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Medical Services  
Reporting Births, Deaths, and Diseases

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**\*This regulation supersedes USAREUR Regulation 40-400, 23 August 2000.**

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**Summary.** This regulation provides procedures for reporting births, deaths, and diseases in Europe. It must be used with AR 40-400.

**Applicability.** This regulation applies to medical treatment facility (MTF) personnel of the active Army and to Army National Guard and the U.S. Army Reserve MTF personnel during active duty and active-duty for training.

**Supplementation.** Commanders will not supplement this regulation without approval of the Command Surgeon (CSURG), USAREUR (AEAMD-P).

**Forms.** This regulation prescribes AE Form 40-400A and AE Form 40-400B. AE and higher-level forms are available through the Army in Europe Publishing System (AEPUBS).

**Records Management.** Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. File numbers and descriptions are available on the Army Records Information Management System website at <https://www.arims.army.mil>.

**Suggested Improvements.** The proponent of this regulation is the CSURG (AEAMD, DSN 371-2010). Users may suggest improvements to this regulation by sending DA Form 2028 through the USAREUR CSURG (AEAMD-X), Unit 29351, APO AE 09014-9331, to the United States Army Europe Regional Medical Command (MCEU-PAD), CMR 402, APO AE 09180-0402.

**Distribution.** B (AEPUBS).

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## SECTION I INTRODUCTION

### 1. PURPOSE

This regulation prescribes policy and procedures for reporting births, deaths, and diseases in the European theater. This regulation must be used with AR 40-400.

### 2. REFERENCES

#### a. Publications.

- (1) Privacy Act of 1974.
- (2) Section 1471, Title 10, United States Code, Armed Forces Medical Examiner Authority to Perform Medico-Legal Investigations.
- (3) Supplementary Agreement to the NATO Status of Forces Agreement.
- (4) AR 25-400-2, The Army Records Information Management System (ARIMS).
- (5) AR 40-400, Patient Administration.

- (6) AR 340-21, The Army Privacy Program.
- (7) AR 400-8-1, Army Casualty Operations/Assistance/Insurance.
- (8) USAREUR Regulation 40-57, Medicolegal (Forensic) Investigations of Deaths in USAREUR.
- (9) USAREUR Regulation 608-3, Birth Registration.

**b. Forms.**

- (1) SF 523, Clinical Record--Authorization for Autopsy.
- (2) DD Form 565, Statement of Recognition of Deceased.
- (3) DD Form 2064, Certificate of Death (Overseas).
- (4) DA Form 2028, Recommended Changes to Publications and Blank Forms.
- (5) DA Form 3894, Hospital Report of Death.
- (6) AE Form 40-400A, Notifiable Disease Report--*Bericht Meldeflichtiger Krankheiten*.
- (7) AE Form 40-400B, Report of Child Born Abroad of American Parent(s).

**3. EXPLANATION OF ABBREVIATIONS**

The glossary defines abbreviations.

**4. RESPONSIBILITIES**

a. Medical center (MEDCEN) and Medical Department Activity (MEDDAC) commanders in Europe will--

- (1) Report notifiable diseases and select conditions (para 5) to the Army Medical Surveillance System and to host-nation authorities.
- (2) Designate community-health-nursing and preventive-medicine-service personnel to prepare AE Form 40-400A.
- (3) Arrange for the remains of deceased U.S. citizens to be delivered to the nearest U.S. Army mortuary.

b. Heads of MEDDACs designated to prepare AE Form 40-400A will--

- (1) Ensure the report is filled out completely and filed promptly.
- (2) Report changes in the medical status of victims of notifiable diseases.

c. Medical treatment facility (MTF) personnel will--

(1) Report births of children in their MTF to the following:

- (a) The birth-registration agent at the sponsor's servicing personnel detachment (PD) if either of the parents is sponsored by the U.S. Forces.
- (b) U.S. consular officers at the servicing U.S. embassy or consulate if either of the parents is a U.S. citizen.
- (c) Host-nation authorities at designated offices (para 7a(2)(d)).

(2) Develop instructions on birth-registration requirements and procedures and distribute them to the parent or parents. Instructions will be distributed on confirmation of the pregnancy, during the pregnancy, and within 3 days after the child's birth (para 7b).

