Announcements

- **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

- **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

Activity ID	Course Director	CME Planner
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)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.
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.
Constantino, Joycelyn	- No information to disclose.
Diaz, Rolando	- No information to disclose.
Eng, Mimi	- No information to disclose.
Gibson, Kelly	- No information to disclose.
Graham-Glover, Bria	- No information to disclose.
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.

2019 Novel Coronavirus

Presentation prepared by:

Julianna Kebisek, MPH
Epidemiologist
DHA/APHC

Victoria Bylsma, MPH
Epidemiologist
USAFSAM

Learning Objectives

1. **Describe** the current epidemiology of the outbreak of COVID-19
2. **Explain** the current Department of Defense guidelines in regard to reporting and responding to cases
3. **Provide** guidance on interviewing and reporting patients of interest (PUIs)

Terminology

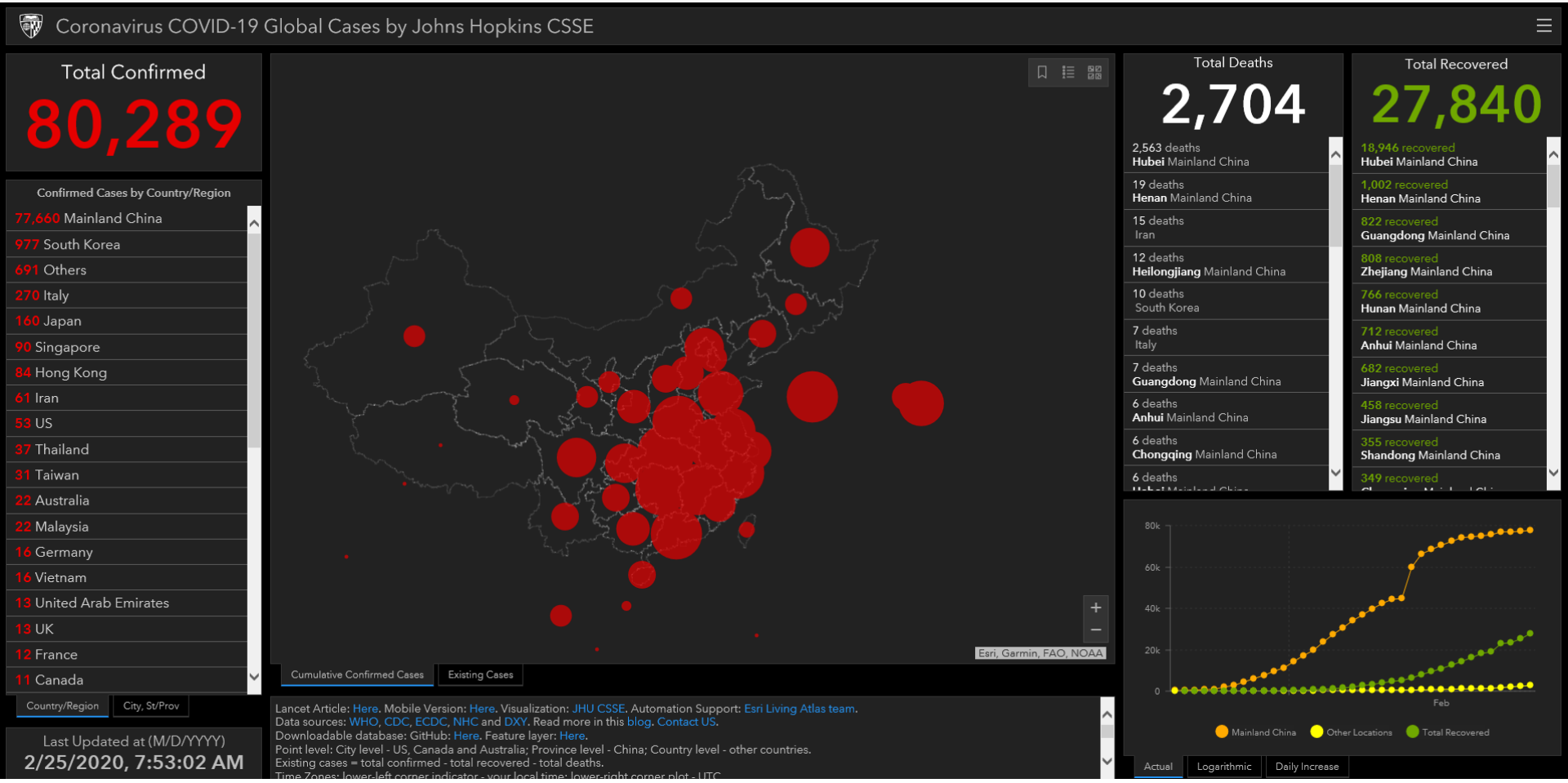
- **“Quarantine” vs “Isolation”**
  - **Quarantine** = a person that has been *exposed* to the virus and is waiting to see if symptoms develop. Quarantines typically last the duration of the incubation period (14 days for COVID-19)
  - **Isolation** = a person that has the *illness* and is separated from others to avoid exposing them to their illness. The isolation period will continue until the patient is no longer symptomatic or no longer a concern for transmission.

Terminology

- **“Outbreak” vs “Pandemic”**
  - **Outbreak** = an increase in the number of cases of a disease/illness more than what would be expected within a population.
  - **Epidemic** = a widespread occurrence of an infectious disease in a community at a particular time.
  - **Pandemic** = incidence of a disease/illness that is prevalent over a whole country or the world.

COVID-19 has not yet been considered a pandemic, but has the potential to become one.

Latest Case Counts



[Coronavirus 2019-nCoV Global Cases by Johns Hopkins CSSE](), updated every few hours

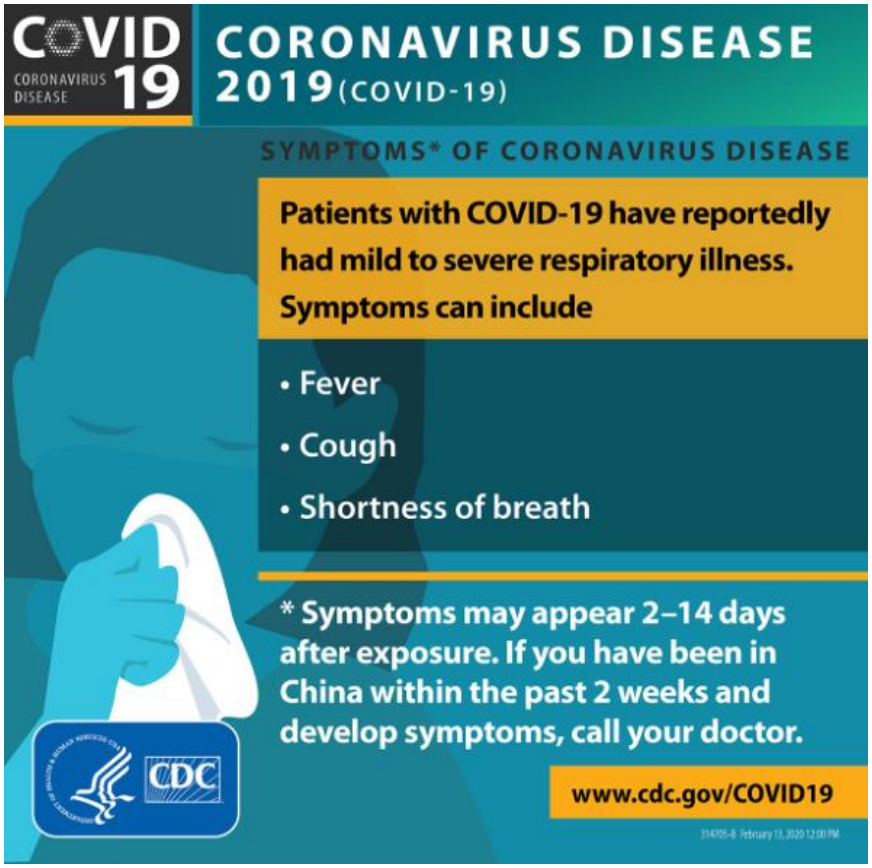
What is COVID-19?

- "COVI" meaning coronavirus, "D" for disease, and "19" for 2019, the year it was discovered. Formerly known as 2019-nCoV.
- A new virus that causes respiratory illness in people and can transmit from person-to-person.
- First identified during an outbreak investigation in Wuhan, China.
- Transmitted from person-to-person.
- Other coronaviruses cause respiratory infections in humans that are typically mild (e.g. the common cold), but some coronaviruses cause illnesses that can be lethal (e.g. Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)).

Picture source: WHO Novel Coronavirus 2019

Symptoms of COVID-19

- Severity of symptoms among COVID-19 cases has ranged from people with little to no apparent symptomatology to people being severely ill and dying.
- The CDC believes that symptoms of COVID-19 may appear in 2 – 14 days after exposure to the virus; median of 3 – 5 days after exposure.
- This incubation period is now based on several published studies, though originally based on what was seen in MERS.

