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

Asha Riegodedios, Staff Epidemiologist
Navy and Marine Corps Public Health Center
27 October 2015
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:
  - 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

**Navy and Marine Corps Public Health Center**

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**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:** 999999999

---

**List of Previously Filed Medical Event Reports for this Patient:**

<table>
<thead>
<tr>
<th>Case ID</th>
<th>FMP</th>
<th>Sponsor SSN</th>
<th>Name</th>
<th>ICD9CODE</th>
<th>Date of Onset</th>
<th>Date of Report</th>
<th>Case Status</th>
<th>MER Status</th>
<th>Original Reporting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>144394</td>
<td>20 - Sponsor</td>
<td>999999999</td>
<td>Jane Doe</td>
<td>Tuberculosis; Pulmonary</td>
<td>8/6/2012</td>
<td>8/14/2012</td>
<td>Confirmed</td>
<td>Final</td>
<td>39167</td>
</tr>
<tr>
<td>625318</td>
<td>20 - Sponsor</td>
<td>999999999</td>
<td>Jane Doe</td>
<td>Gonorrhea</td>
<td>5/1/2013</td>
<td>5/2/2013</td>
<td>Confirmed</td>
<td>Final</td>
<td>39167</td>
</tr>
<tr>
<td>645468</td>
<td>20 - Sponsor</td>
<td>999999999</td>
<td>Jane Doe</td>
<td>Chlamydia</td>
<td>1/15/2014</td>
<td>1/15/2014</td>
<td>Probable</td>
<td>Final</td>
<td>0112</td>
</tr>
<tr>
<td>755292</td>
<td>20 - Sponsor</td>
<td>999999999</td>
<td>Jane Doe</td>
<td>Chlamydia</td>
<td>11/6/2014</td>
<td>11/7/2014</td>
<td>Confirmed</td>
<td>Final</td>
<td>39167</td>
</tr>
</tbody>
</table>
Reporting a Medical Event - Chlamydia

<table>
<thead>
<tr>
<th>Medical Event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnosis (ICD-9 code)</strong></td>
</tr>
<tr>
<td>Chlamydia</td>
</tr>
<tr>
<td><strong>Reporting Unit</strong></td>
</tr>
<tr>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Method of Confirmation</strong></th>
<th><strong>Case Status</strong></th>
<th><strong>MER Status</strong></th>
<th><strong>Date of Report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>10/16/2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Laboratory Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Culture</strong></td>
</tr>
<tr>
<td>- Positive</td>
</tr>
<tr>
<td>- Pending</td>
</tr>
<tr>
<td>- Negative</td>
</tr>
<tr>
<td><strong>Antigen/Nucleic Acid</strong></td>
</tr>
<tr>
<td>- Positive</td>
</tr>
<tr>
<td>- Pending</td>
</tr>
<tr>
<td>- Negative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comments</strong> <em>(2,000 characters maximum)</em></td>
</tr>
<tr>
<td>-</td>
</tr>
</tbody>
</table>

Navy and Marine Corps Public Health Center
Reporting a Medical Event - Malaria

Medical Event

Diagnosis (ICD-9 code)
Malaria

Date of Onset

Reporting Unit

Method of Confirmation

Case Status

MER Status

Date of Report
10/16/2015

Laboratory Tests

Detection of Plasmodium by nucleic acid test

Blood Smear

Binax NOW Rapid Diagnostic Test

Other labs not listed

Positive  Pending  Negative
# Reporting a Medical Event - Malaria

## Event Related Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please specify type of Malaria</td>
<td></td>
</tr>
<tr>
<td>Was this exposure duty related?</td>
<td>Yes, non-deployment related, Yes, Deployment related, No</td>
</tr>
<tr>
<td>Pertinent travel?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If there was pertinent travel, please select the countries of travel.</td>
<td>Afghanistan - AF, Africa - XA, Albania - AL, Algeria - AG</td>
</tr>
<tr>
<td>Did the patient take chemoprophylaxis?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If the patient did take chemoprophylaxis, please identify the meds</td>
<td>Chloroquine, Doxycycline, Mefloquine, Malarone</td>
</tr>
</tbody>
</table>

## 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)**
  - Afghanistan - AF
  - Africa - XA
  - Albania - AL
  - Algeria - AG

