

## FY18 Epi-Tech Surveillance Training

Sunday, October 01, 2017 - Sunday, September 30, 2018  
DCS, APG, MD

*Provided By*

U.S. Army Medical Command

<u>Activity ID</u>	<u>Course Director</u>	<u>CME Planner</u>
2017-1636	John Ambrose	Mimi C. Eng

### Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of U.S. Army Medical Command and ARMY PUBLIC HEALTH CENTER. The U.S. Army Medical Command is accredited by the 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)*<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Statement of Need/Gap Analysis

**The purpose of this CME activity is to address the identified gap(s):**

1. 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.
2. 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.
3. 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.

## 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

Brown, Alfonza	- No information to disclose.
Gibson, Kelly	- No information to disclose.
Holbrook, Victoria	- No information to disclose.
Kebisek, Julianna	- No information to disclose.
Reynolds, Mark	- No information to disclose.
Reynolds, Mark	- No information to disclose.
Riegodedios, Asha	- No information to disclose.
Russell, Jamaal	Employment/Salary: Abbvie (spouse)
Walters, Cedric	- No information to disclose.

### Committee Members

Ambrose, John	- No information to disclose.
Eng, Mimi	- No information to disclose.
Gibson, Kelly	- No information to disclose.
Riegodedios, Asha	- No information to disclose.

## Acknowledgement of Commercial Support

There is no commercial support associated with this educational activity.

- To Register for the Monthly Disease Surveillance Trainings:
  1. Contact your Service Surveillance HUB to receive monthly updates and reminders
  2. Log-on or Request log-on ID/password:  
<https://tiny.army.mil/r/zB8A/CME>
  3. Register at: <https://tiny.army.mil/r/MEHsS/EpiTechFY18>
  
- Confirm attendance:
  - Please enter your full name/email into the DCS chat box to the right or email your Service hub
  - You will receive a confirmation email within 48 hours with your attendance record; if you do not receive this email, please contact your Service hub

# Case Finding for Reportable Medical Events



**U.S. ARMY PUBLIC HEALTH CENTER**



Alfonza Brown, MPH  
Epidemiologist APHC

- Identify methods and resources to find potential reportable events in DRSi to improve reporting accuracy
- Recognize when and how to implement these practices/methods to increase reporting efficiency
- Describe strengths and limitations to case finding methods, to increase awareness of functional capability

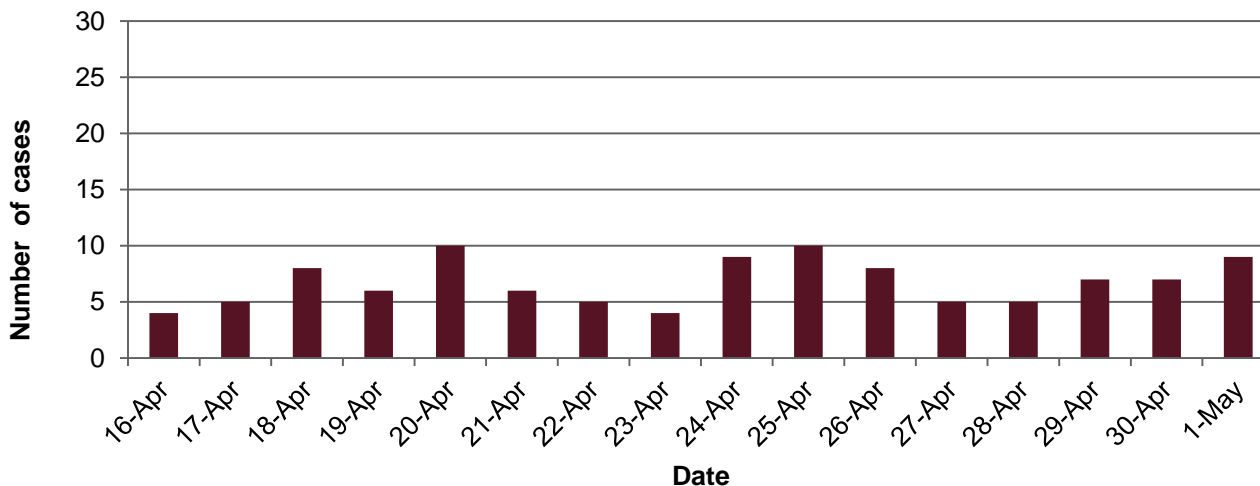
- Case finding – The strategy of surveying a population to find the sick persons that are the foci of infection; an essential early step in the eradication of any disease
- Case finding is doing active surveillance; however, it can also be used in the context of improving passive surveillance systems
- When performing case finding, it is important to cast a wide net because there are more cases that have yet to be identified
- The goal is to determine the true size and geographic extent of the problem



