

ANNOUNCEMENT

- 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/7laAB/EpiTechFY16>
- ***NOTE: this is the first session of the FY so all new and returning participants need to register***
- Confirm attendance:
 - Please enter your name/service into the DCO chat box to the left 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





Navigating DRSi

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Navy and Marine Corps Public Health Center
27 October 2015



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

WWW.NMCPHC.MED.NAVY.MIL

Outline

- DRSi Introduction
- Reporting a Medical Event
- Reporting an Outbreak
- How to Find your Reportable Cases
- Summary reports



DRSi – Things You Should Know

- Program of Record under the DON CIO
- Armed Forces system used by Navy, Army, Air Force, and Coast Guard
- All users talk from one single database
- Service-specific web-portals

- This training is not meant to be a step-by-step “how to use DRSi”
 - Visit NMCPHC’s DRSi Training Guides webpage at:
<http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/drsi/drsi-training-guides/Pages/default.aspx>
 - Training slides and quick guides that you can print out
- Today’s training will focus on how to use DRSi optimally



DRSi – Important Directives and Resources

- Armed Forces Reportable Medical Events Guidelines and Case Definitions
- Navy:
 - BUMED INST 6220.12C “Medical Surveillance and Medical Event Reporting”
 - NMCPHC-TM-PM 6220.12 “Medical Surveillance and Reporting
 - Available at: <http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/disease-surveillance/Pages/default.aspx>
- Air Force: AFI 48-105 “Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance”
- Army: AR 40-11 “Medical Services: Preventive Medicine”



REPORTING A MEDICAL EVENT



Reporting a Medical Event

Welcome: Asha Riegodedios

Instructions: Enter/Edit a Medical Event Report for a Sponsor or a Dependent, enter a SSN in the box below and select 'Submit.'

Search on Sponsor's SSN
 Search on Dependent's SSN

SSN:

Select the FMP code associated with this Sponsor's account:



List of Previously Filed Medical Event Reports for this Patient:

Case ID	FMP	Sponsor SSN	Name	ICD9CODE	Date of Onset	Date of Report	Case Status	MER Status	Original Reporting Unit	
144394	20 - Sponsor	999999999	Jane Doe	Tuberculosis; Pulmonary	8/6/2012	8/14/2012	Confirmed	Final	39167	asha.riegodedios
625318	20 - Sponsor	999999999	Jane Doe	Gonorrhea	5/1/2013	5/2/2013	Confirmed	Final		asha.riegodedios
645468	20 - Sponsor	999999999	Jane Doe	Chlamydia	1/15/2014	1/15/2014	Probable	Final	0112	Nc
755292	20 - Sponsor	999999999	Jane Doe	Chlamydia	11/6/2014	11/7/2014	Confirmed	Final		asha.riegodedios



Reporting a Medical Event - Chlamydia

Medical Event

Diagnosis (ICD-9 code)

Chlamydia

Date of Onset

Pick Date

Reporting Unit

-

Method of Confirmation

Case Status

MER Status

Date of Report

10/16/2015

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

Laboratory Tests

Culture

Positive Pending Negative

Antigen/Nucleic Acid

Positive Pending Negative

Comments

Comments (2,000 characters maximum)



Reporting a Medical Event - Malaria

Medical Event

Diagnosis (ICD-9 code)

Malaria

Date of Onset

Pick Date

Reporting Unit

-

Method of Confirmation

Case Status

MER Status

Date of Report

10/16/2015

Laboratory Tests

Detection of Plasmodium by nucleic acid test

Positive Pending Negative

Blood Smear

Positive Pending Negative

Binax NOW Rapid Diagnostic Test

Positive Pending Negative

Other labs not listed



Reporting a Medical Event - Malaria

Event Related Questions

Please specify type of Malaria

Was this exposure duty related?

Yes, non-deployment related Yes, Deployment related No

Pertinent travel?

Yes No

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

Did the patient take chemoprophylaxis?

Yes No

If the patient did take chemoprophylaxis, please identify the meds (choose as many as applicable by holding the CTRL-button while clicking with your mouse).

Comments

Comments *(2,000 characters maximum)*



Reporting a Medical Event - Tuberculosis

Laboratory Tests

Sputum AFB Smear

Positive Pending Negative

Culture

Positive Pending Negative

Nucleic Acid amplification test

Positive Pending Negative

Other labs not listed

Event Related Questions

Is this case a contact of a known/suspect active TB patient?

Yes No

Is there evidence of multi-drug resistance (resistance to 3 or more drugs)?

Yes No

Was this exposure duty related?

Yes, non-deployment related Yes, Deployment related No

Pertinent travel?