(3) Complete the required forms when a person dies or is dead on arrival (DOA) at an MTF (para 10).

(4) Notify the Armed Forces Regional Medical Examiner (AFRME) or Armed Forces Medical Examiner (AFME) of forensic deaths.

(5) Report deaths of persons in U.S. MTFs in Belgium to the local Belgian *hôtel de ville* (city hall).

(6) Notify local community-health-nursing and preventive-medicine-service personnel of all cases of suspected or confirmed notifiable diseases and select conditions.

## **SECTION II REPORTS TO MILITARY AUTHORITIES**

### **5. NOTIFIABLE DISEASES AND SELECT CONDITIONS**

a. Information on communicable-diseases, other notifiable diseases, and select conditions will be handled confidentially according to the Privacy Act of 1974 and AR 340-21.

b. Healthcare providers will notify local community-health-nursing and preventive-medicine-service personnel by telephone or through the Composite Health Care System (CHCS) of all cases of suspected or confirmed reportable diseases and conditions. Appendix A is a list of reportable diseases and conditions and their reporting deadlines.

c. Area laboratory services will notify preventive-medicine personnel directly of laboratory tests that indicate the presence of one of the diseases or conditions in appendix A that are marked with an asterisk.

d. Preventive-medicine personnel will actively monitor potentially reportable conditions by reviewing local MTF laboratory results on a regular basis and using laboratory logbooks or CHCS data when available. Healthcare providers will be contacted to confirm identified results and begin required reports.

e. Preventive-medicine personnel will investigate all reportable diseases and conditions listed in appendix A and confirm these diseases and conditions with the healthcare provider before making a report. Investigations and confirmations will be coordinated with the preventive-medicine section of the servicing MEDCEN or MEDDAC.

f. Preventive-medicine personnel will provide consultation services, conduct epidemiologic investigations, and institute public-health control measures as warranted for each condition. Investigation of disease outbreaks should be coordinated with the Preventive Medicine Office, United States Army Europe Regional Medical Command (ERMC); or the Epidemiology Division, United States Army Center for Health Promotion and Preventive Medicine-Europe.

g. Chiefs of preventive medicine at each hospital must review confirmed disease and injury reports in their areas of responsibility. Copies of nonsexually transmitted disease case reports must be forwarded to the ERMC Preventive Medicine Consultant at the Landstuhl Regional Medical Center (MCEU-PM), CMR 402, APO AE 09180-0402. Unusual occurrences will be reported by telephone (DSN 486-8111 or civilian 06371-86-8111).

## **SECTION III REPORTS TO CIVIL HEALTH AUTHORITIES**

### **6. AE FORM 40-400A**

a. MEDCEN and MEDDAC commanders in Germany will--

(1) Report occurrences of the conditions listed on AE Form 40-400A to the *Gesundheitsamt* (civilian public-health office) serving the *Landkreis* (rural district) or *Stadtkreis* (municipal district) where the patient resides. Community-health nursing and preventive-medicine personnel are responsible for reporting notifiable diseases to civilian authorities.

**NOTE:** In Belgium and Italy, commanders will report these occurrences to local health authorities according to host-nation regulations.

(2) Designate the head of one activity, department, or division in the MEDCEN or MEDDAC (usually the preventive-medicine activity) to be responsible for preparing AE Form 40-400A.

b. Community-health nursing and preventive-medicine personnel will use the following instructions to prepare and submit AE Form 40-400A:

(1) In the “To/An” block, enter the name and address of the *Gesundheitsamt* to where the report is being sent.

(2) In the “From/Von” block, enter the name and location of the MEDCEN or MEDDAC submitting the report. The numerical designation of the operating medical unit and the Army post office number will not be included.

(3) In section I, enter the dates of the Monday and following Sunday of the week when the reported illness occurred.

(4) In section IIa, enter the number of suspected cases reported of each disease listed. Leave the columns for confirmed cases and deaths blank.

(5) In section IIb, enter the number of confirmed cases of each disease listed. Also enter the number of deaths caused by each of the diseases in the list.

(6) In section IIc, enter the number of deaths caused by each disease listed.

(7) Complete sections III and IV when appropriate.

(8) Prepare the “Signature of medical officer/*Unterschrift des Arztes*” block for the medical officer’s signature. The preparer will type in the signature block the name, rank, corps, and title of the medical officer.

