REGISTER
FY21 Epi-tech Training

↗

- **Registration is required:**

  – Registration link: https://tiny.army.mil/r/Qdo4/EpiTechFY21

  – Log in with CAC or Request access/Logon ID; follow prompts to register for **Activity ID# 2020-0845**

  – Contact your service surveillance hub to receive monthly updates and reminders

- **Attendance:**

  – Please enter your full name/email/location into the DCS chat box to the left, or email your service hub

  – An attendance confirmation will be sent to your email; if you do not receive this message within 3 days, please contact your service hub

- **Reminder:**

  – Mute your phones by pressing the mute button or "0"

FY21 Epi-Tech Surveillance Training

Thursday, October 1, 2020 - Thursday, September 30, 2021
DCS, Aberdeen Proving Ground, MD

Provided By
U.S. Army Medical Command

Activity ID	Course Director	CME Planner
2020-0845	John Ambrose	Mimi C. Eng

Accreditation Statement
The U.S. Army Medical Command is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation
The U.S. Army Medical Command designates this Live Activity for a maximum of 5 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This is a required handout. It must be disseminated to each learner prior to the start of the activity.

Statement of Need/Gap Analysis
The purpose of this CME activity is to address the identified gap(s):
1. Disease identification - Verification of disease by established case definitions have been utilized by the local health departments, Centers for Disease Control and Prevention, World Health Organization, and the Department of Defense. With the every changing list of reportable medical events and new emerging infections, case definitions change rapidly. Army epidemiologist conduct verification studies that monitor the efficiency of reporting by local public health experts and have concluded that completeness percentages for reportable medical events range as low as 35% for select diseases.

2. Outbreak reporting - Recent evidence have demonstrated that outbreak reporting and communication between public health agencies is poor. In fact, the Army failed to report six outbreaks in the DRSi between June 2016 and September 2016.

3. Surveillance techniques - Surveillance of common communicable diseases continues to be a problem among local MTFs. In fact, cases of campylobacter were not investigated in 2015 for PACOM MTFS, while 2016 cases of salmonella were not investigated. Civilian public health agencies are required to conduct investigations into all reportable medical events. However, DoD facilities often do not take initiative to conduct this investigation.

Learning Objectives
1. Based on case presentation, enhance your ability to improve case finding and surveillance practices within your local MTF.

Target Audience / Scope of Practice
Target Audience: The intended audience for this educational activity includes preventive medicine physicians, community health nurses, public health nurses, and epidemiology technicians.

Scope of Practice: This activity will improve the performance of preventive medicine personnel who conduct surveillance activities in inpatient and outpatient settings.

Disclosure of Faculty/Committee Member Relationships

It is the policy of the U.S. Army Medical Command that all CME planning committee/faculty/authors disclose relationships with commercial entities upon invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation.

Faculty Members

Bylsma, Victoria	- No information to disclose.
Gillooly, Paul	- No information to disclose.
Kebisek, Julianna	- No information to disclose.
Montgomery, Jay	- No information to disclose.
Vick, Sarah	- No information to disclose.

Committee Members

Ambrose, John	- No information to disclose.
Bowman, Wendi	- No information to disclose.
Bylsma, Victoria	- No information to disclose.
Constantino, Joycelyn	- No information to disclose.
Diaz, Rolando	- No information to disclose.
Eng, Mimi	- No information to disclose.
Kebisek, Julianna	- No information to disclose.
Riegodedios, Asha	- No information to disclose.

Acknowledgement of Commercial Support

There is no commercial support associated with this educational activity.

- **Army:** APHC – Disease Epidemiology Program
  Aberdeen Proving Ground – MD
  COMM: (410) 436-7605   DSN: 584-7605
  Email: usarmy.apg.medcom-aphc.mbx.disease-epidemiologyprogram13@mail.mil

- **Navy:** NMCPHC Preventive Medicine Programs and Policy Support Department
  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
  Wright-Patterson AFB, Ohio
  COMM: (937) 938-3207   DSN: 798-3207
  Email: afdrsi@us.af.mil

Armed Forces Health Surveillance Division

Health Surveillance Explorer (HSE)

Brief for Tri-Service Disease Surveillance Training Webinar

25 May 2021

Col Sarah Vick MD, MPH, MBA
sarah.n.vick.mil@mail.mil

Objectives

- Describe the features in Health Surveillance Explorer (HSE)

- Understand the main functions of the HSE that can be used at the local level

- Learn how to use the HSE to supplement existing COVID surveillance tools

Disclaimer

I do not have any affiliation or involvement in any organizations or entities with any financial interest (such as honoraria, educational grants, consultancies, or stock interest) or non-financial interest (such as personal or professional relationships or affiliations) in the subject matter or materials discussed in this presentation.

