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

IN REPLY REFER TO
BUMEDINST 6220.12A
BUMED-24
21 Oct 98

BUMED INSTRUCTION 6220.12A

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

Subj: MEDICAL EVENT REPORTS

Ref: (a) OPNAVINST 3100.6G

Encl: (1) Medical Event Report Submission Requirements
(2) Reportable Medical Event List
(3) Minimal Medical Event Report Format
(4) Outbreak Report Format
(5) Military Preventive Medicine Addresses

1. Purpose. To issue instructions for preparing and submitting Medical Event Reports (MERs). The MER replaces the Disease Alert Report. MERs will be submitted for specific medical events that include selected communicable diseases, injuries, and outbreaks as outlined in enclosures (1) and (2).

2. Cancellation. BUMEDINST 6220.12.

3. Scope. Applies to all ships, stations, and units of the Navy, Marine Corps, and Military Sealift Command (MSC) providing outpatient or inpatient medical care. The requirement to submit MERs extends to all beneficiaries, including active duty personnel, civilian mariners, eligible family members, retirees, and reservists on active duty.

4. Background

a. The primary purposes of the Medical Event Reporting System are:

(1) Timely and adequate public health response to medical events.

(2) Estimation, through statistical means, of the distribution, trends, and risks associated with reportable medical events.

(3) Development and assessment of policy and resource allocation for the control of medical events.

b. Medical event disease surveillance is particularly important in military populations where medical events can have mission-degrading effects.

c. MERs report selected diseases, injuries, and outbreaks which affect operational readiness; present hazards to the military or civilian community; are internationally quarantinable; are unusual in presentation, clinical course, outbreak potential, or treatment; or may generate inquiries to the Chief, Bureau of Medicine and Surgery (BUMED) or higher authority.

d. Timely, accurate reporting is critical in identifying emerging or reemerging infectious diseases to reduce the potential threat to our population. A successful communicable disease and injury control program depends on early notification of suspected or confirmed cases. Every report is important. Seemingly unrelated cases of disease and injury occurring on different ships or stations may be medically significant when viewed on a regional basis.

5. Responsibilities

a. Commanders, commanding officers, officers in charge, or masters of a MSC ship shall:

(1) Maintain an effective command medical event surveillance program.

(2) Submit an OPREP-3 NAVY BLUE message following reference (a), with an information copy to the unit's immediate superior in command (ISIC), the cognizant Navy Environmental and Preventive Medicine Unit (NAVENPVNTMEDU), Navy Environmental Health Center (NAVENVIRHLTHCEN), and BUMED (MED-24) when a medical event may attract high level Navy interest or affect operational readiness.

b. Unit senior medical department representatives shall:

(1) Submit MERs, using the Naval Disease Reporting System (NDRS) procedures in enclosure (1), when a reportable medical event is suspected or confirmed. Enclosure (2) lists reportable conditions and establishes reporting time spans. Enclosures (3) and (4) provide the formats of minimum MER requirements if the NDRS program is unavailable.

(2) Human immunodeficiency virus (HIV) reporting is not performed using MER. HIV infections should be reported (on CDC Form 50.42A) to BUMED (MED-02H), Navy Medical HIV Program, NATNAVMEDCEN, Box 219, 8901 Wisconsin Avenue, Bethesda, MD 20889-5600 and to appropriate State authorities.

(3) Request assistance from the resources listed in enclosure (5) as needed.

c. Commanding Officer, NAVENVIRHLTHCEN shall:

(1) Perform global medical event surveillance and monitoring of reportable medical events.

(2) Systematically tabulate and analyze MERs to examine Navy and Marine Corps trends and demographic parameters important in the epidemiology of reportable medical events.

(3) Maintain the NDRS.

(4) Forward data to Defense Medical Surveillance System (DMSS) or higher authority upon request.

d. Officers in Charge, NAVENPVNTMEDUs shall:

(1) Provide regional communicable disease surveillance and control.

(2) Provide technical assistance to requesting activities.

(3) Validate, on an annual basis, a sample of MERs as directed by NAVENVIRHLTHCEN.

6. Report. The medical event report is assigned report control symbol MED 6220-3. This reporting requirement is approved by Chief, BUMED for 3 years from the date of this instruction.

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Available from:
http://support1.med.navy.mil/bumed/instruct/external/external.htm

MEDICAL EVENT REPORT SUBMISSION REQUIREMENTS

1. Action

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

(1) A reportable condition listed in enclosure (2) of this instruction is suspected or confirmed.