(9) Send two copies of the report covering the period Monday through Sunday. Reports should reach the *Gesundheitsamt* by noon on the Tuesday after the end of the reporting period. There is no need to file reports if none of the diseases listed on AE Form 40-400A has been reported.

c. If the diagnostic status of the patient changes (for example, the suspected condition is confirmed), the responsible activity will report the status change to the appropriate *Gesundheitsamt* using section V of AE Form 40-400A (for example, “One case of suspected tuberculosis reported by Heidelberg MEDDAC during the week ending 20 July 2003 is confirmed.”).

## 7. BIRTHS IN U.S. ARMY MEDICAL TREATMENT FACILITIES IN EUROPE

When a child is born in a U.S. Army MTF, the MTF birth-registration clerk will--

a. Prepare and distribute AE Form 40-400B as indicated below within 3 days after the child’s birth. If neither parent is a U.S. citizen, the words “of American Parent(s)” in the title of the AE Form 40-400B will be crossed out. The AE Form 40-400B--

(1) Must have the original signature of the hospital registrar or the attending physician and, if available, a seal.

(2) Will be distributed as follows:

(a) Three original copies to the child’s parent or parents.

(b) One copy to the sponsor’s servicing PD if either of the parents is sponsored by the U.S. Forces.

(c) One copy to the servicing U.S. embassy or consulate if either of the parents is a U.S. citizens.

(d) One copy to host-nation authorities at the designated office. Examples of designated offices are as follows:

**1. Belgium.** The birth of a child in Belgium, regardless of the parents’ nationalities, will be reported to the Belgian authorities at the *hôtel de ville* of the community where the birth took place. Belgian law requires that the birth be reported within 3 workdays. Parents will send one copy of the birth certificate issued by the Belgian authorities to the U.S. State Department. The birth of a child born to a U.S. parent or parents must be reported to the nearest U.S. consulate within 30 days after the child’s birth.

**2. Germany.** The birth of a child in Germany will be reported to the local community *Gesundheitsamt*. The Supplementary Agreement to the NATO Status of Forces Agreement (SOFA), Article 15, exempts MTF personnel from the German legal requirement to report children born in Germany to the local *Standesamt* (registrar's office) if the parent or parents are members of the Force, the civilian component, or a dependent (as defined in NATO SOFA, Article I) unless one or both parents are German citizens. Regardless of this exemption, MTF personnel will report children born in the MTF to the local *Standesamt*. If one or both parents are German citizens, MTF personnel must report the child's birth to the local *Standesamt* under German law.

(e) One copy to the MTF for filing.

(f) When necessary, additional copies to designated offices to meet local requirements.

b. Provide the parent or parents written instructions on birth-registration requirements and procedures within 3 days after the child's birth. The following must be included with the instructions:

(1) Three copies of AE Form 40-400B.

(2) A statement that AE Form 40-400B is not a birth certificate or an official document of citizenship.

(3) A list of items required for registering the child's birth.

(4) A birth-registration worksheet (c below).

(5) The name and location of the birth-registration officer.

(6) A statement that the parents are to report immediately to the birth-registration officer to register the birth.

(7) Any other instructions that local conditions might require, including special instructions that the birth-registration officer may want to give to the parents.

c. The servicing U.S. embassy or consulate will provide birth-registration worksheets to MTFs for enclosures to the instruction to parents. USAREUR Regulation 608-3, appendix D, provides a sample letter of instruction to U.S.-citizen parents of children born in MTFs. If neither parent is a U.S. citizen, the letter should be modified to advise the parent or parents to seek advice on birth-registration procedures from embassy or consulate officials of their home country.

**NOTE:** If home-country officials refuse to register a child as a citizen, the parent or parents should immediately contact the nearest U.S. Immigration and Naturalization Service (INS) office to obtain documentation for the child. U.S. embassies and consulates have contact information on INS offices.

## **8. BIRTHS IN U.S. NAVY OR U.S. AIR FORCE MEDICAL TREATMENT FACILITIES IN EUROPE**

When a child is born to U.S. Army-sponsored parents in U.S. Navy or U.S. Air Force MTFs, the procedures prescribed by the MTF commander for registering births will be followed.

