



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

MAY 21 2012

MEMORANDUM FOR DEPUTY SURGEON GENERAL OF THE ARMY
DEPUTY SURGEON GENERAL OF THE NAVY
DEPUTY SURGEON GENERAL OF THE AIR FORCE
JOINT STAFF SURGEON
COAST GUARD DIRECTOR OF HEALTH, SAFETY AND WORK
LIFE

SUBJECT: Revised Service Guidelines for Reportable Medical Events

The Armed Forces Health Surveillance Center (AFHSC) and a Public Health Forum working group developed revisions to the Reportable Medical Events Guidelines that the Services have used since 1998. The Joint Preventive Medicine Policy Group concurred with the revisions in March 2012. In order to effect a smooth transition to the use of the new standards, please notify your respective medical commanders and medical staff, including public health and preventive medicine officers, of the revised guidelines.

The consensus list of Reportable Medical Events will be used by the Services in both garrison and deployed settings. The list was adopted to standardize the reporting and tracking of diseases and other conditions of public health and military importance. Timely reporting permits earlier recognition of public health events and interventions to protect the health of the force. Although the Services may choose to track additional conditions, the Services are not authorized to delete conditions from this list.

The revisions to the guidelines were based on recommendations from Services' public health experts. Changes from the previous guidelines are summarized below:

1. Influenza: The heading is now "Influenza-Associated Hospitalization" and the clinical case definition and laboratory criteria for probable and confirmed cases have changed;
2. Hepatitis C: The heading is now "Hepatitis" and the clinical description and lab criteria have changed;
3. Heat Injury: The heading is now "Heat Illness," the categorical labels are eliminated, and the required comments have changed;
4. Outbreak: the heading is now "Disease Cluster or Outbreak," social security numbers are no longer reported, the clinical description is simplified, and lab criteria have been added;
5. Case definitions for 32 other diseases were changed to match the Centers for Disease Control and Prevention and the Council for State and Territorial Epidemiologists definitions.

The revised guidelines and more detail on the changes can be found on the AFHSC Web site at <http://www.afhsc.mil/reportableEvents>. The following Service points of contact can field questions about the implementation of these guidelines:

Air Force: Lt Col Monica Selent, USAFSAM/PH, 937-938-3246, DSN 798-3246
Army: LTC Laura Pacha, USAPHC, 410-436-1054, DSN 584-1054
Navy: Director, Preventive Medicine, NMCPHC, 757-953-0715, DSN 377-0715
Coast Guard: CDR Erica Schwartz, USCGHQ (CG-1121), 202-475-5172

Data from Reportable Medical Events are integrated into the Defense Medical Surveillance System, which is maintained by the AFHSC. AFHSC will report aggregate data for the Armed Forces, provide data to the Service public health centers, coordinate with the centers to ensure data comparability, and assure the appropriate and timely exchange of data. Historical comparisons of reportable events may be affected by changes in these case definitions.

If there are any questions concerning coordination issues for revision of these documents, contact CAPT Sharon Ludwig at the AFHSC at (301) 319-3260 or by e-mail at sharon.ludwig@us.army.mil.

A handwritten signature in black ink, appearing to read "Larry Sipos". The signature is fluid and cursive, with a large initial "L" and "S".

Larry Sipos
Acting Deputy Assistant Secretary of Defense
Force Health Protection and Readiness