



- **Registration is required:**

- Register at: <https://tiny.army.mil/r/EZY8/EpiTechFY20>
- Log in with CAC, or follow prompts to Request access/Logon ID
- Contact your service surveillance hub to receive monthly updates and reminders



REGISTER
FY20 Epi-tech Training

- **Attendance:**

- Please enter your full name/email/location into the DCS chat box to the right, 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 pressing *6
- DO NOT press the “hold” button as the rest of the conference will hear the hold music

FY20 Epi-Tech Surveillance Training

Tuesday, October 1, 2019 - Wednesday, September 30, 2020
DCS, APG, MD

Provided By
U.S. Army Medical Command

<u>Activity ID</u>	<u>Course Director</u>	<u>CME Planner</u>
2019-1389	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)™. 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.
Demarcus, Laurie	- No information to disclose.
Kebisek, Julianna	- No information to disclose.
Thervil, Jeffrey	- No information to disclose.
Wolff, Gregg	- No information to disclose.

Committee Members

Ambrose, John	- No information to disclose.
Bylsma, Victoria	- No information to disclose.
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Gibson, Kelly	- No information to disclose.
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Kebisek, Julianna	- No information to disclose.
Riegodedios, Asha	- No information to disclose.
Rudiger, Courtney	- No information to disclose.

Acknowledgement of Commercial Support

There is no commercial support associated with this educational activity.



COVID-19: Reporting Probable and Confirmed Cases

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US Air Force School of Aerospace Medicine (USAFSAM)

Epidemiology Consult Service (PHR)

28 Apr 2020



Objectives

- Understand what is reportable per the most recent COVID-19 Case Definition
- Describe what information to include in a COVID-19 DRSi medical event report (MER)
- Describe the importance of data validity in reporting



COVID-19 Case Definition as of 09 Apr

Background

Causative Agent Novel 2019 Coronavirus, SARS-CoV-2
 Travel Risks Present worldwide
 Clinical Description A viral illness of the respiratory tract. Clinical presentation may range from no symptoms to moderate or severe symptoms.

Outpatient or telehealth setting:

- at least TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or
- at least ONE of the following: cough, shortness of breath, or difficulty breathing

Inpatient setting:

- Severe respiratory illness including one or more of the following:
 - Clinical or radiographic evidence of pneumonia or
 - Acute respiratory distress syndrome (ARDS)

Case Classification

Probable:

A case with ALL of the following:

- Meets either clinical description as described above with no alternative more likely diagnosis and
- No confirmatory COVID-19 lab testing performed with no intent to test and
- One or more epidemiologic link/exposure in the 14 days before onset of symptoms*

OR

A case with the following:

- Meets either clinical description as described above with no alternative more likely diagnosis or
- One or more epidemiologic link/exposure in the 14 days before onset of symptoms*

AND

- Laboratory detection of either of the following:
 - Specific antigen in a clinical specimen[†] or
 - Specific antibody in serum, plasma, or whole blood indicative of a new or recent infection (example: positive IgM antibody or an increase in antibody titer between acute and convalescent sera)

OR

A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed

Confirmed:

A case with SARS-CoV-2 nucleic acid (RNA) detected by molecular amplification detection (example: PCR, sequencing, NAAT)

Critical Reporting Elements

Specify if the case patient experienced symptoms of fever and/or lower respiratory symptoms. Document if the case patient was hospitalized, including admission and discharge dates, and place of hospital admission. Document if the patient died as a result of this illness, including the date of death. Document relevant travel and deployment history occurring within the incubation period. Document if the patient is epidemiologically linked to another case. Document if the case patient works in, lives in, or attends a high transmission setting such as food handling, day care, school, group living, healthcare, training center, or ship. Document if the patient has any relevant comorbidities, underlying illnesses, or is otherwise immunocompromised (e.g. via immunocompromising medications). Document if the patient has any other diagnosis/etiology for their respiratory illness.

Comments

* Epidemiologic links/exposures include the following in the 14 days before onset of symptoms:

- Close contact[‡] with a confirmed or probable case of COVID-19 disease or
- Close contact[‡] with a person with:
 - clinically compatible illness AND
 - linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak.

[†]Typically a rapid, point-of-care test.

[‡]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.

Individuals with pending labs should NOT be reported until lab confirmation of infection. Individuals under quarantine due to possible exposure to COVID-19 are NOT reportable.



What's New?

- Clinical Description – Updated
- Probable classification – NEW
- Confirmed classification – Updated (basically the same, new wording)

COVID-19

Background

Causative Agent	Novel 2019 Coronavirus, SARS-CoV-2
Travel Risks	Present worldwide
Clinical Description	A viral illness of the respiratory tract. Clinical presentation may range from no symptoms to moderate or severe symptoms.

Outpatient or telehealth setting:

- at least TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or
- at least ONE of the following: cough, shortness of breath, or difficulty breathing

Inpatient setting:

- Severe respiratory illness including one or more of the following:
 - Clinical or radiographic evidence of pneumonia or
 - Acute respiratory distress syndrome (ARDS)

Case Classification

Probable:

A case with ALL of the following:

- Meets either clinical description as described above with no alternative more likely diagnosis and
- No confirmatory COVID-19 lab testing performed with no intent to test and
- One or more epidemiologic link/exposure in the 14 days before onset of symptoms*

OR

A case with the following:

- Meets either clinical description as described above with no alternative more likely diagnosis or
- One or more epidemiologic link/exposure in the 14 days before onset of symptoms*

AND

- Laboratory detection of either of the following:
 - Specific antigen in a clinical specimen[†] or
 - Specific antibody in serum, plasma, or whole blood indicative of a new or recent infection (example: positive IgM antibody or an increase in antibody titer between acute and convalescent sera)

OR

A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed

Confirmed:

A case with SARS-CoV-2 nucleic acid (RNA) detected by molecular amplification detection (example: PCR, sequencing, NAAT)



What's New?

- Comments
 - Definition for epi-link/exposure – NEW
 - Definition for close contact – NEW
 - Who should NOT be reported – Updated

Comments

* Epidemiologic links/exposures include the following in the 14 days before onset of symptoms:

- Close contact[†] with a confirmed or probable case of COVID-19 disease or
- Close contact[†] with a person with:
 - clinically compatible illness AND
 - linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak.

[†]Typically a rapid, point-of-care test.

[‡]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.

Individuals with pending labs should NOT be reported until lab confirmation of infection.
Individuals under quarantine due to possible exposure to COVID-19 are NOT reportable.

COVID-19: What is reportable?



Quick Reference

- Same case definition, just reorganized and slightly re-worded
- **NOTE: ALL MHS beneficiaries are reportable, regardless of where tested or diagnosed**
- If you have identified a case, evaluate if it meets the case definition and report if it does!