Policy and Guiding Documents

2017 Combat Support Agency Review Team (CSART) Assessment Finding

May 2018 Joint Requirements Oversight Council Memo: Comprehensive Health Surveillance DCR

DODD 6420.02 DoD Biosurveillance

DoDD 6490.02e Comprehensive Health Surveillance

**Finding #6
DoD's Biosurveillance activities lack synchronization**
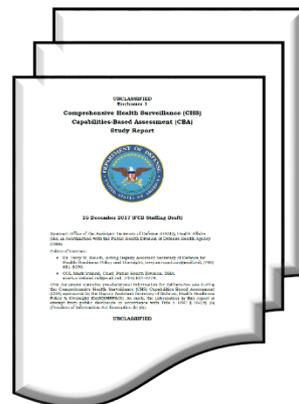
17 CHS tasks across the DoD
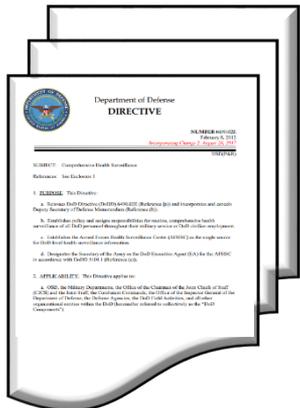
Establishes the Armed Forces Health Surveillance Center (AFHSC) as the single source for DoD-level health surveillance information

Establish a _centralized DoD biosurveillance hub and standard portal_ within the Defense Health Agency (DHA)

Provides the _Armed Forces Health Surveillance Branch (AFHSB) the authority to operate as the centralized biosurveillance hub_ and coordinates with other DHA branches, Services, and other DoD components, and transforms data to decision support information in support of combat forces

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Health Surveillance Explorer (HSE)

Request access: https://health.mil/hse

The AFHSD uses the HSE as an interactive, web-based, mapping platform **for distributing near-real time health event and outbreak information** to the Combatant Commands and the Military Services

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Health Surveillance Explorer (HSE)

Request access: **https://health.mil/hse**
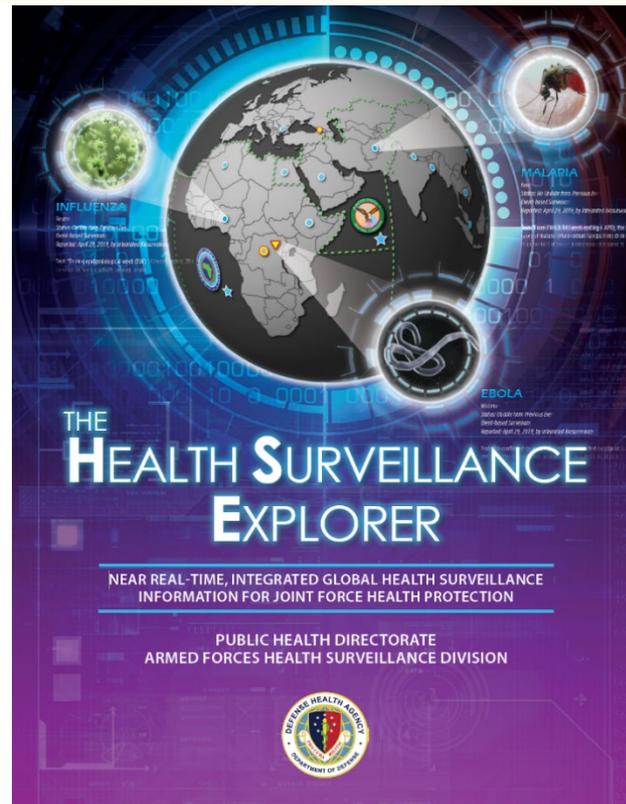
- HSE is a globally accessible dynamic CAC-enabled GIS mapping application that provides GCCs with timely, relevant, and actionable health surveillance information to identify DoD relevant global health threats and disease outbreaks in near real-time

  - Aggregate health surveillance information into a single web platform for DoD, providing a one-stop shop for FHP decision making and operational planning
  - Give military planners access to global health information to include current and historical public health events, environmental risk assessments, medical countermeasure recommendations, and locations of preferred medical facilities and U.S. embassies
  - Provide capability to export surveillance data to users' maps down to the street level
  - GCC and country-specific information on disease prevention recommendations

- Access to CDC Travel Notices, POEMS, WHO, MOH, COVID-19, TRAVAX and NCMI Infectious Disease Risk Assessment

- On both NIPR & SIPR; NATO sharable version via All Partners Access Network (APAN)