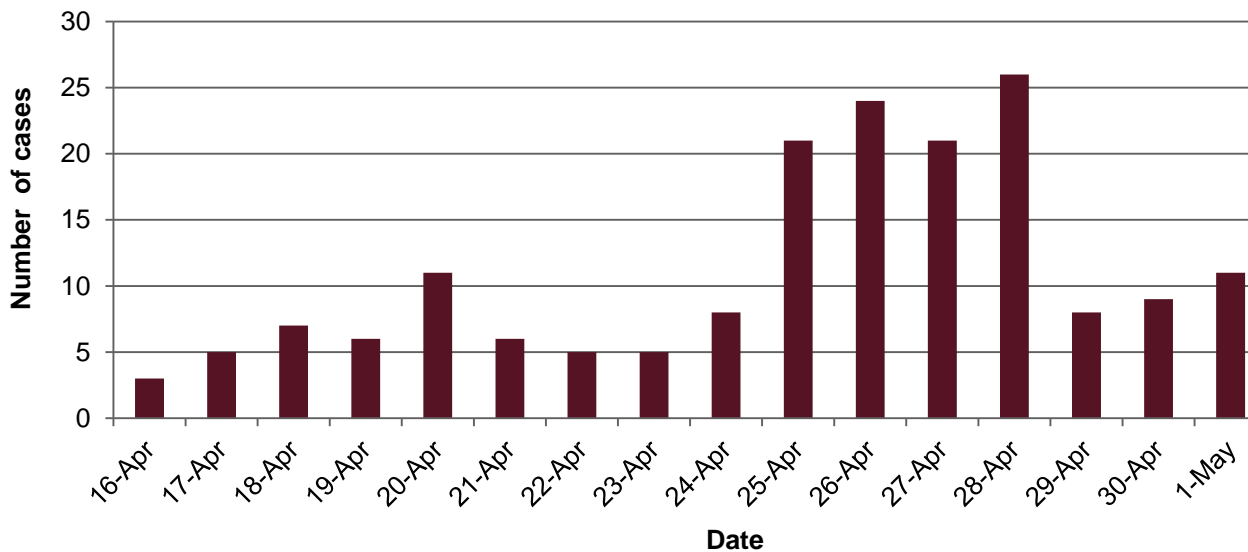
- Usually more cases than are being reported; the limitation to passive surveillance systems (e.g. DRSi) are that diseases are often underreported
- Identifies exposure risk—assists investigator in acquiring information from an appropriate representative sample
- Refines the case definition as more information is gathered
- Fully defines the exposed population for purposes of developing control measures
- Reported cases may not be representative of all cases (Example)



## Number of cases you think you have



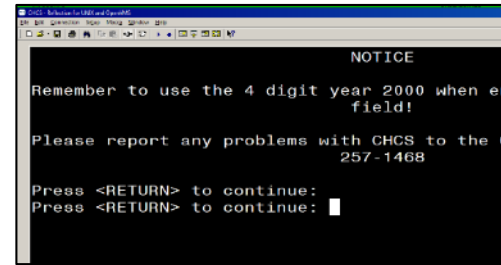
## Number of cases you **ACTUALLY** have



- Limitations of reporting
  - Many providers, high turnover, constant need for education
  - Providers may not be aware that condition is reportable
    - Army MTFs can request a copy of RME posters by contacting APHC
    - Navy MTFs can request posters/brochures from their NEPMUs
    - AF MTFs can download a list of RMEs from USAFSAM/PHR webpage at <https://gumbo2.area52.afnoapps.usaf.mil/epi-consult/reportableevents/> under General Information
- A significant amount of cases can be missed if additional activities are NOT employed
  - No awareness = no follow-up, no contact tracing, no control measures put into place