Suspected	Not currently reportable – DO NOT use this case classification	
Probable	<p>Three ways to meet the case definition:</p> <ol style="list-style-type: none"> 1. A case with ALL of the following (a+b+c): <ol style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis and b. No confirmatory COVID-19 laboratory test (with no intent to test) and c. One or more epi-link/exposure[†] <p>OR</p> <ol style="list-style-type: none"> 2. A case with the following (either a+c or b+c): <ol style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis or b. One or more epi-link/exposure[†] <p>AND</p> <ol style="list-style-type: none"> c. Laboratory detection of either: <ol style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) or ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera) <p>OR</p> <ol style="list-style-type: none"> 3. A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed 	
Confirmed	1. Detection of SARS-CoV-2 nucleic acid (RNA) by PCR	
	<p>*Clinical Description</p> <p><u>Outpatient or telehealth setting:</u></p> <ul style="list-style-type: none"> • at least TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or • at least ONE of the following: cough, shortness of breath, or difficulty breathing <p><u>Inpatient setting:</u></p> <ul style="list-style-type: none"> • Severe respiratory illness including one or more of the following: <ul style="list-style-type: none"> ○ Clinical or radiographic evidence of pneumonia or ○ Acute respiratory distress syndrome (ARDS) 	<p>[†]Epi-Link/Exposure</p> <p>One or more of the following in the 14 days before symptom onset:</p> <ul style="list-style-type: none"> • Close contact[‡] with a confirmed or probable case of COVID-19 disease or • Close contact with a person with: <ul style="list-style-type: none"> ○ clinically compatible illness AND ○ linkage to a confirmed case of COVID-19 disease. • Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2. • Member of a risk cohort as defined by public health authorities during an outbreak. <p>[‡]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.</p>
Who NOT to report:	<p>PUIs are not reportable.</p> <p>Individuals with pending labs should NOT be reported until lab confirmation of infection.</p> <p>Individuals under quarantine due to possible exposure to COVID-19 are NOT reportable.</p>	



Confirmed Case Classification

Confirmed:

A case with SARS-CoV-2 nucleic acid (RNA) detected by molecular amplification detection (example: PCR, sequencing, NAAT)



Confirmed	1. Detection of SARS-CoV-2 nucleic acid (RNA) by PCR
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Report individuals with positive COVID-19 PCR results as Confirmed

- NOTE: Symptoms are NOT required



Confirmatory Labs - PCR

- PCR: Polymerase chain reaction
 - Common type of molecular amplification detection test
 - Amplifies and detects pathogen-specific RNA or DNA in a sample
 - Allows for earlier diagnosis of most diseases since it's looking for the pathogen
- Other types of molecular amplification include:
 - NAAT: Nucleic acid amplification test
 - RT-PCR: Reverse transcription PCR
 - LAMP: Loop mediated isothermal amplification

Good news: You are already familiar with these lab types!

Examples of PCR Results

- Biofire GI or Respiratory Panel
- G+C Panel

Interpretations:

Laboratory Improvement Amendment of 1988 (CLIA-88) as high-complexity clinical laboratory testing.

Methodology: Multiplex polymerase chain reaction.

Performed by:
Epidemiology Laboratory Service
USAFSAM/PHE
Bldg 20840
2510 5th Street
WPAFB, OH 45433-7951

Test / Result Name	Site / Specimen	Collection Date /
Respiratory Pathogen Panel	Site / Specimen	08 Apr 2020 1028
Adenovirus DNA	NASOPHARYNGEAL SWAB	NOT DETECTED
Influenza A PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Influenza B PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Resp Syncytial Virus A PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Resp Syncytial Virus B PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Parainfluenza Virus 1 PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Parainfluenza Virus 2 PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Parainfluenza Virus 3 PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Parainfluenza Virus 4 PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Coronavirus 229e	NASOPHARYNGEAL SWAB	NOT DETECTED
Coronavirus OC43	NASOPHARYNGEAL SWAB	NOT DETECTED
Coronavirus NL63	NASOPHARYNGEAL SWAB	NOT DETECTED
Human Coronavirus HKU1 RNA	NASOPHARYNGEAL SWAB	NOT DETECTED
Rhinovirus/Enterovirus	NASOPHARYNGEAL SWAB	NOT DETECTED
Metapneumovirus PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
Bocavirus DNA	NASOPHARYNGEAL SWAB	NOT DETECTED
Chlamydomphila Pneumoniae PCR	NASOPHARYNGEAL SWAB	NOT DETECTED
M Pneumoniae DNA	NASOPHARYNGEAL SWAB	NOT DETECTED <i>

Test / Result Name	Site / Specimen	Collection Date / Results Values
Chlamydia+Gonococcus DNA Panel NAAT	Site / Specimen	03 Apr 2020 1719
Chlamydia trachomatis DNA	URINE	NEGATIVE FOR C. TRACHOMATIS
Neisseria gonorrhoeae DNA	URINE	POSITIVE FOR N. GONORRHOEAE (H) <i>



COVID-19 PCR Results

Test / Result Name	Site / Specimen	Collection Date / Results Values
Coronavirus	Site / Specimen	08 Apr 2020 1029
Coronavirus PCR	NASOPHARYNX	POSITIVE 2019-NCOV (H) <i>

Interpretations:

Improvement Program (DoD CLIP) and the College of American Pathologists (CAP) to perform high complexity testing.

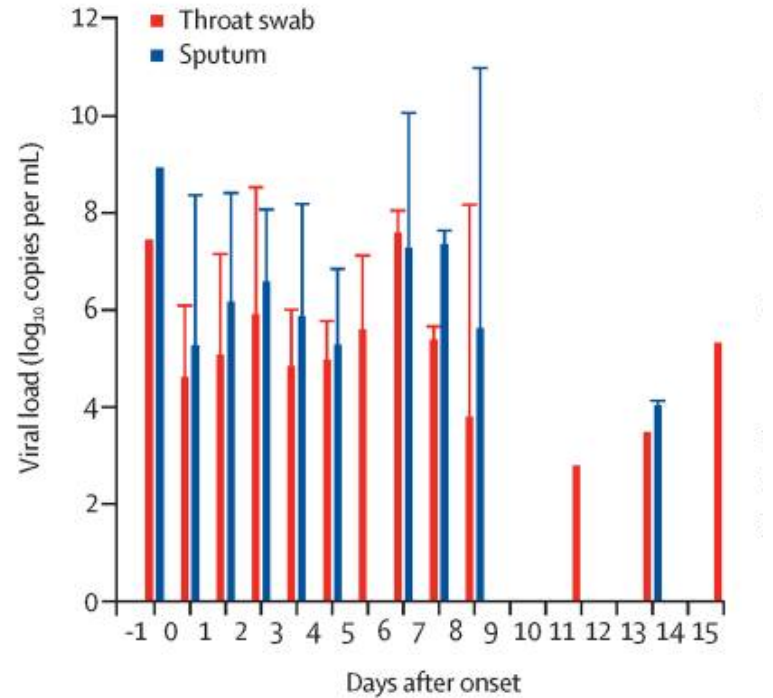
Methodology: Real-time reverse transcriptase polymerase chain reaction (rRT-PCR).