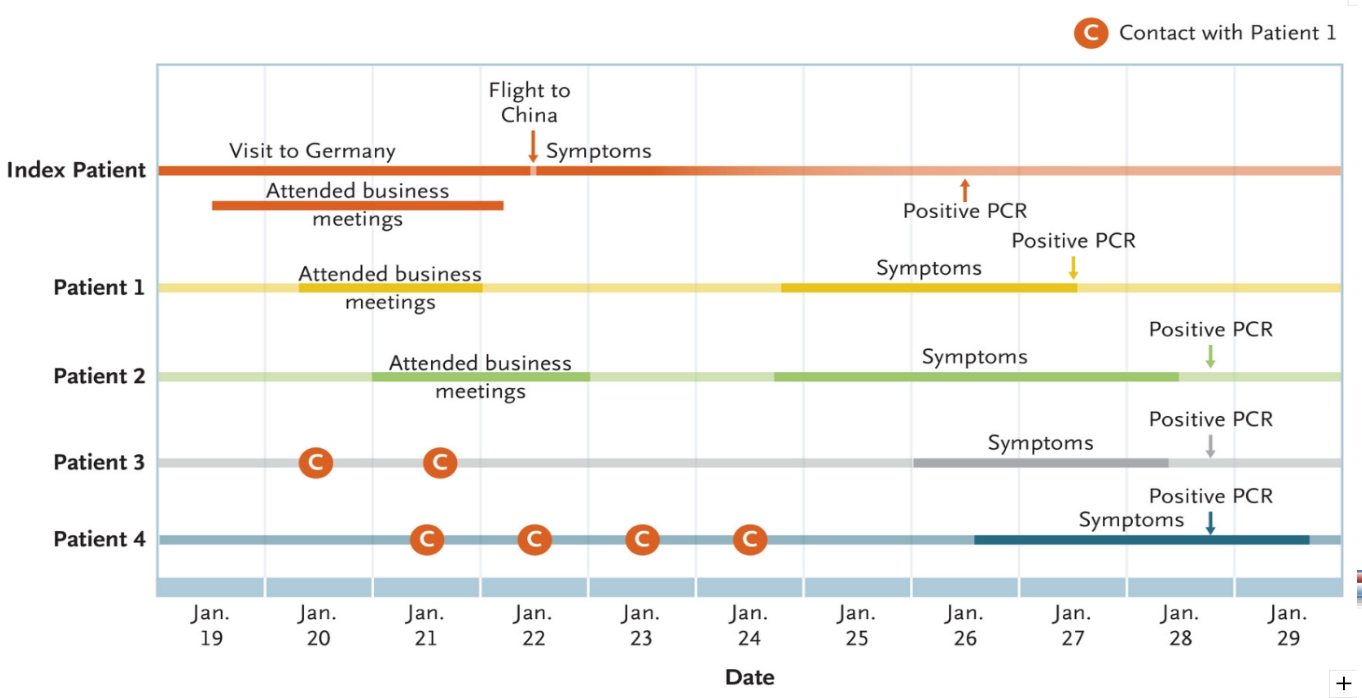


How does COVID-19 spread?

- Person-to-person, most commonly among close contacts (about 6 feet).
- Thought to occur mainly via **respiratory droplets** produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- With most respiratory viruses, people are thought to be most contagious when they are most symptomatic (their sickest). However, there are reports of COVID-19 transmission from an infected patient with no symptoms to a close contact.

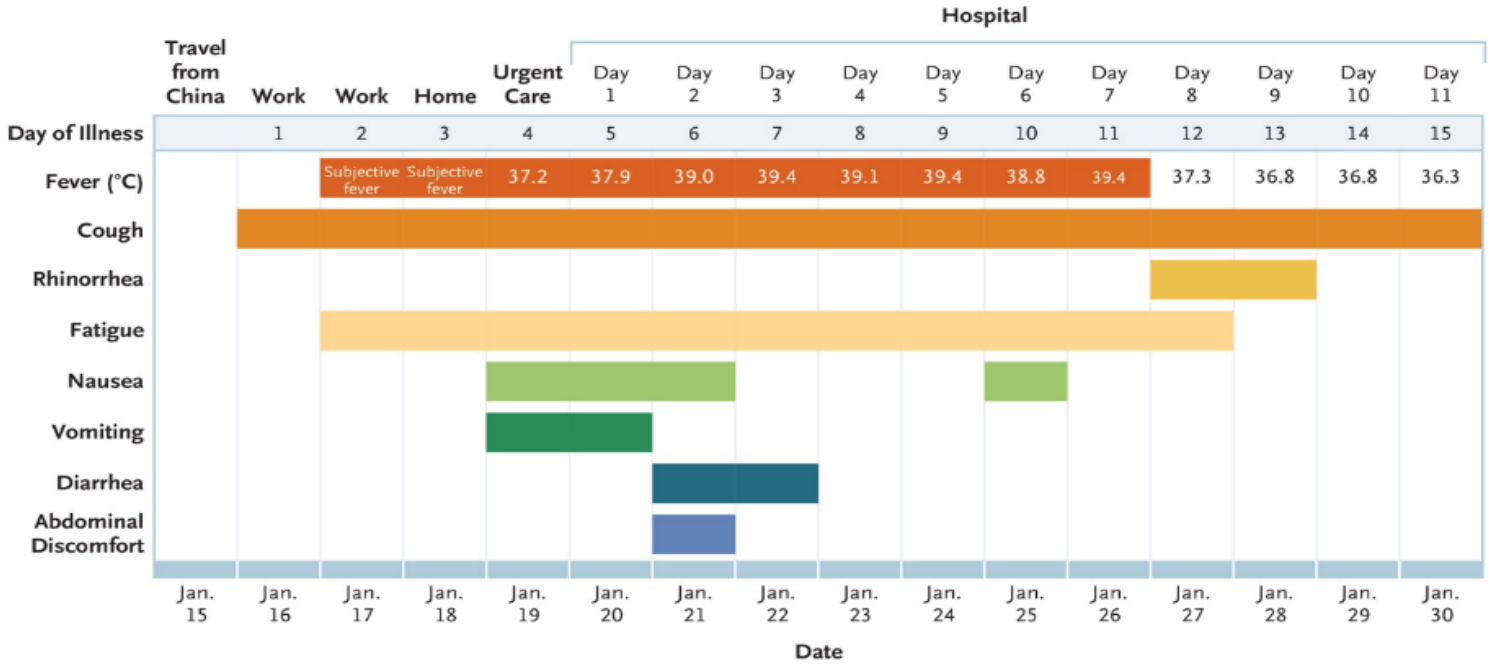
What We've Learned

- Transmission may occur during the incubation period
- Asymptomatic persons are potential sources of COVID-19 infection
- High viral load in a convalescent patient may indicate prolonged shedding of COVID-19 after recovery
- **Source**: Rothe, C, Shunk, M, et al. Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany. *New England J of Med.* January 30, 2020. DOI: 10.1056/NEJMc2001468. Accessed 1 February 2020



What We've Learned

- High levels of virus in specimens, despite patient's initial mild symptom presentation
- **Nasopharyngeal and stool specimens positive**. Multiple serum samples negative.
  - Respiratory specimens collected on day 4 and 7. Stool specimen positive on day 7.
- Patient initially presented with mild illness, but progressed to pneumonia by illness day 9.
- **Source**: Holshue, ML, DeBolt, CB, et al. First Case of 2019 Novel Coronavirus in the United States. *New England J of Med.* January 31, 2020. DOI: 10.1056/NEJMoa2001191. Accessed 1 February 2020.



Symptoms and maximum body temperatures of first U.S. case of 2019-nCoV according to day of illness and day of hospitalization. January 16 – 30, 2020.

What We've Learned

- **First locally acquired case of COVID-19 in Taiwan**
  - 52 year old woman with history of living in Wuhan from October 2019-January 2020
  - She returned to Taiwan on 20 January on an airplane
    - The same day, a throat swab from another person on the airplane tested positive
  - Her first symptom onset [myalgia] on 25 January
    - She reported she did not have cough, dyspnea, chest pain, or diarrhea
    - Chest radiography showed diffuse infiltrates in the bilateral lower lungs
    - Respiratory panel was negative; COVID-19 PCR positive on 27 January
  - Her husband developed symptoms on the same day and later tested positive for COVID-19
    - He presented with rhinorrhea; no fever, chest pain, dyspnea, cough, or diarrhea reported

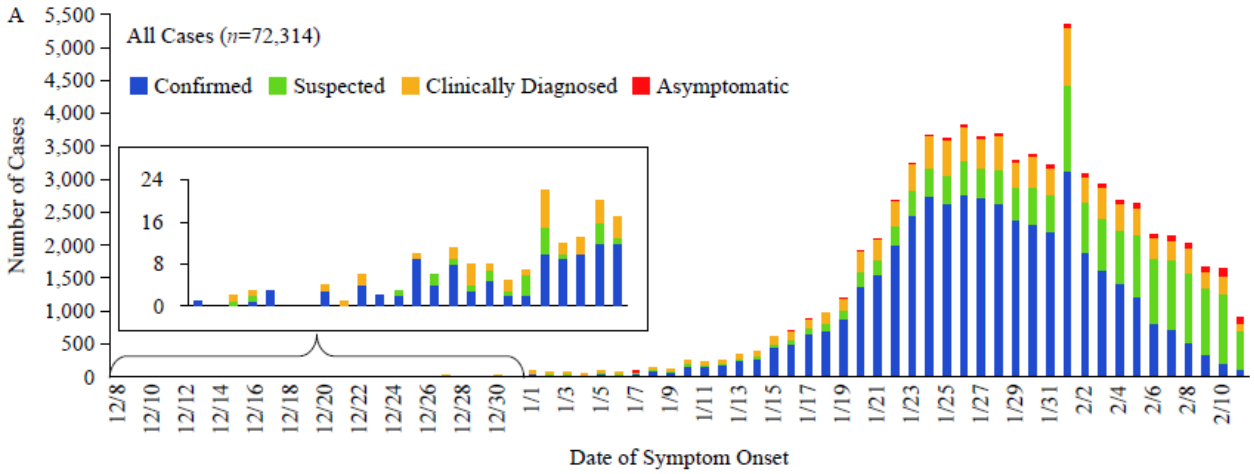
Source: Lui, Ying-Chu, Liao, Ching-Hui, Chou, Chu-Chung, Lin, Yan-Ren. A Locally Transmitted Case of SARS-CoV-2 Infection in Taiwan. *New England J of Med.* February 12, 2020. DOI: 10.1056/NEJMc2001573. Accessed 17 February 2020

What We've Learned

Epidemiological Characteristics of Outbreak of 2019 Novel Coronavirus Diseases

- Total of 72,314 patient records reported to China's Infectious Disease Information System
  - 80.9% were considered mild
  - Most were aged 30-79 years old (86.6%)
  - Case fatality rate overall was 2.3%
    - No deaths occurred among those with mild or even severe symptoms, only critically ill

- Summary
  - May be less severe than SARS and MERs, but more contagious. It spread from a single city (Wuhan) to the entire country of China within only about 30 days
  - Case fatality rate increased in older age groups; highest among people with cardiovascular disease, diabetes, chronic respiratory disease, and cancer



Source: The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) – China, 2020. *China CDC Weekly*. 2020;2(x):1-10.