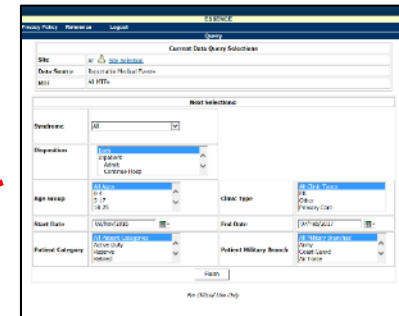
(AF)DRSi Case Finding Module



CHCS reports



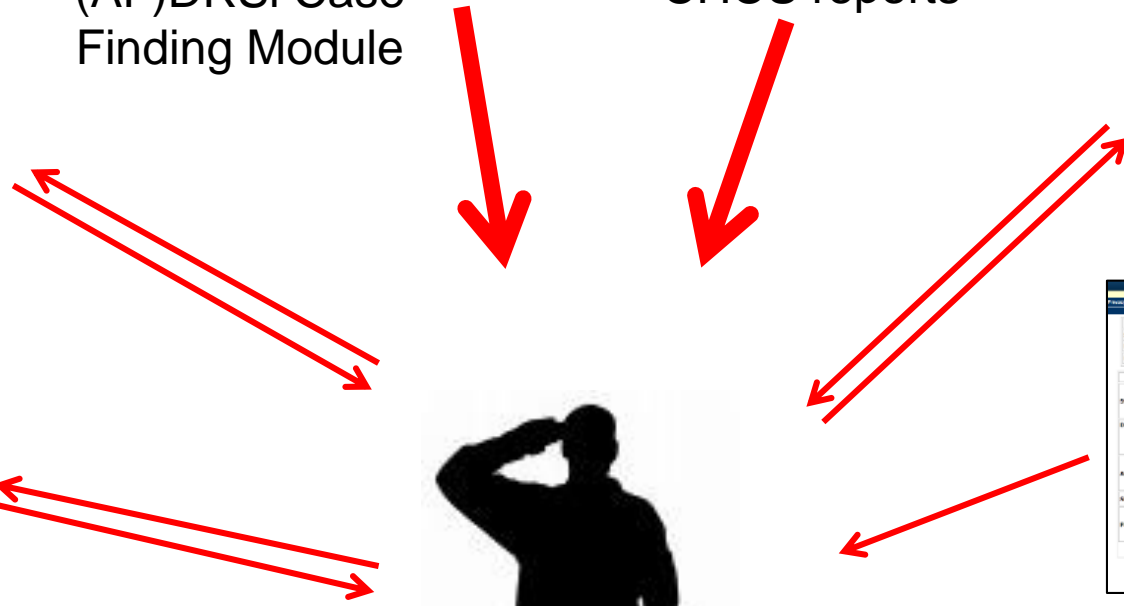
Local county PH



ESSENCE RME query



You  
Base level PH



Lab



Physician

- Active surveillance
  - Regularly contacting health care providers to seek information about health conditions, reviewing encounter records for ICD-10 codes, reviewing sick call logs for chief complaints, using CHCS ad hoc reports of lab results, asking cases if they know of anyone else who is sick, etc.
  
- Passive surveillance
  - A system by which a health jurisdiction receives reports submitted from hospitals, clinics, public health units or other sources

- A surveillance case definition is a set of **uniform criteria** used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to **classify and count cases consistently** across reporting jurisdictions.
- Surveillance case definitions are **not** intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.

Specificity of case definition and accuracy of diagnosis increases 

**Suspected classification**

- Early identification of the disease is critical for disease control
- Case definition usually limited to clinical symptoms without laboratory results (but not always)

**Probable Classification**

- Case definition is usually more detailed than suspected classification
- Does not have all of the required elements for a confirmed case

**Confirmed Classification**

- Case definition is the most specific
- Usually requires laboratory support

**Specificity** measures the proportion of actual negatives that are correctly identified as such (e.g. the % of healthy people who are correctly identified as not having the condition)

**Sensitivity** measures the proportion of actual positives that are correctly identified as such

- How is a case definition developed?
  - An RME case definition represents the specific clinical, laboratory, and other criteria that must be met for a disease or condition to be reportable
  - This is the **surveillance case definition** which is different from the development of an **outbreak case definition**

## Brucellosis (*Brucella* species)

### Background

Causative Agent	<i>Brucella</i> species
Travel Risks	Present worldwide
Clinical Description	An acute systemic disease characterized by fever plus any of the following: night sweats, arthralgia, headache, fatigue, anorexia, myalgia, weight loss, arthritis, spondylitis, meningitis, or focal organ involvement (endocarditis, orchitis, epididymitis, hepatomegaly, splenomegaly).

### Case Classification

#### Probable:

A case that meets the clinical description as described above with any of the following:

- Epidemiologically linked to a confirmed human or animal case or
- *Brucella* total antibody titer  $\geq$  1:160 by SAT or MAT from serum or
- *Brucella* nucleic acid (DNA) detected by PCR from any clinical specimen

#### Confirmed:

A case that meets the clinical description as described above with any of the following:

- *Brucella* identified by culture from any clinical specimen or
- At least a four-fold increase of *Brucella* antibody titer between acute and convalescent sera separated by at least 2 weeks

### Critical Reporting Elements

Document relevant travel and deployment history occurring within the incubation period.

Document the source of infection if known.

Document the circumstances under which the case patient was exposed including duty exposure, occupational activities, environmental exposures, or other high risk activities.

### Comments

A positive *Brucella* slide agglutination test is the same thing as MAT; it therefore meets the probable case definition and should be reported.



- When identifying cases, you should use as many sources as you can:
  - Health care facilities
    - Physicians' offices, clinics, hospitals, and laboratories
    - Reports of disease to Public Health Services or PM Departments
    - Call or visit locations
  - Local public health resources such as the health department
  - Tech tools
    - (AHLTA/CHCS/ESSENCE/DRSi/DigitalReports)
  - Public Health officials
    - CDC Current Outbreak List (<https://www.cdc.gov/outbreaks/index.html> )



# Case Finding in DRSi for Reportable Medical Events



- Laboratory reports are entered in the system and appear in this module
- On the first tab, select 'Review Case-Findings by Reporting Unit'

Welcome:

**Instructions:** To perform a Medical Events Recorder task, click on the appropriate task link presented below.

**Medical Event Reports** Patient Management Summary Reports Animal Bite

- ➔ [Enter/Edit Medical Event Report\(s\) by SSN](#)  
Review, edit, and report new Medical Event Report(s) for a patient(sponsors and associated FMPs).
- ➔ [Enter/Edit Outbreak Report\(s\)](#)  
Review, edit, and report new Outbreak Report(s).
- ➔ [Review Deleted Medical Event Report\(s\)](#)  
Review Medical Event Reports that have been flagged for removal or deletion, also restore these records back into DRSi.
- ➔ [Manage STI Case\(s\)](#)  
Review reported incidents of sexual transmitted infections.
- ➔ [Manage Tuberculosis Contact Investigation Report\(s\)](#)  
Review, edit, and report new Tuberculosis Contact Investigation Report(s).
- ➔ [Enter/Edit Medical Event Report\(s\) by Reporting Unit](#)  
Review and edit Medical Event Report(s) based on associated Reporting Units.
- ➔ [Enter/Edit VAERS Case\(s\)](#)  
Review, edit, and report new Vaccine Adverse Event Report(s).
- ➔ [Review Case Findings by Reporting Unit](#)  
Analyze available Case Finding data and report new Medical Event Report as necessary.
- ➔ [Manage Health Department Print](#)  
Print Health Department MER Case(s)

- Select the Time Period, Case Status and Reporting Unit
- Click 'Get Case-Findings'

[Help](#) [About](#)

## ADRSi :: Case Finding Module

Welcome:

**Instructions:** Below is a list of potential Medical Events that may be reportable in your AOR over the past 14 days. This list can be used as a guide to assist in local case finding and response efforts, but is not meant to replace these activities.

Please only show me records from the past  days (30 days maximum).

Show me:

Show me records for the following Reporting Unit(s):

---

List of Potentially Reportable Medical Event(s) X

Sponsor SSN	FMP	Potential Diagnosis <input type="text"/>	Date of Event <input type="text" value="A↓ Z↑"/>	MTF <input type="text"/>	Classification <input type="text"/>	Classification Criteria	Create MER?	Delete Case?
No cases have been entered for specified criteria. Please try changing your criteria.								

Sponsor SSN	FMP	Potential Diagnosis	Date of Event	MTF	Classification	Classification Criteria	Create MER?	Delete Case?
	20 - Sponsor	Influenza	1/15/2017		Positive	Influenza positive PCR, rapid antigen, or culture test in an inpatient		<input type="checkbox"/>
	20 - Sponsor	Chlamydia	1/13/2017		Positive	disease specific laboratory positive culture, rapid antigen, or nucleic acid test in a genital specimen		<input type="checkbox"/>
	20 - Sponsor	Syphilis	1/13/2017		Suspect	a positive confirmatory treponemal test		<input type="checkbox"/>
	02 - Dependent child of Sponsor	Chlamydia	1/12/2017		Positive	disease specific laboratory positive culture, rapid antigen, or nucleic acid test in a genital specimen		<input type="checkbox"/>
	20 - Sponsor	Varicella	1/12/2017		Suspect	positive indication of varicella virus via IgM serology, DFA, PCR, or virus isolation		<input type="checkbox"/>
	20 - Sponsor	Brucellosis	1/12/2017		Suspect	disease specific positive IgM test		<input type="checkbox"/>
	20 - Sponsor	Malaria	1/12/2017		Positive	disease specific laboratory positive rapid antigen, PCR, or blood smear test		<input type="checkbox"/>
	31 - Spouse of Sponsor	Chlamydia	1/11/2017		Positive	disease specific laboratory positive culture, rapid antigen, or nucleic acid test in a genital specimen		<input type="checkbox"/>
	20 - Sponsor	Chlamydia	1/11/2017		Positive	disease specific laboratory positive culture, rapid antigen, or nucleic acid test in a genital specimen		<input type="checkbox"/>

The CF classification is based on a behind-the-scenes algorithm. Cases are classified depending on the likelihood of meeting the case definitions in the Reportable Medical Event (RME) Guidelines.

Regardless of the classification status “positive” or “suspect” ALL cases that appear in the case finding module should be investigated to determine if they meet the case definition and need to be entered into the system.

**THESE ARE NOT RME CLASSIFICATIONS**

A “suspect” lab record does not mean it is a suspect RME case.

- For sponsors, you can use the Sponsor SSN to find more information on the case. For non-sponsors, click “Create MER” to get demographic information on the case.

Welcome:

**Instructions:** Below is a list of potential Medical Events that may be reportable in your AOR over the past 14 days. This list can be used as a guide to assist in local case finding and response efforts, but is not meant to replace these activities.

Please only show me records from the past  days (30 days maximum).