Performed by:
 USAFSAM Epidemiology Laboratory Service
 2510 Fifth Street
 WPAFB, OH 45433-7951



COVID-19: Recent PCR Testing Insights

- Best time to test is early in the course of disease
 - In symptomatic patients, can detect -1 day to 7 days
 - Chance of detecting SARS-CoV-2 viral RNA after 10 days is low and does not represent infectious virus
- Symptoms of COVID-19 appear to last longer than detectable virus



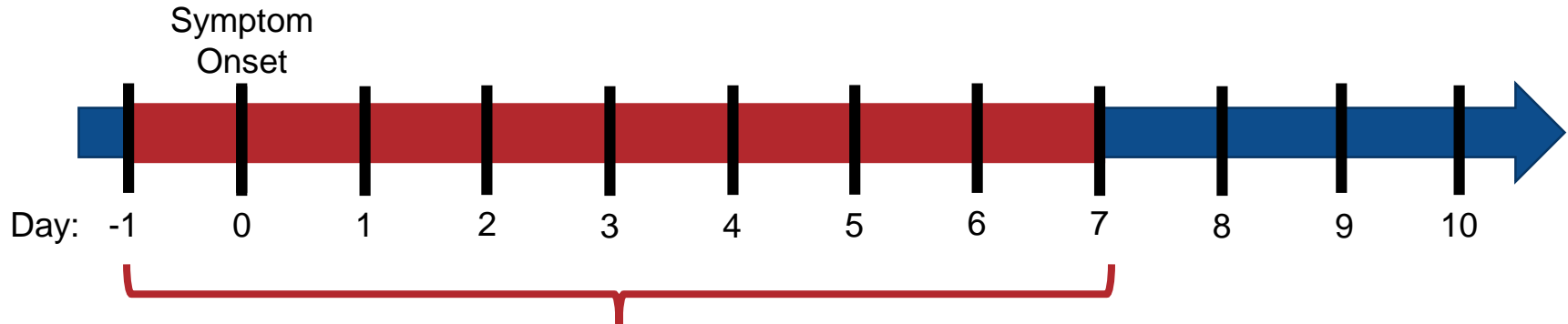
Days after onset	-1	0	1	2	3	4	5	6	7	8	11	13	15
Throat swab, n	1	10	12	4	12	12	3	4	2	4	1	1	1
Sputum, n	1	9	4	3	5	9	0	3	2	4	0	2	0

Sources:

- Zou L et al. SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. *N Engl J Med.* 2020 Mar 19;382(12):1177-1179.
- Pan Y, Zhang D, Yang P, Poon LLM, Wang Q. Viral load of SARS-CoV-2 in clinical samples. *Lancet Infect Dis.* 2020 Apr;20(4):411-412
- Kim JY et al. Viral Load Kinetics of SARS-CoV-2 Infection in First Two Patients in Korea. *J Korean Med Sci.* 2020 Feb 24;35(7):e86.



COVID-19 PCR Testing Window



**Negative PCR in this window means a case is
NOT REPORTABLE**

- Within this window, if there is:
 - A negative PCR, do not report at all
 - A negative PCR followed by a positive, report as **Confirmed**
- Outside this window, if there is:
 - A negative PCR, the case may meet the Probable classification (requires additional review)

Report ANY positive PCR result at any time as Confirmed

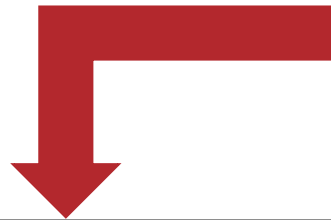


Quick Reference

Suspected	Not currently reportable – DO NOT use this case classification	
Probable	<p>Three ways to meet the case definition:</p> <ol style="list-style-type: none"> 1. A case with ALL of the following (a+b+c): <ol style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis and b. No confirmatory COVID-19 laboratory test (with no intent to test) and c. One or more epi-link/exposure[†] <p>OR</p> <ol style="list-style-type: none"> 2. A case with the following (either a+c or b+c): <ol style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis or b. One or more epi-link/exposure[†] <p>AND</p> <ol style="list-style-type: none"> c. Laboratory detection of either: <ol style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) or ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera) <p>OR</p> <ol style="list-style-type: none"> 3. A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed 	
Confirmed	1. Detection of SARS-CoV-2 nucleic acid (RNA) by PCR	
	<p>*Clinical Description</p> <p><u>Outpatient or telehealth setting:</u></p> <ul style="list-style-type: none"> • at least TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or • at least ONE of the following: cough, shortness of breath, or difficulty breathing <p><u>Inpatient setting:</u></p> <ul style="list-style-type: none"> • Severe respiratory illness including one or more of the following: <ul style="list-style-type: none"> ○ Clinical or radiographic evidence of pneumonia or ○ Acute respiratory distress syndrome (ARDS) 	<p>[†]Epi-Link/Exposure</p> <p>One or more of the following in the 14 days before symptom onset:</p> <ul style="list-style-type: none"> • Close contact[‡] with a confirmed or probable case of COVID-19 disease or • Close contact with a person with: <ul style="list-style-type: none"> ○ clinically compatible illness AND ○ linkage to a confirmed case of COVID-19 disease. • Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2. • Member of a risk cohort as defined by public health authorities during an outbreak. <p>[‡]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.</p>
Who NOT to report:	<p>PUIs are not reportable.</p> <p>Individuals with pending labs should NOT be reported until lab confirmation of infection.</p> <p>Individuals under quarantine due to possible exposure to COVID-19 are NOT reportable.</p>	



Probable Case Classification



Probable:

A case with **ALL** of the following:

- Meets either clinical description as described above with no alternative more likely diagnosis and
- No confirmatory COVID-19 lab testing performed with no intent to test and
- One or more epidemiologic link/exposure in the 14 days before onset of symptoms*

OR

A case with the following:

- Meets either clinical description as described above with no alternative more likely diagnosis or
- One or more epidemiologic link/exposure in the 14 days before onset of symptoms*

AND

- Laboratory detection of either of the following:
 - Specific antigen in a clinical specimen[†] or
 - Specific antibody in serum, plasma, or whole blood indicative of a new or recent infection (example: positive IgM antibody or an increase in antibody titer between acute and convalescent sera)

OR

A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed

Probable

Three ways to meet the case definition:

1. A case with **ALL** of the following (a+b+c):
 - a. Meets either **clinical description*** with no other more likely diagnosis and
 - b. **No confirmatory COVID-19 laboratory test** (with no intent to test) and
 - c. **One or more epi-link/exposure[†]**

OR

2. A case with the following (either a+c or b+c):
 - a. Meets either **clinical description*** with no other more likely diagnosis or
 - b. **One or more epi-link/exposure[†]**

AND

 - c. **Laboratory detection of** either:
 - i. Specific **antigen** in a clinical specimen (usually a rapid, point-of-care test) or
 - ii. Specific **antibody indicative of a new or recent infection** in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera)

OR

3. A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed



Probable Case Classification

- References to the clinical description* and the epi-link/exposure†

*Clinical Description	†Epi-Link/Exposure
<p><u>Outpatient or telehealth setting:</u></p> <ul style="list-style-type: none"> • at least <u>TWO</u> of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or • at least <u>ONE</u> of the following: cough, shortness of breath, or difficulty breathing <p><u>Inpatient setting:</u></p> <ul style="list-style-type: none"> • Severe respiratory illness including one or more of the following: <ul style="list-style-type: none"> ○ Clinical or radiographic evidence of pneumonia or ○ Acute respiratory distress syndrome (ARDS) 	<p>One or more of the following in the 14 days before symptom onset:</p> <ul style="list-style-type: none"> • Close contact[†] with a confirmed or probable case of COVID-19 disease or • Close contact with a person with: <ul style="list-style-type: none"> ○ clinically compatible illness AND ○ linkage to a confirmed case of COVID-19 disease. • Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2. • Member of a risk cohort as defined by public health authorities during an outbreak. <p>[†]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.</p>