- Secure TOKEN access through the National Geospatial Agency

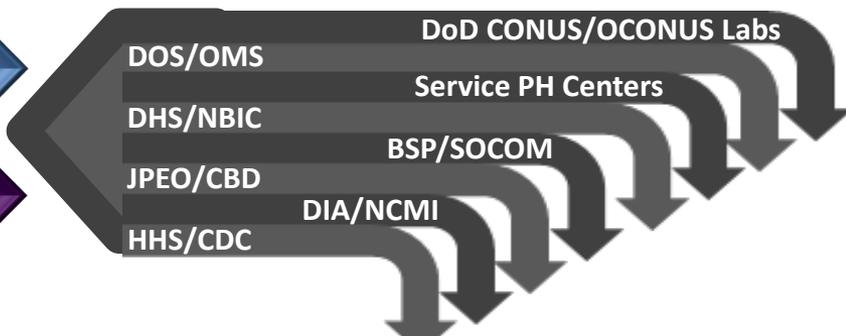*"Medically Ready Force…Ready Medical Force"*

Health Surveillance Explorer (HSE)
Central Hub Concept (OV-1)

Synchronize DoD's Biosurveillance Efforts

Promote Readiness

Provide Actionable CHS Information

DoD

Inter Agency

DOS/OMS

DHS/NBIC

JPEO/CBD

HHS/CDC

DoD CONUS/OCONUS Labs

Service PH Centers

BSP/SOCOM

DIA/NCMI

Open Source

Data Curation

SME Reach Back

Health Surveillance Explorer (HSE)*

*The HSE is a globally CAC accessible web-based GIS mapping platform maintained and run by DHA's Armed Forces Health Surveillance Division (AFHSD), providing the Force with curated near real-time global health threat information to inform FHP and readiness.

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Health Surveillance Explorer (HSE)

Request access: https://health.mil/hse
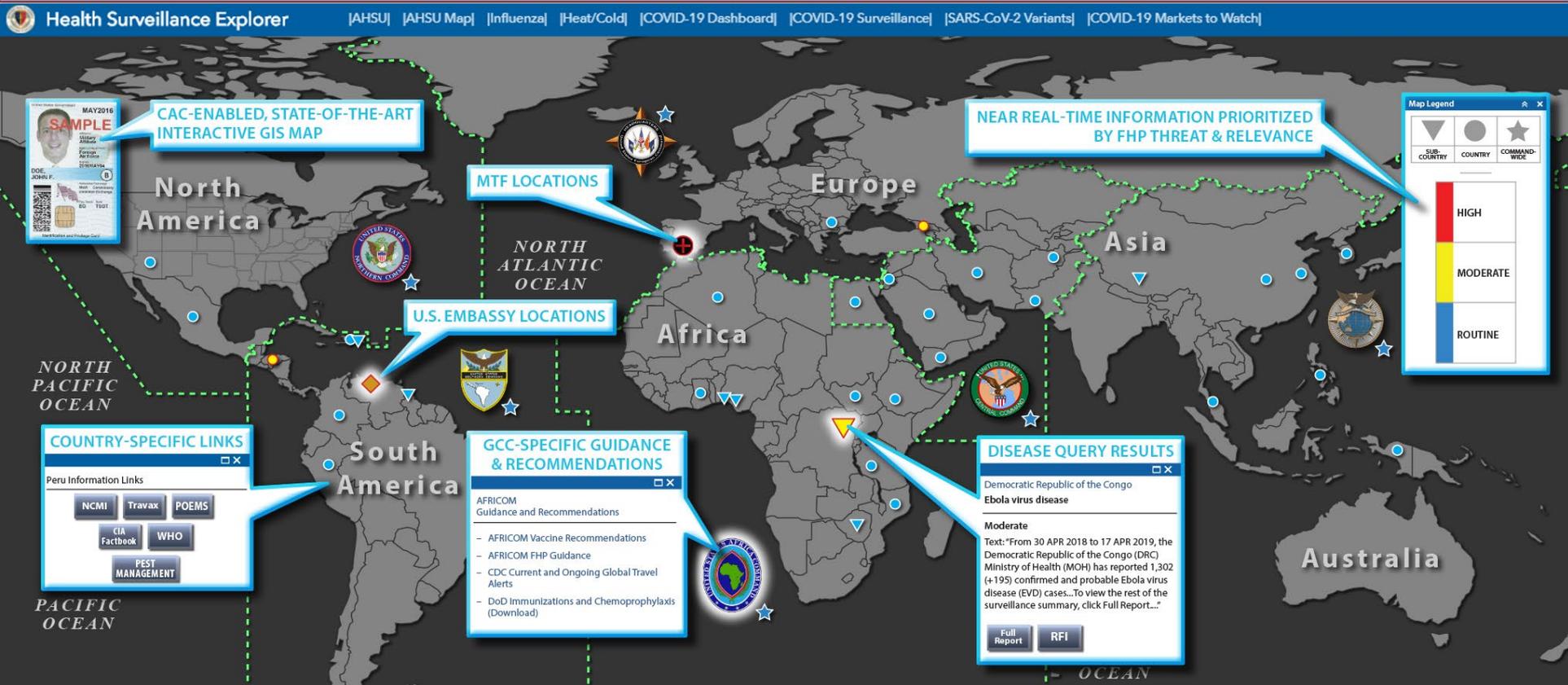
- The HSE went live on 10 July 2018
- The HSE map contains GEIS data as well as biosurveillance products from IB
- The HSE is located on a CAC-enabled site: https://go.intelink.gov/YDIhQu6