Show me:

Show me records for the following Reporting Unit(s):

List of Potentially Reportable Medical Event(s):

Sponsor SSN	FMP	Potential Diagnosis	Date of Event	MTF	Classification	Classification Criteria	Create MER?	Delete Case?
		Chlamydia			Positive	disease specific laboratory positive culture, rapid antigen, or nucleic acid test in a genital specimen	<input type="button" value="Create MER"/>	<input type="checkbox"/>
		Salmonellosis			Positive	positive culture excluding Salmonella typhi and Salmonella paratyphi results	<input type="button" value="Create MER"/>	<input type="checkbox"/>
		Lyme Disease			Suspect	disease specific positive lab test	<input type="button" value="Create MER"/>	<input type="checkbox"/>
		Syphilis			Suspect	a positive confirmatory treponemal test	<input type="button" value="Create MER"/>	<input type="checkbox"/>

- Once you have information on the case, click “Create MER” and enter all information as usual. Classify the case according to the 2017 Armed Forces Reportable Medical Events Guidelines and Case Definitions.
- If you find that a case found in the case finding module does not meet the case definition, click “Create MER” and classify the case as “not a case”. You can specify why this did not meet the case definition in the comments section.
  - If you delete a case from the case finding module, it will affect your MTFs performance metric. Entering the case as “not a case” as opposed to deleting it ensures that you are meeting the performance metric and responding to 100% of all cases found in the case finding module.



- If prompted, you may need to register the sponsor prior to entering the case if an existing profile does not exist in DRSi.
- Complete the Sponsor Profile Page, and click 'Submit'

[Cancel](#) [Help](#) [About](#)

ADRSi :: Sponsor Profile Page

Welcome:

To update a Sponsor's profile, change any of the Sponsor's information. Click 'Submit' to save the Sponsor's profile in the NDRSi database.

**Instructions:** Click the close icon to return to the previous page.

Please make sure all of the required fields are filled correctly.

Sponsor Profile

This following demographic information is for the Sponsor. To manage Dependent accounts click: [Manage FMP\(s\)](#)

<p>SSN: <input type="text"/></p> <p>Last Name: <input type="text"/> **</p> <p>First Name: <input type="text"/> **</p> <p>MI: <input type="text"/></p> <p>Race: <input type="text" value="Unknown"/> ▼</p> <p>Gender: <input type="radio"/> Male <input type="radio"/> Female</p> <p>Rank: <input type="text"/> ▼</p> <p>DOB (mm/dd/yyyy): <input type="text"/></p> <p>Duty Status: <input type="text"/> ▼</p> <p>Duty Station: <input type="text"/></p> <div style="border: 1px solid black; padding: 2px; text-align: center; width: fit-content; margin-left: 100px;"> <input type="button" value="Select Duty Station"/> </div>	<p>Service Branch: <input type="text" value="Army"/> ▼</p> <p>Email: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State/Province: <input type="text"/></p> <p>Zip/Postal Code: <input type="text"/></p> <p>Country: <input type="text"/></p>
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(\*) Required for registration  
(\*\*) Required for MERCase

A Medical Event Report requires that basic demographic information be completed. This Sponsor is missing required demographic information. Please complete the required fields, marked with a red asterisk, and click 'Submit.' After which you will be redirected back to the Medical Event Report.



- Once all information is entered, click 'Submit'
- The message "Medical Event successfully saved" will appear.

[Help](#) [About](#)

**ADRSi :: Medical Event Record**

Welcome:

**Sponsor's Demographic**

Case ID	Sponsor SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race/Ethnicity	Branch of Service	Duty Status	Rank/Grade	Permanent Duty Station	(mm/dd/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select"/>		

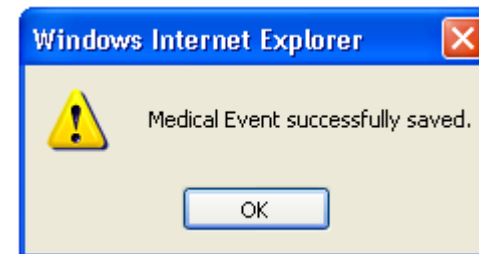
**Medical Event**

Diagnosis (ICD-9 code)	Date of Diagnosis		
<input type="text"/>	<input type="text"/> <input type="button" value="Pick Date"/>		
Reporting Unit			
<input type="text"/>			
Method of Confirmation	Case Status	MER Status	Date of Report
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Case Status should be classified as suspect, probable or confirmed according to the current [Triservice Guidelines](#)[Triservice Guidelines](#).

**Comments**

Comments *(2,000 characters maximum)*



Method of Confirmation

Serology

Case Classification Status

Confirmed

MER Status

Final

Date of Report

7/19/2017

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

Zika virus IgM antibody  Positive  Pending  Negative

Zika virus identified by culture  Positive  Pending  Negative

Zika virus antigen  Positive  Pending  Negative

Zika virus nucleic acid (RNA)  Positive  Pending  Negative

Zika virus PRNT titer  Positive  Pending  Negative

Other labs not listed

## Event Related Questions

Please specify the type of disease.

Zika Virus Infection, Non-Congenital

Was this exposure duty related?

 Yes, non-deployment related  Yes, Deployment related  No

Did this case travel to or reside in an area with known Zika virus transmission?

 Yes  No

If pertinent travel or residence, please select the countries of travel or residence. (use ctrl-click to click all that apply)

Brazil - BR  
British Indian Ocean Territory - IO  
British Virgin Islands - VI  
Brunei - BX

Did this case have sexual contact with a confirmed or probable Zika virus case?

