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/7IaAB/EpiTechFY16

- 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

Outbreak Reporting

Asha Riegodedios, Staff Epidemiologist
Navy and Marine Corps Public Health Center
28 June 2016

Objectives

- Outbreak Reporting Requirements
- When to report an outbreak
- How to report an outbreak
- What do we look for in an outbreak report
- Primary POCs

Reporting Requirements

- Triservice Guidelines
  - Armed Forces Reportable Medical Events Guidelines & Case Definitions (soon to be updated)
- Navy Regulations
  - NavMed p-117: Manual of the Medical Department
  - BUMED INST 6220.12C: Medical Surveillance and Medical Event Reporting
  - NMCPHC-TM-6220.12: Medical Surveillance and Medical Event Reporting Technical Manual

Reporting Requirements

- Army Regulations
    - DA PAM 40-11: Preventive Medicine
    - AR 40-5: Preventive Medicine
    - MEDCOM OPORD 10-78 (September 2010)
- Air Force Regulations
    - AFI 48-105: Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance

When To Report

- What is a reportable outbreak?
    - How many cases?
    - What about typical increases in disease (i.e. seasonal)?
    - No single clear definition – requires judgment
- Any unusual increase in disease incidence should be investigated
- Any surge in illness above baseline can be reportable, even surges that you believe are "expected"
    - i.e. GI illness among recruits following a particular training evolution in the late summer/early fall months

When To Report

- Report an outbreak when an increase in illness leads you to:
  - Identify more cases
  - Seek causes of the illness and/or
  - Institute control measures
- Laboratory confirmation is not required for reporting
- Outbreaks are reportable regardless of whether the etiologic agent is on the reportable disease list
  - i.e. adenovirus outbreak
- When in doubt, report

Report clusters involving:

- Severe illnesses
- Rapid rise in cases
- Cases limited to a specific group (demographic, occupational)
- Highly infectious organism requiring rapid implementation of control measures
- Potential to affect mission readiness
- Control measures that are invasive, involve mass prophylaxis, or are resource intensive
- Potential to attract media attention
- Vaccine preventable illnesses in highly vaccinated population

How To Report

- On-line via DRSi
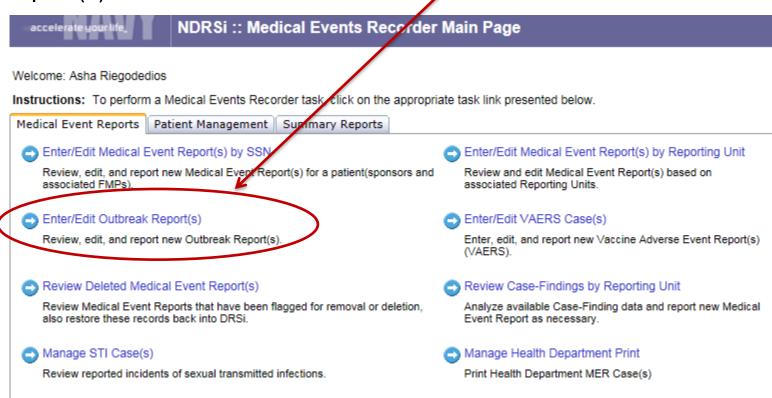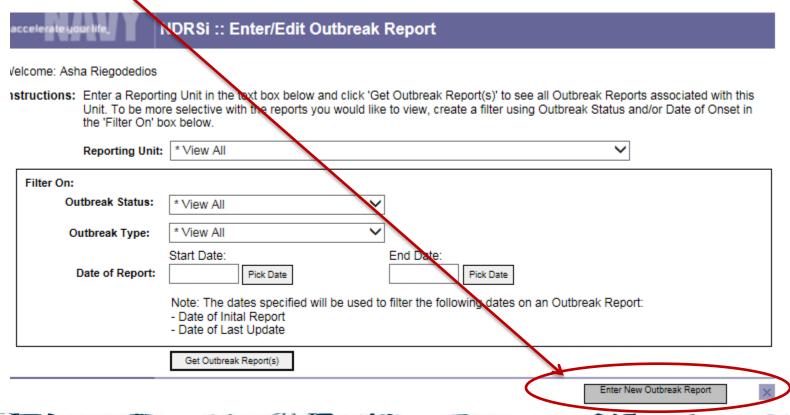- DRSi: Outbreak Report Module