(2) Notified of a significant communicable disease outbreak or injury among the military or civilian population, which may impact the health and readiness of military personnel.

(3) Military ships or aircraft are quarantined in international travel.

(4) A suspected or confirmed outbreak of nosocomial infections occur from a single source; or when an outbreak of nosocomial infections result in serious morbidity or mortality.

(5) A medical event is unusual in presentation, clinical course, outbreak potential, or treatment.

(6) A medical event may generate inquiries to the Chief, BUMED or higher authority.

(7) Requested by the cognizant NAVENPVNTMEDU, NAVENVIRHLTHCEN, or BUMED.

b. A MER must be submitted by the medical department of the command with primary responsibility for the health of the affected individual. If a patient is transferred to another Navy activity or command with a medical department (or other military medical facility with a Navy administrative liaison), a copy of the MER should accompany the patient.

c. A final MER must be submitted by the originating facility, or if the patient was transferred, the receiving activity or command, to provide patient status, final diagnosis, and any additional epidemiological information. If a MER was not submitted on a transferred patient, the receiving medical facility must file a MER.

d. Navy administrative liaisons at nonnaval medical facilities must provide the cognizant NAVENPVNTMEDU and

NAVENVIRHLTHCEN an MER when Navy and Marine Corps patients with reportable conditions are received at their facility.

2. Reporting Procedures

a. Authorized methods of reporting include:

(1) NDRS software program is the preferred method of reporting. NDRS has many other features for local use and may be downloaded from the NAVENVIRHLTHCEN home page at http://www-nehc.med.navy.mil or by contacting the cognizant NAVENPVNTMEDU or NAVENVIRHLTHCEN (see enclosure (5)). Reports are submitted electronically via the internet or by mailing a 3.5" diskette to the cognizant NAVENPVNTMEDU. NAVENPVNTMEDUs must keep all MERs on file for 5 years.

(2) Naval message or standard naval correspondence (via mail, E-mail, or fax) containing information listed in enclosure (3).

(3) In situations when timeliness is critical, direct telephone or E-mail reporting with follow-on correspondence to the cognizant NAVENPVNTMEDU.

b. The primary action addressee on MERs is the cognizant NAVENPVNTMEDU. If a reporting ship or unit is homeported in the area of one NAVENPVNTMEDU, but deploys into the region of another, the MER must be addressed to the NAVENPVNTMEDU responsible for the geographic area of deployment. Additional information addressees include:

(1) The patient's parent command, if different than the report originator.

(2) Activity to which transfer is planned, and involved intermediaries, as necessary.

(3) Local, State, or other Federal public health authorities, as required.

(4) Members of the chain of command, if directed by type or area commander.

(5) Responsible preventive medicine component for members of Army, Air Force, and Coast Guard as provided in enclosure (5).

c. 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.

d. All message MERs must be identified by report control symbol MED 6220-3 in the subject line.

3. Timeliness of Reporting

a. Routine reports. Most reportable medical events are routine, and must be submitted no later than the 1st of each month to the cognizant NAVENPVNTMEDU. NAVENPVNTMEDUs will submit routine reports to NAVENVIRHLTHCEN no later than the 15th of each month.

b. Urgent reports. Enclosure (2) and the NDRS Program identify diagnoses which must be submitted within 24 hours or sooner as indicated, to the cognizant NAVENPVNTMEDU. NAVENPVNTMEDUs will in turn submit urgent reports to NAVENVIRHLTHCEN no later than 24 hours after receipt.

4. Medical event reporting for active duty military, civilian mariners, and beneficiaries via the NDRS Program is routinely required for all reportable medical events listed in enclosure (2). Communicable disease reports are provided to civilian public health authorities, if required, using the printout from the NDRS Program or the format prescribed by State or territorial regulations.

5. Outbreak diagnoses. A reportable outbreak is defined as a communicable condition with a suspected common source, or which occurs in one or more clusters among personnel in a particular location, work center, berthing compartment, day care, or involving more than an expected number of individuals.

a. Submit outbreak MERs using NDRS, or enclosure (4), for clusters of individually reportable diagnoses provided individual identifiers are maintained locally. Information on epidemiological findings and preventive measures can be combined, provided they are the same for all cases.

b. A suspected outbreak occurring among military personnel is considered an urgent reportable medical event. Report all suspected outbreaks within 24 hours to the cognizant NAVENPVNTMEDU by whatever means available.