Probable Case Classification #3

	3. A case with a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death and no confirmatory laboratory testing performed
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Report individuals who have both of the following as Probable:

- COVID-19 is listed as a cause of or condition contributing to death
- No confirmatory lab testing performed



Probable Case Classification #1

<p>Three ways to meet the case definition:</p> <ol style="list-style-type: none"> 1. A case with ALL of the following (a+b+c): <ol style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis and b. No confirmatory COVID-19 laboratory test (with no intent to test) and c. One or more epi-link/exposure[†]
--

Report individuals who have ALL of the following as Probable:

a	b	c
<ul style="list-style-type: none"> A visit Symptoms No other diagnosis 	<ul style="list-style-type: none"> No PCR for COVID-19 No pending PCR 	<ul style="list-style-type: none"> One epi-link or exposure

<p style="text-align: center;">*Clinical Description</p> <p><u>Outpatient or telehealth setting:</u></p> <ul style="list-style-type: none"> at least TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or at least ONE of the following: cough, shortness of breath, or difficulty breathing <p><u>Inpatient setting:</u></p> <ul style="list-style-type: none"> Severe respiratory illness including one or more of the following: <ul style="list-style-type: none"> Clinical or radiographic evidence of pneumonia or Acute respiratory distress syndrome (ARDS) 	<p style="text-align: center;">†Epi-Link/Exposure</p> <p>One or more of the following in the 14 days before symptom onset:</p> <ul style="list-style-type: none"> Close contact[†] with a confirmed or probable case of COVID-19 disease or Close contact with a person with: <ul style="list-style-type: none"> clinically compatible illness AND linkage to a confirmed case of COVID-19 disease. Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2. Member of a risk cohort as defined by public health authorities during an outbreak. <p>[†]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.</p>
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Probable Case Classification #2

Probable	<p>2. A case with the following (either a+c or b+c):</p> <ul style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis <i>or</i> b. One or more epi-link/exposure[†] <p><i>AND</i></p> <ul style="list-style-type: none"> c. Laboratory detection of either: <ul style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) <i>or</i> ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera)
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- There are two ways to meet this part of the case classification
 - a+c or b+c

Report individuals who have ALL of the following as Probable:

a	c	b
<ul style="list-style-type: none"> • A visit • Symptoms • No other diagnosis 	<ul style="list-style-type: none"> • Positive antigen test <li style="text-align: center;">OR • Positive antibody test (indicative of a recent infection) 	<ul style="list-style-type: none"> • One epi-link exposure <div style="font-size: 4em; color: red; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">X</div>



Probable Case Classification #2

Probable	<p>2. A case with the following (either a+c or b+c):</p> <ul style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis <i>or</i> b. One or more epi-link/exposure[†] <p><i>AND</i></p> <ul style="list-style-type: none"> c. Laboratory detection of either: <ul style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) <i>or</i> ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera)
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- There are two ways to meet this part of the case classification
 - **a+c** or **b+c**

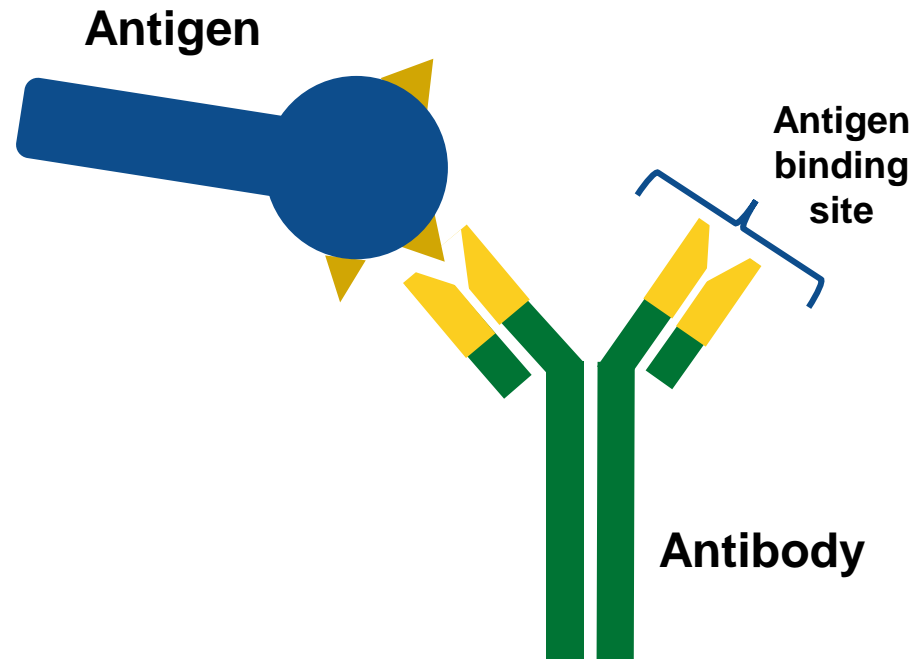
Report individuals who have ALL of the following as Probable:

a	c	b
<ul style="list-style-type: none"> • A visit • Symptom • No other diagnosis 	<ul style="list-style-type: none"> • Positive antigen test <li style="text-align: center;">OR • Positive antibody test (indicative of a recent infection) 	<ul style="list-style-type: none"> • One epi-link or exposure



Antigen and Antibody

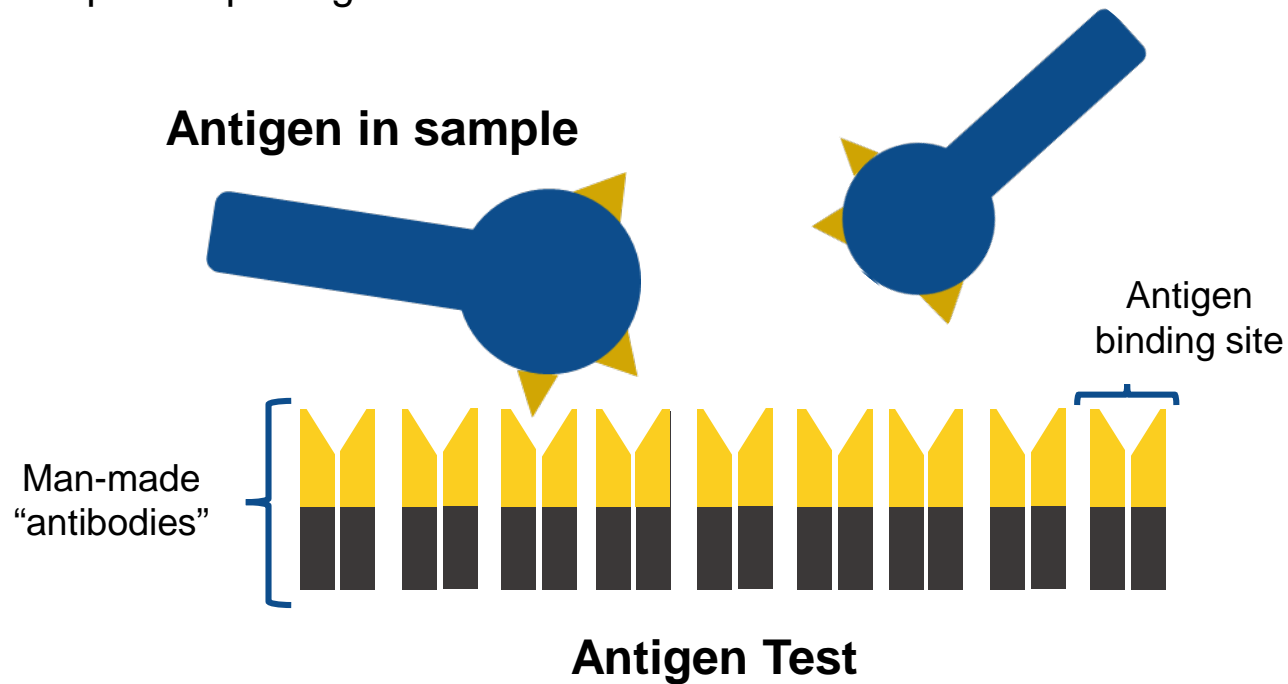
- **Antigen (Ag)**: A molecular structure capable of stimulating an immune response
 - With COVID-19, this is a structure on the surface of the virus
- **Antibody (Ab)**: Y-shaped proteins produced by the immune system to neutralize a pathogen
 - Two common types of antibody: IgM and IgG