 Yes  No

Did this case have sexual contact with a person with recent travel to an area with known Zika virus transmission?

 Yes  No

Did this case receive blood or blood products within 30 days of symptom onset?

 Yes  No

Did this case receive an organ or tissue transplant within 30 days of symptom onset?

 Yes  No

Was this case associated in time and place with a confirmed or probable Zika virus case?

 Yes  No

Did this case have likely vector exposure in an area with potential local transmission?

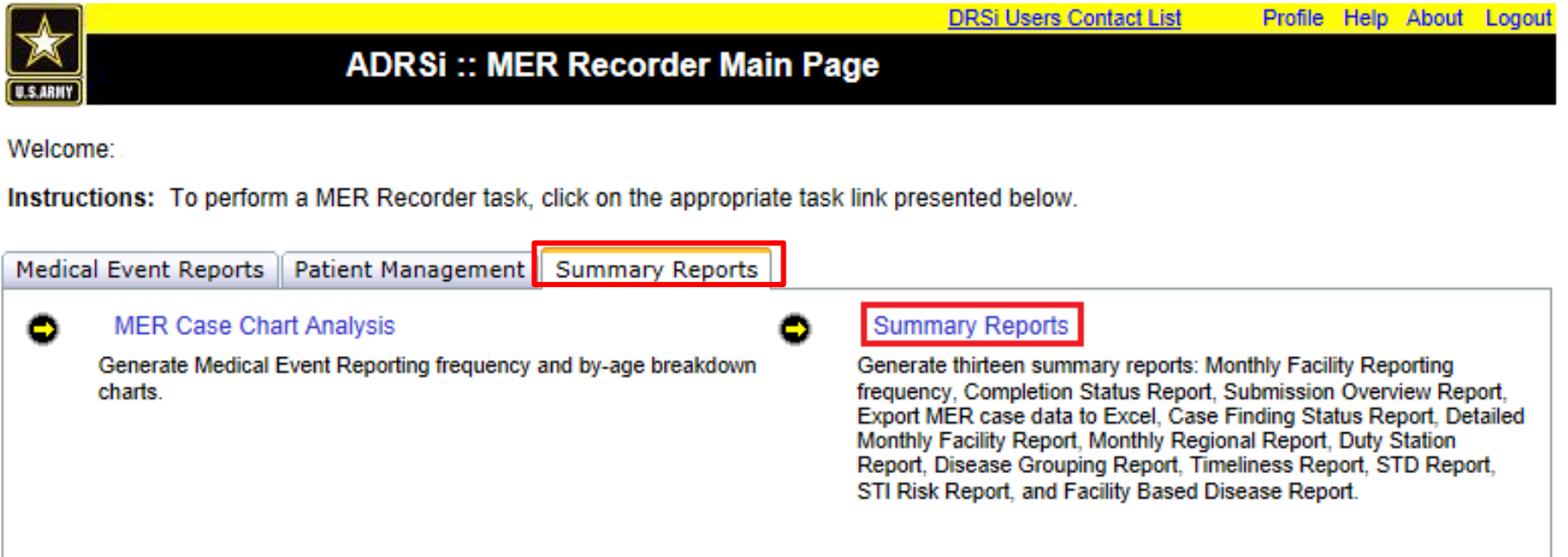
 Yes  No


## Comments

Comments (2,000 characters maximum)

In Brazil from April 2017 - June 2017. Symptoms include fever and conjunctivitis for one week.

- Additionally you can see the status of all Case Finding records from your facility.
- To do this, click on 'Summary Reports' of the Summary Reports tab.




 [DRSi Users Contact List](#) [Profile](#) [Help](#) [About](#) [Logout](#)


## ADRSi :: MER Recorder Main Page

Welcome:

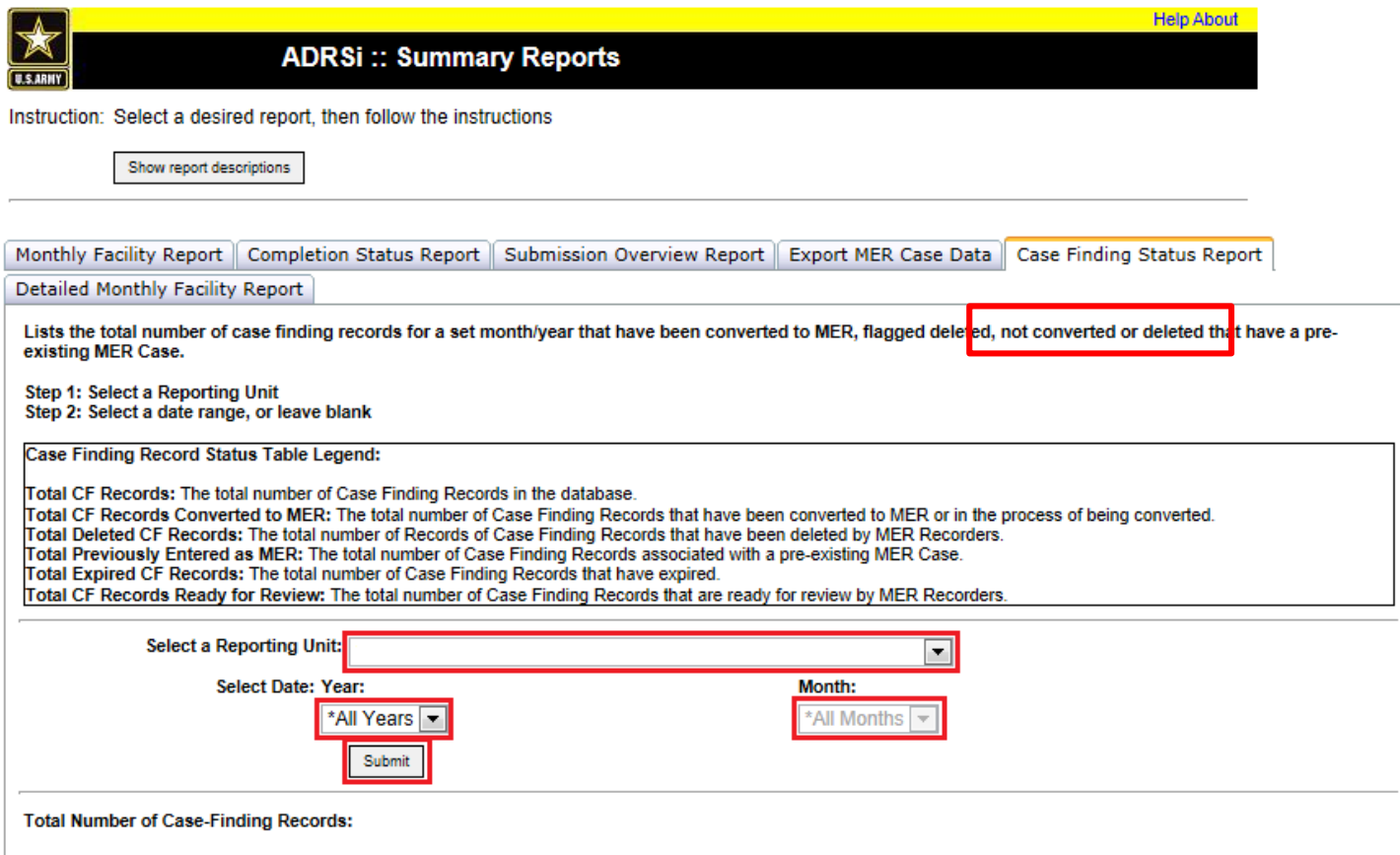
**Instructions:** To perform a MER Recorder task, click on the appropriate task link presented below.

[Medical Event Reports](#) [Patient Management](#) **[Summary Reports](#)**

 [MER Case Chart Analysis](#)  
Generate Medical Event Reporting frequency and by-age breakdown charts.

 **[Summary Reports](#)**  
Generate thirteen summary reports: Monthly Facility Reporting frequency, Completion Status Report, Submission Overview Report, Export MER case data to Excel, Case Finding Status Report, Detailed Monthly Facility Report, Monthly Regional Report, Duty Station Report, Disease Grouping Report, Timeliness Report, STD Report, STI Risk Report, and Facility Based Disease Report.

- Select the Case Finding Status report, and select the Reporting Unit you wish to view data for.
  - Next, select the year and month you wish to view, and click ‘Submit.’



**ADRSi :: Summary Reports** [Help About](#)

Instruction: Select a desired report, then follow the instructions

[Show report descriptions](#)

Monthly Facility Report | Completion Status Report | Submission Overview Report | Export MER Case Data | **Case Finding Status Report**

Detailed Monthly Facility Report

Lists the total number of case finding records for a set month/year that have been converted to MER, flagged deleted, not converted or deleted that have a pre-existing MER Case.

Step 1: Select a Reporting Unit  
Step 2: Select a date range, or leave blank

**Case Finding Record Status Table Legend:**

Total CF Records: The total number of Case Finding Records in the database.  
 Total CF Records Converted to MER: The total number of Case Finding Records that have been converted to MER or in the process of being converted.  
 Total Deleted CF Records: The total number of Records of Case Finding Records that have been deleted by MER Recorders.  
 Total Previously Entered as MER: The total number of Case Finding Records associated with a pre-existing MER Case.  
 Total Expired CF Records: The total number of Case Finding Records that have expired.  
 Total CF Records Ready for Review: The total number of Case Finding Records that are ready for review by MER Recorders.

Select a Reporting Unit:

Select Date: Year:  Month:

Total Number of Case-Finding Records:

- The number of records, how many have been turned in to a MER, number deleted, number already in DRSi, number expired and total number ready for review will generate.
  - For an excel output of this screen, click the green x.