What We've Learned - Summary

- What we know:
  - The virus has spread outside of Wuhan, China, with some instances of local transmission among people with close contacts (e.g. spouses)
  - Asymptomatic people may carry and transmit COVID-19
  - Confirmed cases of COVID-19 may not show signs/symptoms of classic respiratory illness
  - Confirmed cases of COVID-19 may not test positive until later in their illness
  - Critically severe illnesses are occurring mostly in older individuals, especially those with comorbidities
  - "Super spreader" events have occurred (e.g. Church in Korea)
- What we still don't know:
  - The source
  - At what point in their illness cases will test positive via the PCR test
  - How efficiently asymptomatic/presymptomatic persons transmit the virus.
  - The mortality rate
  - The R0 (i.e. the reproductive number, the efficiency with which the virus spreads). Early estimates range from 1.4 – 3.3 cases

Patient Under Investigation (PUI)

As of 13 February 2020, per CDC

Clinical Features	&	Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact[2] with a laboratory-confirmed[3,4] 2019-nCoV patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from **Hubei Province**, China within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[4]	**AND**	A history of travel from mainland **China** within 14 days of symptom onset

1: Fever may be subjective or confirmed

2: Close contact defined as:

a) being within 6 feet, or in the area of, a COVID-19 case for a prolonged period of time without any personal protection on. Includes living with, caring for, visiting, or sharing a health care waiting area/room with a COVID-19 case *–OR-*

b) having direct contact with infectious secretions of a case while not wearing any personal protective equipment

Image source: Centers for Disease Control and Prevention. Criteria to Guide Evaluation of Persons Under Investigation (PUI) For 2019-nCoV

PUI – 13 February Update

- "The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. **For severely ill individuals, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.**"

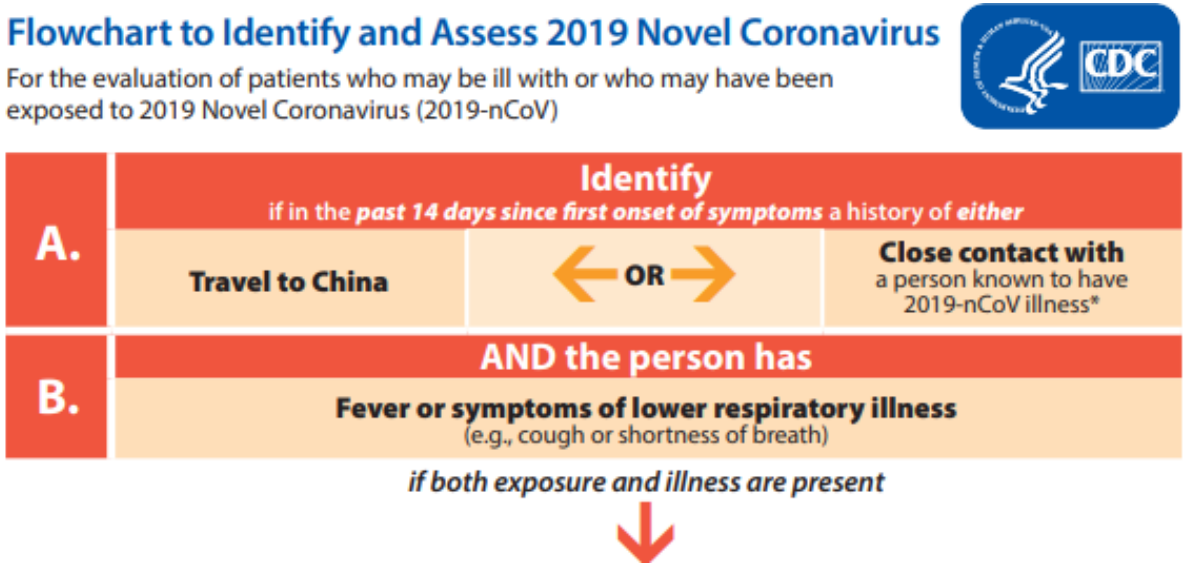
DoD Guidelines

1. Identifying & interviewing a patient under investigation (PUI)
2. Laboratory samples and testing
3. Reporting COVID-19: Who and How
4. Ruling out a PUI

Identifying & Interviewing PUIs

Identifying a PUI

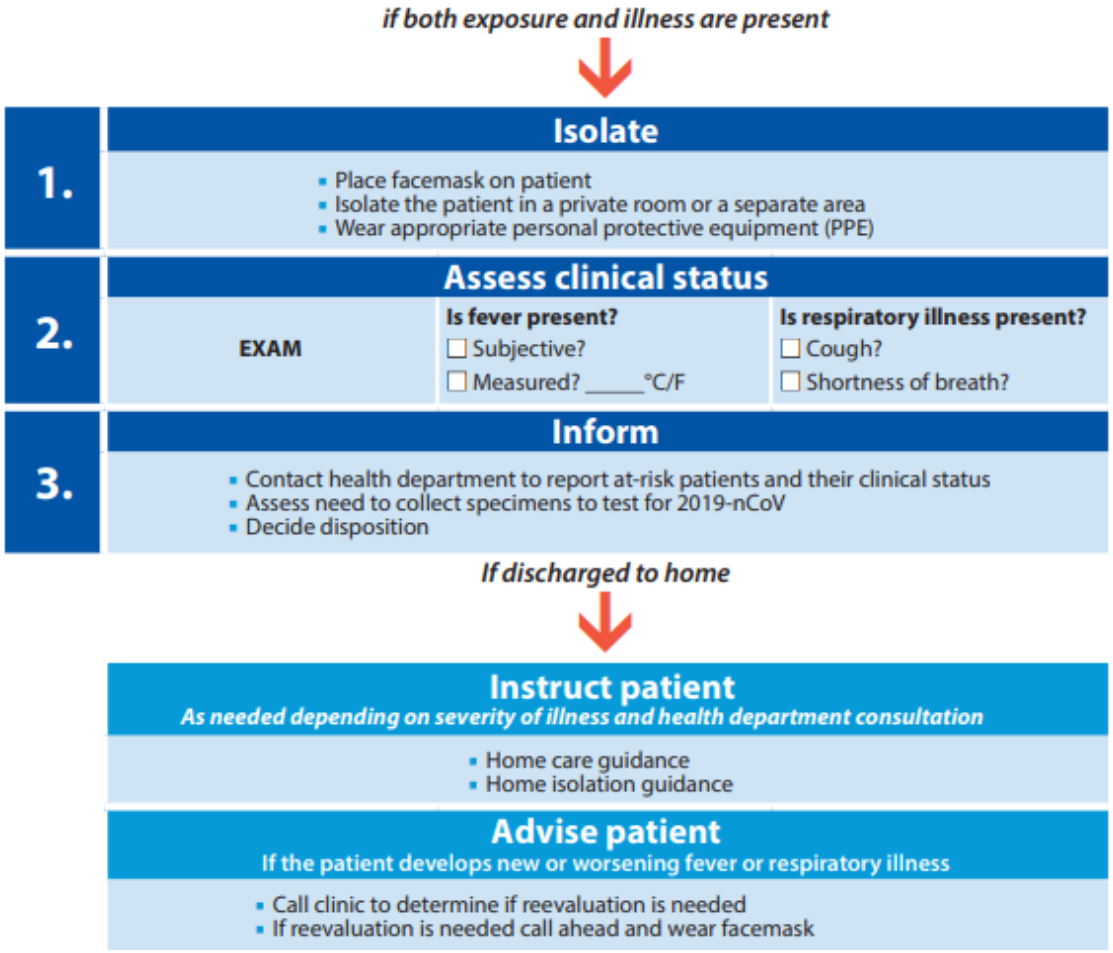
- PUI determinations will be made by MTF healthcare providers (possibly in coordination with public health)



If a PUI is identified…

Image source: Centers for Disease Control and Prevention. Flowchart to identify and assess 2019 Novel Coronavirus.

Identifying a PUI



- The health care provider should:
  - Mask and isolate the patient
  - Alert public health / preventive medicine

Image source: Centers for Disease Control and Prevention. Flowchart to identify and assess 2019 Novel Coronavirus.

Identifying a PUI

- Public health / preventive medicine should immediately contact local/state health department using established procedures
  - Local/state health department personnel will assist with determining if a patient is a PUI
  - If they determine the case is a PUI, they will coordinate sample submission to CDC

Interviewing a PUI

- Interview practices may differ by service
  - **AF**: Until state and DOD labs are able to test for COVID-19, work with local/state health counterparts to determine who will interview patients.
  - **Army**: Work with local/state health counterparts to determine who will interview patients. If possible, get a copy of the completed interview form and upload into AHLTA.
  - **Navy**: Work with local/state health counterparts to determine who will interview patients.