## **9. BIRTHS IN FOREIGN MILITARY OR CIVILIAN HOSPITALS**

When a child is born in a foreign military or civilian hospital, the parent or parents will get a report of birth from hospital authorities and--

a. Take the report of birth and other required documents (for example, passport, marriage certificate, death or divorce certificates for previous marriages) to host-nation authorities at the designated office (para 7a(2)(d)) to have the birth registered.

**NOTE:** Some civilian hospitals help parents register the birth with host-nation authorities. Parents should use this help when possible.

b. Obtain a certified copy of the birth registration within 5 days after the child's birth.

c. Take a certified copy of the local birth registration and other required documents (for example, passport, marriage certificate, death or divorce certificates for previous marriages) to the birth-registration agent at the sponsor's servicing PD if either of the parents is a U.S. citizen, or to consular officials at their home-country consulate or embassy if the parents are not U.S. citizens, within 30 days after the birth (USAREUR Reg 608-3).

(1) U.S. consular officials require a certified copy of the *Abstammungsurkunde* (certificate of descent) to support the child's birth registration in Germany. The German *Geburtsurkunde* (birth certificate) is not acceptable.

(2) If home-country officials refuse to register the child as a citizen, the parent or parents should immediately contact the nearest INS office to obtain documentation for the child. U.S. embassies and consulates can provide contact information for INS offices.

## 10. DEATHS

When a person dies or is DOA at a U.S. Army MTF, the following procedures will be followed:

**a. U.S.-Sponsored Personnel.** MTF personnel will send four copies of DD Form 2064 (para 11) to the receiving mortuary with the remains (AR 600-8-1). A DD Form 2064 labeled "Working Draft" will be submitted for forensic cases.

**b. Local National Employees.** If local laws require that deaths of local national employees be reported, MTF commanders will obtain appropriate report forms from local civil authorities. In some cases, both DD Form 2064 and other reports may be required by local law.

**c. Germany.** Under the Supplementary Agreement to the NATO SOFA, Article 15, there is no obligation to report the death of a member of the Force, the civilian component, or their dependents (as defined in the NATO SOFA, Article I). If the deceased was not a member of the U.S. Armed Forces, the civilian component, or a dependent, the death will be registered according to German law.

**d. Belgium.** U.S. Army MEDCEN and MEDDAC commanders in Belgium will report--

(1) Deaths occurring in U.S. MTFs to the local *hôtel de ville* using a Belgian *avis de décès* (death certificate).

(2) The death of any U.S. citizen who is not a member of the U.S. Armed Forces, a civilian employee, or a dependent of these personnel, to the U.S. Embassy, Brussels.

## 11. PREPARING DD FORM 2064

a. The attending medical officer (physician) at the time of death (for DOA, the physician who declares the person dead) will prepare DA Form 3894 and forward it to the hospital patient-administration division or the administrative officer of the day. U.S. Army hospital personnel in Europe will use the completed DA Form 3894 as the source document for preparing the medical portion of DD Form 2064.

b. If the physician believes that a person who is DOA may have died on a date earlier than the declared date, the actual date of death will be established or a reasonable estimate of the date will be made and entered on a DD Form 2064 "Working Draft." The local provost marshal should be asked for the results of any investigation that may have been conducted or any other information that might help the physician establish an actual or estimated date of death.

c. When a patient is declared dead by a physician at a dispensary or location other than a hospital, the physician concerned will complete the medical statement section of the DD Form 2064, except for the part covering the major findings of an autopsy, and sign that section. Only a known clinical diagnosis should be documented as a cause of death on the DD Form 2064. For deaths that have no documented natural cause (a forensic death), the cause and mode (manner) of death should be filled out only by the pathologist after an autopsy has been performed. In forensic cases, the DD Form 2064 will be identified as a "Working Copy" certificate of death. The pathologist performing the autopsy or pathologist assigned to the U.S. Army MTF where the autopsy is performed will complete the part of DD Form 2064 covering the major findings of an autopsy in coordination with the AFRME or AFME. The patient-administration division of the U.S. Army hospital will help physicians assigned to dispensaries supported by that hospital prepare and distribute DD Form 2064.

d. Remains moved to a U.S. Army MTF in Europe for an autopsy will be accompanied by--

(1) DD Form 2064 ("Working Draft" for forensic cases).

