The Armed Forces Health Surveillance Center

Briefing to the
DEFENSE HEALTH BOARD

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UNCLASSIFIED
BRIEFING OUTLINE

PURPOSE: To provide an update on the status of the Armed Forces Health Surveillance Center (AFHSC).

1. Background
2. Concept
3. Current Status
AFHSC Background

• July 2005: DASD-FHP&R forms AFHSC Task Force (Co-chaired by USACHPPM and ODASD/FHP&R) to develop a concept of operations (CONOPS) to realign health surveillance capabilities within the Department of Defense and the Military Services.


• June 2006 – Force Health Protection Council (FHPC) approves AFHSC CONOPS.

• May 2007- AFHSC CONOPS undergoes staff review by USD (P&R)
Armed Forces Health Surveillance Center
Vision and Mission

• Vision: to provide *relevant, timely, actionable, and comprehensive* health surveillance information and support to the Armed Forces for military and military-associated populations

• Mission: to promote, maintain, or enhance the health of military and military-associated populations
  – Acquire, analyze & interpret, recommend, and disseminate information
  – Develop, refine and improve standardized surveillance methods
  – Serve as focal point for sharing health surveillance products, expertise and information
  – Delineate roles, responsibilities, and mutually supporting relationships among the Armed Forces health surveillance activities
Key Outcomes and Clients
Who the Center serves and how

Key Outcomes
- Informs Operations → JCS/COCOMs
- Informs Readiness → Services/Depts
- Informs Policy → ASD/HA
- Informs Research → USD/AT&L

Key Clients
- OSD/PA
- OSD/LA
- OSD/GC

Supports
- National Health Strategies

Tiered Epidemiology Analyses & Products

Enterprise-wide

Service-specific

Geographic or Event
Center Concept of Operations
Functional Structure

- **Ops Function**: Respond, Disseminate results/reports
- **Data Function**: Collect & integrate data, Manage data
- **Analysis Function**: Interpret findings, Summarize/analyze data

Track compliance, monitor effects; feedback for policy and process improvement.
Provisional vs. Initial vs. Future Operating Capabilities

• Provisional: enhancement of existing legacy component (CHPPM, NMCPHC, USAFSAM, GEIS, and FHP&RP) capabilities through coordinated efforts, cross training, resource sharing, unified goals/objectives, etc. Split-based operations

• Initial: achieves unity of command, collocated operations, 24/7 coverage. Expands surveillance coverage to a wider set of populations, e.g., “separated personnel”, retirees and family members

• Future: expands to encompass all populations of military interest, full lifecycle surveillance from accession to death. Formal evals of surveillance systems. Expanded medical situational awareness
AFHSC- Provisional Operating Capability

Key Initial Ingredients (Programs/Services)

- DMSS, DoD Serum Repository, DMED, Reportable Medical Events (RME), Lost Duty Metric, Deployed Occ/Env expertise & info archive
- Expertise in Deployed DNBI Surveillance, Deployed Occ/Env, Lab-based Influenza Surveillance, RME and ESSENCE
- JMEWS, JPTA, ESSENCE, MSAT-ACTD, Medical Movement (TRAC²ES) analysis, Deployed health event/RME/Occ/Env expertise, personnel roster generation, open source health event & research monitoring, extended hours help desk
- Expertise in Deployed Occ/Env, HL-7 data analysis, ESSENCE and RME
- Global coord monitoring and emergency response, Training, Funds surveillance programs, e.g., influenza (lab), OS labs, FRI at training sites, & sentinel mortality
Center Concept of Operations
Functions and Planning Factors, cont.

• There are areas of overlap between public health surveillance and other MHS monitoring and evaluation programs.

• The Center will not focus on the following:
  – Healthcare systems analysis, i.e., resource management and efficient business practices such as access, cost of care, bed-occupancy, customer satisfaction, etc.
  – Medical management (including utilization, care, and disease management)
  – Evaluation of the quality of care by individual providers
  – “Clinical” research (e.g., comparing treatment protocols, etc.)
Current Status
Formation of AFHSC (Provisional)

- 12 Oct 07 Acting SG of Army memorandum
- Consolidated three Army Medical Department health surveillance Executive Agent responsibilities:
  - DoD GEIS
  - Defense Medical Surveillance System (DMSS)
  - DOD Serum Repository (DODSR)
- Named AFHSC “Provisional” Director reporting to CG, USACHPPM
- To proceed IAW AFHSC Task Force Draft CONOPS (within limits of Army authority)
- 26 Feb 08—DEPSECDEF signs memo establishing an AFHSC
Armed Forces Health Surveillance Center
(Current)

HQ
2900 Linden Lane
Silver Spring, MD 20910

- Director
- DoD-GEIS on 1st floor
- Defense Medical Surveillance System (DMSS) on 2nd floor
- 1 FHP&R analyst