Interviewing a PUI

- For any PUI interviews, use the CDC's "Interim 2019 novel coronavirus (2019-nCoV) patient under investigation form"
  - https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf

Interviewing a PUI

CDC nCoV ID _____

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

Immediately call and securely send completed form to your local/state health department. Local/state health departments should securely send forms to CDC: email (eocevent185@cdc.gov, subject line: nCoV PUI Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

Today's date_____ **State patient ID**_____ **NNDSS local record ID/Case ID**[1] _____ **State**___ **County**_____

Patient first name _____ **Patient last name** _____ **Patient date of birth** _____

Interviewer's name_____ **Phone**_____ **Email**_____

Physician's name _____ **Phone**_____ **Pager or Email**_____

Sex ☐ M ☐ F **Age**_____☐ yr ☐ mo **Residency** ☐ US resident ☐ Non-US resident, country_____

PUI Criteria

Date of symptom onset_____

Does the patient have the following signs and symptoms (check all that apply)?

☐ Fever[2] ☐ Cough ☐ Sore throat ☐ Shortness of breath

Does the patient have these additional signs and symptoms (check all that apply)?

☐ Chills ☐ Headache ☐ Muscle aches ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Other, Specify_____

In the 14 days before symptom onset, did the patient:

Spend time in China?	☐ Y ☐ N ☐ Unknown
Does the patient live in China?	☐ Y ☐ N ☐ Unknown
Date traveled **to** China_____ Date traveled **from** China_____ Date **arrived** in US_____	
Spend time in Wuhan City, China?	☐ Y ☐ N ☐ Unknown
Does the patient live in Wuhan City?	☐ Y ☐ N ☐ Unknown
Spend time in Hubei Province (not Wuhan City)?	☐ Y ☐ N ☐ Unknown
Does the patient live in Hubei Province (not Wuhan City)?	☐ Y ☐ N ☐ Unknown
Spend time outside of the U.S. (not China)?	☐ Y ☐ N ☐ Unknown
Name of country _____	
Does the patient live in this country?	☐ Y ☐ N ☐ Unknown
Date traveled **to** country (not China)_____ Date traveled **from** country (not China)_____	
Date **arrived** in US from country (not China)_____	
Have close contact[3] with a person who is under investigation for 2019-nCoV?	☐ Y ☐ N ☐ Unknown
Have close contact[3] with a laboratory-confirmed 2019-nCoV case?	☐ Y ☐ N ☐ Unknown
Was the case ill at the time of contact?	☐ Y ☐ N ☐ Unknown
Is the case a U.S. case?	☐ Y ☐ N ☐ Unknown
Is the case an international case?	☐ Y ☐ N ☐ Unknown
In which country was the case diagnosed with 2019 n-CoV? _____	

Additional Patient Information

Is the patient a health care worker? ☐ Y ☐ N ☐ Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor) in China? ☐ Y ☐ N ☐ Unknown

Care for a nCoV patient? ☐ Y ☐ N ☐ Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated? ☐ Y ☐ N ☐ Unknown

Diagnosis (select all that apply): Pneumonia (clinical or radiologic) ☐ Y ☐ N Acute respiratory distress syndrome ☐ Y ☐ N

Comorbid conditions (check all that apply): ☐ None ☐ Unknown ☐ Pregnancy ☐ Diabetes ☐ Cardiac disease ☐ Hypertension ☐ Chronic pulmonary disease ☐ Chronic kidney disease ☐ Chronic liver disease ☐ Immunocompromised ☐ Other, specify

Is/was the patient: Hospitalized? ☐ Y, admit date_____ ☐ N **Admitted to ICU?** ☐ Y ☐ N

Intubated? ☐ Y ☐ N **On ECMO?** ☐ Y ☐ N **Patient died?** ☐ Y ☐ N

Does the patient have another diagnosis/etiology for their respiratory illness? ☐ Y, Specify_____ ☐ N ☐ Unknown

PLEASE TURN OVER

CDC nCoV ID _____

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Respiratory diagnostic results

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐

Test	Pos	Neg	Pending	Not done
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify_____	☐	☐	☐	☐

Specimens for 2019-nCoV testing

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			☐
OP swab			☐
Sputum			☐
BAL fluid			☐
Tracheal aspirate			☐
Stool			☐

Specimen type	Specimen ID	Date collected	Sent to CDC?
Urine			☐
Serum			☐
Other, specify____			☐
Other, specify____			☐

[1] *For NNDSS reporters, use GenV2 or NETSS patient identifier.*

[2] *Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations*

[3] *Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.*

Image source: Centers for Disease Control and Prevention. Flowchart to identify and assess 2019 Novel Coronavirus.

Laboratory Samples and Testing

Laboratory Samples

- As of 14 Feb, ONLY CDC, NHRC, Womack AMC (Ft Bragg), and William Beaumont AMC (Ft Bliss) can test COVID-19 samples
  - Samples **cannot** be submitted to CDC without a referral from the local/state health department
- When state health department and DOD labs come online with testing capabilities
  - Send samples to the NEAREST lab; prioritize turn-around time

CDC's laboratory test kit for COVID-19.

Image source: Centers for Disease Control and Prevention. Information for laboratories.

Laboratory Testing

Test / Result Name	Site / Specimen	Collection Date / Results Values	Units	Ref Range
Respiratory Virus Panel PCR	**Site / Specimen**	**24 Jan 2020 1509 <o>**	**Units**	**Ref Range**
Influenza Virus A RNA	NASOPHARYNGEAL FLOCK SWAB	INFLUENZA A H1-2009 DETECTED (H) -A- <i> <r>		
Respiratory Syncytial Virus RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 1 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 2 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 3 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 4 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Metapneumovirus RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Rhinovirus+Enterovirus RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Adenovirus DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Coronavirus 229E RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Coronavirus HKU1 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Coronavirus NL63 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Coronavirus OC43 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Chlamydophilia pneumoniae DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Mycoplasma pneumoniae DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Bordetella pertussis DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Influenza Virus B RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		

?

Is this testing for COVID-19?

Laboratory Testing

Test / Result Name	Site / Specimen	Collection Date / Results Values	Units	Ref Range
Respiratory Virus Panel PCR	**Site / Specimen**	**24 Jan 2020 1509 <o>**	**Units**	**Ref Range**
Influenza Virus A RNA	NASOPHARYNGEAL FLOCK SWAB	INFLUENZA A H1-2009 DETECTED (H) -A- <i> <r>		
Respiratory Syncytial Virus RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 1 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 2 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 3 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Parainfluenza Virus 4 RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Metapneumovirus RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Rhinovirus+Enterovirus RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Adenovirus DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Human Coronavirus 229E RNA				
Human Coronavirus HKU1 RNA				
Human Coronavirus NL63 RNA				
Human Coronavirus OC43 RNA		<i>		
Chlamydophilia pneumoniae DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED		
Mycoplasma pneumoniae DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Bordetella pertussis DNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		
Influenza Virus B RNA	NASOPHARYNGEAL FLOCK SWAB	NOT DETECTED <i>		

NOT COVID-19

Laboratory Testing

Test / Result Name	Site / Specimen	Collection Date / Results Values	Units	Ref Range
Respiratory Virus Panel PCR	**Si imen**	**24 1509 <o>**	**Units**	**Ref Range**
Influenza Virus A RNA	NAS AL FLOCK SWAB	IN H1-2009 DETECTED (H) -A- <i> <r>		
Respiratory Syncytial Virus RNA	NASOP FLOCK SWAB	TED		
Parainfluenza Virus 1 RNA	NASOPH FLOCK SWAB	ECTED		
Parainfluenza Virus 2 RNA	NASOPHAR OCK SW	TECTED		
Parainfluenza Virus 3 RNA	NASOPHARY K S	DETECTED		
Parainfluenza Virus 4 RNA	NASOPHARYNG	DETECTED		
Human Metapneumovirus RNA	NASOPHARYNGEA	OT DETECTED		
Rhinovirus+Enterovirus RNA	NASOPHARYNGEAL	NOT DETECTED <i>		
Adenovirus DNA	NASOPHARYNGEA	OT DETECTED		
Human Coronavirus 229E RNA	NASOPHARYNGE	T DETECTED		
Human Coronavirus HKU1 RNA	NASOPHARYN CK	DETECTED		
Human Coronavirus NL63 RNA	NASOPHARY OCK S	TECTED		
Human Coronavirus OC43 RNA	NASOPHA FLOCK SWA	ECTED <i>		
Chlamydophilia pneumoniae DNA	NASOP FLOCK SWAB	TED		
Mycoplasma pneumoniae DNA	NASO AL FLOCK SWAB	ED <i>		
Bordetella pertussis DNA	NA EAL FLOCK SWAB	NO <i>		
Influenza Virus B RNA	NGEAL FLOCK SWAB	NOT <i>		

None of these respiratory tests are testing for COVID-19 or for novel influenza

Laboratory Testing

- The ONLY acceptable laboratory results for COVID-19 will come from approved labs
  - E.g., state health department and specific DOD labs (when online)
    - Lab Officer will know who has approval for testing
  - Most base/local labs **do not** have the necessary equipment to run the COVID-19 test