### Comments

**Comments** *(2,000 characters maximum)*

[Blank field]
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

<table>
<thead>
<tr>
<th>Sponsor SSN</th>
<th>FMP</th>
<th>Potential Diagnosis</th>
<th>Date of Event</th>
<th>MTF</th>
<th>Classification</th>
<th>Classification Criteria</th>
<th>Create MER?</th>
<th>Delete Case?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 - Dependent child of Sponsor</td>
<td>Shigellosis</td>
<td>1/31/2010</td>
<td></td>
<td>Positive</td>
<td>positive stool culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 - Spouse of Sponsor</td>
<td>Chlamydia</td>
<td>1/26/2010</td>
<td></td>
<td>Positive</td>
<td>Positive lab test in a genital specimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01 - Dependent child of Sponsor</td>
<td>Chlamydia</td>
<td>1/26/2010</td>
<td></td>
<td>Positive</td>
<td>Positive lab test in a genital specimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>02 - Dependent child of Sponsor</td>
<td>Chlamydia</td>
<td>1/25/2010</td>
<td></td>
<td>Positive</td>
<td>Positive lab test in a genital specimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 - Spouse of Sponsor</td>
<td>Chlamydia</td>
<td>1/25/2010</td>
<td></td>
<td>Positive</td>
<td>Positive lab test in a genital specimen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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

- Patient Management
- Summary Reports

Case Chart Analysis

Medical Event Reporting frequency and by-age group charts.

Summary Reports

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
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

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: 00259 - NMC San Diego

Submit

**Total Number of MER-Cases Reported:**

<table>
<thead>
<tr>
<th>Reporting Unit</th>
<th>Facility Name</th>
<th>Number of MER Case Reported</th>
<th>Date of Last Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>00259</td>
<td>NMC San Diego</td>
<td>17856</td>
<td>10/19/2015</td>
</tr>
</tbody>
</table>
Summary Reports – Completion Status Report

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

Step 1: Select a Reporting Unit

Select a Reporting Unit: * View All

Date Range:
- Start: 10/19/2015
- End:

Preliminary MER-Cases:

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Sponsor SSN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Duty Status</th>
<th>Service Branch</th>
<th>ICD9 Code</th>
<th>Date of Onset</th>
<th>Date Recorded</th>
<th>Reporting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Active Duty</td>
<td>Navy</td>
<td>Chlamydia</td>
<td>10/16/2015</td>
<td>10/20/2015</td>
<td>0067 - WALTER REED NATL MIL MED CNTR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Active Duty</td>
<td>Navy</td>
<td>Chlamydia</td>
<td>10/19/2015</td>
<td>10/20/2015</td>
<td>68095 - NH BREMERTON</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Retired</td>
<td>Air Force</td>
<td>Chlamydia</td>
<td>10/19/2015</td>
<td>10/20/2015</td>
<td>68095 - NH BREMERTON</td>
</tr>
</tbody>
</table>
# Summary Reports – STD Report

The image shows a table with various columns and rows, including columns for "Selected Population Count," "Selected Population Percent," "Navy Population Count," and "Navy Population Percent." The data includes counts and percentages for categories such as Diagnosis, Age, Sex, and Status. The table is organized as follows:

<table>
<thead>
<tr>
<th>Selected Population Count</th>
<th>Selected Population Percent</th>
<th>Navy Population Count</th>
<th>Navy Population Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>203</td>
<td>4,783</td>
<td>100.0 %</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>203</td>
<td>4,783</td>
<td>100.0 %</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;= 17</td>
<td>5</td>
<td>65</td>
<td>1.4 %</td>
</tr>
<tr>
<td>18 ~ 24</td>
<td>134</td>
<td>3,411</td>
<td>71.3 %</td>
</tr>
<tr>
<td>25 ~ 30</td>
<td>48</td>
<td>920</td>
<td>19.2 %</td>
</tr>
<tr>
<td>31 ~ 35</td>
<td>5</td>
<td>210</td>
<td>4.4 %</td>
</tr>
<tr>
<td>36 ~ 40</td>
<td>2</td>
<td>99</td>
<td>2.1 %</td>
</tr>
<tr>
<td>&gt;= 41</td>
<td>9</td>
<td></td>
<td>4.4 %</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>117</td>
<td>2,506</td>
<td>52.4 %</td>
</tr>
<tr>
<td>Female</td>
<td>86</td>
<td>2,277</td>
<td>47.6 %</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Duty</td>
<td>120</td>
<td>3,948</td>
<td>82.5 %</td>
</tr>
<tr>
<td>Other Beneficiary</td>
<td>83</td>
<td>835</td>
<td>17.5 %</td>
</tr>
</tbody>
</table>
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.nepму2norfolk_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.navenpvnmedusixhi.list.nepム6@mail.mil
  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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  3. Register at: https://tiny.army.mil/r/7laAB/EpiTechFY16

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