



- To Register for the Monthly Disease Surveillance Trainings:
 - Contact your Service Surveillance HUB to receive monthly updates and reminders
 - 2. Log-on or Request log-on ID/password: https://tiny.army.mil/r/zB8A/CME
 - 3. Register at: https://tiny.army.mil/r/4TgNE/EpiTechFY17
- Confirm attendance:
 - Please enter your full name/email into the DCS chat box to the right or email your Service HUB
 - You will receive a confirmation email within 48 hours with your attendance record; if you do not receive this email, please contact your Service HUB





Integrity - Service - Excellence

Ex NEW HORIZONS Zika Field Investigation



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Distribution D: DoD and DoD Contractors Only



Learning Objectives



- Recognize Zika Virus Disease background information and how it is a model of emerging vector borne infectious disease
- Describe the field epidemiology investigation of Zika Virus Disease among Exercise NEW HORIZON personnel
- Understand when and how to consult USAFSAM/PH (or your service specific surveillance hub) for field epidemiology support



Demographic

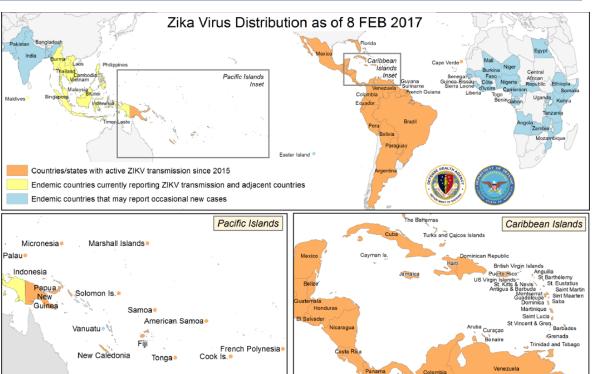
Zika Virus Surveillance



Demographics for all confirmed Zika cases in Military
Health System Beneficiaries as of 1300, 8 FEB 2017
(N = 168 confirmed cases)

	Army	71	42.3%	
Service	Air Force	28 (+1)	16.7%	
*includes MHS	Navy	23	13.7%	
beneficiaries from	Marine Corps	13	7.7%	
USPHS, NOAA, etc.	Coast Guard	31	18.5%	
	Other*	2	1.2%	
Status	Service Member**	118 (+1)	70.2%	
**includes Reserve	Dependent	39	23.2%	
Component	Retiree	11	6.5%	
	0-20	11	6.5%	
	21-35	82 (+1)	48.8%	
Age	36-50	50	29.8%	
	51+	20	11.9%	
	Not Reported	5	3.0%	
Gender	Female	66	39.3%	
Gender	Male	102 (+1)	60.7%	
(FOUO) Location of Possible Exposure [†]				

[†]Some cases had possible exposure in more than one country



Source: CDC; AFHSB



Zika in Exercise NEW **HORIZONS Personnel**

- Four USAF personnel presented with signs and symptoms characterized by rash, fever, and arthritis
 - **Three USAF military personnel subsequently** tested positive for Zika virus disease by RT-PCR and PRNT
- AFSOUTH/SG requested a public health investigation
- Initial investigation determined by IRB to be exempt as a public health investigation



Field Epidemiology Team



Outbreak Investigative Support

- Specimen Collection
- Epidemiological Survey Questionnaire



Force Health Protection

- Site Surveys
- Chemoprophylaxis/Treatment



Risk Communication

Individual and Group





Field Investigation Design



- Surveillance Participants and Site
- Laboratory Sample Collection and Analysis
 - Weekly urine and serum collection
 - Pre- and Post- serum collection
- Epidemiological Survey Questionnaire
 - Assigned De-identified Participant Number
 - Administered coded questionnaires
 - Merged questionnaire and lab data using ID code



Laboratory Testing Algorithm

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	Post- deployment	Week 2	Week 1	Pre-deployment
IgM assay (serum)	Test all.	Test, if post deployment IgM and PRNT are positive and Week 1 is negative.	Test, if post-deployment IgM and PRNT are positive.	Test, if post- deployment and week 1 IgM and PRNT are positive.
PRNT (serum)	Test if post- deployment IgM is positive.		Test, if post-deployment IgM and PRNT are positive.	Test, if post- deployment and week 1 IgM and PRNT are positive.
RT-PCR (urine and serum)	_	RNT results agree to the comment of	hat there was a seroconver	rsion, test the