Reporting COVID-19: Who and How

Who to Report

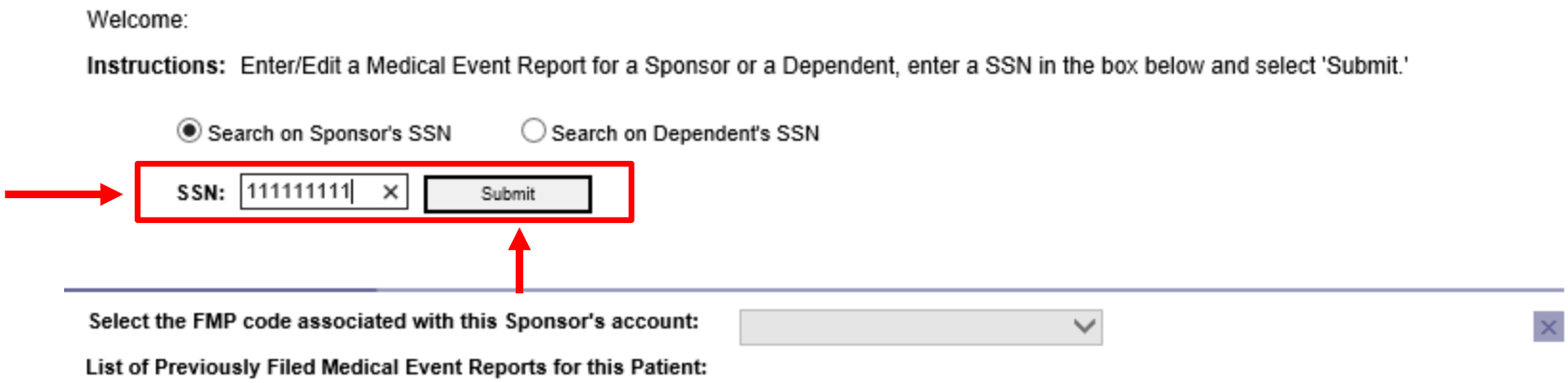
All MTFs should report any patient under investigation (PUI) for COVID-19 to DRSi

- EXCEPTIONS*
  - People who are MONITORING for symptoms (i.e. possibly exposed but not symptomatic and monitoring themselves for symptoms of COVID-19) do NOT need to be reported to DRSi.
  - If samples are NOT being submitted for testing, do NOT report to DRSi (samples must be referred for testing).

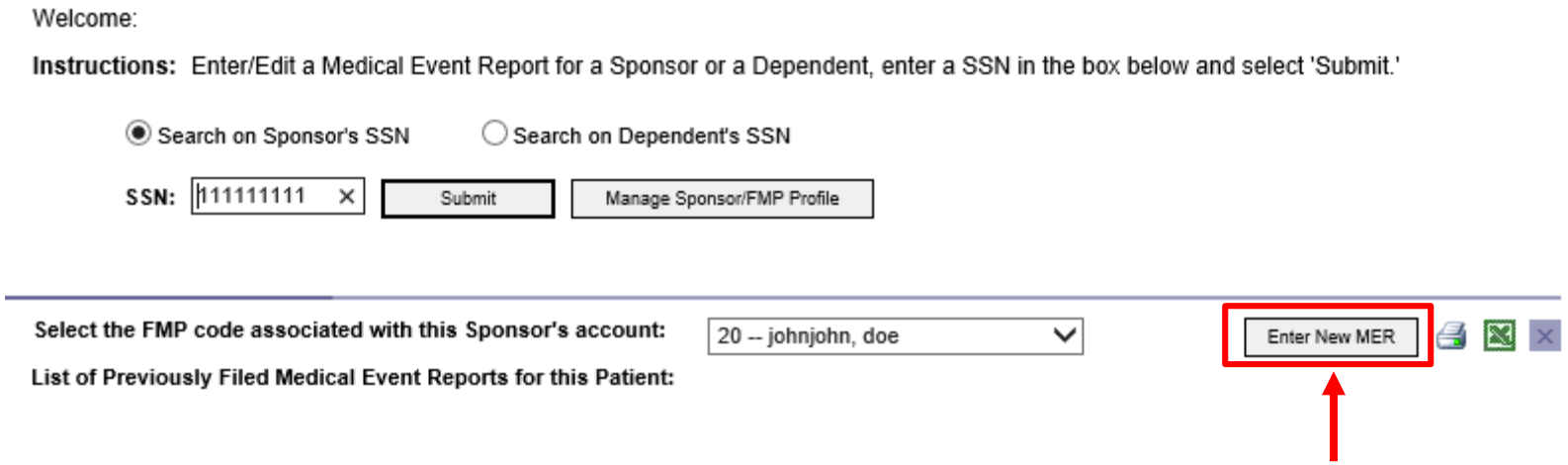
*These exceptions may change. Check with your Service Public Service hub if you have a possible case to report.