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HSE: Main Page

HSE - COVID-19 Surveillance Dashboard

Request access: https://health.mil/hse

URL: https://portal.geo.nga.mil/portal/apps/opsdashboard/index.html#/81c3f97380ee4ed3ab28eefe74703535
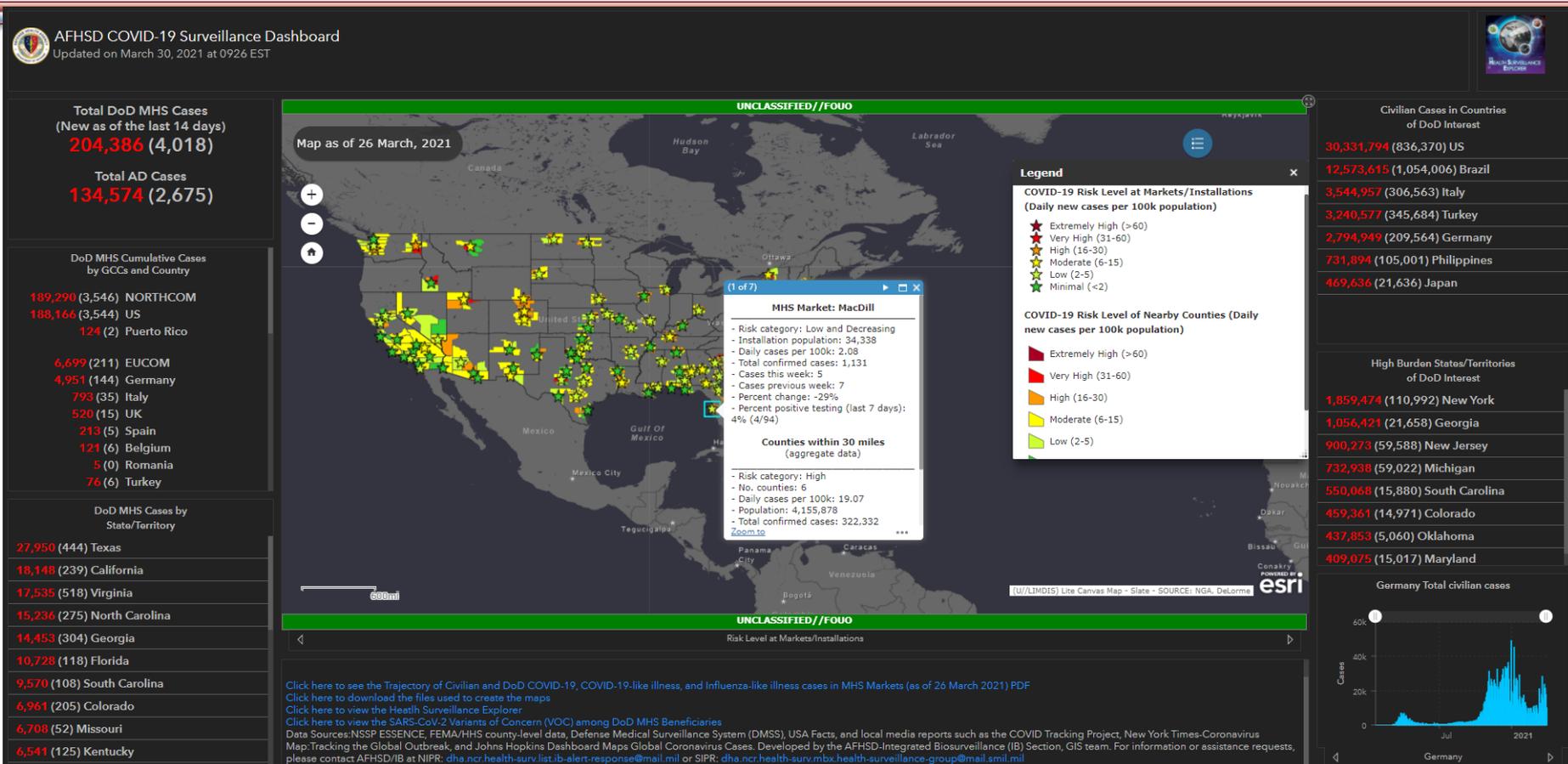
- Information analyzed & curated by AFHSD SMEs; presented in an intuitive format based on "Level of Risk"
- Up-to-date DoD-centric COVID-19 information on both DoD installations & surrounding civ communities

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DoD COVID-19 Summary, Installations of Interest & Markets to Watch

As of 29 March 2021

SUMMARY

- **Global Civilian Cases: 127,258,173 (+531,173)**
  - *32% global increase in the past two weeks*
- **Total MHS Cases: 204,096 (+1,172)***
  - **AD 134,348 (+751)***