Epidemiological Survey Questionnaire



	EPIDEMIO	LOGY CONSULT S	ERVICE DIVISIO	IN (PHR)	
				TIVE MEDICINE (PH)	
				DICINE (USAFSAM)	
		RIGHT-PATTERSO			
	New Ho	<u> orizons - 2016 S</u>	urveillance C	uestionnaire	
PATIENT DEMOGRA	PHIC INFORMATION	(FIRST VISIT ONLY	1)		
Form completion da	e:		Date of arriva		
Unique ID:		Rank		Age:	
Home Station: If Reserve or Guard.					
					_
Beneficiary Status	Active Duty	AFRC/ANG	Other:		
Sex	Male	Female			
Service Branch	Air Force	Other U.S. Arn	ned Force Service	·	
TRAVEL HISTORY PE	IOR TO ARRIVAL IN	THE DOMINICAN F	REPUBLIC (FIRST	VISIT ONLY)	
Location of travel: _		Fro	om (date: om (date: om (date:) To (date:_	
Location of travel: _ Location of travel: _		Fro Fro	om (date:) To (date:_	
Location of travel: _ Location of travel: _ PREVIOUS HEALTH I	HISTORY (FIRST VISI	Fro Fro	om (date:) To (date:) To (date:)	
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Time of day of mosqui ☐ Dawn	to bites (check all that a Day time	pply):	☐ Dusk	☐ Nigh	t
Frequency of mosquito None < 1 a week	bites: 1-5 a day 1-5 a week	☐ 5-10 a day ☐ 5-10 a wee		a day a week	
If yes, please indicated DEET	**	rhile in countrys t repellent (Bra □ Bo	nd name):	□No	
If yes, how often did	d you apply insect repelled to the left of	ent per day? Every 6 hrs	Every 8 h	rs Every 12 hrs	☐ Only once
Did you re-apply re	pellent after changing cl	othes? 🔲 Ye	S □ No		
Were you issued perm	ethrin prior to deployme	ent? □ Ye	S □ No		
Was your uniform or w	vork attire permethrin tr	eated? 🔲 Ye	S □ No		
Were your non-work o	lothes permethrin treate	ed? 🔲 Ye	o □ No		
	ations to prevent malari lid you take while in cou e Doxycycline	ntry?	ine (Lariam)	□ Proguanil/atovaqı	uone (Malarone)
•	take your medication? Every other day	☐ Twice a we	ek □We€	ekly 🗖 Did not take	any



Description of Zika Cases

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	Cases n (%)	Non-Cases n (%)
Total	6	183
Active Duty	6 (100.0)	165 (90.2)
Missing	0 (0.0)	18 (9.8)
Sex		
Female	3 (50.0)	54 (29.5)
Male	3 (50.0)	127 (69.4)
Missing	0 (0.0)	2 (1.1)
Rank		
Enlisted	3 (50.0)	119 (65.0)
Officer	3 (50.0)	56 (30.6)
Missing	0 (0.0)	8 (4.4)
Age		
20-29	4 (66.7)	67 (36.6)
30-39	2 (33.3)	80 (43.7)
40-49	0 (0.0)	21 (11.5)
50+	0 (0.0)	2 (1.1)
Missing	0 (0.0)	13 (7.1)



Description of Zika Symptoms

		9
Symptoms	Cases* n (%)	Non-Cases* n (%)
Currently ill (at time of questionnaire completion)	0 (0.0)	11 (6.1)
Symptomatic (any symptoms)	6 (100)	57 (31.1)
Zika specific symptoms:	6 (100.0)	37 (20.2)
Fever	5 (83.3)	7 (3.8)
Arthralgia	5 (83.3)	20 (10.9)
Rash	4 (66.7)	19 (10.4)
Conjunctivitis	1(16.7)	2 (1.1)
Other Symptoms:		
Myalgia	1(16.7)	25 (13.7)
Headache	1(16.7)	32 (17.5)
Vomiting	0 (0.0)	5 (2.7)
Numbness	0 (0.0)	2 (1.1)
Retroorbital pain	0 (0.0)	2 (1.1)
Diarrhea	0 (0.0)	21 (11.5)
Weakness	0 (0.0)	2 (1.1)

^{*}Symptoms among non-cases were extracted from the first questionnaire. Zika specific symptoms among cases were extracted from the questionnaire obtained closest to the time of the positive lab result and supplemented with medical record review.



