



DEPARTMENT OF THE NAVY

U.S. NAVAL HOSPITAL

PSC 482

FPO AP 96362-1600

USNAVHOSP OKINAWAINST 6220.4E  
06EH

28 AUG 2007

USNAVHOSP OKINAWA INSTRUCTION 6220.4E

From: Commanding Officer

Subj: COMMUNICABLE DISEASE REPORTING

Ref: (a) BUMEDINST 6220.12 Series  
(b) BUMEDNOTE 6010  
(c) III MEF Force Order 6220  
(d) USFJ Policy Letter 160-2  
(e) CDC Bioterrorism Agents/Disease Web Page

Encl: (1) List of Reportable Medical Events  
(2) Disease Reporting System Questionnaire  
(3) Exchange Of Information Between United States and  
Japanese Health Authorities (Immediate, Weekly,  
Monthly Reports)  
(4) Commanders Critical Information Requirements

1. Purpose. To establish procedures for the surveillance and reporting of communicable disease per references (a) through (e).

2. Stakeholders. To ensure proper review and revision of this instruction the Director of Public Health and Head, Environmental Health/Epidemiology will be responsible for all updates and revisions.

3. Cancellation. USNAVHOSP OKINAWAINST 6220.4D.

4. Background

a. Reference (a) requires submission of Medical Event Reports (MERs) upon suspicion or confirmation of one or more of the diagnoses listed in enclosure (1). In addition to Medical Event Reports, reference (b) instructs all Commands to report Commanders Critical Information Requirements (CCIRs) listed in enclosure (4) to their Immediate Superior in Command (ISIC). Reference (c) requires that all III MEF assets from Okinawa shall route their MERs to the Preventive Medicine Department, Epidemiology Division, Directorate of Public Health Services (DPHS), U. S. Naval Hospital (USNH), Okinawa. Reference (d) requires that U.S. forces residing in Japan exchange communicable

disease information with the Japanese Public Health authorities on U.S. personnel operating within Japan, utilizing enclosure (3). Reference (e) provides a CCIR list of diseases and agents of concern and is available at:

<http://www.bt.cdc.gov/agent/agentlist.asp>.

5. Action

a. USNH Okinawa providers will notify the Epidemiology Division by telephone, e-mail, or other means when a diagnosis of any disease listed in enclosures (1) and (4) are suspected or confirmed.

b. The Infection Control Nurse will notify the Epidemiology Division whenever a communicable disease listed in enclosures (1) and (4) are suspected or confirmed in any patient.

c. Head, Laboratory Department will provide the Epidemiology Division a copy of laboratory reports indicating a sexually transmitted disease or other condition listed in enclosures (1) and (4).

d. Head, Radiology Department will notify the Epidemiology Division of suspected or confirmed radiologic findings consistent with diseases listed in enclosures (1) and (4).

e. Head, Occupational Medicine Department will notify the Epidemiology Division of all bloodborne pathogen exposures that occur at USNH Okinawa and Branch Medical Clinics (BMCs).

f. Head, Blood Donor Center will notify the Epidemiology Division of blood donors who tested positive for HIV, syphilis, HTLV I/II and viral hepatitis.

g. USNH Okinawa providers, Preventive Medicine Technicians (PMTs), Preventive Medicine Representatives (PMRs) and Fleet Marine Force PMTs and PMRs shall notify the Epidemiology Division by phone or via e-mail whenever a communicable disease listed in enclosures (1) and (4) are suspected or confirmed.

h. The Epidemiology Division shall:

(1) Solicit or collect information on patients, using enclosure (2), with a suspected or confirmed communicable disease from the following:

(a) Inpatient Records - review the patient admission report for admitting diagnoses that are listed in enclosures (1) and (4).

(b) Emergency Department - collect various reports and review Emergency Care and Treatment Records for suspected or confirmed diagnoses listed in enclosures (1) and (4).

(c) Laboratory Department - collect laboratory results indicating a suspected or confirmed diagnosis listed in enclosures (1) and (4).

(d) Immunization/Pediatric Department - collect patient information and patient consults forwarded to the Epidemiology Division.

(2) If a suspected or confirmed diagnosis is discovered while conducting the above, the PMTs assigned to the Epidemiology Division will collect data from the following:

(a) Hospital inpatients - conduct interviews with patients listed in the admissions reports who were admitted for a suspected or confirmed diagnosis listed in enclosures (1) and (4). Also, review patient health record for investigation and completion of required information for submission of a MER.

