



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

BUMEDINST 6220.12D  
BUMED-N44  
14 May 2025

BUMED INSTRUCTION 6220.12D

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL SURVEILLANCE AND RESPONSE

Ref: (a) 10 U.S.C.  
(b) JP 4-02 of August 2023  
(c) DoD Instruction 6490.03 of 19 June 2019  
(d) DHA-PI 6490.03  
(e) Armed Forces Reportable Events, Guidelines and Case Definitions dated Oct 2022  
(f) OPNAVINST 3500.41B  
(g) DoD Instruction 6040.45 of 16 November 2015  
(h) DHA-PM 6025.02  
(i) OPNAVINST 6210.2B  
(j) DoD Directive 6490.02E of 8 February 2012  
(k) DoD Directive 6200.04 of 9 October 2004  
(l) DoD Instruction 6200.03 of 28 March 2019

Encl: (1) Reporting Elements for Reportable Events and Disease Clusters or Outbreaks  
(2) Urgent Events Requiring Notification to Navy Environmental and Preventive Medicine Units  
(3) Preventive Medicine Response Technical Manuals and Resources

1. Purpose. To establish policy and implement requirements and guidance for medical surveillance and response, per reference (a), sections 8071 and 8072, references (b) through (g), reference (h), volumes 1 and 2, and references (i) through (l). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6220.12C.

3. Scope and Applicability. This instruction applies to Navy Medical Department personnel assigned to operational and installation units. It is issued under the authority granted to the Bureau of Medicine and Surgery (BUMED) via reference (a), sections 8071 and 8072, to make health care policy for the Department of the Navy. Surveillance and response activities outlined in paragraphs 6 and 7 of this instruction encompass active-duty members and installation supported populations. Medical department representatives (MDR) performing surveillance and reporting activities in support of Defense Health Agency (DHA) military medical treatment facilities (MTF) should also adhere to DHA guidance.

#### 4. Background

a. Preventable diseases and injuries have had significant impact on operational readiness and mission effectiveness throughout history. Infectious disease outbreaks can affect many people in a single unit simultaneously and can critically overwhelm a unit's medical department. Additionally, acute physical and mental health threats (musculoskeletal and traumatic injuries, environmental hazards, acute mental health disorders, etc.) can have cascading effects. Medical surveillance of and response to such acute health threats are cornerstones for successful force health protection (FHP).

b. Surveillance is critical to identifying gaps in FHP and changes in disease risk and epidemiology. Effective medical surveillance strategies are those that are ongoing, easily implementable in a timely manner, and maximize use of already existing processes and data. Rapid detection of health threats leads to prompt implementation of mitigation measures early, before crises develop. Early intervention will not only prevent disease, but also reduce risk of severe outcomes, conserve medical resources, and promote mission continuity.

#### 5. Definitions

a. Medical Surveillance. The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation, and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance, per reference (b).

b. Disease and Injury. Injury or degradation of functional capability sustained by personnel, caused by disease and non-battle injury or by enemy action, per reference (c).

c. FHP. Measures to promote, improve, or conserve the behavioral and physical well-being of Service members to enable a healthy and fit force, prevent injury and illness, and protect the force from health hazards, per reference (b).

d. Preventive Medicine. The anticipation, communication, prediction, identification, prevention, education, risk assessment, and control of communicable diseases, illnesses and exposure to endemic, occupational, and environmental threats, per reference (b).

e. Reportable Medical Event. An event that may represent an inherent, significant threat to public health and military operations. These events have the potential to affect large numbers of people, to be widely transmitted within a population, to have severe or life-threatening clinical manifestations, and to disrupt military training and deployment, per reference (c).