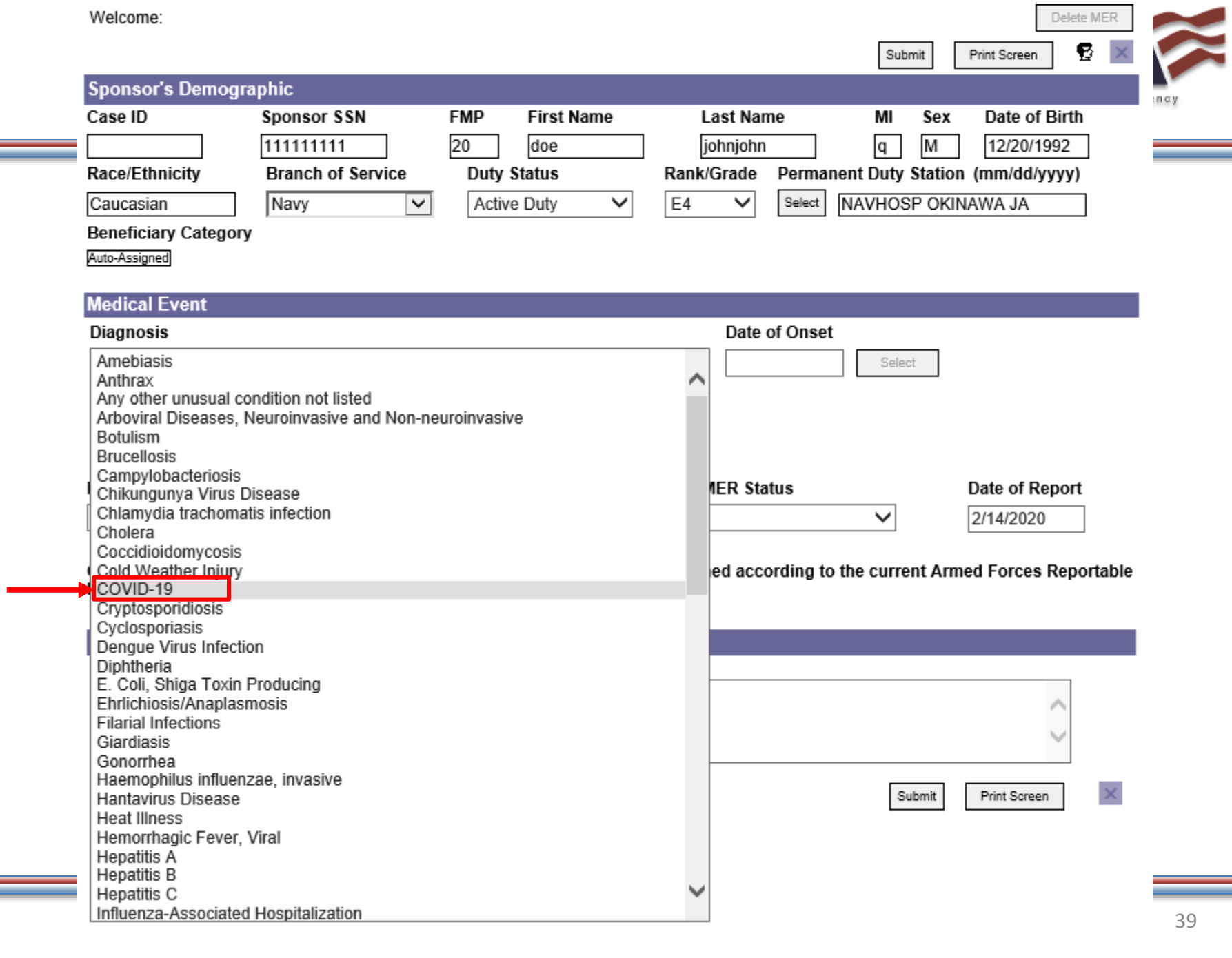
How to Report to DRSi

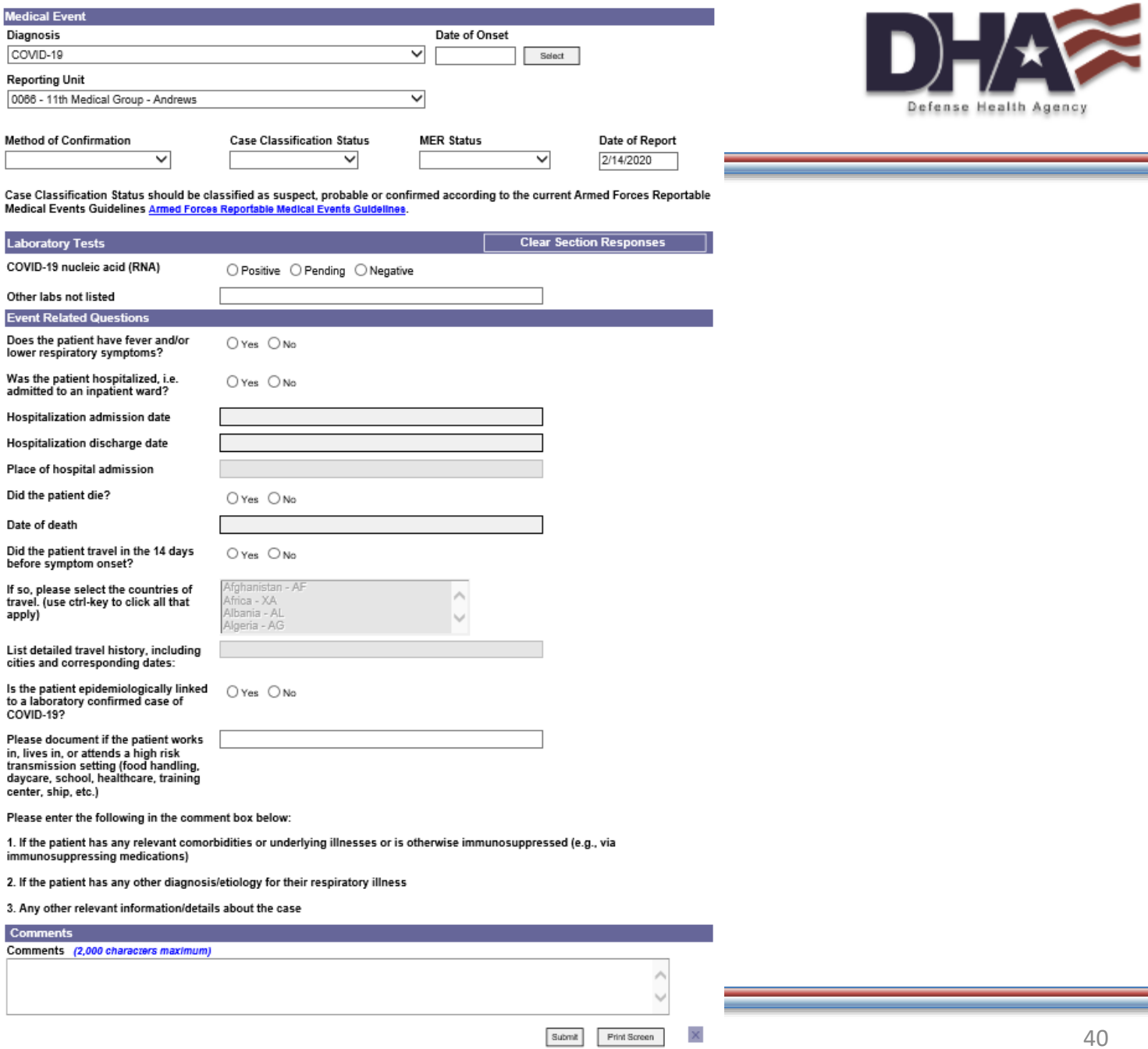
How to Report



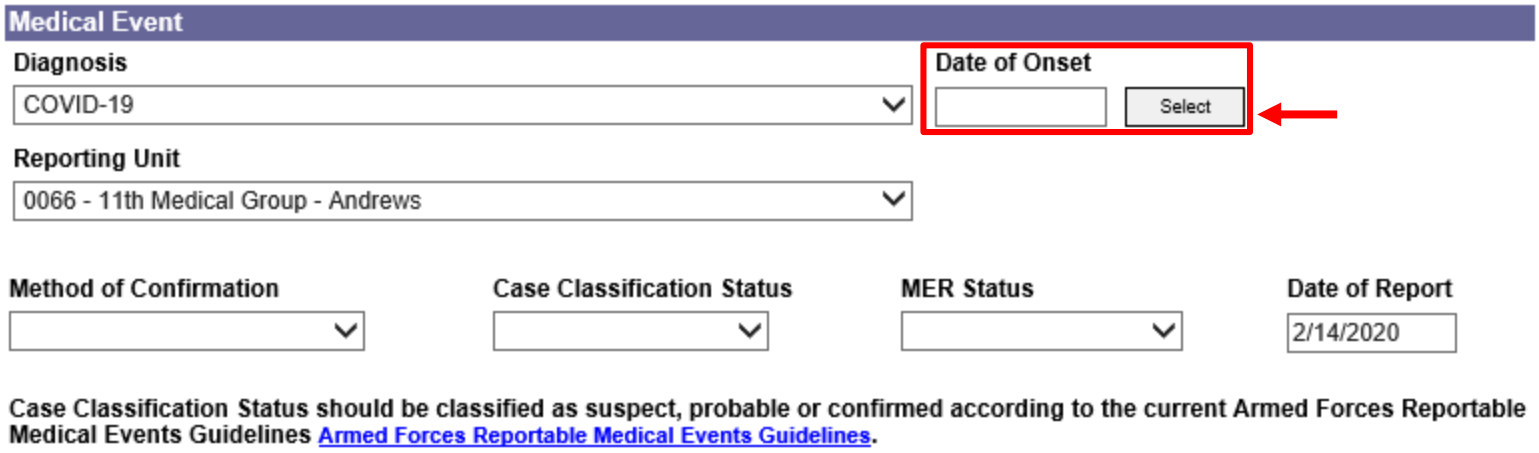
How to Report




Welcome:
Delete MER
Submit
Print Screen
Sponsor's Demographic
Case ID
Sponsor SSN
FMP
First Name
Last Name
MI
Sex
Date of Birth
111111111
20
doe
johnjohn
q
M
12/20/1992
Race/Ethnicity
Branch of Service
Duty Status
Rank/Grade
Permanent Duty Station (mm/dd/yyyy)
Caucasian
Navy
Active Duty
E4
Select
NAVHOSP OKINAWA JA
Beneficiary Category
Auto-Assigned
Medical Event
Diagnosis
Date of Onset
Select
Amebiasis
Anthrax
Any other unusual condition not listed
Arboviral Diseases, Neuroinvasive and Non-neuroinvasive
Botulism
Brucellosis
Campylobacteriosis
Chikungunya Virus Disease
Chlamydia trachomatis infection
Cholera
Coccidioidomycosis
Cold Weather Injury
COVID-19
Cryptosporidiosis
Cyclosporiasis
Dengue Virus Infection
Diphtheria
E. Coli, Shiga Toxin Producing
Ehrlichiosis/Anaplasmosis
Filarial Infections
Giardiasis
Gonorrhea
Haemophilus influenzae, invasive
Hantavirus Disease
Heat Illness
Hemorrhagic Fever, Viral
Hepatitis A
Hepatitis B
Hepatitis C
Influenza-Associated Hospitalization
MER Status
Date of Report
2/14/2020
ed according to the current Armed Forces Reportable
Submit
Print Screen

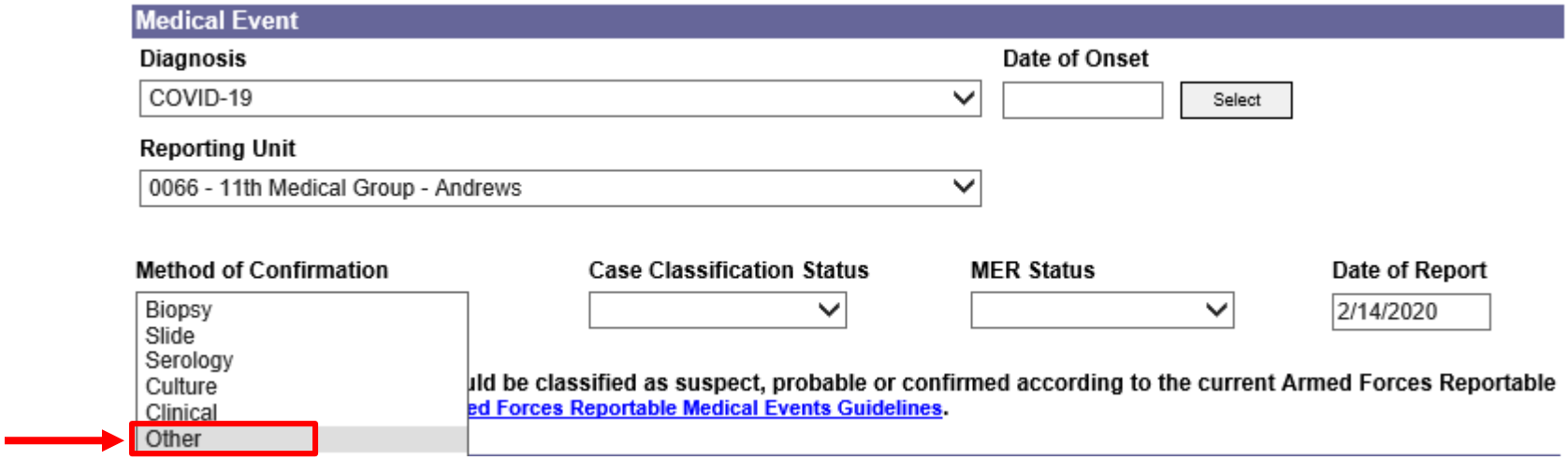

Medical Event
Diagnosis
COVID-19
Date of Onset
Select
Reporting Unit
0066 - 11th Medical Group - Andrews
Method of Confirmation
Case Classification Status
MER Status
Date of Report
2/14/2020
Case Classification Status should be classified as suspect, probable or confirmed according to the current Armed Forces Reportable Medical Events Guidelines Armed Forces Reportable Medical Events Guidelines.
Laboratory Tests
Clear Section Responses
COVID-19 nucleic acid (RNA)
Positive Pending Negative
Other labs not listed
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
Comments
Comments (2,000 characters maximum)
Submit
Print Screen