How to Report in DRSi

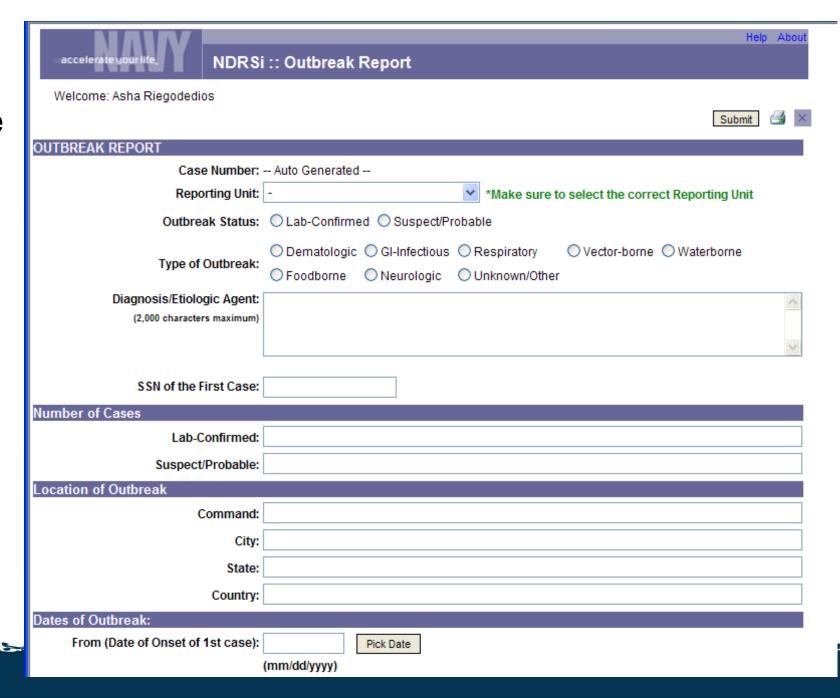- Once you log in as a MER Recorder, click on "Enter/Edit Outbreak Report(s)"

- This brings you to the Outbreak Report Main Page
- You can view and edit previous outbreak reports filed by your reporting unit

  - Input your date filters and click on "Get Outbreak Report(s)"
- Click on "Enter New Outbreak Report" to enter a new report

Top of the screen

NDRSi :: Outbreak Report

Help   About

Welcome: Asha Riegodedios

Submit

OUTBREAK REPORT

Case Number: -- Auto Generated --

Reporting Unit: [- ▼]   *Make sure to select the correct Reporting Unit

Outbreak Status: ○ Lab-Confirmed ○ Suspect/Probable

Type of Outbreak:
○ Dematologic ○ GI-Infectious ○ Respiratory   ○ Vector-borne ○ Waterborne
○ Foodborne ○ Neurologic ○ Unknown/Other

Diagnosis/Etiologic Agent:
(2,000 characters maximum)

SSN of the First Case:

Number of Cases

Lab-Confirmed:

Suspect/Probable:

Location of Outbreak

Command:

City:

State:

Country:

Dates of Outbreak:

From (Date of Onset of 1st case): [   ] [Pick Date]

(mm/dd/yyyy)

Bottom of the screen

To (Date of Onset of last case): [_____] [Pick Date]

(mm/dd/yyyy)

Final Report: ○ Yes ○ No

Case Narrative

1. Case Definition with specific symptoms/signs; (i.e. fever greater than 100.0 F, laboratory confirmed, vomiting, etc.):
(2,000 characters maximum)

[text box]

2. Laboratory test description (indicate specimen tested and whether patient, food or water):
(2,000 characters maximum)

[text box]

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):
(2,000 characters maximum)

[text box]

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.)
(2,000 characters maximum)

[text box]

5. Lessons learned:
(2,000 characters maximum)

[text box]