- **Countries of DoD Interest**
  - *MHS & civ cases rising in Japan by 132% and 33%*
  - *MHS & civ cases rising in Germany by 18% and 26%*
  - *Brazil civ deaths increased 15% in past week*

- **U.S. Cases: 30,262,377 (+43,694)**
  - *MHS cases down 14%, but civ cases up 18% in past 2 weeks*

*Includes data received since 26MAR21. https://go.intelink.gov/gIKcynv

Installations of Interest

| State	Installation name	Cumulative Case Total	Cases onset past 14d
GA	FT BENNING*	7,311	252
VA	PORTSMOUTH	9,032	206
WA	JOINT (AF) BASE LEWIS-MCCHORD	4,290	206
NC	FT BRAGG	8,481	181
CA	SAN DIEGO*	8,521	166
TX	JOINT BASE SAN ANTONIO*	10,176	143
TX	FT BLISS	6,066	142
TX	FT HOOD	9,364	141
KY	FT CAMPBELL	5,699	129
CO	FT CARSON	4,620	121
NY	WEST POINT*	904	111
VA	FT BELVOIR	2,983	108
Japan	OKINAWA	875	98
NC	CAMP LEJEUNE	5,584	97
MD	ANNAPOLIS*	1,185	86
	*Initial training/Service Academy		

Markets/Installations to Watch

Harrisburg MHS Market, PA/WV/MD
- *(DoD Minimal Risk and Decreasing)*
  0 MHS cases/100k/day
- *(Civ counties High Risk and Increasing)*
  23 civ cases/100k/day (+13% last week); 7% civ test positivity rate; 74% civ staffed ICU beds occupied

- Inclusion rationale: High and increasing trajectory of civ cases/100k; high test positivity compared to national levels

Harrisburg
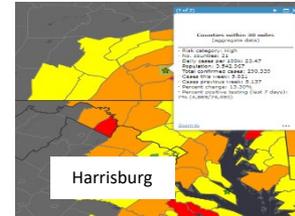
Colorado Springs MHS Market, CO
- *(DoD Moderate Risk and Decreasing)*
  9 MHS cases/100k/day
- *(Civ counties High Risk and Increasing)*
  21 civ cases/100k/day (+41% last week); 5% civ test positivity rate; 71% civ staffed ICU beds occupied

- Inclusion rationale: High and rapidly increasing trajectory of civ cases/100k

Colorado Springs
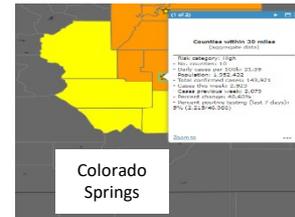
Sill MHS Market, OK
- *(DoD Low Risk and Decreasing)*
  2 MHS cases/100k/day
- *(Civ counties High Risk and Increasing)*
  20 civ cases/100k/day (+32% last week); 5% civ test positivity rate; 81% civ staffed ICU beds occupied

- Inclusion rationale: High and rapidly increasing trajectory of civ cases/100k; very high ICU and inpatient bed use compared to national levels

Sill
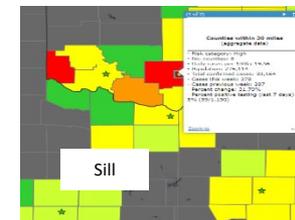
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COVID-19 variants

Civilian and DoD COVID-19 Risk Level in MHS Markets/Installations
(Counties within 30 miles of DoD Installations)
As of 26 March 2021