Antigen Testing

- Detects pathogen-specific antigen in a sample
 - Allows for earlier diagnosis since it's looking for the pathogen
- Typically thought of as point-of-care “rapid” tests
 - Influenza rapid antigen test
 - Rapid strep antigen test





Antigen Testing

Test / Result Name	Site / Specimen	Collection Date / Results Values
Influenza A+B Virus Ag Rapid	Site / Specimen	08 Apr 2020 1029
Influenza Virus A Ag	SWAB	NEGATIVE
Influenza Virus B Ag	SWAB	NEGATIVE <i>

Test / Result Name	Site / Specimen	Collection Date / Results Values
Streptococcus Group A Ag Rapid	Site / Specimen	08 Apr 2020 1029
Streptococcus pyogenes Ag Rapid Strep	PHARYNX	NEGATIVE

- Antigen testing is always looking directly for the pathogen, so the sample will be from a place where the pathogen IS
 - Depending on the infection this could be sputum, nasal swab, blood, stool, etc.
- Antigen tests are NOT as specific as PCR, which is why they are Probable



COVID-19 Antigen Testing

- No documented tests in the DoD – yet
 - However, it's very likely they will look similar to the previous examples with “Ag” telling you that it is an *antigen* test

Test / Result Name	Site / Specimen	Collection Date / Results Values
Streptococcus Group A Ag Rapid	Site / Specimen	08 Apr 2020 1029
Streptococcus pyogenes Ag Rapid Strep	PHARYNX	NEGATIVE

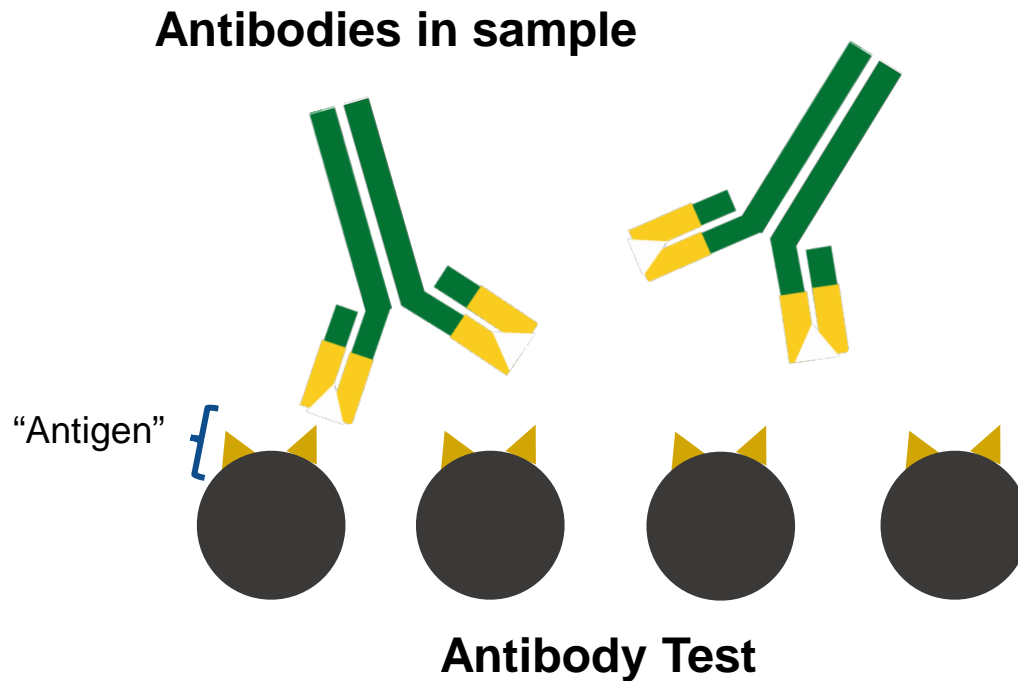
- At this time, any COVID-19-specific antigen test would meet this requirement in the Probable case classification (BUT you'd still need [a] or [b]!)

Probable	<p>2. A case with the following (either a+c or b+c):</p> <ul style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis or b. One or more epi-link/exposure[†] <p>AND</p> <ul style="list-style-type: none"> c. Laboratory detection of either: <ul style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) or ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera)
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Antibody Testing

- Detects pathogen-specific antibodies to determine if a patient has developed immunity to the pathogen
 - It takes days to weeks to develop antibodies, so antibody testing only indicates recent or past infection

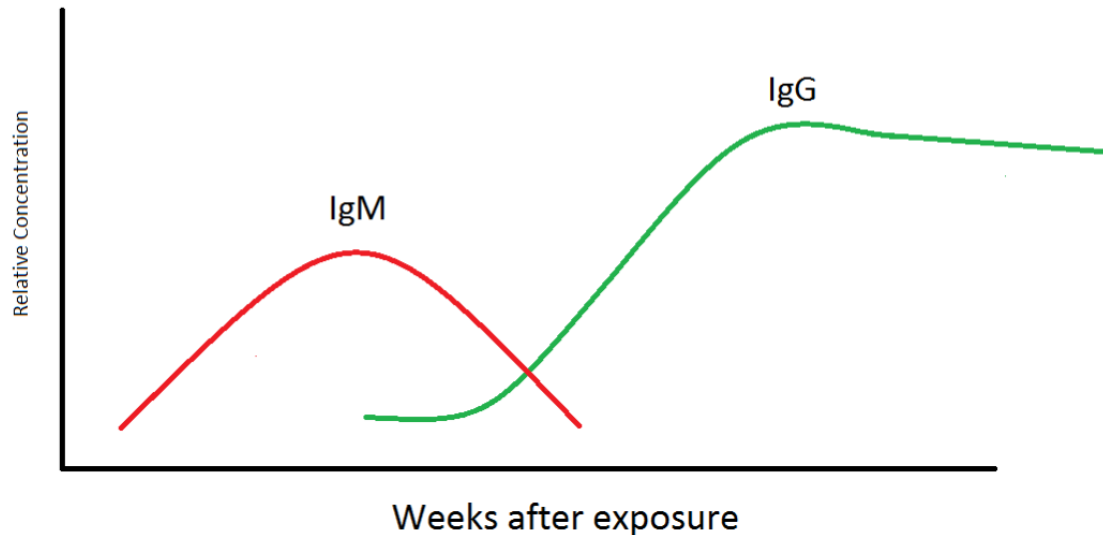




Antibody Testing

- Two types of antibodies are relevant to (most) infections:
 - IgM and IgG antibodies

