MEETING OF THE STATES PARTIES TO THE CONVENTION ON THE PROHIBITION OF THE DEVELOPMENT, PRODUCTION AND STOCKPILING OF BACTERIOLOGICAL (BIOLOGICAL) AND TOXIN WEAPONS AND ON THEIR DESTRUCTION

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Disease Reporting by the Netherlands Armed Forces

Submitted by the Netherlands

1. Key element of health surveillance is the general practitioner (GP) or medical doctor in hospital diagnosing disease and reporting up the medical chain. In The Netherlands (NL) this is well organised. In particular in the civilian sector there are many surveillance programs, some of which the Armed Forces participate in, others it benefits from. The Infectious Diseases Law (IDL), issued by the Ministry of Health, sets identical standards and obligations to all GP's, whether civilian or military. This paper is meant to give a comprehensive overview of disease reporting by the NL Armed Forces. To better understand the wider picture in which military health surveillance is operating, some of the most important civilian surveillance tools are discussed as well.

The Netherlands Infectious Diseases Law (IDL)

2. By law (IDL), general practitioners, laboratories and infectious diseases specialists in hospital setting are obliged to report A, B and C category diseases to the Inspector of Health (Ministry of Health), who reports to WHO. This includes those employed by the NL Armed Forces. Military doctors report via the military medical chain of command. Recently, the IDL was updated to enable possible use of quarantine, isolation and restriction of movement in certain cases. In addition, the category A and B lists were extended.

Category A

3. Report within 24 hours upon *suspicion* of:
   - Poliomyelitis (Polioviral fever, Infantile paralysis)
   - Smallpox
   - SARS
   - Other infectious diseases that are very contagious and have a high mortality

Category B

4. Report within 24 hours upon *diagnosis* of:
- Dysenteria bacillaris (Shigellose)
- Botulism
- Typhus abdominalis (Typhoid fever)
- Cholera
- Creutzfeld-Jacob's Disease
- Diphtheria
- Febris recurrens
- Hepatitis A, B and C
- Legionellosis
- Rabies
- Pertussis
- Measles (Morbilli, Rubeola)
- Meningococcal diseases
- Paratyphus (Salmonella paratyphi A, B and C)
- Plague
- Tuberculosis
- Viral haemorrhagic fever
- Spotted (typhoid) fever
- Food poisoning, food borne intoxication, food borne infections diagnosed in
  (1) a patient working with food or taking care of other people or patients and
  (2) diagnosed by a physician in 2 or more people within 24 hours

Category C

5. Report upon *identification* the biological agents of:
- Brucellosis
- Yellow fever
- EnteroHaemorrhagic E.coli
- Leptospirosis
- Malaria
- Anthrax
- Ornithosis/Psittacosis
- Q fever
- Rubella
- Trichinellosis (Trichiniasis, trichinosis)

The Netherlands Armed Forces

6. Regardless of whether physicians of the NL Armed Forces are deployed abroad or stationed at home, they report according to the above IDL and Dutch civil guidelines. Meaning, they report up the medical command chain to the Dutch Military Medical Service as soon as the diagnosis is suspected and/or confirmed in case of a category A, B, C, a very infectious or a "suspect" illness. The Military Medical Service informs the civil authorities if required. The diagnosis of disease is

always recorded into the patient electronic medical file. Currently, a new medical database is being developed for all services.

7. During deployment, in addition to the regular diagnosis logging activities, physicians compile troop morbidity data and report these using the EPINATO system. This happens either on a weekly basis or immediately when need arises. EPINATO is a surveillance information system that registers troop morbidity due to disease and non-battle injuries. It is in use within NATO from 1996. Its aim is to provide the military commander the health status of his unit and to detect disease and injury before it limits mission effectiveness. Although the use of EPINATO is low-tech (hard copy forms) and relatively easy to fill out, which are plusses in the field, the biggest advantage is that is used NATO wide. Thus, it provides the military commander with a complete health status even if his command consists of units of different nationalities and is deployed over a wide area. On the other hand, because of the way it operates, it is inevitable that the system always will be trailing the actual situation. As timely response measures are of utmost importance to fight an outbreak and limit spread of disease, upgrading or replacement of EPINATO to a surveillance system that (near) real-time records troop morbidity and can be accessed at all levels anywhere, anytime is of major importance to both NATO and the NL Armed Forces. The NL Armed Forces are interested in evaluating newly developed surveillance systems, either by itself, or in cooperation with other countries.

Health surveillance tools in The Netherlands

8. There are many surveillance tools in The Netherlands. Some of the most important are discussed below.

(a) From 1970, in The Netherlands, 45 GP-practices double as “sentinel stations” as they report their morbidity figures to the National Institute for Health Services Research (NIVEL) on a weekly basis. These sentinel stations are more or less uniformly spread nation wide, cover over 1% of the Dutch population, and thus are considered representative. NIVEL evaluates data sent in by the sentinel stations and reports to the Ministry of Health. NIVEL data also find their way into the appropriate European surveillance initiatives like the EISS (European Influenza Surveillance System).

(b) PREZIES is a surveillance system that records hospital-acquired infections and is meant to improve procedures to prevent this from happening.

(c) Another surveillance tool is the Infectious Diseases Surveillance Information System (ISIS). At this moment, 13 microbiological and hospital laboratories (labs) are connected to ISIS (www.rivm.nl/isis), and these labs cover approximately 50% of the lab results across the nation. Efforts are being undertaken to increase the number of labs to 22. Clinical samples requiring analysis for biological agents sent in by The Netherlands Armed Forces typically are analysed by civilian laboratories and these data thus are recorded into ISIS. ISIS provides data to our Community Health Services (responsible for outbreak control, prevention of STD’s, infectious disease managing, contact research, travel medicine), as well as the Netherlands Society for Medical Microbiology. ISIS is maintained by the National Institute for Public Health and Environment (RIVM), a research institute that among others advises the Ministry of Health.

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