COVID-19 Risk Level at Markets/Installations
(Daily new cases per 100k population)
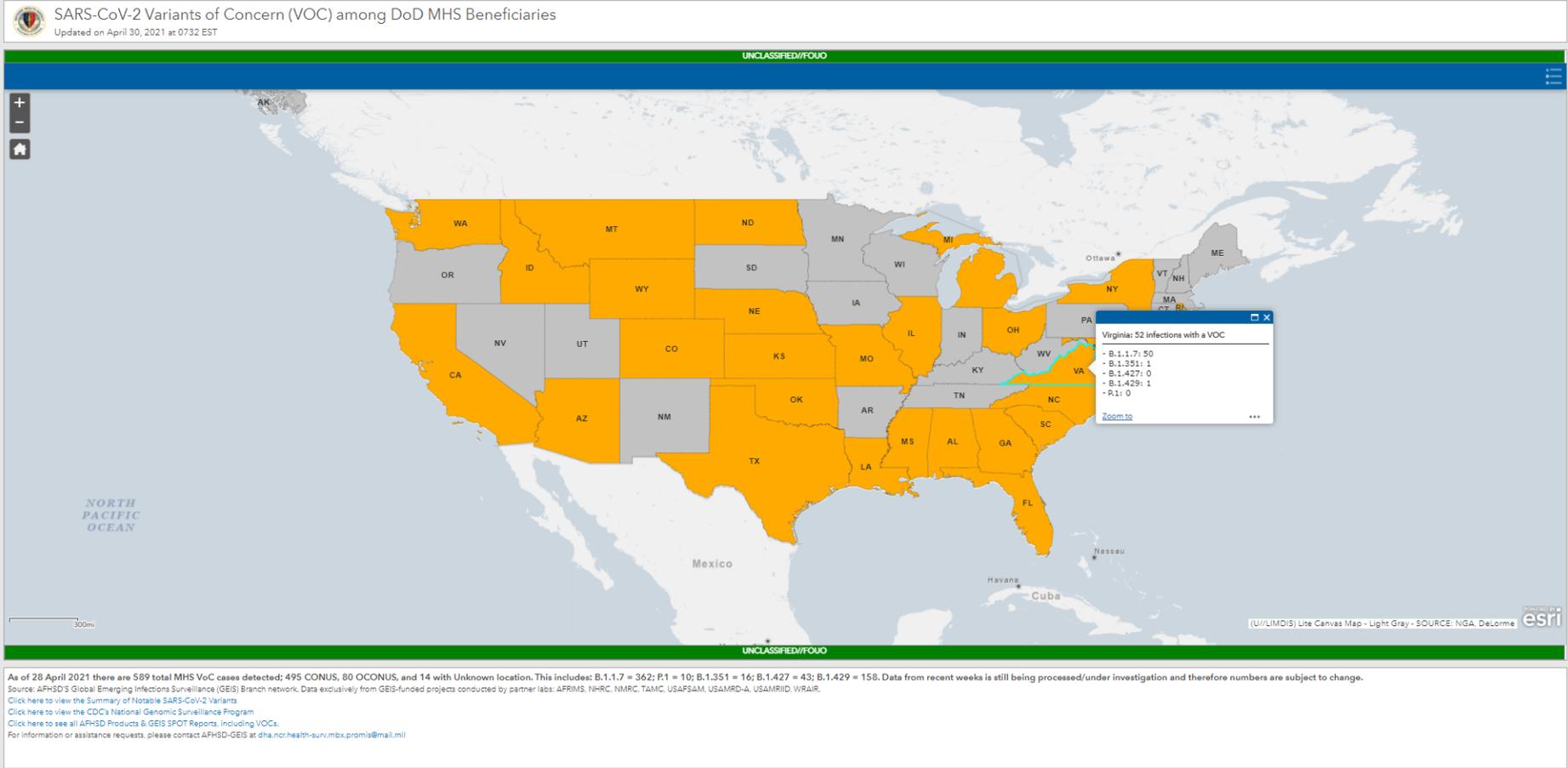
★ Extremely High (> 60)
★ Very High (31-60)
★ High (16-30)
★ Moderate (6-15)
★ Low (2-5)
★ Minimal (<2)

COVID-19 Risk Level of Nearby Counties
(Daily new cases per 100k population)

■ Extremely High (> 60)
■ Very High (31-60)
■ High (16-30)
■ Moderate (6-15)
■ Low (2-5)
■ Minimal (<2)
■ County-level data not available