REPORTABLE MEDICAL EVENTS LIST

COMMUNICABLE DISEASES:

Diagnosis	ICD - 9 Code
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)* (includes Lassa fever, Ebola & Marburg viral diseases, Crimean fever, and Arenaviral diseases)	065
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

Diagnosis	ICD - 9 Code
Malaria (specify type)*[1]	
Malaria, falciparum	084.0
Malaria, malariae	084.2
Malaria, ovale	084.3
Malaria, unspecified	084.6
Malaria, vivax	084.1
Measles*	055
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 faciitis)	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

Diagnosis	ICD - 9 Codes
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
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[2]	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.

[1]After local confirmation and in the absence of confirmation capability, forward smears to the nearest NAVENPVNTMEDU for confirmation following local interpretation.

[2]Including occupational exposure to HIV, hepatitis B and hepatitis C.

MINIMAL MEDICAL EVENT REPORT FORMAT

1. Date:

   Reporting Command:

   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, i.e., returned to full duty, sick in quarters, light duty, admitted, other.

OUTBREAK REPORT FORMAT

Submit outbreak reports via the NDRS software program. In the rare event computer support is not available, 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. Followup?

9. Comments (optional):

MILITARY PREVENTIVE MEDICINE ADDRESSEES

1. Preventive Medicine Action Addressees

a. Officer in Charge
Navy Environmental and Preventive Medicine Unit No. 2
1887 Powhatan Street
Naval Station
Norfolk, VA 23511-3394
Comm: (757) 444-7671; DSN 564-7671; FAX (757) 444-1191
Secure Telephone (STU-III): (757) 444-0247 DSN 564-0247
E-mail: epiepmu2@aol.com
PLAD: NAVENPVNTMEDU TWO NORFOLK VA

b. Officer in Charge
Navy Environmental and Preventive Medicine Unit No. 5
Box 368143, 3035 Albacore Alley
Naval Station
San Diego, CA 92136-5199
Comm: (619) 556-7070; DSN 526-7070 FAX (619) 556-7071
Secure Telephone (STU-III): (619) 556-9634 DSN 526-9634
E-mail: nepmu5@nepmu5.med.navy.mil
PLAD: NAVENPVNTMEDU FIVE SAN DIEGO CA

c. Officer in Charge
Navy Environmental and Preventive Medicine Unit No. 6
Box 112, Bldg. 1535
Naval Station
Pearl Harbor, HI 96860-5040
Comm: (808) 471-9505; DSN 471-9505 FAX (808) 474-9361
Secure Telephone (STU-III): (808) 471-3505 DSN 471-3505
E-Mail: epi@nepmu6.med.navy.mil
PLAD: NAVENPVNTMEDU SIX PEARL HARBOR HI

d. Officer in Charge
Navy Environmental and Preventive Medicine Unit No. 7
PSC 824, Box 2760
FPO AE 09623-2760
Comm: 011-39-95-56-4101; FAX 39-95-56-4100
Secure Telephone (STU-III): 011-39-95-56-3777
(DSN) 624-3777
E-mail: sig1pmu@sig10.med.navy.mil
PLAD: NAVENPVNTMEDU SEVEN SIGONELLA IT

2. Preventive Medicine Information Addressees

a. U.S. Army:
Director of Clinical Preventive Medicine
Center for Health Promotion and Preventive Medicine
Aberdeen Proving Ground, MD 21010-5422
Comm: (410) 671-2714/4312; DSN 584-4312/3534
FAX: (410) 671-4117/2084; DSN 584-4117/2084
PLAD: U S ARMY CENTER FOR HEALTH PROMOTION AND PREVENTION

b. U.S. Air Force:
Director
AL/AOE
2601 W. Road Suite 2
Brooks AFB, TX 78235-5241
Comm: (210) 536-3471; DSN 240-3471; FAX (210) 536-6841
PLAD: AL BROOKS AFB TX//AOES//

c. U.S. Coast Guard:
Commandant
(G-KOM-1)
USCG HQ
2100 2nd St. SW
Washington, DC 20593
Comm: (202) 267-0692; FAX (202) 267-4338
PLAD: COMDT COGARD WASH DC//GKOM//

d. U.S. Navy:
Commanding Officer
Navy Environmental Health Center
2510 Walmer Avenue, Suite A
Norfolk, VA 23513-2617
Comm: (757) 462-5591; DSN 253-5591; FAX (757) 444-1345
Secure Telephone (STU III): (757) 444-6199 DSB 564-6199
E-Mail: NDRS@nehc.med.navy.mil
PLAD: NAVENVIRHLTHCEN NORFOLK VA