(b) Health Records - review inpatient and outpatient records when necessary to gather information needed for submission of a MER.

(3) Investigate, compile, complete and submit MERs per reference (a) to the Navy Environmental Preventive Medicine Unit No. Six (NEPMU-6) via the Navy Disease Reporting System. CCIRs shall be reported via the Chain of Command.

(4) Compile and report communicable diseases, per reference (c), to the Government of Japan through the Japanese Public Health Liaison at the USNH Director of Public Health.

(5) Disseminate a monthly report to III MEF. The list will report diseases by month for the previous 6 - 12 months so disease trends can be tracked, prevention programs can be assessed, and necessary interventions can be initiated.

i. Epidemiology Division can be contacted at 643-7808 or EPIDEPT@med.navy.mil.

  
B. S. DAWSON

Distribution:  
List I

## REPORTABLE MEDICAL EVENTS

## COMMUNICABLE DISEASES:

<u>Diagnosis</u>	<u>ICD- 9 Codes</u>
Amebiasis*	006
Anthrax*	022
Biological warfare agent exposure	E997.1
Botulism*	005.1
Brucellosis	023
Campylobacteriosis*	008.43
Carbon monoxide poisoning*	986
Chlamydia	099.41
Cholera	001
Coccidioidomycosis	114
Cryptosporidiosis*	136.8
Cyclospora*	007.8
Dengue fever (specify type)*	061
Diphtheria	032
E. Coli 0157:H7 infection*	008.09
Ehrlichiosis	083.8
Encephalitis (specify type)*	062
California subgroup	062.5
Eastern equine	062.2
Japanese	062.0
St. Louis	062.3
Filariasis (specify type)	125.0
Giardiasis	007.1
Gonorrhea	098
Haemophilus influenza, type b	038.41
Hantavirus infection (specify type)*	079.81
Hemorrhagic fever (specify type)*	065
(includes Lassa fever, Ebola & Marburg viral diseases, Crimean fever, and Arenaviral diseases)	
Hepatitis, A (acute, symptomatic only)	070.1
Hepatitis, B (acute, symptomatic only)	070.3
Hepatitis, C (acute, symptomatic only)	070.51
Influenza (confirmed)	487
Legionellosis*	482.8
Leishmaniasis (specify type)	085
Leprosy (Hansen's disease)	030
Leptospirosis*	100
Listeriosis	027.0
Lyme Disease	088.81
Malaria (specify type)* <sup>1</sup>	
Malaria, falciparum	084.0
Malaria, malariae	084.2
Malaria, ovale	084.3
Malaria, unspecified	084.6
Malaria, vivax	084.1
Measles*	055

<u>Diagnosis</u>	<u>ICD-9 Codes</u>
Meningitis (bacterial other than Meningococcus)*	320
Meningitis (aseptic, viral)	321.2
Meningococcal disease*	
Meningitis	036.0
Septicemia	036.2
Mumps	072
Onchocerciasis	125
Pertussis*	033
Plague*	020
Pneumococcal pneumonia	481
Poliomyelitis*	045
Psittacosis (Ornithosis)	073
Q Fever*	083.0
Rabies, clinical human*	071
Relapsing fever	087
Rift Valley fever	066.3
Rocky Mountain spotted fever	082.0
Rubella*	056
Salmonellosis*	003
Schistosomiasis (specify type)	120
Shigellosis*	004
Smallpox*	050
Streptococcal disease, Group A	
Invasive (including necrotizing fasciitis)	038.0
pneumonia	482.3
Rheumatic fever, acute	390
Syphilis—specify stage	
Syphilis, primary/secondary	091
Syphilis, latent	096
Syphilis, tertiary	095
Syphilis, congenital	090
Tetanus	037.0
Toxic shock syndrome	785.59
Trichinosis	124
Trypanosomiasis (specify type)	086
Tuberculosis, pulmonary active (specify type)*	011
Tularemia*	021
Typhoid fever*	002
Typhus (specify type)*	080
Urethritis (non gonococcal)	099.4
Varicella (Chicken pox, active duty only)	052
Yellow fever*	060
Any unusual condition not listed	799.8
 OCCUPATIONAL/ENVIRONMENTAL CONDITIONS:	
Bites, rabies vaccine and human rabies immune globulin (HRIG) given	V01.5
Bites, venomous, animal	E905.0
Chemical warfare agent exposure	989