IgM Antibody	IgG Antibody
<ul style="list-style-type: none">• Produced first in response to infection• Marker of current infection• Detectable only early in infection	<ul style="list-style-type: none">• Produced later in response to infection• Marker of long term immunity



Antibody Testing

Test / Result Name	Site/Specimen	Collection Date / Result Values	Units	Ref Rng
Rickettsial Disease Ab Panel	Site/Specimen	21 Jun 2018 0741 <o>	Units	Ref Rng
Rickettsia rickettsii Spotted Fever Group Ab IgM	SERUM	1:128 (H) <i>	Titer units	<1:64
Rickettsia Typhus Group Ab IgM	SERUM	<1:64 <i>	Titer units	<1:64
Rickettsia rickettsii Spotted Fever Group Ab IgG	SERUM	<1:64 <i>	Titer units	<1:64
Rickettsia Typhus Group Ab IgG	SERUM	<1:64 <i>	Titer units	<1:64

Test / Result Name	Site/Specimen	Collection Date / Result Values
Hepatitis B Virus Profile	Site/Specimen	30 Jan 2018 0945
Hepatitis B Virus Core Ab IgM	SERUM	NEGATIVE <i>
Hepatitis B Virus Surface Ag	SERUM	POSITIVE <i>
Hepatitis B Virus Core Ab	SERUM	POSITIVE <i>
Hepatitis B Virus Surface Ab	SERUM	<3.1 <i>

Test / Result Name	Site/Specimen	Collection Date / Result Values
Lyme Disease Ab Total Screen	Site/Specimen	24 Jul 2017 1220
Borrelia burgdorferi Ab	SERUM	SCREEN POSITIVE; CONFIRMATION TO FOLLOW (H) <i>

- Since antibody testing is looking for an immune response, samples are ALWAYS from serum, plasma, or blood
- Antibody tests are NOT as specific as PCR, which is why they are Probable



COVID-19 Antibody Testing

- Again, no documented tests in the DoD – yet
 - However, **not all antibody tests are reportable**

Probable	<p>2. A case with the following (either a+c or b+c):</p> <ul style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis <i>or</i> b. One or more epi-link/exposure[†] <p>AND</p> <ul style="list-style-type: none"> c. Laboratory detection of either: <ul style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) <i>or</i> ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera)
-----------------	---

- In addition to meeting (a) or (b), the antibody test must be:
 - **“indicative of new or recent infection in serum, plasma, or whole blood”**
 - What is indicative of recent infection?
 - IgM antibodies
 - A change in antibody titer (IgM or IgG) between acute and convalescent sera
 - Sample must be serum, plasma, or whole blood



Probable Case Classification #2

Probable	<p>2. A case with the following (either a+c or b+c):</p> <ul style="list-style-type: none"> a. Meets either clinical description* with no other more likely diagnosis <i>or</i> b. One or more epi-link/exposure[†] <p><i>AND</i></p> <ul style="list-style-type: none"> c. Laboratory detection of either: <ul style="list-style-type: none"> i. Specific antigen in a clinical specimen (usually a rapid, point-of-care test) <i>or</i> ii. Specific antibody indicative of a new or recent infection in serum, plasma, or whole blood (e.g., IgM positive antibody, increase in antibody titer between acute and convalescent sera)
-----------------	--

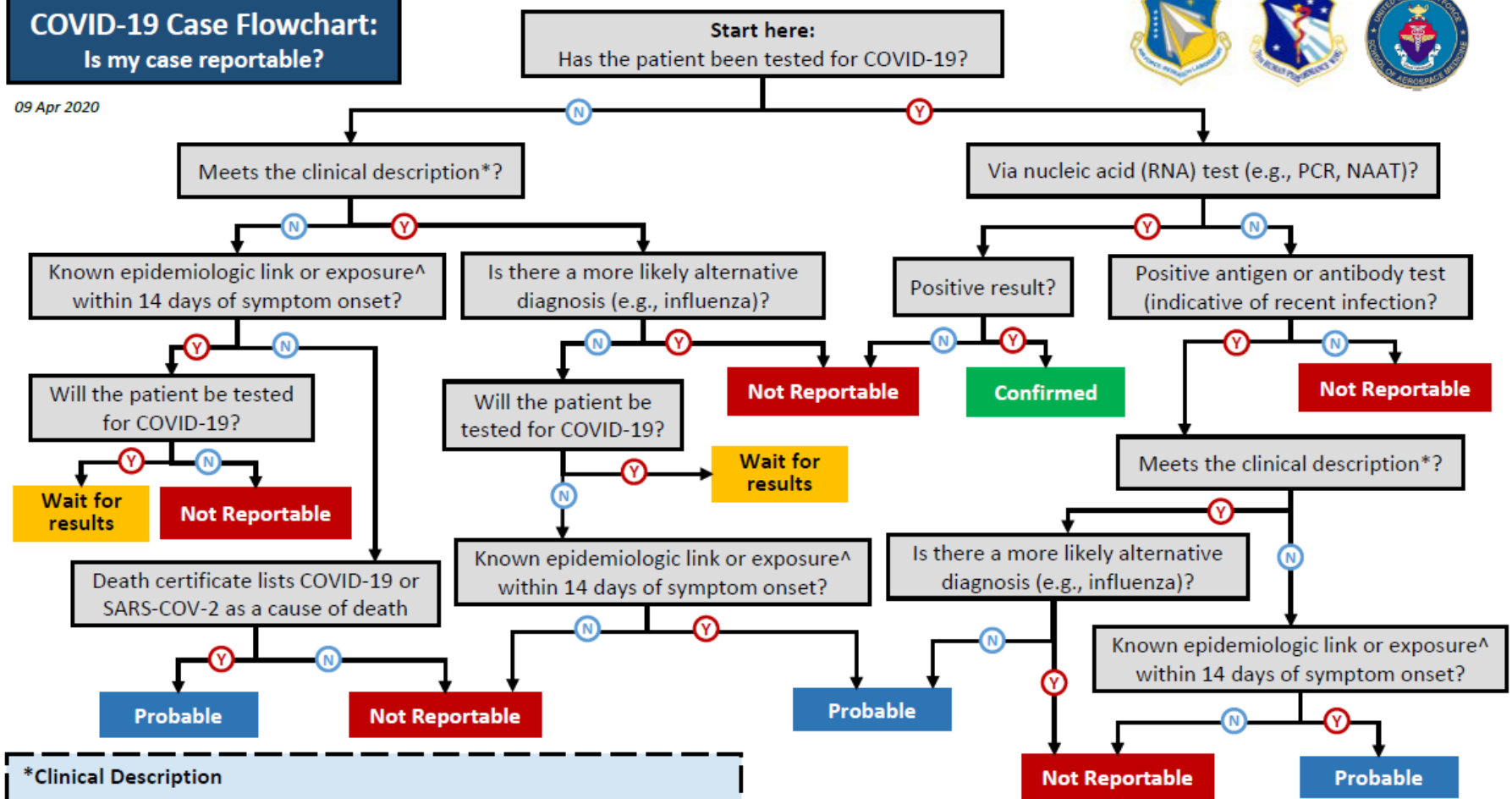
- There are two ways to meet this part of the case classification
 - **a+c** or **b+c**

Report individuals who have ALL of the following as Probable:

a	c	b
<ul style="list-style-type: none"> • A visit • Symptoms • No other diagnosis 	<ul style="list-style-type: none"> • Positive antigen test <li style="text-align: center;">OR • Positive antibody test (indicative of a recent infection) 	<ul style="list-style-type: none"> • One epi-link or exposure

COVID-19 Case Flowchart: Is my case reportable?