Total Number of Case-Finding Records:



Reporting Unit	Facility Name	Year	Month	Disease Name	Public Health Classification	Classification Criteria	Total CF Records	Total CF Records Converted to MER	Total Deleted CF Records	Total Previously Entered as MER	Total Expired CF Records	Total CF Records Ready for Review
		2012	April	Malaria	Suspect	any lab result found to be negative or indeterminate						
		2012	April	Malaria	Suspect	any lab result found to be negative or indeterminate						
		2012	April	Lyme Disease	Suspect	Any positive antibody or PCR test without a Western Blot record or at least one positive Western Blot band						
		2012	April	Hepatitis A	Suspect	Positive or equivocal Hepatitis A IgM test						
		2012	April	Chlamydia	Positive	Positive lab test in a genital specimen						
		2012	April	Malaria	Suspect	any lab result found to be negative or indeterminate						



[Help](#) [About](#)

## ADRSi :: Medical Event Record

Welcome:

Delete MER

Submit

Print Screen



### FMP's Demographic

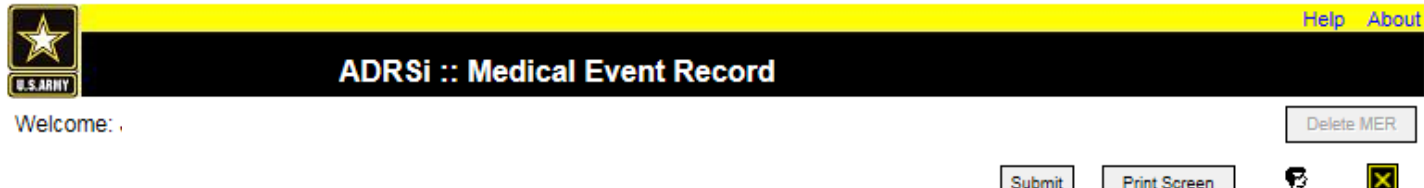
Sponsor's SSN: 111111111

Case ID	FMP SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
<input type="text"/>	<input type="text" value="525252525"/>	<input type="text" value="03"/>	<input type="text" value="Cow"/>	<input type="text" value="Brown"/>	<input type="text"/>	<input type="text" value="M"/>	<input type="text" value="5/27/1975"/>
Race/Ethnicity				(mm/dd/yyyy)			
<input type="text" value="Asian/Pacific Island"/>							
Beneficiary Category							
<input type="text" value="Child of an Active Duty Service Member"/>							

### Medical Event

Diagnosis	Date of Onset		
<input type="text" value="Chikungunya Fever"/>	<input type="text"/> <input type="button" value="Pick Date"/>		
Reporting Unit	Date of Diagnosis		
<input type="text" value="00168 - WALTER REED NATL MIL MED CNTR"/>	<input type="text"/> <input type="button" value="Pick Date"/>		
	Date of Clinic Visit		
	<input type="text"/> <input type="button" value="Pick Date"/>		
Method of Confirmation	Case Classification Status	MER Status	Date of Report
<input type="text"/>	<input type="text" value="Pending"/>	<input type="text" value="Preliminary"/>	<input type="text" value="5/23/2017"/>

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](#).



**RMEs should be reported at the earliest case classification required and updated regularly as more clinical and/or information becomes available**

Method of Confirmation	Case Classification Status	MER Status	Date of Report
<input type="text"/>	<input type="text" value="Pending"/>	<input type="text" value="Preliminary"/>	<input type="text" value="5/23/2017"/>

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](#).



# Other tools available for case finding

## CHCS Ad Hoc/Spool reports

- “Case Finding in DRSi”
  - January 2017 epi-tech training

## Using ESSENCE

- “ESSENCE version 5 Demo”
  - May 2018 epi-tech training
- “Making the most of ESSENCE”
  - Oct 2016 epi-tech training

**Link to training videos and slides:**

<https://phc.amedd.army.mil/topics/healthsurv/de/Pages/Epi-TechTraining.aspx>

# Case Finding with MHS Genesis

## Differences with MHS Genesis:

- Labs will not feed into DRSi
- No data feed into ESSENCE
- No quick reporting tools or public health surveillance system currently built into the system
- Historic medical records are not available on MHS Genesis; will need to still use AHLTA and other sources to complete reports

Ultimately, all tools currently used for case finding will be interrupted and may be unavailable.

## Preparing for MHS Genesis:

- Establish good communication with lab officers, preventive medicine, and nursing departments
  - Navy: Contact NEPMU5 to get guidance and mentorship. NEPMU5 can help prepare Navy PM departments with their surveillance activities when MHS Genesis gets adopted at that MTF
- Review Service requirements to report medical events
  - Can be found in 2017 Armed Forces Reportable Medical Events Guidelines and Case Definitions, page 6
- Current tools used for case finding may be interrupted or unavailable
- Additional time and resources may be needed to fulfill reporting requirements

- Case finding should be conducted with all communicable diseases to ensure the complete and accurate capture of all cases
- Case finding can be done as part of active surveillance or it can be done to improve completeness of passive surveillance systems
- Using the case finding module within DRSi can help MTFs improve both completeness of reportable medical event reporting and timeliness of reporting
- Improved case finding allows preventive medicine/public health personnel to determine the true size and geographic extent of a disease

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