6. Follow-up:
(2,000 characters maximum)

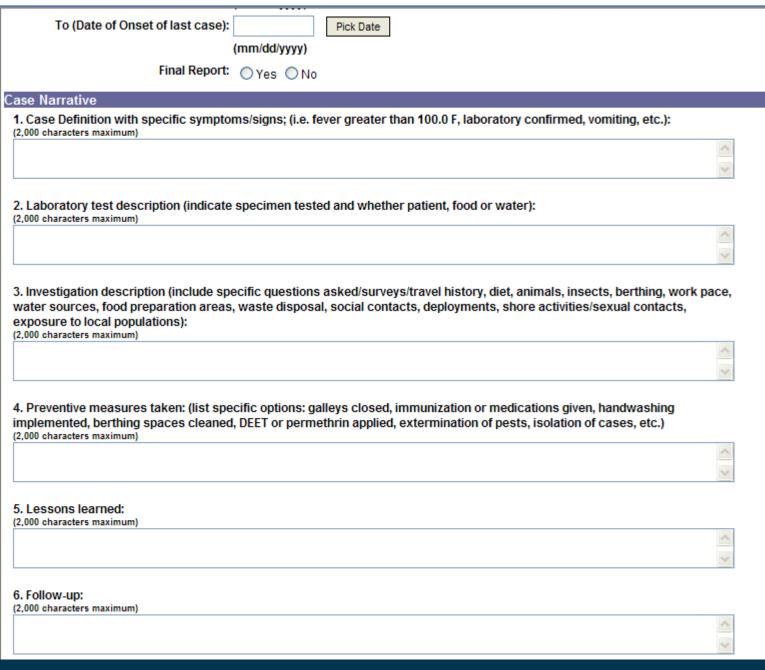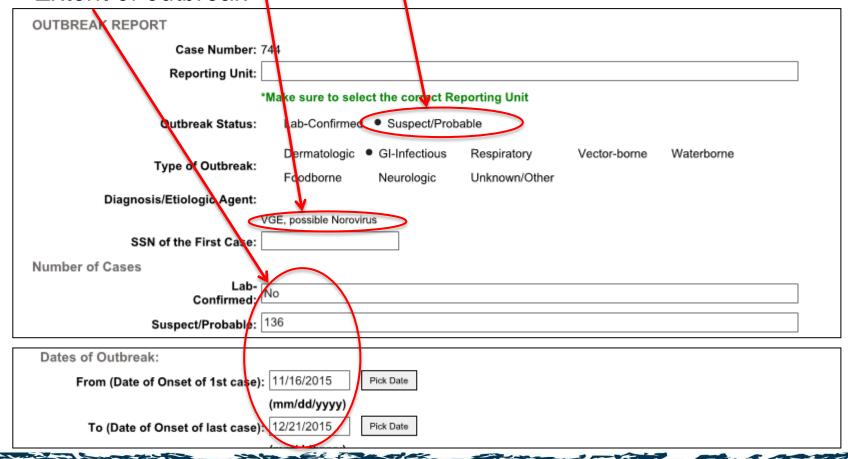[text box]

How to Report

- Not all outbreaks require a separate MER for each individual case
  - Check with your Service Surveillance Hub for guidance
- File an outbreak report as soon you can, then update it regularly
- Phone your regional/HQ surveillance hub contacts for any further guidance or assistance
- Don't forget state/local reporting requirements

What do we look for in an outbreak report?

- Reviewed regularly at the regional and HQ level
- Are you in need of assistance?
  - Course of investigation
  - Access to lab capabilities and knowledge
  - Adequate response measures
  - Lessons learned from previous outbreaks
- Are there patterns occurring beyond that of the single unit?
  - Potential larger outbreak
  - Risk factors to inform policy or procedural changes

What do we look for in an outbreak report?

- Do not wait for lab confirmation to report the outbreak
- Tell us your suspicions
- Extent of outbreak

OUTBREAK REPORT

Case Number: 744

Reporting Unit: _____

*Make sure to select the correct Reporting Unit

Outbreak Status: Lab-Confirmed ● Suspect/Probable

Type of Outbreak: Dermatologic ● GI-Infectious Respiratory Vector-borne Waterborne
Foodborne Neurologic Unknown/Other

Diagnosis/Etiologic Agent:

VGE, possible Norovirus

SSN of the First Case: _____

Number of Cases

Lab-Confirmed: No

Suspect/Probable: 136

Dates of Outbreak:

From (Date of Onset of 1st case): 11/16/2015 [Pick Date]

(mm/dd/yyyy)

To (Date of Onset of last case): 12/21/2015 [Pick Date]

What do we look for in an outbreak report?