Description of Zika Exposures



	Cases	Non-Cases
	n (%)	n (%)
Bitten by a mosquito	5 (83.3)	166 (93.3)
Frequency of mosquito bites:		
1-5/day	1 (16.7)	61 (33.5)
5-10/day	0 (0.0)	12 (6.6)
10+/day	0 (0 0)	11 (6.0)
<1/week	3 (50.0)	21 (11.5)
1-5/week	1 (16.7)	39 (21.4)
5-10/week	1 (16.7)	17 (9.3)
10+/week	0 (0.0)	12 (6.6)
Time of day of mosquito bitesa:		
Dawn	2 (33.3)	68 (37.4)
Day time	3 (50.0)	107 (58.8)
Dusk	3 (50.0)	134 (73.6)
Night	3 (50.0)	117 (04.3)
Location of mosquito bite exposurea:		
In lodging	3 (50.0)	145 (79.7)
At primary worksite	5 (83.3)	118 (64.8)
Off-duty activities	5 (83.3)	133 (73.1)
Hours spent outside:		
< 1 hr	0 (0.0)	6 (3.3)
1-3hrs	1 (16.7)	49 (27.1)
4-6hrs	1 (16.7)	43 (23.8)
7-10hrs	1 (16.7)	28 (15.5)
10+hrs	3 (50.0)	55 (30.4)
Frequency of insect repellent usage:		
Once/day	1 (16.7)	23 (13.2)
Every 2 hrs	0 (0.0)	10 (5.6)
Every 4hrs	2 (33.3)	40 (23.0)
Every 6 hrs	0 (0.0)	42 (24.1)
Every 8hrs	2 (33.3)	34 (19.5)
Every 12hrs	1 (16.7)	25 (14.4)



Exposures between Zika Cases and Non-cases



	Cases n (%)	Non-cases n (%)	OR	p-value*
Mosquito bites daily vs. weekly	4 (66.7)	97 (58.8)	1.4	1.00
Bitten at dawn vs. not bitten at dawn	2 (33.3)	68 (37.4)	0.8	1.00
Bitten at daytime vs. not bitten at daytime	3 (50.0)	107 (58.8)	0.7	0.69
Bitten at dusk vs. not bitten at dusk	3 (50.0)	134 (73.6)	0.4	0.35
Bitten at night vs. not bitten at night	3 (50.0)	117 (64.3)	0.6	0.67
Insect repellent re-applied on skin after changing clothes vs. not re-applied (DEET)	3 (50.0)	149 (84.7)	0.2	0.06
Concerned about getting any vector-borne illness vs. not concerned	6 (100.0)	152 (88.4)	n/a	1.00
Outside for 7 or more hours vs. less than 7 hours	4 (66.7)	83 (45.9)	2.4	0.42
Issued permethrin vs. not issued permethrin	5 (83.3)	134 (77.5)	1.5	1.00
Uniform treated vs. untreated	3 (50.0)	105 (58.0)	0.7	0.70
Non-work clothes treated vs. untreated	0 (0.0)	27 (14.9)	0.0	0.60
Description of lodging:				
Air conditioned vs. not air conditioned	2 (33.3)	143 (78.6)	0.1	0.03
Screened windows vs. none	0 (0.0)	32 (17.6)	0.0	0.59
Field conditions vs. hotel	0 (0.0)	45(2.8)	0.0	1.00
Description of work site:				
Office building workplace vs. non-office workplace	0 (0.0)	41 (22.5)	0.0	0.34
Air conditioned workplace vs. not air conditioned workplace	0 (0.0)	33 (18.1)	0.0	0.59
Screened windows workplace vs. unscreened windows	0 (0.0)	11 (6.6)	0.0	1.00
Indoor workplace vs. outdoor workplace	1 (16.7)	95 (52.2)	0.2	0.11
*Fisher's exact chi-squared test	!	!		!





- Geographic variations of virulence
 - Distribution of Vector
 - Uncertainty over the ratio of symptomatic to asymptomatic cases
- Force health protection of the military population
 - Routine screening for ZVD not recommended
 - Identified correlates of protection (A/C; DEET issuance)
- Opportunity for improvement
 - Adherence to uniform/clothing treatment
 - Allocation of DEET/permethrin for at-risk missions
- Zika Virus Disease is reportable in DRSi under "Any other unusual condition or event"



Contact Information



Army: APHC – Disease Epidemiology Division

Aberdeen Proving Ground – MD

COMM: (410) 436-7605 DSN: 584-7605

usarmy.apg.medcom-aphc.mbx.disease-epidemiologyprogram13@mail.mil

Navy: <u>NMCPHC Preventive Medicine Programs and Policy Support Department</u>

COMM: (757) 953-0700; DSN: (312) 377-0700

Email: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-threatassess@mail.mil

Contact your cognizant NEPMU

NEPMU2: COMM: (757) 950-6600; DSN: (312) 377-6600

Email: usn.hampton-roads.navhospporsva.list.nepmu2norfolk- threatassess@mail.mil

NEPMU5: COMM: (619) 556-7070; DSN (312) 526-7070

Email: usn.san-diego.navenpvntmedufive.list.nepmu5-health-surveillance@mail.mil

NEPMU6: COMM: (808) 471-0237; DSN: (315) 471-0237

Email: usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil

NEPMU7: COMM (int): 011-34-956-82-2230 (local): 727-2230; DSN: 94-314-727-2230

Email: NEPMU7@eu.navy.mil

Air Force: Contact your MAJCOM PH or USAFSAM/PHR

USAFSAM / PHR / Epidemiology Consult Service

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