6. Policy. All Navy Medical Departments ashore and afloat must monitor for, detect, investigate, report, and respond to acute public health threats in their cognizant area of responsibility. Where available, command Navy preventive medicine assets (preventive

medicine officers, environmental health officers, preventive medicine technicians) should conduct and lead these activities as they possess the foundational knowledge and established communication network to do so. Specifically, medical departments must:

a. Use Disease Reporting System internet (DRSi) to report required reportable events as described in references (d) and (e). MDRs with limited internet or DRSi access may submit medical event reports by e-mail, phone, or naval message to supporting Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD), Navy Medicine Readiness and Training Unit (NAVMEDREADTRNUNIT), or Navy Environmental and Preventive Medicine Unit (NAVENPVNTMEDU) as described in enclosure (1).

b. Within 24 hours of suspicion, notify NAVENPVNTMEDU preventive medicine experts, in addition to chain of command, of urgent events listed in enclosure (2). This can be done via e-mail or phone. To mitigate threats to the Force and population, do not delay report due to laboratory or other clinical confirmation.

c. Conduct syndromic surveillance, per reference (f), and disease and injury surveillance, per reference (d), to enhance rapid identification and control of emerging and acute public health threats. Surveillance can be supported electronically using an established Department of Defense (DoD) system (e.g., Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) or Medical Common Operating Picture (MedCOP) for units recording their clinical encounters into an electronic health record system). Surveillance can also be manual in the form of paper reports, binnacle list tracking, or excel spreadsheet reporting. Surveillance activities must include establishing baseline levels of disease, monitoring for increases of disease, and analyzing trends to evaluate lost duty time and target mitigation measures.

d. Implement mitigations to health threats as early as possible to minimize spread and mission impact. Enclosure (3) lists technical manuals and guidance that offers standardized approaches to counteracting health threats, particularly in isolated maritime settings. Area NAVENPVNTMEDUs offer reach back support and possess technical expertise in conducting disease outbreak investigations. Detections of non-infectious threats may require coordination with communities such as emergency management, mental health, industrial hygiene, or safety, morale, welfare, and recreation.

e. Comply with the notifiable medical event reporting laws and coordinate disease transmission information with the local civilian public health authorities of the U.S. state where the unit is based. Ships and deployable units need not do so while deployed. Routine medical event reporting to foreign governments or militaries should be consistent with the requirements of formal agreements. Cognizant numbered Fleets, Marine Expeditionary Forces, or component commands should be notified prior to reporting to foreign entities.

7. Responsibilities

a. Health Informatics (BUMED-N10H) must:

(1) Advocate for and champion the development of electronic disease and injury capabilities in ESSENCE, MedCOP, and other or future DoD medicine systems for surveillance of Navy and Marine Corps operational units.

(2) Coordinate with Navy and Marine Corps Force Health Protection Command (NAVMCFORHLTHPRTCMD) and DHA to identify strategic gaps in deployed medical surveillance systems and to develop and implement plans that address those gaps.

b. Public Health and Safety (BUMED-N44) must:

(1) Define Navy and Marine Corps installation and operational disease surveillance and response requirements.

(2) Coordinate with NAVMCFORHLTHPROTCMD to develop and maintain technical manuals and establish minimum training requirements for designated Navy medicine personnel executing surveillance and response functions.

c. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must:

(1) Ensure each NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT is in compliance with this instruction and maintains trained personnel to carry out the activities listed in subparagraphs 6a through 6e of this instruction.

(2) Provide adequate preventive medicine subject matter expert support to installations and component commands to facilitate timely medical threat surveillance and response activities.

(3) Support type commander (TYCOM) medical surveillance and response training of MDRs to enable the responsibilities listed in subparagraph 7h of this instruction.

d. TYCOM and Marine Expeditionary Forces Surgeons must ensure each operational medical department is in compliance with this instruction and maintains trained MDRs to meet and sustain the competencies needed to carry out the activities listed in subparagraph 7h of this instruction.

e. Commanders, Commanding Officers, and Officers in Charge, NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs must:

(1) Ensure installation-wide surveillance and reporting is conducted to identify and assess acute disease and injury threats to active-duty members and installation supported populations per subparagraphs 6a through 6e of this instruction to include:

(a) Syndromic surveillance using ESSENCE or other established DoD system as described in subparagraph 6c of this instruction.

(b) Routine reviews of DRSi and Military Health System GENESIS reports submitted by DHA MTFs or other units supporting installation populations. Evaluate reports for emerging disease threats to supported installation or operational units to include breakdowns in heat and cold injury prevention programs, food and water security, vector borne disease protections, and other communicable disease control programs.