Yes No

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

Comments

Comments *(2,000 characters maximum)*



REPORTING AN OUTBREAK



Reporting an Outbreak

- When is an outbreak reportable?
- If you have a cluster of illnesses that is occurring beyond what is expected – this is an outbreak
- Report any cluster of illness that is giving you pause, even if it is just simple diarrhea without any lab confirmation
- Outbreaks are reportable even if you don't have lab confirmation
 - Outbreaks often don't have lab confirmation
- Report an outbreak if:
 - You are looking for cases
 - You are seeking causes
 - You are instituting control measures



Reporting an Outbreak

Case Narrative

1. Case Definition with specific symptoms/signs; (i.e. fever greater than 100.0 F, laboratory confirmed, vomiting, etc.):

Patients are presenting with acute onset of nausea, vomiting, and diarrhea along with body aches and chills. Very few had temperatures above 100.0. The vast majority have recovered after one day of SIQ. the vast majority feel better and return to work after 24 hours

2. Laboratory test description (indicate specimen tested and whether patient, food or water):

Five NOROVIRUS samples were sent to NEPMU2 in Norfolk on 19 JUN 15 for confirmation. Awaiting status of lab results.

3. Investigation description (include specific questions asked/surveys/travel history, diet, animals, insects, berthing, work pace, water sources, food preparation areas, waste disposal, social contacts, deployments, shore activities/sexual contacts, exposure to local populations):

Our investigation shows that affected patients come from a cross-section of almost all departments. No specific work center, berthing, or galley appears to be a focus of infection.

4. Preventive measures taken: (list specific options: galleys closed, immunization or medications given, handwashing implemented, berthing spaces cleaned, DEET or permethrin applied, extermination of pests, isolation of cases, etc.)

We are treating only with antiemetics if needed. We are taking additional steps in enforcing handwashing and paying extra attention to wiping down contact surfaces in all heads and on ladders and hatches. Self-service in the crew galleys will terminated on the 17th starting at midrats and has continued. We will ensure sanitation measures are reinforced in all messes. Hand sanitizer has been placed in all common areas on board and re-supply



HOW TO FIND YOUR REPORTABLE CASES



How to Find Cases

- Passive versus Active Surveillance and Reporting
 - Passive: wait for providers to report to you
 - Active: actively seek cases even in absence of provider reporting
- Limitations of provider reporting
 - Lack of knowledge
 - Lack of interest
 - Conscious decision not to report in lieu of other requirements



How to Find Cases

- Military MTF employs active surveillance and reporting by empowering Preventive Medicine departments
 - CHCS ad hocs of lab results, admissions, infection control orgs **
 - Review sick call logs
 - Host lunch and learn series for providers
 - Work with infection control
 - Maintain continuous line of communication with civilian authorities
- Access to lab data is an important part of the list above










How to Find Cases – DRSi Case Finding Module

- NMCPHC receives daily feeds of MTF CHCS lab data
- These data are combed for results indicative of reportable events
- Case Finding (CF) Records are then created to help you in your initial step of finding cases
 - CF records ARE NOT medical event reports
 - Some records may reflect reportable events
 - Some records may not be reportable
 - They are designed to provide you with a valid “CHCS ad hoc” to then follow-up as usual and see if the event is reportable



How to Find Cases – DRSi Case Finding Module

Sponsor SSN	FMP	Potential Diagnosis: ▾	Date of Event 	MTF ▾	Classification ▾	Classification Criteria	Create MER? 	Delete Case? <input type="checkbox"/>
[REDACTED]	01 - Dependent child of Sponsor	Shigellosis	1/31/2010	[REDACTED]	Positive	positive stool culture		<input type="checkbox"/>
[REDACTED]	30 - Spouse of Sponsor	Chlamydia	1/26/2010	[REDACTED]	Positive	Positive lab test in a genital specimen		<input type="checkbox"/>
[REDACTED]	01 - Dependent child of Sponsor	Chlamydia	1/26/2010	[REDACTED]	Positive	Positive lab test in a genital specimen		<input type="checkbox"/>
[REDACTED]	02 - Dependent child of Sponsor	Chlamydia	1/25/2010	[REDACTED]	Positive	Positive lab test in a genital specimen		<input type="checkbox"/>
[REDACTED]	30 - Spouse of Sponsor	Chlamydia	1/25/2010	[REDACTED]	Positive	Positive lab test in a genital specimen		<input type="checkbox"/>



How to Find Cases – DRSi Case Finding Module

- Limitations of the Case Finding Module
 - False positives
 - Accession practices may record MTF as originator of the specimen
 - Most of the time, a lab test isn't enough to determine whether a case is reportable



SUMMARY REPORTS



Summary Reports

ha Riegodedios

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

nt Reports | Patient Management | **Summary Reports**

Case Chart Analysis

Medical Event Reporting frequency and by-age
on 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.