The shading of the star icons represents the daily case incidence per 100,000 (7-day moving average) among MHS beneficiary cases. The shading of the counties represents the daily case incidence per 100,000 (7-day moving average) of civilian counties within 30 miles. All content is also available on the AFHSD Health Surveillance Explorer (HSE), COVID-19 Dashboard. Source: FEMA/HHS county-level data, Defense Medical Surveillance System (DMSS). For more information contact the Armed Forces Health Surveillance Division (AFHSD) Integrated Biosurveillance (IB) Branch at *dha.ncr.health-surv.list.ib-alert-response@mail.mil*
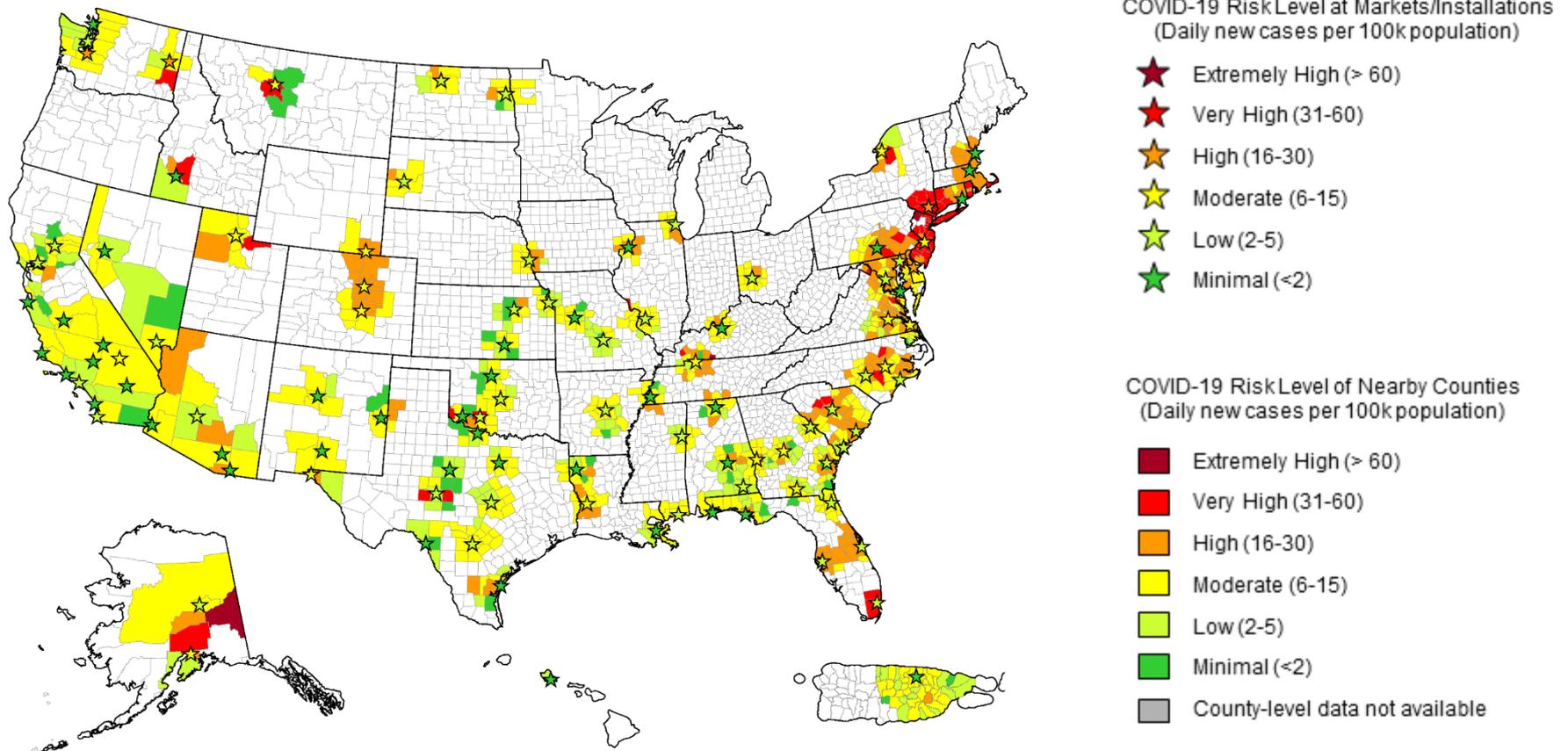
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Civilian and DoD COVID-19 Risk Level in MHS Markets/Installations
As of 26 March 2021