09 Apr 2020



***Clinical Description**

Outpatient or telehealth setting:

- At least TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) or
- At least ONE of the following: cough, shortness of breath, or difficulty breathing

Inpatient setting:

- Severe respiratory illness including one or more of the following:
 - Clinical or radiographic evidence of pneumonia or
 - Acute respiratory distress syndrome (ARDS)

^Epidemiologic link or exposures to include any of the following:

- Close contact[‡] with a confirmed or probable case of COVID-19 disease or
- Close contact[‡] with a person with clinically compatible illness AND linkage to a confirmed case of COVID-19.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak.

[‡]Close contact is defined as being within 6 feet for at least 10 to 30 minutes. In healthcare settings, this may be defined as exposures of greater than a few minutes or more.



COVID-19: What is needed in a MER and why?



COVID-19 Medical Event Reports (MERs)

- What information should be included?
 - Differs by case classification, but it should indicate:
 1. That the case meets the definition
 2. The risk associated with the case
 3. Effects on readiness
- Why is this information needed?
 - COVID-19 data from DRSi is being used to inform DoD operational decisions

**Because DRSi data is being used operationally,
confidence in the data must be high**

**Detailed reports give us confidence in the data because
they show that you have evaluated all components of
the case definition and determined it is a case**

(Your data is extremely critical right now!)



COVID-19 Medical Event Reports (MERs)

- Like the quick reference for the case definition, we have one for the DRSi report

Suspected	Not currently reportable – DO NOT use this case classification
Probable	<ol style="list-style-type: none"> 1. Case Classification Status: Probable 2. Laboratory Tests: <ol style="list-style-type: none"> a. Select the relevant antigen or antibody test if a positive result 3. Event Related Questions: <ol style="list-style-type: none"> a. Does the patient have fever and/or symptoms?: YES b. Is the patient epidemiologically linked to a confirmed case?: YES if linked to another case OR if residence in an area with on-going transmission c. Did the patient travel in the 14 days before symptom onset?: YES if travel <ol style="list-style-type: none"> i. Select the country ii. List detailed travel history 4. Comments: If epi-linked, include the <i>DRSi Case ID OR the FMP/SSN of the case they are epi-linked to</i> (the other case should also be reported)
Confirmed	<ol style="list-style-type: none"> 1. Case Classification Status: Confirmed 2. Laboratory Tests: <ol style="list-style-type: none"> a. COVID-19 nucleic acid (RNA): Positive 3. Comments: If patient was tested outside of the MHS, indicate testing facility, positive result communicated to PH, and testing date <ol style="list-style-type: none"> a. Ex: Pt tested by Ohio Health Dept, WPAFB notified of POS result on 3/25
For ALL Reports	<p>For DOD level operational decision making, always complete the following fields:</p> <ul style="list-style-type: none"> • Event Related Questions: <ul style="list-style-type: none"> ○ Was patient hospitalized?: INDICATE Y/N ○ Did the patient die?: INDICATE Y/N ○ Does the patient work in a high risk setting? INDICATE the high risk setting and NAME THE SHIP if applicable <p>If any patient becomes hospitalized or dies after the initial report, update the report to reflect the change in status ASAP.</p>



Probable case of COVID-19

<p>Probable</p>	<ol style="list-style-type: none"> 1. Case Classification Status: Probable 2. Laboratory Tests: <ol style="list-style-type: none"> a. Select the relevant antigen or antibody test if a positive result 3. Event Related Questions: <ol style="list-style-type: none"> a. Does the patient have fever and/or symptoms?: YES b. Is the patient epidemiologically linked to a confirmed case?: YES if linked to another case OR if residence in an area with on-going transmission c. Did the patient travel in the 14 days before symptom onset?: YES if travel <ol style="list-style-type: none"> i. Select the country ii. List detailed travel history 4. Comments: If epi-linked, include the <i>DRSi Case ID OR the FMP/SSN of the case they are epi-linked to (the other case should also be reported)</i>
<p>For ALL Reports</p>	<p>For DOD level operational decision making, always complete the following fields:</p> <ul style="list-style-type: none"> • Event Related Questions: <ul style="list-style-type: none"> ○ Was patient hospitalized?: INDICATE Y/N ○ Did the patient die?: INDICATE Y/N ○ Does the patient work in a high risk setting? INDICATE the high risk setting and NAME THE SHIP if applicable <p>If any patient becomes hospitalized or dies after the initial report, update the report to reflect the change in status ASAP.</p>



Probable case of COVID-19

Sponsor's Demographic

Case ID	Sponsor SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
<input type="text"/>	<input type="text" value="111111111"/>	<input type="text" value="20"/>	<input type="text" value="doe"/>	<input type="text" value="johnjohn"/>	<input type="text" value="q"/>	<input type="text" value="M"/>	<input type="text" value="12/20/1992"/>
Race/Ethnicity	Branch of Service	Duty Status	Rank/Grade	Permanent Duty Station (mm/dd/yyyy)			
<input type="text" value="Caucasian"/>	<input type="text" value="Navy"/>	<input type="text" value="Active Duty"/>	<input type="text" value="E4"/>	<input type="text" value="NAVHOSP OKINAWA JA"/>			
Beneficiary Category							
<input type="text" value="Auto-Assigned"/>							

Medical Event

Diagnosis	Date of Onset		
<input type="text" value="COVID-19"/>	<input type="text"/> <input type="button" value="Select"/>		
Reporting Unit			
<input type="text" value="0095 - 88th MEDICAL GROUP"/>			
Method of Confirmation	Case Classification Status	MER Status	Date of Report
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="4/21/2020"/>

Case Classification Status should be classified as suspect, probable or confirmed according to the current Armed Forces Reportable Medical Events Guidelines [Armed Forces Reportable Medical Events Guidelines](#).

- Everything under this “Medical Event” section is **required** but the correctness of the indicated fields is very important



Probable case of COVID-19

Laboratory Tests Clear Section Responses

COVID-19 nucleic acid (RNA) Positive Pending Negative

Other labs not listed

IF LAB POSITIVE*:

- At this time the DRSi page does NOT have the Antigen/Antibody testing
- Enter this into “Other labs not listed”; indicate the **test type** and **result**
 - Examples:
 - Antibody test IgM POSITIVE
 - AB test IgM POS
 - Antigen POSITIVE
 - AG positive
- If at some point Ag/Ab options get added, use those!