Summary Reports

accelerate your life.



NDRSi :: Summary Reports

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

Monthly Regional Report

Duty Station Report

Disease Grouping Report

Timeliness Report

STD Report

STI Risk Report

Facility Based Disease Report

Lists a count of All MER-Cases entered for a facility for a specified date-range, if provided otherwise all data.

Step 1: Select a Reporting Unit

Step 2: Select a date range, or leave blank

Select a Reporting Unit:

* View All



Select Date: Year:

*All Years



Month:

*All Months



Compare Months:



Summary Reports – Submission Overview Report

- Monthly Facility Report
- Completion Status Report
- Submission Overview Report**
- Export MER Case Data
- Case Finding Status Report
- Detailed Monthly Facility Report
- Monthly Regional Report
- Duty Station Report
- Disease Grouping Report
- Timeliness Report
- STD Report
- STI Risk Report
- Facility Based Disease Report

Lists total number of MER-Cases reported by all facilities (available to each MER-Record) along with a last-date-report.

Step 1: Select a Reporting Unit

Select a Reporting Unit:

Total Number of MER-Cases Reported:



Reporting Unit	Facility Name	Number of MER Case Reported	Date of Last Report
00259	NMC San Diego	17856	10/19/2015



Summary Reports – Completion Status Report

[Monthly Facility Report](#) |
 [Completion Status Report](#) |
 [Submission Overview Report](#) |
 [Export MER Case Data](#) |
 [Case Finding Sta](#)
[Detailed Monthly Facility Report](#) |
 [Monthly Regional Report](#) |
 [Duty Station Report](#) |
 [Disease Grouping Report](#) |
 [Timeliness Rep](#)
[STI Risk Report](#) |
 [Facility Based Disease Report](#)

List of all Preliminary MER-Cases (MER Status = "Preliminary") for a facility

Step 1: Select a Reporting Unit

Select a Reporting Unit: ▼

Date Range: Start:

Select

10/19/2015

End:

Select

Submit

Preliminary MER-Cases:

Case ID	FMP	Sponsor SSN	Last Name	First Name	Duty Status	Service Branch	ICD9 Code	Date of Onset	Date Recorded	Reporting Unit	
					Active Duty	Navy	Chlamydia	10/16/2015	10/20/2015	0067 - WALTER REED NATL MIL MED CNTR	Email
					Active Duty	Navy	Chlamydia	10/19/2015	10/20/2015	68095 - NH BREMERTON	Email: a
					Retired	Air Force	Chlamydia	10/19/2015	10/20/2015	68095 - NH BREMERTON	Email: a



Summary Reports – STD Report

[Monthly Facility Report](#) |
 [Completion Status Report](#) |
 [Submission Overview Report](#) |
 [Export MER Case Data](#) |
 [Case Findings](#) |
 [Disease Grouping Report](#) |
 [Timeliness Report](#) |
 STD Report |
 [STI Risk Report](#) |
 [Facility Based Disease Report](#)

Date Range:
 Start Date:
 End Date:

	Selected Population Count	Selected Population Percent	Navy Population Count	Navy Population Percent
Total	203	100.0 %	4,783	100.0 %
Diagnosis				
Chlamydia	203	100.0 %	4,783	100.0 %
Age				
<= 17	5	2.5 %	65	1.4 %
18 ~ 24	134	66.0 %	3,411	71.3 %
25 ~ 30	48	23.6 %	920	19.2 %
31 ~ 35	5	2.5 %	210	4.4 %
36 ~ 40	2	1.0 %	99	2.1 %
>= 41	9	4.4 %		
Sex				
Male	117	57.6 %	2,506	52.4 %
Female	86	42.4 %	2,277	47.6 %
Status				
Active Duty	120	59.1 %	3,948	82.5 %
Other Beneficiary	83	40.9 %	835	17.5 %



HOW TO GET HELP



Contact your DRSi Helpdesk for questions on DRSi Access and Use

- Navy, Air Force, Coast Guard DRSi users:
 - Phone: 757-953-0954
 - E-mail: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil
- Army DRSi users:
 - Phone: 410-436-2377
 - Email: usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil



Contact your Service Surveillance hub for Guidance and Consultation on Reporting

- Army: APHC – Disease Epidemiology Program
Aberdeen Proving Ground – MD
Comm: (410) 436-7605 DSN: 584-7605
usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil
- Navy: 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: HealthSurveillance@med.navy.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): 722-2230; 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
episervices@us.af.mil



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 - Please enter your name/service into the DCO chat box to the left or email your Service HUB
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