<u>Diagnosis</u>	<u>ICD-9 Codes</u>
Cold injuries (include outside temperature)	
Frostbite	991.3
Hypothermia	991.6
Immersion type	991.4
Unspecified	991.9
Heat injuries (specify type, include wet bulb globe temperature (WBGT) and dry bulb temperature)	
Heat exhaustion	992.3
Heat stroke	992.0
Lead poisoning	984
Occupational exposure to blood borne Pathogens <sup>2</sup>	883.0
Vaccine related adverse event	979.9

## OUTBREAK OR SUSPECTED OUTBREAK SITUATIONS:

Food/Water associated illness*	005
Respiratory Illness	519.8
Any unusual clustering of disease or symptoms	799

\*Report within 24 hours.

<sup>1</sup>After local confirmation and in the absence of confirmation capability, forward smears to the nearest NAVENPVNTMEDU for confirmation following local interpretation.

<sup>2</sup>Including occupational exposure to HIV, hepatitis B and hepatitis C.



**DISEASE REPORTING SYSTEM QUESTIONNAIRE**

REGISTRATION NO: \_\_\_\_\_ PT HOME PH: \_\_\_\_\_  
 ADMISSION DATE: \_\_\_\_\_ PT WORK PH: \_\_\_\_\_  
 DISCHARGE DATE: \_\_\_\_\_ PT HOME ADDRESS: \_\_\_\_\_  
 CON LV / SIQ: \_\_\_\_\_  
 WARD / CLINIC: \_\_\_\_\_ DATE OF INTERVIEW: \_\_\_\_\_  
 HCP: \_\_\_\_\_ DOB: \_\_\_\_\_  
 HCP PH # / PGR: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

1. **Report Status:** (Circle one) INITIAL, FOLLOW-UP, FINAL

2. <b>Patient Information:</b>	<b>Sponsor Information:</b>
a. SSN: _____	SSN: _____
b. Name: _____	Name: _____
c. Status: _____	Status: _____
d. Age: _____	NEC/MOS: _____
e. Sex: _____	
f. Race: _____	
g. Hispanic / Non-Hispanic (Circle One)	
h. Duty Station: _____	

3. **Clinical Information:**

a. Dx: \_\_\_\_\_ ICD-9- \_\_\_\_\_  
 Confirmed / Suspected (Circle One)

b. Date of onset: \_\_\_\_\_

c. Symptoms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Labs: (Date / Results) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Treatment: \_\_\_\_\_  
 \_\_\_\_\_

f. Prognosis: \_\_\_\_\_ Disposition: \_\_\_\_\_

g. Any drug or antibiotic resistance noted: (Y / N List if Yes)

h. Patient Status:

4. **Epidemiological Data:** (Incubation period)

a. **Probable area of acquisition:** \_\_\_\_\_

1. Countries visited within the past 6 months: \_\_\_\_\_  
\_\_\_\_\_

b. **Source of Infection:**

1. Blood Transfusion? \_\_\_\_\_

2. IVDU? \_\_\_\_\_

3. Tattoos? \_\_\_\_\_

4. Dental work? \_\_\_\_\_

5. Unprotected sex? \_\_\_\_\_

6. Exposure to blood/blood products? \_\_\_\_\_

7. Common use razors? \_\_\_\_\_

8. Common use toothbrush? \_\_\_\_\_

9. Risk factor(s) for HBV person or person with HBV symptoms \_\_\_\_\_  
\_\_\_\_\_

10. Documented Hep B series given? \_\_\_\_\_

11. Other Epidemiological information: \_\_\_\_\_

12. Contact investigation completed? \_\_\_\_\_

13. List contacts:

<i><b>NAME</b></i>	<i><b>PHONE/ADDRESS</b></i>	<i><b>RELATIONSHIP</b></i>
--------------------	-----------------------------	----------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Preventive measures:** Consult *Control of Communicable Diseases in Man*

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. **Other information:** Report by phone to DPHS, Epidemiology Division within 3 calendar days of identification of the disease.

