

## **Detecting and Reporting DoD Cases of Novel Coronavirus Infection:** **AFHSC Guidance as of 30 NOV 2012**

### **1. WHO Guidance for Case Finding**

WHO issued an interim case definition for patients to be investigated (“patients under investigation”) on 29 SEP 2012, paraphrased below:

- A person with an acute respiratory infection, which may include fever ( $\geq 38^{\circ}\text{C}$  ,  $100.4^{\circ}\text{F}$ ) and cough; **AND**
- suspicion of pulmonary parenchymal disease (e.g. pneumonia or Acute Respiratory Distress Syndrome (ARDS)) based on clinical or radiological evidence of consolidation; **AND**
- travel to or residence in an area where infection with novel coronavirus has recently been reported or where transmission could have occurred; **AND**
- not already explained by any other infection or etiology, following (all) clinically indicated tests for community-acquired pneumonia according to local management guidelines.

WHO recommends that patients meeting these criteria be tested to determine whether they meet criteria for a “probable” or “confirmed” case. Further information on case definitions and laboratory testing is available at:

[http://www.who.int/csr/disease/coronavirus\\_infections/en/index.html](http://www.who.int/csr/disease/coronavirus_infections/en/index.html)

### **2. Surveillance**

AFHSC does not recommend clinical screening of all DoD populations to identify possible cases. However, AFHSC does recommend using existing surveillance procedures for acute respiratory infection to identify symptomatic patients who should undergo clinical/laboratory and epidemiological evaluation for infection with the virus, regardless of recent travel history. AFHSC recommends thorough investigation of severe acute respiratory infection among health care workers as part of this approach, consistent with WHO guidance.

DoD medical personnel with the capability of conducting surveillance based on ICD-9 codes may wish to incorporate these codes into existing surveillance procedures for acute respiratory infection: 480.9 or 486, which could be restricted to more severe presentations by requiring the additional codes: 518.8x or V07.0.

The codes are:

- 480.9: Viral pneumonia, unspecified
- 486: Pneumonia, organism unspecified
- 518.8x: Other diseases of lung (includes acute respiratory distress and failure)
  - 518.81: Acute respiratory failure, respiratory failure NOS
  - 518.82: Other pulmonary insufficiency, not elsewhere classified
  - 518.84: Acute and chronic respiratory failure, acute on chronic respiratory failure

- V07.0: Isolation – admission to protect the individual from his surroundings or for isolation of individual after contact with infectious diseases

AFHSC recommends that patients meeting these ICD-9 criteria undergo investigation of infectious disease etiologies, including the novel coronavirus.

### **3. Laboratory testing**

DoD medical personnel requiring laboratory testing for suspected novel coronavirus infection may contact the following POCs, whose laboratories are developing relevant testing capabilities:

LRMC Infectious Disease Laboratory  
Landstuhl, Germany  
CPT Kathryn McGuckin, Deputy OIC  
[Kathryn.mcguckin@us.army.mil](mailto:Kathryn.mcguckin@us.army.mil)  
DSN: (314) 486-8812  
Civ: 011-49-6371-866390

US Air Force School of Aerospace Medicine  
Wright-Patterson AFB, OH  
Elizabeth Macias Ph.D.  
[Elizabeth.macias@us.af.mil](mailto:Elizabeth.macias@us.af.mil)  
DSN: 798-3175  
Civ: (937) 581-8552

### **Reporting**

AFHSC recommends that possible cases of novel coronavirus infection be reported immediately as Reportable Medical Events (RMEs).

### **AFHSC POC:**

For further information, contact the AFHSC Division of Integrated Biosurveillance:

Email: [afhsc.dib@amedd.army.mil](mailto:afhsc.dib@amedd.army.mil)

### **Phone:**

Dr. Rohit A. Chitale, Director: 443-253-0525; 240-507-7492  
LCDR Jean-Paul Chretien, MC, USN, Deputy Director: 240-743-9593  
LCDR Amy E. Peterson, USPHS, Veterinary Epidemiologist: 240-743-9853  
Mr. Anthony L. Taylor, Program Manager: 240-406-6512  
AFHSC Duty Officer (after hours): 301-319-3240