(2) Health, dental (digitized), and other medical records on the deceased.

(3) A statement on whether or not local military or civil authorities have conducted an investigation on the circumstances of the death. The statement will include names and telephone numbers of investigating authorities to permit hospital personnel to coordinate findings with the responsible authorities.

(4) In forensic cases, all evidentiary material associated with the remains at the time of death (including clothing, personal effects, professional equipment, medical equipment, "dog tags", identification card, and passport).

(5) DD Form 565.

(6) SF 523 (only for nonforensic cases).

e. When an MTF receives remains forwarded by a dispensary for an autopsy, the patient-administration division will review the accompanying DD Form 2064 to ensure that the medical part has been completed properly and that the major findings of the autopsy are recorded.

f. In addition to statistical significance, a death certificate serves as the basis for survivors of the deceased to receive benefits. For this reason, the information on these certificates must be accurate. MTF commanders will establish controls to ensure death certificates are completed properly. All forensic cases should be coordinated with the AFRME or the AFME.

g. Chiefs of patient-administration divisions will send information copies of suicide reports to ERM (MCEU-CG), CMR 442, APO AE 09042-0442; and to the ERM (MCEU-LM-PM), CMR 402, APO AE 09180-0402.

## **12. FETAL DEATHS**

a. The death of a fetus before it has been completely expelled or extracted from the mother is considered a fetal death, regardless of the length of the pregnancy. Death is indicated when the fetus, after this separation, does not breathe or show any other evidence of life (a heartbeat, umbilical-cord pulse, or definite movement of voluntary muscles).

b. Birth registration is not required for fetal deaths. If, however, a child breathes or shows other signs of life (even if only for a moment) after a complete birth and then dies, the birth will be registered as a live birth.

c. In the absence of contrary host-nation laws, the death of a fetus weighing more than 500 grams is considered a stillbirth; the death of a fetus weighing less than 500 grams is considered an abortus. MTF commanders will determine the requirements of host-nation laws. If host-nation laws differ from this criteria, the host-nation laws will be followed. DD Form 2064 is required for a stillbirth, but not for an abortus.

## **13. AUTOPSIES**

a. Title 10, United States Code, establishes authority for autopsies (USAREUR Reg 40-57).

b. U.S. military medical personnel (pathologists) will perform autopsies at U.S. MTFs only in coordination with the AFRME or AFME.

c. When host-nation authorities request that an autopsy be performed, representatives of the host nation may be present during the autopsy. If requested by host-nation authorities, a physician designated by host-nation authorities and a U.S. pathologist may perform the autopsy together.

d. When host-nation authorities do not waive jurisdiction to conduct an autopsy locally, the MTF commander will grant authority to submit a request to local officials for appropriate U.S. pathology representation at the autopsy in coordination with the AFRME. This request should indicate the basis of U.S. interest and request that a professionally qualified U.S. representative attend the autopsy. These autopsies will be performed in foreign medical facilities.

e. In Germany, the following guidance applies:

(1) The obligations in subparagraph c above are prescribed in the Supplementary Agreement to the NATO SOFA, Article 16. Article 16 is limited in its application to members of the Armed Forces, civilian component, and dependents (as defined in the NATO SOFA, Article I).

(2) Article 16 lists authorities who will be invited to be represented at autopsies performed on deceased U.S. personnel when a person accused of causing the death may be prosecuted by a German court. Local staff judge advocates will provide additional guidance about these autopsies.

f. In Belgium, when U.S. Forces authorities are authorized to order an autopsy (b and c above), an autopsy may be performed. When the local King's Prosecutor informs U.S. medical authorities that Belgian authorities will conduct an investigation, U.S. medical authorities will follow the procedures in subparagraphs c and d above.