How to Report



- Enter the date of symptom onset

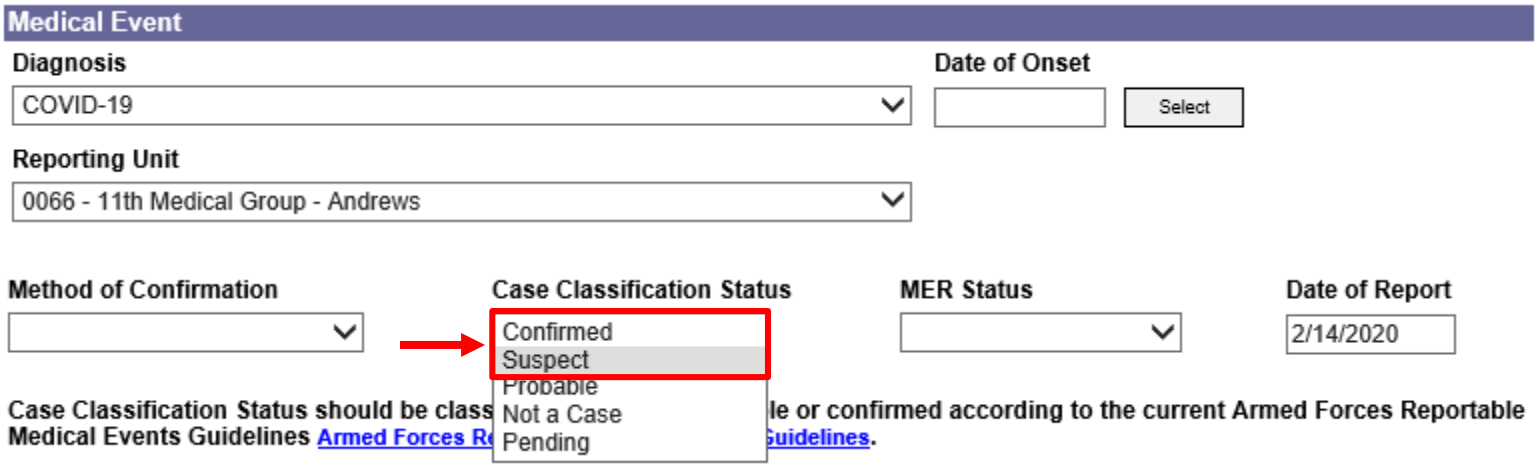
How to Report



Under <u>Method of Confirmation</u>:

- Select “Other”

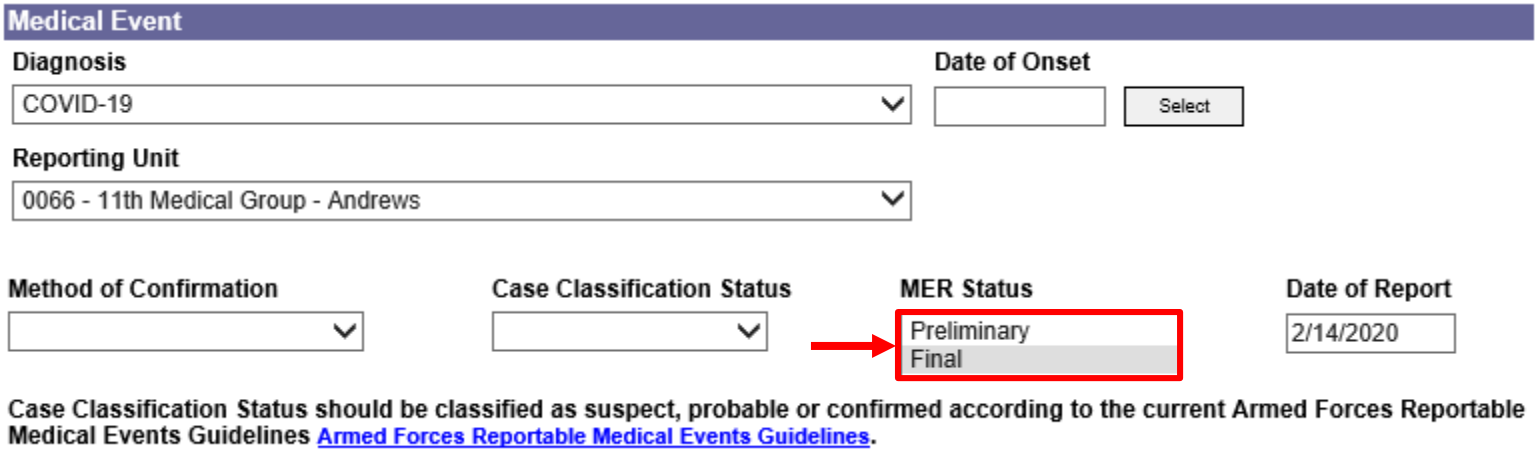
How to Report



Under Case Classification Status:

- Select "**Suspect**" if the PUI has no laboratory results
- Select "**Confirmed**" if the PUI has positive laboratory results for COVID-19 from an approved laboratory (CDC, DOD lab, state health department)

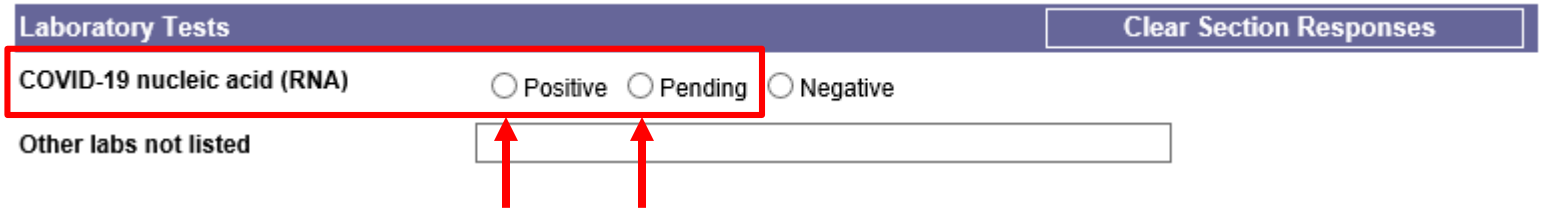
How to Report



Under MER Status:

- Select "**Preliminary**" if the interview and/or laboratory results are PENDING
- Select "**Final**" if all information has been collected on the PUI (e.g. interview and lab results completed, interview completed and no labs will be ordered, PUI ruled out as not a case, etc)

How to Report

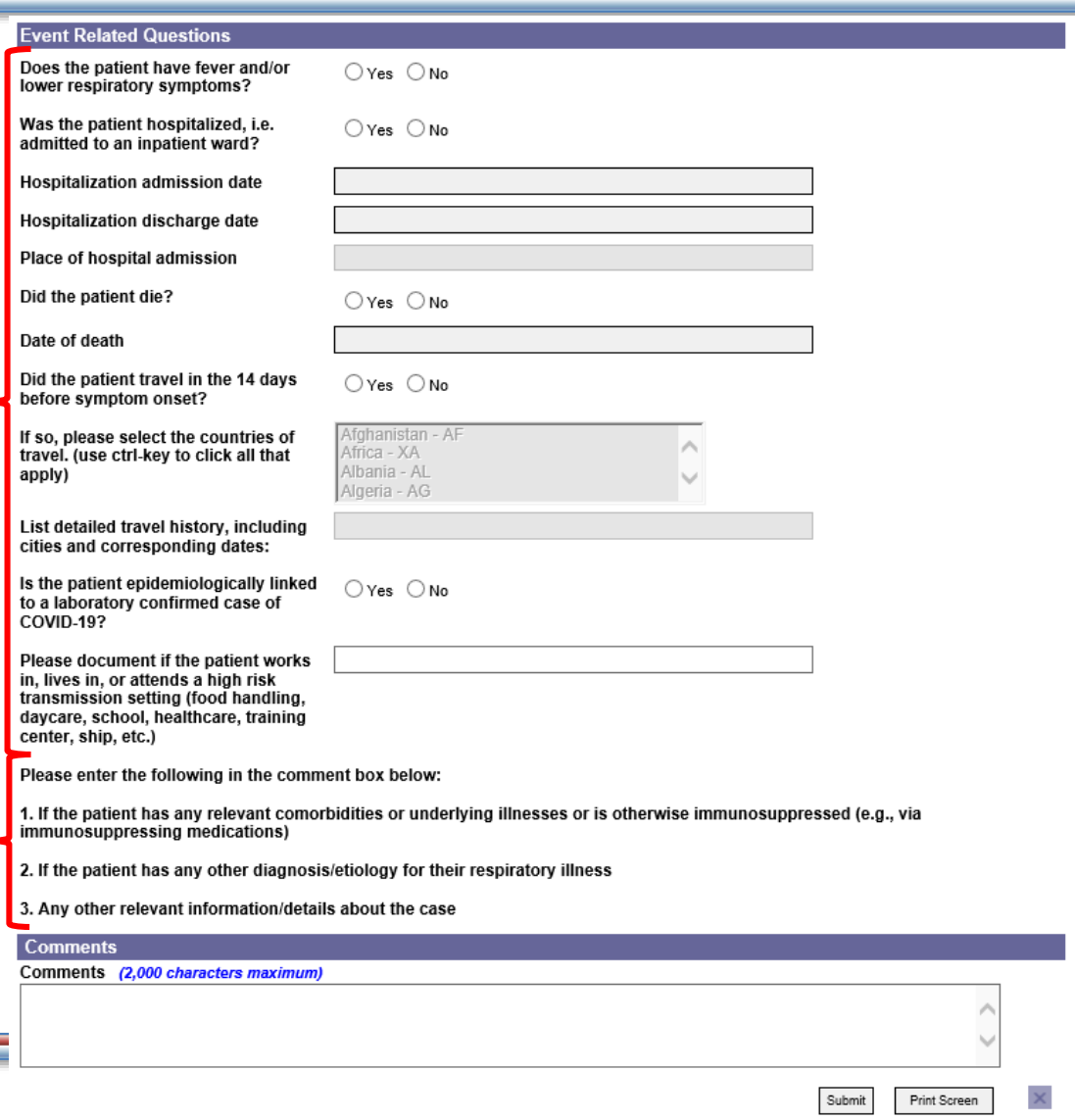


In the Laboratory Tests section:

- Select "**Pending"** if samples have been sent to the CDC/other lab for testing
- Select "**Positive**" if there was a positive laboratory results for COVID-19 from an approved laboratory (CDC, DOD lab, state health department)
- Select "**Negative**" if the laboratory result was negative for COVID-19

- List other relevant labs performed (e.g. "Flu negative", "GAS culture positive", etc)