(c) Submission of reportable events via DRSi when diagnosed as part of non-MTF, readiness-related healthcare, per subparagraph 6a of this instruction. Support reporting of events on behalf of operational units when those units have limited internet connectivity. Support reporting of events on behalf of DHA MTFs as indicated in local memorandums of understanding and agreements.

(2) Notify closest NAVENPVNTMEDUs within 24 hours of suspicion of an urgent event listed in enclosure (2).

(3) Support installation and operational commanders in their disease and outbreak response activities as indicated in subparagraph 6d of this instruction. If the installation hosts a DHA MTF, coordinate activities with MTF preventive medicine department, emergency management, and safety as necessary. Notify area NAVENPVNTMEDUs for awareness and consultative support. Coordinate response activities with local civilian public health authorities following local agreements.

(4) Ensure appropriate personnel are trained to meet and sustain the competencies needed to carry out the activities listed in subparagraphs 6a through 6e of this instruction.

f. Commander, NAVMCFORHLTHPRTCMD must:

(1) Serve as the primary point of contact for Navy and Marine Corps disease surveillance and response policy, programs, and guidance on behalf of BUMED. Advocate for Navy and Marine Corps equities and support, maintaining a foundation of understanding of the various operational, installation, and training environments.

(2) Represent Surgeon General of the Navy, who also performs the duties of Chief, BUMED, at DoD, DHA, and Tri-Service meetings where operational medical surveillance and response requirements are deliberated. This includes discussions involving DRSi, ESSENCE, and MedCOP disease and injury surveillance tools.

(3) Monitor Navy and Marine Corps-wide surveillance data and information for identification of events with potential global, policy, or programmatic impact. Ensure BUMED-N44 has situational awareness.

(4) Support BUMED's efforts to develop and implement plans to enhance operational Fleet and Marine disease and injury capabilities both manual and electronic (to include within ESSENCE and MedCOP).

(5) Develop and maintain technical medical surveillance and response guidance. This guidance will include enhanced operational effectiveness in isolated, distributed environments.

(6) Develop and enduringly maintain standardized procedures for conducting medical surveillance and response. Periodically provide training to Navy Medicine personnel tasked with conducting medical surveillance and response.

(7) Develop and execute training requirements and programs related to the activities in this instruction.

(8) Evaluate Navy and Marine Corps medical surveillance and response programs at least every 3 years. Coordinate with BUMED-N44 to develop plans to address those gaps through policy, program, or system changes.

g. Officers in Charge, NAVENPVNTMEDU must:

(1) Conduct area-wide surveillance for potential disease threats that may surpass local organic medical unit expertise and capabilities. Surveillance should include installations and operational units.

(2) Maintain specialized expertise in preventive medicine, epidemiologic, environmental, and laboratory investigations as well as risk communication.

(3) Provide technical assistance and reach back support to MDRs of deployed units when requested to maximize FHP and mission continuity.

(4) Coordinate installation support with area NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT.

(5) Support TYCOM's medical surveillance and response training of MDRs to enable the responsibilities listed in subparagraph 7h of this instruction.

h. MDRs of Operating Forces must:

(1) Conduct disease and injury surveillance on unit populations, per subparagraph 6c of this instruction, and as indicated in references (d) and (f). Operational units should maximize efforts to document all healthcare encounters electronically, per references (d) and (g), and reference (h), volumes 1 and 2, to enable medical surveillance within ESSENCE and MedCOP.

(2) Notify area NAVENPVNTMEDU, in addition to chain of command, within 24 hours of suspicion of an urgent event listed in enclosure (2), as described in subparagraph 6b.

(3) Submit reports of reportable events, per subparagraph 6a and enclosure (1) of this instruction. For units with limited internet connectivity, reach out to closest NAVENPVNTMEDU, NAVMEDREADTRNCMD, or NAVMEDREADTRNUNIT for assistance.

(4) Promptly implement FHP measures as early as possible upon detection of an acute health threat, as indicated in subparagraph 6d of this instruction. The strategies employed for containment should be tailored to the specific cause of the health threat or outbreak. Consult existing technical guidance listed in enclosure (3) and apply appropriately. Consult with closest NAVMEDREADTRNCMD, NAVMEDREADTRNUNIT or NAVENPVNTMEDU as early as possible to ensure minimal impact to unit health.

