) for contact information.

b. If an operational unit must send an urgent MER by message, it should be sent unclassified. If the message is classified, as much information as possible should be designated unclassified. Include declassification instructions to allow for subsequent computer storage and epidemiological analysis.

c. All MERs sent via message traffic must be identified by report control symbol NAVMED 6220-3 in the subject line.

5. Timeliness of Reporting

a. Routine Reports. Most reportable medical events are routine and should be submitted as soon as practicable. These events must be submitted within 30 days of diagnosis. As soon as reports are entered into NDRSi, they are visible to the cognizant NEPMU and to NMCPHC. Files submitted through SAMS should be uploaded to NMO weekly, if possible, but no later than monthly (at the end of each month). Once uploaded to NMO, these reports will be visible to the cognizant NEPMU through NDRSi.

b. Urgent reports. Appendix A to enclosure (1) identifies medical events that must be reported within 24 hours to the responsible NEPMU.

6. Submit one outbreak report for clusters of individually reportable diagnoses. Submission of individual MERs for each case is not required unless indicated by the cognizant NEPMU. Maintain individual identifiers locally. A suspected outbreak occurring among military personnel is considered an urgent reportable medical event. Report all suspected outbreaks as soon as possible and within 24 hours to the responsible NEPMU by the most expeditious means available. The format and minimal information required for this reporting is provided in Appendix C to enclosure (1).

APPENDIX A

URGENT REPORTABLE MEDICAL EVENT LIST

The following events are required to be reported within 24 hours:

Amebiasis
Anthrax
Biological Warfare Agent Exposure
Botulism
Cholera
Dengue Fever
E. coli 0157:H7 Infection
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 B

MEDICAL EVENT REPORT FORMAT

1. Date:

2. Reporting Command:

3. POC:
   Address:
   Telephone (include commercial and DSN, as applicable):
   E-mail:

4. Patient's Name:

5. Patient's FMP / SSN:

6. Patient's Branch of Service:

7. Patient's Command and Unit Identification Code (UIC):

8. Diagnosis (including ICD-9 code):

9. Diagnosis Suspected or Confirmed:

10. Date of Onset of Symptoms:

11. Disposition:

12. Comments (optional):

Note: Item 9. If diagnosis was confirmed, state whether it was clinical or laboratory based.

Item 11. State category and duration of disposition,
e.g., returned to full duty, sick in quarters, light duty, admitted, other.

APPENDIX C

OUTBREAK REPORT FORMAT

Submit outbreak reports via the NDRSi program. If computer support is unavailable, submit outbreak reports using the following format:

1. Dates of outbreak:

2. Reporting Command and UIC:

3. POC:
   Address:
   Telephone (include commercial and DSN, as applicable):
   E-mail:

4. Report Status:

5. Diagnosis (including ICD-9 code):

6. Number of people affected:

7. Location of outbreak:

8. Narrative:

   a. How were cases defined?

   b. If diagnosis confirmed, was it clinical or laboratory based?

   c. Suspected /confirmed source of outbreak?

   d. Preventive measures taken?

