



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

Enhanced Surveillance Guidance For Fixed MTFs

Preventive Medicine Alert

14 Oct 2009

Influenza Medical Event Reporting

All Navy Medical Department personnel who diagnose a patient with a **confirmed** case of novel Influenza A H1N1 shall report each case as soon as possible by any means necessary to their local Preventive Medicine department/division. Local MTF preventive medicine personnel shall report all confirmed cases, suspected clusters or outbreaks to the Navy's Medical Event Reporting (MER) system, via the Naval Disease Reporting System internet (NDRSi), as directed by [BUMEDINST 6220.12B](#).

A hospitalized case, suspected or confirmed to have Influenza (regardless of Influenza type) requires an individual MER. All other confirmed, but not serious, cases can be reported via an outbreak MER as an aggregate count in lieu of submitting individual MERs. MTFs experiencing continued H1N1 transmission in their outpatient communities should submit a separate outbreak MER every week, noting the total number of new cases for that week and the timeframe of the case count reported. A separate outbreak MER should be submitted for any true clusters (in a defined/close population) that require local preventive medicine intervention.

See NMCPHC's [Medical Event Reporting page](#) or contact the NDRS helpdesk (NDRS@nehc.med.navy.mil, COMM: 757-953-0954, DSN: 377-0954) for additional information on reporting.

A **confirmed case** of novel Influenza A (H1N1) is defined as a person with an influenza-like-illness with laboratory confirmed H1N1 infection by one or more of the following tests:

1. real-time RT-PCR
2. viral culture

Seasonal Influenza and H1N1 Vaccine Adverse Event Reporting

All health care providers shall submit a VAERS (Vaccine Adverse Events Reporting System) form to the Department of Health and Human Services and NMCPHC for all serious vaccine adverse events or reactions. A copy of the VAERS form shall be forwarded to NMCPHC (attention VAERS FOR Submission - EDC; fax 1-757-953-068) within 7 days of diagnosis as directed by [BUMED INST 6230.15A](#). In the Department of Defense, serious events are defined as those that result in hospitalization or time lost from duty (more than 24 hours), are life threatening, are related to suspect contamination of a vaccine vial, or warrant permanent medical

exemption. Serious adverse events are also required to be reported to the Navy's MER system via NDRSi per [BUMEDINST 6220.12B](#).

Adverse events that are deemed life threatening, result in death, or are suspected to be the result of contaminated lots shall be reported telephonically to the VAERS project officer at NMCPHC (757-953-0700) within 24 hours of the occurrence of the event.

Local Surveillance

- Ensure health care providers maintain a high index of suspicion for novel H1N1 infection for patients presenting with severe Influenza-like illness.
- Monitor ESSENCE Influenza-like illness (ILI) case counts regularly to identify important disease clusters or potential outbreaks. Report suspected clusters or outbreaks of influenza within 24 hours through established Medical Event Reporting procedures via NDRSi. Update outbreak reports in NDRSi regularly.
- Contact your nearest NEPMU if you need guidance on the use of ESSENCE to conduct surveillance.
- Note that it is important that your clinic's visits for febrile respiratory illness (FRI), influenza-like illness (ILI), and severe acute respiratory illness (SARI) are closed out within 24 hours to enable timely electronic surveillance.
- Recommended diagnosis codes for outpatient clinic visits and emergency room visits for FRI, ILI, and SARI are as follows:
 - Outpatient records can accommodate up to four ICD-9 diagnostic codes per provider. Use as many codes as possible for patients presenting with FRI, ILI, or SARI and follow the below guidelines to ensure the codes are meaningful:
 - If a patient presents with a fever then include the ICD-9 code of 780.6 in one of the four diagnostic codes.
 - If diagnostic work-up leads to suspicion of viral pneumonia, include a code from the ICD-9 code group of 480 in the record.
 - If diagnostic work-up leads to suspicion of influenza without confirmation of novel H1N1 influenza A virus this should be coded using the ICD-9 coding group of 487.
 - All patients diagnosed with confirmed novel H1N1 Influenza A should be coded with 488 for their primary diagnosis. A new novel Influenza A H1N1 specific diagnostic code (488.1) has been created by the ICD-9 coding community. This code will not be available for use by providers for several months, pending release of new coding tables by the Military Health System and loading of the tables by local CHCS system administrators. Once available, all confirmed novel H1N1 Influenza A should be coded with 488.1 for their primary diagnosis.
 - NOTE: A patient with influenza and pneumonia should be coded as 487.0. If this patient is confirmed to be infected with novel H1N1 influenza virus, also include the code of 488 (or 488.1 if available) in the record.
- Recommended MTF laboratory test result recording procedures are as follows:
 - Nomenclature for laboratory test orders and results can be managed locally in host CHCS systems. Unfortunately, lab test names and results are not standardized across

- MTFs, hindering electronic surveillance abilities at the local, regional, and central level. Ensure influenza lab test names and results are meaningful such that the disease being tested (i.e. influenza), the type of test being ordered (i.e. rapid test, PCR, culture) and the specific test result (i.e. Influenza A positive, influenza A H1N1 positive) can clearly be interpreted by data reviewers outside of the MTF. Specific guidance from NMCPHC on standardized nomenclature is forthcoming.
- Ensure laboratory samples being sent out by the MTF for Influenza A H1N1 (or other) virus testing be accessioned via the laboratory. All accessioned specimens should be recorded in CHCS. Laboratory results should be subsequently entered into CHCS within 24 hours of receipt of results.

Regional Surveillance

Navy Medicine Regions and Navy Environmental & Preventive Medicine Units should:

- Ensure influenza reporting, vaccine adverse events reporting, and local surveillance activities follow the guidance outlined above.
- Ensure medical record coders and laboratories are aware of the guidance outlined above to ensure robust and rapid surveillance in the Navy.
- Provide assistance to local preventive medicine staff regarding contact investigations and disease reporting as needed.
- Monitor, via NDRSi, confirmed cases of novel H1N1 infection that have been reported to the Navy's Medical Event Reporting (MER) system by units in your AOR.
- Ensure outbreaks are reported to the Navy Medical Event Reporting System via NDRSi as directed by BUMEDINST 6220.12B.

Additional Resources and Information

- Ongoing surveillance guidance updates as well as links to medical response information and outbreak investigation information can be found on NMCPHC's [Influenza page](#).
- If you have limited internet access and cannot regularly check the webpage for updates, please send an email to the NDRS helpdesk (NDRS@nehc.med.navy.mil) in order to be added to a distribution list when updates are posted.
- If you have questions, feel free to contact us at NMCPHCPTS-PREVMED@med.navy.mil.