#### 8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N44 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

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10. Information Management Control. Reporting requirements contained within paragraph 6 and enclosure (1) are exempt from information management control per Secretary of the Navy Manual -5214.1 of December 2005, part IV, subparagraph 7h.



D. K. VIA

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web Site, <http://www.med.navy.mil/Directives/>



REPORTING ELEMENTS FOR REPORTABLE EVENTS  
AND DISEASE CLUSTERS OR OUTBREAKS

1. Unit medical departments who rarely diagnose a reportable event (and therefore, do not maintain a regular DRSi account), or who have limited internet connectivity and bandwidth, can fulfill event reporting requirements via e-mail, phone, or naval message to supporting NAVMEDREADTRNCMD, NAVMEDREADTRNUNITs, or NAVENPVNTMEDU. When communicating information, be aware of and apply data protection requirements under protected health information rules and the Health Insurance Portability and Accountability Act of 1996.
2. If reporting a reportable medical event, the elements contained in subparagraphs 2a through 2n of this enclosure should be included (Please Note: Sponsor DoD identification is required for report submission):
  - a. Reporting Unit.
  - b. Patient Name and DoD Identification Number.
  - c. Patient Duty Status and Family Member Prefix.
  - d. Patient Date of Birth.
  - e. Patient Sex.
  - f. Sponsor Duty Status.
  - g. Sponsor Branch of Service.
  - h. Sponsor Duty Station and Unit Identification Code.
  - i. If the patient is not a sponsor, include the sponsor name, DoD identification, date of birth, and sex.
  - j. Diagnosis.
  - k. Date of Symptom Onset.
  - l. Case Status (suspected, probable, or confirmed).
  - m. Testing and Results.
  - n. Other pertinent epidemiological information as appropriate to include vaccination status, travel history, epidemiologic link to other cases or outbreak, etc.

3. If reporting an outbreak, the elements contained in subparagraphs 3a through 3k of this enclosure should be included:

- a. Reporting Unit.
- b. Working Diagnosis or Etiologic Agent.
- c. Diagnosis Status (suspected or lab confirmed).
- d. Date of Onset of First Case.
- e. Date of Symptom Onset of Last Case.
- f. Total Number of Cases.
  - (1) Number of Confirmed Cases.
  - (2) Number of Suspected Cases.
- g. Location of Cluster or Outbreak (name and location of command, ship at sea, etc.).
- h. Case Definition (include signs and symptoms of patients, laboratory results, and any epidemiological criteria used).
- i. Laboratory Testing Used (if applicable).
- j. Investigation Description (include items such as patient interviews or surveys, environmental surveys, etc.).
- k. Preventive Measures Taken (e.g., prophylaxis, immunization, patient cohorting, isolation, quarantine, handwashing protocols, food service protocols, environmental cleaning, space closures, work limitations, pesticide applications).

URGENT EVENTS REQUIRING NOTIFICATION TO  
NAVY ENVIRONMENTAL AND PREVENTATIVE MEDICINE UNITS

1. Within 24 hours of suspicion, notify closest NAVENPVNTMEDUs of events that may indicate a breakdown in unit or installation level protections or may have operationally significant consequences. This includes events diagnosed among active-duty members assigned to operational units, beneficiaries living on base, and beneficiaries associated with high risk exposure settings such as day care centers and food service establishments. Events that rise to this level include any of the listed tri-service reportable events:

|                               |                                  |
|-------------------------------|----------------------------------|
| Anthrax                       | Plague                           |
| Botulism                      | Poliomyelitis                    |
| Diphtheria                    | Rabies, Human                    |
| Hemorrhagic Fever             | Sever Acute Respiratory Syndrome |
| Influenza, Novel or Variant   | Smallpox                         |
| Malaria                       | Tuberculosis, Pulmonary          |
| Measles (Rubeola)             | Tularemia                        |
| Meningococcal Disease         | Yellow Fever                     |
| Outbreaks or Disease Clusters | Zika Virus                       |

- a. A disease or outbreak that may result in the declaration of a local public health emergency or that could be a public health emergency of international concern, as described by reference (i).
- b. A disease or outbreak that may have been caused by deliberate action.
- c. Diseases or outbreaks that require aggressive control recommendations which are invasive, involve mass prophylaxis, are costly, or may cause significant operational disruption.
- d. Diseases or outbreaks which may attract significant media, general public, or high-level Navy attention due to either the pathogen characteristics or the population affected.
- e. Local medical assets or NAVENPVNTMEDU personnel have concerns about the pathogen identification or FHP measures surrounding the event.