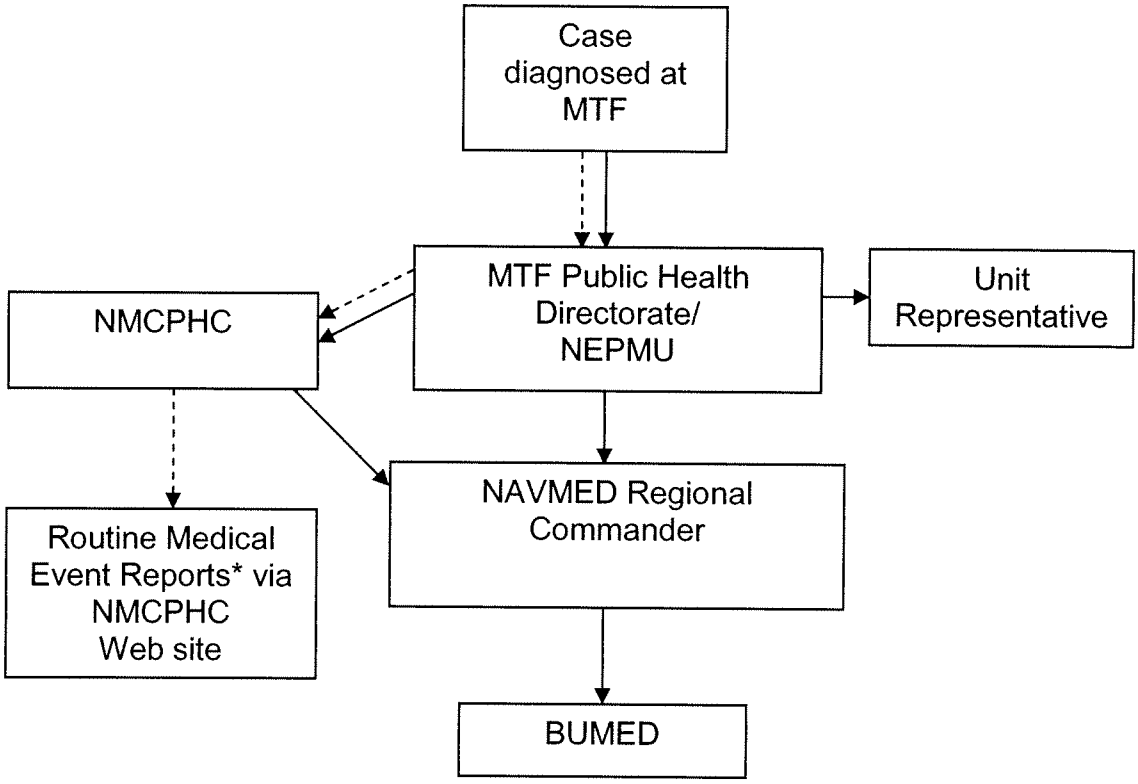
   e. Lessons learned?

   f. Follow-up?

9. Comments (optional):

APPENDIX D

NAVY MEDICINE NOTIFICATION CHAIN



Legend and Notes

——————→ Notification chain for urgent public health cases as listed in enclosure (2).

- - - - - - - - - - - - - - → Reporting chain for MERs.

*Electronic reports submitted via NDRSi, and SAMS are sent from the reporting unit directly to a central global data repository maintained by NMCPHC. MERs and Vaccine Adverse Event Reporting System (VAERS) in the repository are directly accessible by the cognizant NEPMU. NMCPHC, as the Naval Service central medical surveillance hub, maintains a central data repository of MERs and VAERS and provides analysis of historical data.

NAVY PREVENTIVE MEDICINE ADDRESSEES

1. Officer in Charge
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ACRONYMS

AHLTA	Armed Forces Health Longitudinal Technology Application
AOR	Area of Responsibility
BUMED	Bureau of Medicine and Surgery
DSN	Defense Switching Network
ESSENCE	Electronic Surveillance System for the Early Notification of Community-based Epidemics
GPO	Government Printing Office
HIPAA	Health Insurance Portability and Accountable Act of 1996
ICD	International Classification of Diseases
MER	Medical Event Report
MSC	Military Sealift Command
MTF	Medical Treatment Facilities
NDRSi	Navy Disease Reporting System, internet
NEPMU	Navy Environmental and Preventive Medicine Unit
NMCPHC	Navy and Marine Corps Public Health Centers
NMO	Navy Medicine Online
POC	Point of Contact
SAMS	(Shipboard Non-Tactical Automated Data Processing Program) SNAP Automated Medical System
SSN	Social Security Number
UIC	Unit Identification Code

VAERS	Vaccine Adverse Event Reporting System
WHO	World Health Organization