#### **14. EVACUATING REMAINS**

a. For natural deaths requiring an autopsy, hospital commanders in Germany will arrange to receive remains or for the remains to be delivered to the nearest U.S. Army mortuary within 72 hours after the death. In Belgium and Italy, the same timelimit applies for the release of remains to a U.S. Army mortuary team.

b. If MTF commanders anticipate difficulty in complying with subparagraph a above because of the temporary absence of the assigned pathologist, the remains should be transported directly to the United States Mortuary, Landstuhl, Germany, for the autopsy.

c. For forensic deaths in cases of suicide, accident, and homicide, the remains will be transported for autopsy directly to the United States Mortuary, Landstuhl, after coordination with the AFRME (DSN 486-7492/7494). If it is not advisable to transport the remains, the MTF commander will ask the AFRME to perform the autopsy at the MTF. For homicides, aircraft mishaps, and training accidents where prompt investigation by the AFRME is important, the AFRME should perform the autopsy.

d. If the requirements in subparagraph a above cannot be met, MTF commanders will notify the Command Judge Advocate, ERMC (DSN 371-3336), and the Director, United States Army Mortuary, Landstuhl (DSN 486-7072/7073/7074), of the actions taken.

e. If the requirements in subparagraph c above cannot be met, MTF commanders will seek guidance from the Office of the Armed Forces Medical Examiner, Washington, DC (stateside DSN 312-285-0000).

**APPENDIX A**  
**REPORTABLE DISEASES AND SELECTED CONDITIONS**

**A-1. RESPONSIBILITIES OF HEALTHCARE PROVIDERS**

The diseases and conditions in table A-1 must be reported to military-health authorities through the Army Medical Surveillance System. The area preventive-medicine service must be notified of all confirmed or suspected cases by telephone or through the Composite Health Care System.

**Table A-1**

**Reportable Diseases and Conditions**

**DISEASES TO REPORT WITHIN 1 WORKDAY**

Anthrax*	Hepatitis, acute*	Rubella*
Biological warfare agent exposure	Leptospirosis	Salmonellosis*
Botulism*	Listeria	Shigellosis*
Brucellosis*	Measles*	Smallpox*
Cholera*	Meningococcal disease*	Typhoid fever*
Diphtheria*	Pertussis*	Varicella (active duty personnel only)
E. coli 0157:H7*	Plague*	Yellow fever*
Haemophilus influenza, invasive	Poliomyelitis*	Unusual communicable diseases (for example, Lassa fever)
Hantavirus infection*	Rabies, human*	

**DISEASES TO REPORT WITHIN 7 WORKDAYS**

Amebiasis	Heat exhaustion	Rift Valley fever
Campylobacter*	Heat stroke	Rocky Mountain spotted fever
Carbon-monoxide poisoning	Hemorrhagic fever	Schistosomiasis
Chemical-agent exposure	Influenza*	Streptococcus, group A, invasive
Chlamydia	Lead poisoning*	Syphilis
Coccidiomycosis	Legionellosis*	Tetanus
Cold-weather injury	Leishmaniasis	Toxic shock syndrome
Cryptosporidiosis*	Leprosy	Trichinosis*
Cyclospora*	Lyme disease	Trypanosomiasis
Dengue fever	Malaria*	Tuberculosis, pulmonary*
Ehrlichiosis	Mumps	Tularemia
Encephalitis	Pneumococcal pneumonia	Typhus fever
Filariasis	Q fever	Urethritis, nongonococcal
Giardiasis	Relapsing fever	Vaccine, adverse reaction
Gonorrhea	Rheumatic fever, acute	

\*Conditions requiring laboratory reporting to preventive-medicine service.

**A-2. CLUSTERS AND PATTERNS**

Any cluster or pattern of cases, deaths, or increased incidence of disease beyond that expected in a given period that may indicate an outbreak, epidemic, or related public-health hazard will be reported as soon as possible to the area preventive-medicine service. Compliance with the timeline for reporting is critical for appropriate epidemiological investigation and implementing control measures when warranted.

## GLOSSARY

AE	Army in Europe
AFME	Armed Forces Medical Examiner
AFRME	Armed Forces Regional Medical Examiner
AR	Army regulation
CHCS	Composite Health Care System
CSURG	Command Surgeon, USAREUR
DA	Department of the Army
DOA	dead on arrival
ERMC	United States Army Europe Regional Medical Command
INS	United States Immigration and Naturalization Service
MEDCEN	medical center
MEDDAC	Medical Department Activity
MTF	medical treatment facility
NATO	North Atlantic Treaty Organization
PD	personnel detachment
SOFA	Status of Forces Agreement
U.S.	United States
USAREUR	United States Army, Europe