- The Case Narrative is VERY IMPORTANT
- Case Definition: what might be causing the outbreak

Case Narrative

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

Patients presenting to clinic with vomiting, diarrhea and nausea lasting 1-3 days, in many cases ongoing at time of visit. Patients states being well hydrated with no changes in diet or sleeping schedule/pattern. No recent surgeries and no fever.

- Laboratory Test: how are you confirming the outbreak illness

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

The affected command was recommended to generate at least a single stool sample, but never followed through.

What do we look for in an outbreak report?

- Investigation Description: what are you doing to find the outbreak cause and what have you found thus far

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):

went to 52 ABHC on 09Dec2015 to investigate the outbreak of VGE at the School of Infantry West, Camp Pendleton, California. They visited Lima barracks, Hotel company barracks, Range 314, and 52 Area Mess Hall. FINDINGS: * Soap and paper towels were not adequately supplied in barracks or the range. Many of the soap dispensers in the barracks were removed from the walls themselves. Recruits were not issued soap. * Hotel company utilized some physical isolation precautions and head to toe sleeping, but Lima did not. * VGE was likely transmitted and spread through training at 314 Range. * Companies from both MCT and ITB are affected, though their training locations only overlap at Lima company (initial intake) and chow hall. Very rarely, one will use the range after the other. This may indicate two concurrent outbreaks are occurring in MCT and ITB.

- Preventive Measures: measures put into place to curtail spread and prevent additional outbreaks

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.)

CORRECTIVE RECOMMENDATIONS: * Take stool samples from both MCT and ITB patients in 52 ABHC, to test for norovirus * Refer to attached countermeasures and fact sheet for all recommendations. Please let me know your thoughts and concerns. * For sick call: utilize VGE questionnaire on a sampling of VGE patients. If you can get data on all patients, that would be amazing. If not, 10-20 per day from a representative sample would help us immensely, in determining trends and risk. * Share the sanitation inspection forms with all companies (targeting those with current VGE cases) and either inspect their barracks according to the form, or have each company conduct inspections, with weekly audits by medical support. * Emphasize the importance of hand hygiene to SOI leadership. Norovirus can create explosive outbreaks, where case counts double in a matter of days. This has the potential to effectively shut down training, as it did in Great Lakes RTC several years ago. * Notify Prev Med daily with number of new cases BY COMPANY. We will use this to track the spread of the outbreak.

What do we look for in an outbreak report?

- Lessons Learned: what can you do better, what can other units learn from you

5. Lessons learned:

In progress. Early recognition with binnacle tracking was helpful early. At time of first announcement on 29Mar, did not emphasize/describe use of BLEACH to clean spaces, so it was found that spaces, though getting good cleans, were not properly done early in development. More AA lessons to be determined.

- Follow-up: outbreak and investigation outcomes

6. Follow-up:

VGE outbreak persisted approximately 3 weeks with 732 total patients affected. Once numbers were below 40pt/day, on 07Apr2016, implemented medical ward quarentine to minimize spread/contacts with unaffected crew members. Daily totals steadily, but slowly decreased starting 06Apr and were in single digits, persistently as of 15Apr2016. As of 20Apr, no new cases in 12 hrs. Will continue to admit patients to ward if presenting in next 24hrs. Recommendations for future: After a PVST, quarentine all VGE cases immediately on medical ward, before numbers start to rise.

Summary

- Know your Service requirements that drive outbreak reporting
- Knowing when to report requires judgment
  - When in doubt, REPORT!
  - Report early when an outbreak is suspected
- Report outbreaks via DRSi outbreak module
- Fill in as much information as possible with as much detail as possible
- Know that regional/HQ reach back support are reviewing the reports regularly

HOW TO GET HELP

Contact your DRSi Helpdesk for questions on DRSi Access and Use

- Navy and Coast Guard DRSi users:
  - Phone: 757-953-0954
  - E-mail: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil
- Army DRSi users:
  - Phone: 410-417-2377
  - Email: usarmy.apg.medcom-aphc.mbx.disease-epidemiologyprogram13@mail.mil
- Air Force DRSi users:
  - Email for questions: afdrsi@us.af.mil
  - Email for DRSi account access: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil
  - Phone for DRSi account access: 757-953-0954

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-aphc.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: 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

- Next Month's Training:

July 26, 2016
Topic:*Salmonella poona*
Investigation Lessons Learned