MHS Market/Installation	CIV	DoD	MHS Market/Installation	CIV	DoD	MHS Market/Installation	CIV	DoD
Aberdeen	↑	☆ ↑	Harrisburg	↑	☆ ↓	Offutt	↑	☆ ↓
Altus	↑	☆ ↔	Hawaii	↑	☆ ↓	Panama City/Tyndall	↑	☆ ↓
Barksdale	↓	☆ ↓	Hill/Tooele	↓	☆ ↑	Patrick	↑	☆ ↓
Beale/McClellan	↓	☆ ↓	Holloman	↓	☆ ↔	Patuxent River	↑	☆ ↓
Beaufort/Parris Island	↔	☆ ↓	Hood	↓	☆ ↓	Pendleton	↔	☆ ↓
Belle Chase	↓	☆ ↓	Huachuca	↔	☆ ↓	Pensacola/Eglin	↑	☆ ↓
Benning	↓	☆ ↓	Irwin/Barstow	↔	☆ ↓	Polk	↑	☆ ↑
Bliss/White Sands	↓	☆ ↔	Jackson/Shaw	↔	☆ ↑	Portsmouth NH	↑	☆ ↓
Bragg/Pope	↔	☆ ↓	Jacksonville	↔	☆ ↓	Redstone Arsenal	↓	☆ ↓
Buchanan	↑	☆ ↔	Keesler/Gulfport	↓	☆ ↓	Riley	↔	☆ ↑
Buckley	↑	☆ ↑	Kirtland	↓	☆ ↓	Robins	↔	☆ ↑
Campbell	↓	☆ ↓	Kitsap	↑	☆ ↑	Rock Island	↑	☆ ↔
Cannon	↑	☆ ↓	Knox	↔	☆ ↓	Rucker	↓	☆ ↑
Charleston	↔	☆ ↓	Las Vegas	↓	☆ ↑	SOUTHCOM Clinic	↔	☆ ↔
China Lake	↔	☆ ↔	Laughlin	↓	☆ ↔	San Antonio	↓	☆ ↓
Colorado Springs	↑	☆ ↓	Leavenworth	↓	☆ ↑	San Diego	↓	☆ ↓
Columbus	↓	☆ ↑	Lee/Pickett	↑	☆ ↑	Scott	↓	☆ ↓
Corpus Christi	↔	☆ ↓	Lejeune/Cherry Point	↓	☆ ↓	Seymour Johnson/Goldsboro	↔	☆ ↔
Davis Monthan	↔	☆ ↓	Lemoore	↓	☆ ↓	Sheppard	↑	☆ ↓
Dover/Cape May	↔	☆ ↑	Leonard Wood	↓	☆ ↓	Sill	↑	☆ ↓
Drum	↔	☆ ↓	Lewis/McChord	↑	☆ ↓	Stewart	↔	☆ ↓
Dyess	↓	☆ ↔	Little Rock/Pine Bluff	↓	☆ ↓	Tidewater	↑	☆ ↓
Edwards	↓	☆ ↔	Los Angeles/Seal Beach	↓	☆ ↓	Tinker	↔	☆ ↓
Ellsworth	↑	☆ ↑	Luke	↓	☆ ↓	Travis	↓	☆ ↓
Elmendorf/Richardson	↔	☆ ↓	MacDill	↔	☆ ↓	Twentynine Palms	↔	☆ ↓
Everett/Whidbey	↑	☆ ↑	Malmstrom	↓	☆ ↑	Vance	↓	☆ ↓
FE Warren	↑	☆ ↑	Maxwell	↓	☆ ↓	Vandenberg	↔	☆ ↔
Fairchild	↔	☆ ↑	McConnell	↓	☆ ↓	Ventura	↓	☆ ↔
Fallon	↔	☆ ↓	McGuire/Dix/Earle	↓	☆ ↓	Wainwright/Eielson	↓	☆ ↓
Goodfellow	↓	☆ ↓	Millington	↔	☆ ↔	West Point	↑	☆ ↓
Gordon	↔	☆ ↑	Minot	↓	☆ ↓	Whiteman	↓	☆ ↔
Grand Forks	↔	☆ ↓	Monterey	↓	☆ ↔	Worth	↓	☆ ↓
Great Lakes	↑	☆ ↓	Moody	↓	☆ ↑	Wright Patterson	↑	☆ ↑
Groton/Newport	↓	☆ ↓	Mountain Home	↑	☆ ↓	Yuma	↔	☆ ↓
Hanscom/Natick	↑	☆ ↔	National Capital Region	↑	☆ ↓			

COVID-19 Risk Level at Markets/Installations (Daily new cases per 100k population)
- ★ Extremely High (> 60)
- ★ Very High (31-60)
- ☆ High (16-30)
- ☆ Moderate (6-15)
- ☆ Low (2-5)
- ☆ Minimal (<2)

COVID-19 Risk Level Increase, Stable, or Decrease in MHS Markets/Installations
- ↑ Increase > +10%
- ↔ Stable +/- 10%
- ↓ Decrease > -10%

COVID-19 Risk Level of Nearby Counties (Daily new cases per 100k population)
- Extremely High (> 60)
- Very High (31-60)
- High (16-30)
- Moderate (6-15)
- Low (2-5)
- Minimal (<2)
- County-level data not available

The shading of the star icons represents the daily case incidence per 100,000 (7-day moving average) among MHS beneficiary cases. The shading of the counties represents the daily case incidence per 100,000 (7-day moving average) of civilian counties within 30 miles. Source: FEMA/HHS county-level data, Defense Medical Surveillance System (DMSS). For more information contact the Armed Forces Health Surveillance Division (AFHSD) Integrated Biosurveillance (IB) Branch at dha.ncr.health-surv.list.ib-alert-response@mail.mil All content is also available on the AFHSB Health Surveillance Explorer (HSE), COVID-19 Dashboard.

IB & HSE Platform: Support for COVID-19 Summary

- Providing situational awareness of COVID-19 cases among MHS beneficiaries via EXSUMs, AHSUs, Surveillance Summaries, and "one-stop" mapping platform, the HSE (accessible at https://health.mil/hse)

- Synchronizing COVID-19 surveillance efforts with Services, and DoD Laboratory network identification and validation of DoD cases reported with individualized tracking of cases via the development of a "COVID-19 Surveillance Dashboard" (accessible at https://go.intelink.gov/25BWvsS)

- Leveraging of ESSENCE which monitors COVID-like illnesses (CLIs) and Influenza-like Illnesses (ILIs) for all MTF's globally

- Providing trajectory of civilian and DoD COVID-19 cases in MHS markets. Informing days of decline of cases at the 104 MHS markets and surrounding communities (accessible at https://go.intelink.gov/gIKcynv). Improved by analysis of COVID-19 incidence trends by county & market-level (and by state & for the US as a whole).

- Creating a COVID-19 forecast mapping capability within CONUS-based MTFs for monitoring its spread in collaboration with the CDC, DTRA & academic/USG partners

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Questions?

https://www.health.mil/AFHSB

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