



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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REPLY TO
ATTENTION OF

SGPS-PSP (40-5)

MEMORANDUM THRU COMMANDER, US ARMY MEDICAL COMMAND (PROV)
FOR MEDDAC/MEDCEN COMMANDERS
SUBJECT: Implementation of New Medical Surveillance System

1. References:

- a. AR 40-400, Patient Administration, 1 Oct 1983, Chapter 6.
- b. Centers for Disease Control, Morbidity and Mortality Weekly Report, October 1990, Volume 3, No. RR-13, pages 1-43, subject: Case Definitions for Public Health Surveillance.
- c. AR 40-5, Preventive Medicine, 15 October 1990.
- d. Message, HQDA, SGPS-PSP-D, 071600Z Aug 92, subject: New Operations Desert Shield/Desert Storm (ODS/DS) Requirement for Special Telegraphic Reporting System (MED-16).
- e. Memorandum, HSCL-P, 16 Oct 1992, subject: Potential Post Operations Desert Shield/Storm (ODS) Related Illness.
- f. Message, HQDA, SGPS-PSP, 021420Z Dec 93, subject: Reporting of Post-Operations Desert Shield/Desert Storm Medical and/or Psychiatric Conditions.

2. During the past year, the preventive medicine staffs of the Office of The Surgeon General, the Walter Reed Army Institute of Research (WRAIR), the US Army Medical Command (Prov), and several MEDDAC/MEDCEN Preventive Medicine officers developed the new Medical Surveillance System for reporting communicable and selected noncommunicable diseases/conditions. This new reporting system incorporates the modern technology of electronic communication and computerized data manipulation. It has now been successfully field-tested and will replace the Special Telegraphic Report of Selected Conditions (MED-16) as defined by reference 1a. The new medical surveillance system will be included in the next publication of Army Regulation 40-5.

3. This new automated system is an integral part of the centralized medical surveillance system being established by Army Preventive

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Medicine. Use of the new system will establish a local database as well as contribute to a master Army database of reportable events. The Preventive Medicine staff, WRAIR, is responsible for the management of the database and will provide quarterly summary surveillance reports. Command support of this automated surveillance system is critical to ensure its prompt and correct implementation to provide the local MTF and the Army with meaningful epidemiologic data for evaluation and planning.

4. The Medical Treatment Facility (MTF) Preventive Medicine Service at each installation is required to transmit data on reportable events under this new program. Local regulations, Memoranda of Agreement, Standard Operating Procedures, and distribution lists must be updated to reflect this change. Briefing to the professional staff and personal contacts with medical staff, appropriate departments, and laboratories should be made by the Preventive Medicine staff to ensure that all medical personnel are aware of the new system and the diseases/conditions that must be reported. Reference 1b provides case definitions for public health surveillance.

5. The Commander/Officer-in-Charge (OIC) of each MTF must be familiar with the special reporting requirements for reportable diseases/conditions. Preventive Medicine staffs must know the civil laws and regulations which govern the reporting of communicable and noncommunicable diseases in their community and advise the MTF Commander/OIC. The submission of reports required by civil authorities in accordance with state and local laws must continue and the new system should facilitate reporting to local health departments. Each MEDDAC/MEDCEN is required to forward reports from subordinate clinics to Preventive Medicine for transmission to appropriate health authorities and to the medical surveillance database at WRAIR.

6. Conversion to this new automated, on-line, real time Medical Surveillance System deletes the requirement to provide the current monthly Command Health Report (MED-3) through command channels. Local MTF commanders/OICs may elect to continue providing a Command Health Report to installation commanders or to use the local summary reports generated by the new automated system in a format of their choice to keep installation commanders informed.

7. This new medical surveillance system also deletes the requirement for reporting diseases/conditions by the current MED-16 system except for unexplained, chronic post-ODS/DS medical conditions. These conditions should continue to be reported by FAX or E-mail according to references 1d and 1f. The Office of The Assistant Secretary of Defense (Health Affairs) is developing a new

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triserivce reporting system and registry exclusively for unexplained, post-ODS/DS medical conditions. This new triserivce system is to be implemented soon. Until future notification, continue to report unexplained post-ODS/DS conditions by FAX or E-mail using the MED-16 format.

8. The new Medical Surveillance System is to be implemented Army-wide on 1 May 1994. The instruction manual, pocket code manual, and software required to run this automated system are being distributed to the user level by the Preventive Medicine staff at WRAIR. The point of contact for technical questions regarding the software or hardware for operation of the new system is MAJ Mark Rubertone, WRAIR, DSN 291-2480/1923 or commercial (202) 576-2480/1923.

9. The administrative point of contact for implementation of the program is LTC Jenice N. Longfield, Directorate of Clinical Operations, U.S. Army Medical Command (Provisional), DSN 471-6337/6526 or commercial (210) 221-6337/6526.

FOR THE SURGEON GENERAL:



RUSS ZASTCHUK
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CF: MACOM COMMANDERS