DoD Serum Repository
Tech Road Campus
Silver Spring, MD

DMSS Technical Staff/Servers
Bldg T-20, WRAMC, DC
DMSS Structure & Functional Relationships

(Active and Reserve Components)

**PERSONNEL DATA**
- **Active Duty**
  - Since 1990
  - 6.3 million persons
  - 72.1 million records
- **Reserve Component**
  - Since 1990
  - 2.3 million persons
  - 28.3 million records
- **Active Duty Casualty**
  - Since 1980
  - 40,600 records
- **Military Entrance Processing Stations**
  - Since 1985
  - 10.5 million persons
  - 21.2 million records

**MEDICAL DATA**
- **In-patient**
  - Since 1990
  - 2.6 million records
- **Ambulatory**
  - Since 1996
  - 145 million records
- **Reportable Events**
  - Since 1995
  - 184,000 records
- **Immunizations**
  - Since 1980
  - 61.8 million records

**SEROLOGIC DATA**
- **Serologic Specimens**
  - Since 1985
  - 9 million persons
  - 43.6 million specimens

**DEPLOYMENT DATA**
- **Deployment Rosters**
  - Since 1990
  - 3.6 million records
- **Pre and Post Deployment Health Assessments**
  - Since 1994
  - 4,835,580 surveys
- **Disease and Non-Battle Injury (aggregate)**
  - Since 1996
  - 98,900 records

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DMSS: Defense Medical Surveillance System
DMED: Defense Medical Epidemiology Database

DMED Version 3.6
Remote Access to DMSS data
(non-privacy act only)

**DMED**

- Hospitalization Queries
- Ambulatory Queries
- Reportable Events Queries
- Personnel data Queries

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Monthly Synchronization
AFHSC / DMSS

Longitudinal surveillance, analysis and reporting regarding health and fitness of DoD servicemembers

- Over 100 monthly issues of the Medical Surveillance Monthly Report
- > 2000 issues of MSMR mailed throughout DoD each month
- Annual DoD summaries of available medical surveillance data

- Since 1998, staff have published over 60 articles in peer-reviewed journals
- Since 1998 DMSS has responded to over 5100 requests for analysis, summaries and reports
- World’s largest serum repository
- Unrivaled potential for population based sero-epidemiological studies
- Serial serum specimens on over 8.1 million individuals
- Linked to demographic, military and medical information via the DMSS
DOD GEIS

Surveillance and Detection
Response and Readiness
Integration and Innovation
Cooperation and Capacity Building

ARD  GI  Febrile Dis  DRO  STI
Presidential Decision
Directive NSTC-7 June 1996

DoD-GEIS Mission

• “The mission of the DoD will be expanded to include support of global surveillance, training, research, and response to emerging infectious disease threats.”

• “… DoD will strengthen its global disease reduction efforts through: centralized coordination; improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and United States and overseas laboratories.”
Countries in which DoD-GEIS funded activities operated in FY06 and FY07

N = 77
DoD-GEIS Influenza Surveillance Sites

18th MEDCOM
AFIOH
AFRIMS
CHPPM-W
GEIS HQ
LRMC
NAMRU-2
NAMRU-3
NHRC
NMRC
USAMRIID
USAMRU-K

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AFHSC Implications for GEIS

• GEIS vision and mission remain relevant and supportive. AFHSC emphasizes the following GEIS functions—
  – GEIS HQ (coordination, communication and emergency response)
  – OCONUS Laboratories (capacity building and training, EID detection)
  – MHS EID surveillance (Febrile Respiratory Illness, Sentinel Mortality, etc.)

• GEIS will continue:
  – Current business processes (proposal submission and review)
  – GEIS website (linked to AFHSC) including the secure portal
  – The Avian Influenza/Pandemic Influenza Program (as funding allows)
How to better integrate GEIS with other DOD health surveillance programs?
## Status of AFHSC Tasks

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<tr>
<th>Initial AFHSC Tasks</th>
<th>Status</th>
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<tr>
<td>Administrative update to DoDD 6490.02 to codify Secretary of the Army as EA</td>
<td>Underway</td>
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<td>Develop and coordinate an AFHSC DoD Instruction</td>
<td>Draft from Task Force available as starting point</td>
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<td>EA establish Provisional Operating Capability (POC); integrate AMSA, GEIS, and surveillance activities of FHP&amp;RP</td>
<td>POC already exists with AMSA &amp; GEIS. FHP&amp;RP analysts split time between sites, require SIPRNET access</td>
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<td>Board of Governors recommends a provisional director NLT 25 Apr 08 (60d after DEPSECDEF memo)</td>
<td>The acting provisional director (COL DeFraites) will be retained in his current position for 18 months</td>
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<td>Provisional Director submits a plan to achieve Initial Operating Capability o/a 26 Jul 08</td>
<td>Underway</td>
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<td>Work with Services to transfer surveillance tasks suitable for centralization, and associated resources, to the AFHSC</td>
<td>Underway</td>
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Questions?