*most probable cases will not be antigen or antibody positive right now



Probable case of COVID-19

Laboratory Tests Clear Section Responses

COVID-19 nucleic acid (RNA) Positive Pending Negative

Other labs not listed

IF LAB POSITIVE*:

- At this time the DRSi page does NOT have the Antigen/Antibody testing
- Enter this into “Other labs not listed”; indicate the *test type* and *result*
 - Examples:
 - Antibody test IgM POSITIVE
 - AB test IgM POS
 - Antigen POSITIVE
 - AG positive
- If at some point Ag/Ab options get added, use those!

*most probable cases will not be antigen or antibody positive right now



Event Related Questions

Does the patient have fever and/or lower respiratory symptoms? Yes No

Was the patient hospitalized, i.e. admitted to an inpatient ward? Yes No

Hospitalization admission date

Hospitalization discharge date

Place of hospital admission

Did the patient die? Yes No

Date of death

Did the patient travel in the 14 days before symptom onset? Yes No

If so, please select the countries of travel. (use ctrl-key to click all that apply)
Afghanistan - AF
Africa - XA
Albania - AL
Algeria - AG

List detailed travel history, including cities and corresponding dates:

Is the patient epidemiologically linked to a laboratory confirmed case of COVID-19? Yes No

Please document if the patient works in, lives in, or attends a high risk transmission setting (food handling, daycare, school, healthcare, training center, ship, etc.)

Please enter the following in the comment box below:

1. If the patient has any relevant comorbidities or underlying illnesses or is otherwise immunosuppressed (e.g., via immunosuppressing medications)
2. If the patient has any other diagnosis/etiology for their respiratory illness
3. Any other relevant information/details about the case

Yellow boxes indicate what is required for a **Probable case**

Red boxes indicate what is required for **all cases**



Probable case of COVID-19

Comments

Comments *(2,000 characters maximum)*

Submit Print Screen

- If the patient was epi-linked to another case, include the details in the comment
 - **Relationship of epi-link**
 - Case ID of the other case or FMP/SSN (if the first case is an MHS beneficiary that was reported to DRSi)



Confirmed case of COVID-19

Confirmed	<ol style="list-style-type: none"> 1. Case Classification Status: Confirmed 2. Laboratory Tests: <ol style="list-style-type: none"> a. COVID-19 nucleic acid (RNA): Positive 3. Comments: If patient was tested outside of the MHS, indicate testing facility, positive result communicated to PH, and testing date <ol style="list-style-type: none"> a. Ex: Pt tested by Ohio Health Dept, WPAFB notified of POS result on 3/25
For ALL Reports	<p>For DOD level operational decision making, always complete the following fields:</p> <ul style="list-style-type: none"> • Event Related Questions: <ul style="list-style-type: none"> ○ Was patient hospitalized?: INDICATE Y/N ○ Did the patient die?: INDICATE Y/N ○ Does the patient work in a high risk setting? INDICATE the high risk setting and NAME THE SHIP if applicable <p>If any patient becomes hospitalized or dies after the initial report, update the report to reflect the change in status ASAP.</p>



Confirmed case of COVID-19

Sponsor's Demographic

Case ID	Sponsor SSN 111111111	FMP 20	First Name doe	Last Name johnjohn	MI q	Sex M	Date of Birth 12/20/1992
Race/Ethnicity Caucasian	Branch of Service Navy	Duty Status Active Duty	Rank/Grade E4	Permanent Duty Station (mm/dd/yyyy) NAVHOSP OKINAWA JA			
Beneficiary Category Auto-Assigned							

Medical Event

Diagnosis COVID-19	Date of Onset Select		
Reporting Unit 0095 - 88th MEDICAL GROUP			
Method of Confirmation	Case Classification Status	MER Status	Date of Report 4/21/2020

Case Classification Status should be classified as suspect, probable or confirmed according to the current Armed Forces Reportable Medical Events Guidelines [Armed Forces Reportable Medical Events Guidelines](#).

- Everything under this “Medical Event” section is **required** but the correctness of the indicated fields is very important



Confirmed case of COVID-19

Laboratory Tests		Clear Section Responses
COVID-19 nucleic acid (RNA)	<input type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative	
Other labs not listed	<input type="text"/>	

- Confirmed cases MUST be positive for COVID-19 RNA
 - (Remember PCR amplifies RNA/DNA, so PCR positive means it detected COVID RNA!)



Event Related Questions

Does the patient have fever and/or lower respiratory symptoms? Yes No

Was the patient hospitalized, i.e. admitted to an inpatient ward? Yes No

Hospitalization admission date

Hospitalization discharge date

Place of hospital admission

Did the patient die? Yes No

Date of death

Did the patient travel in the 14 days before symptom onset? Yes No

If so, please select the countries of travel. (use ctrl-key to click all that apply)

List detailed travel history, including cities and corresponding dates:

Is the patient epidemiologically linked to a laboratory confirmed case of COVID-19? Yes No

Please document if the patient works in, lives in, or attends a high risk transmission setting (food handling, daycare, school, healthcare, training center, ship, etc.)

Please enter the following in the comment box below:

1. If the patient has any relevant comorbidities or underlying illnesses or is otherwise immunosuppressed (e.g., via immunosuppressing medications)
2. If the patient has any other diagnosis/etiology for their respiratory illness
3. Any other relevant information/details about the case

Green boxes indicate what is required for a **Confirmed case**

Red boxes indicate what is required for **all cases**



Event Related Questions

Does the patient have fever and/or lower respiratory symptoms? Yes No

Was the patient hospitalized, i.e. admitted to an inpatient ward? Yes No

Hospitalization admission date

Hospitalization discharge date

Place of hospital admission

Did the patient die? Yes No

Date of death

Did the patient travel in the 14 days before symptom onset? Yes No

If so, please select the countries of travel. (use ctrl-key to click all that apply)

- Afghanistan - AF
- Africa - XA
- Albania - AL
- Algeria - AG

List detailed travel history, including cities and corresponding dates:

Is the patient epidemiologically linked to a laboratory confirmed case of COVID-19? Yes No

Please document if the patient works in, lives in, or attends a high risk transmission setting (food handling, daycare, school, healthcare, training center, ship, etc.)

Please enter the following in the comment box below:

1. If the patient has any relevant comorbidities or underlying illnesses or is otherwise immunosuppressed (e.g., via immunosuppressing medications)
2. If the patient has any other diagnosis/etiology for their respiratory illness
3. Any other relevant information/details about the case

Green boxes indicate what is required for a **Confirmed case**

Red boxes indicate what is required for **all cases**



Confirmed case of COVID-19

Comments

Comments (2,000 characters maximum)

Submit Print Screen X

- If the patient was tested outside an MHS facility, add details to the comments
 - Facility tested at
 - Positive result was communicated
 - Test/result date
- Example: Pt tested by Ohio Health Dept, WPAFB notified of POS result on 4/19



Data Validity

- Detailed reports assist with the surveillance hub's ability to validate cases
- What is case validation?
 - Slightly different by service, but the cases are reviewed to ensure they meet the case definition
- Why validate cases?
 - Provides confidence in our case count for DoD operational use
 - Enhances data quality
 - Provides opportunities to identify gaps in training
- Reporters are the most critical part of the COVID-19 infrastructure
 - Local SMEs



Contact Information



- Army: APHC – Disease Epidemiology Program
Aberdeen Proving Ground – MD
COMM: (410) 436-7605 DSN: 584-7605
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.navhospvorsva.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
usafsam.phrepiservic@us.af.mil