2. Contact Information for NAVENPVNTMEDU:

Navy Environmental and Preventive Medicine Unit Two  
COMM: (757) 953-6600; Defense Switched Network (DSN): 377-6600  
PLAD: NAVENPVNTMEDU TWO NORFOLK VA  
E-mail: [usn.hampton-roads.navhospvorsva.list.nepmu2norfolkthreatassess@health.mil](mailto:usn.hampton-roads.navhospvorsva.list.nepmu2norfolkthreatassess@health.mil)

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Navy Environmental and Preventive Medicine Unit Five

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

PLAD: NAVENPVNTMEDU FIVE SAN DIEGO CA

E-mail: [usn.san-diego.navenpvntmedufive.list.nepmu5-threat-assessment@health.mil](mailto:usn.san-diego.navenpvntmedufive.list.nepmu5-threat-assessment@health.mil)

Navy Environmental and Preventive Medicine Unit Six

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

PLAD: NAVENPVNTMEDU SIX PEARL HARBOR HI

E-mail: [usn.jbphh.navenpvntmedusixhi.list.nepmu6@health.mil](mailto:usn.jbphh.navenpvntmedusixhi.list.nepmu6@health.mil)

Navy Environmental and Preventive Medicine Unit Seven

COMM: +34-956-82-2274; INTERNATIONAL DSN: (314) 727-2274

PLAD: NAVENPVNTMEDU SEVEN ROTA SP

E-mail: [nepmu7@eu.navy.mil](mailto:nepmu7@eu.navy.mil)

PREVENTIVE MEDICINE RESPONSE TECHNICAL MANUALS AND RESOURCES

1. NMCPHC-TM-6221 Norovirus Illness Prevention & Control Guidance for the U.S. Fleet, available at: <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Preventive-Medicine/Program-and-Policy-Support/Norovirus-Illness/>
2. NAVMCFORHLTHPROTCMD Norovirus Outbreak Prevention and Response Guide at Accession, available at: <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Preventive-Medicine/Program-and-Policy-Support/Norovirus-Illness/>
3. NAVMCFORHLTHPROTCMD Respiratory Disease Prevention and Control Guidance for the U.S. Fleet, available under General COVID Documents at: <https://obiwan2.health.mil/sites/nmcphc/pps/wppc19/COVID-19-Toolbox.aspx> (common access card enabled).
4. NTRP 4-02.10 Shipboard Communicable Disease Prevention, Mitigation, and Response, available at: <https://nwdc.navy.mil/> within the Navy Warfare Development Center's Navy Warfare Library set of approved publications for Navy.
5. NEHC-TM-OEM 6260.6B Prevention and Treatment of Heat and Cold Stress Injuries, available at: <https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Environmental-Health/Occupational-and-Environmental-Medicine/Occupational-and-Environmental-Medicine-Division/Technical-Manuals-and-Guidance/>
6. Measles Case Investigation Guide available at: <https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Preventive-Medicine/Program-and-Policy-Support/Diseases-and-Conditions/Measles/> (under Public Health).
7. NAVMCFORHLTHPROTCMD Legionella Response Guidance for Navy Medicine available at: [https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Program%20and%20Policy%20Support/Water%20Sanitation%20and%20Safety/NMCPHC\\_Legionella\\_Response\\_Guidance\\_Man\\_201120\\_Rev1\\_230110.pdf](https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Program%20and%20Policy%20Support/Water%20Sanitation%20and%20Safety/NMCPHC_Legionella_Response_Guidance_Man_201120_Rev1_230110.pdf)
8. Additional technical guidance can be found on the NAVMCFORHLTHPRTCMD Web sites:
  - a. <https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Preventive-Medicine/Program-and-Policy-Support/>
  - b. <https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Environmental-Health/>
  - c. <https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Preventive-Medicine/Program-and-Policy-Support/Disease-Surveillance/DRSI/>