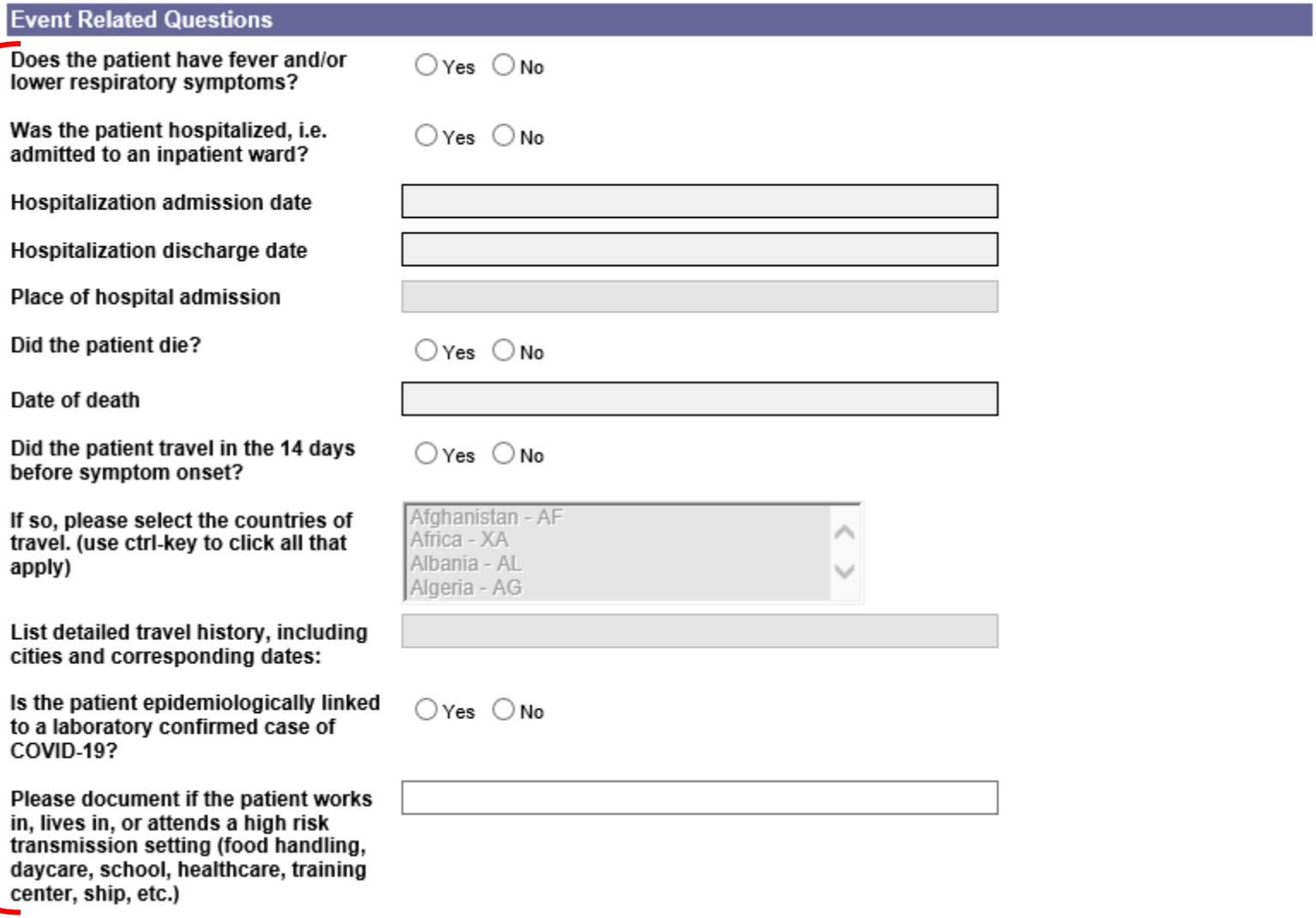
How to Report: Event Related Questions



Section 1

Section 2

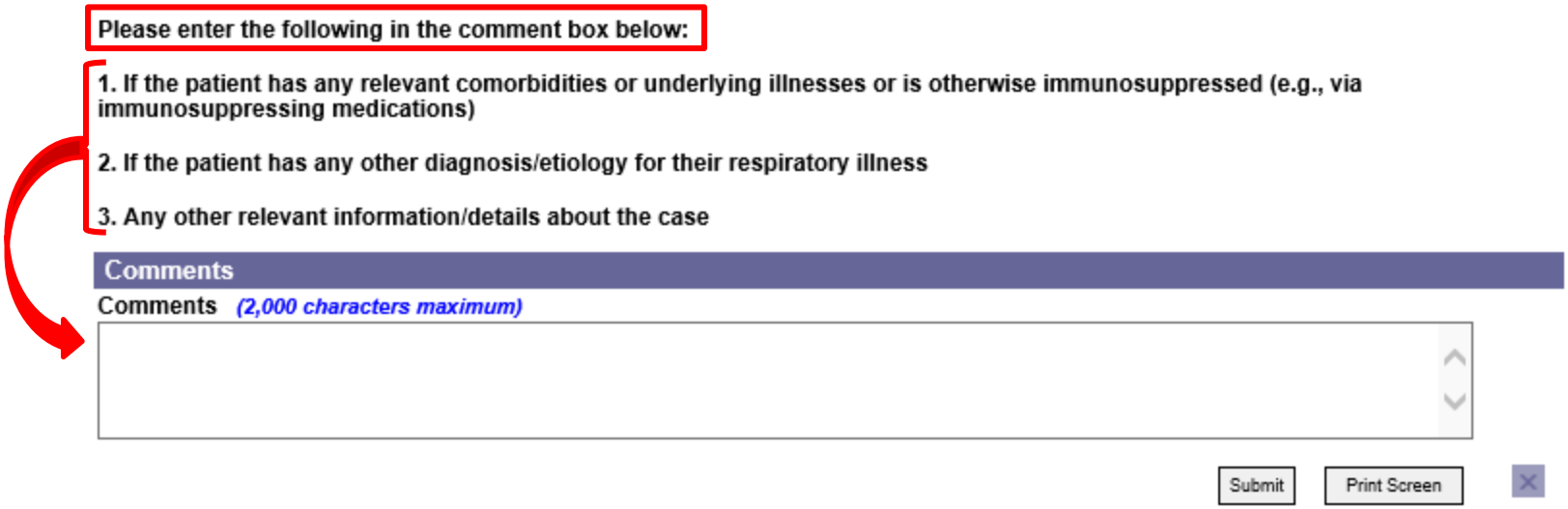
How to Report: Event Related Questions



Section 1

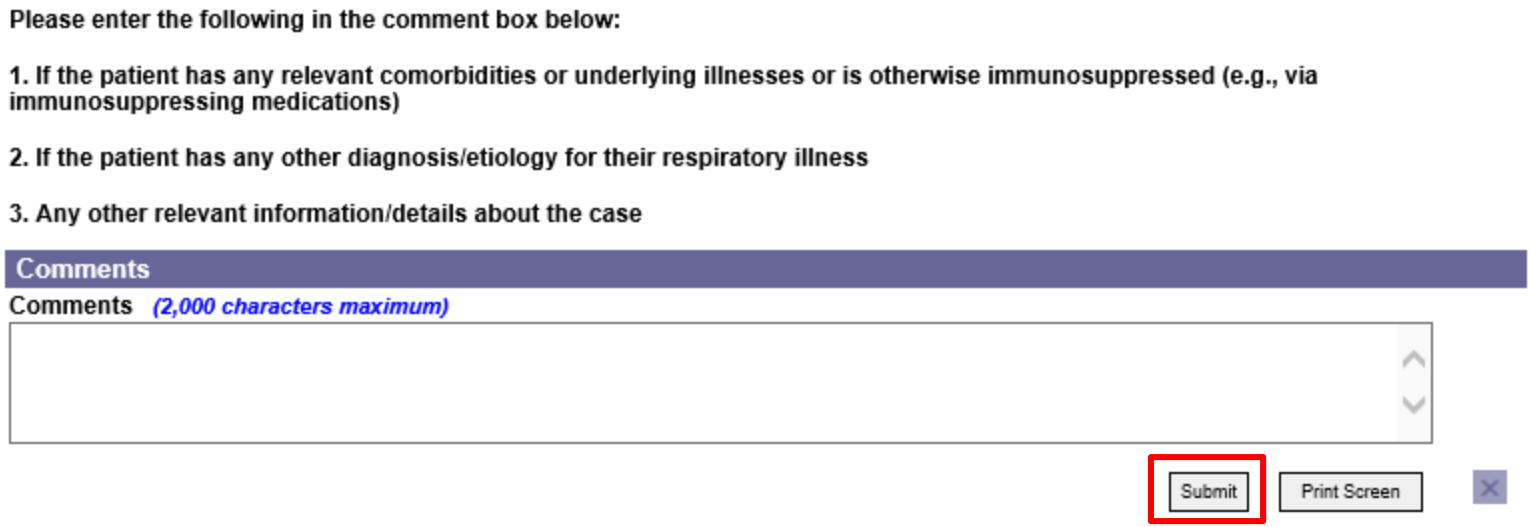
How to Report: Event Related Questions

Section 2



This final section of the Event Related Questions is easily overlooked. Ensure all three questions are answered as thoroughly as possible in the comment box.

How to Report



Ruling Out a PUI

- **What if a PUI is ruled out after reporting**?
  - If samples are negative or if healthcare providers/public health/preventive medicine otherwise rule out a case that has been reported:
    1. Open the case in DRSi
    2. Update the Case Classification Status to "**Not a Case**"
    3. If the lab test was negative for COVID-19, update the Laboratory Tests section to "**Negative**"
    4. In the comments, enter WHY the case was ruled out and the DATE this determination was made
    5. Resubmit the case

Service Contacts

- **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.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
  usafsam.phrepiservic@us.af.mil

Questions?