7. **Point of contact:** Epidemiology Division, 643-7808/7622, e-mail: EPIDEPT@med.navy.mil

Rank/Name

of Interviewer: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**EXCHANGE OF INFORMATION BETWEEN UNITED STATES AND  
JAPANESE HEALTH AUTHORITIES  
(IMMEDIATE REPORT)**

Date \_\_\_\_\_

From: Consolidated Preventive Medicine Unit, U.S. Naval Hospital, Okinawa

Immediately: (1) An immediate report will be made in the event of the occurrence or hospitalization of the following cases (confirmed)

速報. 下記のケース（確定）が発生又は入院した場合速報する

(2) Any unusual or group expression of illness which may be of public concern will require an immediate report with an information copy to the USFJ Medical Staff Advisor.

異例又は集団的な疾病で社会的に問題となると思われるものは速報し、その複写は日本駐留米合衆国軍医療担当へ送付する

	Disease 疾病	No. of Case 件数	Remarks 備考
(a)	Botulism (suspected cases included) ボツリヌス中毒 (疑似も含む)		
(b)	Cholera (suspected cases included) コレラ (疑似も含む)		
(c)	Plague (suspected cases included) ペスト (疑似も含む)		
(d)	Smallpox (suspected cases included) 天然痘 (疑似も含む)		
(e)	Yellow fever (suspected cases included) 黄熱病 (疑似も含む)		
(f)	Relapsing fever, louse-borne 回帰熱、シラミ媒体		
(g)	Typhus, louse-borne 発疹チフス		

EXCHANGE OF INFORMATION BETWEEN UNITED STATES AND  
JAPANESE HEALTH AUTHORITIES  
(WEEKLY REPORT)

From: Directorate for Community Health, U.S. Naval Hospital, Okinawa

Date: \_\_\_\_\_ to \_\_\_\_\_ Week \_\_\_\_\_

Weekly: (1) Collective report will be submitted whenever, one or more confirmed case of the following diseases occur.

下記感染症で1件以上確認された場合報告する。

(2) When no cases of reportable disease occur, a weekly negative report will be made.

件数がない場合、週報で0報告をする。

	Disease 疾病	No. of Case 件数	Remarks 備考
(a)	Anthrax 炭疽病		
(b)	Diphtheria ジフテリア		
(c)	Encephalitis, infectious, acute (specify type if known) 脳炎、感染症、急性（型が分かれば詳述する）		
(d)	Hansen's Disease (Leprosy) ハンセン病（らい）		
(e)	Measles (rubeola) 麻疹（ルベオラ）		
(f)	Poliomyelitis, acute 灰白髄炎、急性		
(g)	Rabies, human only 狂犬病、人のみ		
(h)	Tetanus 破傷風		
(i)	Trichinosis 繊毛虫病		
(j)	Typhoid and Paratyphoid 腸チフスとパラチフス		
(k)	Whooping Cough 百日咳		

EXCHANGE OF INFORMATION BETWEEN UNITED STATES AND  
JAPANESE HEALTH AUTHORITIES  
(MONTHLY REPORT)

日本駐留米合衆国軍との感染症情報交換

Month of:

From: Directorate for Community Health, U.S. Naval Hospital, Okinawa

Monthly: Collective report will be exchanged with respect to occurrences or hospitalization of the following diseases.

月報：下記病名の発生又は入院について情報を交換する。

	Disease 疾病	No. of Case 件数	Remarks 備考
(a)	Meningococcal infection (specify type organism) 髄膜炎菌感染症 (菌型を詳述する)		
(b)	Dengue デング熱		
(c)	Hemorrhagic fever (specify type if known) 出血熱 (型が分かれば詳述する)		
(d)	Hepatitis, viral (specify type(s)) 肝炎、ウイルス (型を詳述する)		
(e)	Rubella 風疹		
(f)	Streptococcal sore throat and/or scarlet fever 連鎖球菌性咽頭炎、若しくは しょう紅熱		
(g)	Influenza/upper respiratory infections インフルエンザ/上気道感染症		
(h)	Amebiasis アメーバ症		
(i)	Tuberculosis 結核		
(j)	Malaria (specify type) マラリヤ (型を詳述する)		
(k)	Dysentery (specify type) 赤痢 (型を詳述する)		

**Commanders Critical Information Requirements**

**DISEASE INCIDENTS**

- In the area of responsibility, suspected or confirmed case(s) of the following agents or diseases:

**CDC Category "A" Agents**

Anthrax  
Botulism  
Plague  
Smallpox  
Tularemia  
Viral Hemorrhagic fevers

**Other Diseases**

Meningococcal Meningitis  
Active Tuberculosis in Active Duty  
Avian Influenza  
Yellow Fever  
Malaria  
Severe Acute Respiratory Syndrome (SARs)