



OFFICE OF THE UNDER SECRETARY OF WAR

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JAN 21 2026

Dear Mr. Chairman:

The Department's response to 10 U.S.C. § 1073b(a), requiring the Secretary of Defense to provide an annual report on the compliance by the Military Departments with applicable law and policies on the recording of health assessment data in military health records, is enclosed. This annual report, covering Calendar Year (CY) 2024, addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of War medical surveillance databases. The Department anticipates submitting the CY 2025 report by September 30, 2026, and will submit all subsequent annual reports for the preceding CY by September 30th of each year.

The Defense Health Agency's Force Health Protection Quality Assurance Program Office audited the electronic health records for military members returning from deployment to assess military health system compliance in the recording of blood sample collection, administration of immunizations, and documentation of deployment health assessments. The report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues and, more importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Sincerely,



Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosures:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to Committees on Armed Services of the Senate and the House of Representatives



Annual Report on Recording of Health Assessment Data in Military Health Records Pursuant to 10 U.S.C § 1073b(a)

January 2026

The estimated cost of this report or study for the Department of War is approximately \$4,810 for the 2024 Fiscal Year.

This includes \$0 in expenses and \$4,810 in DoW labor.

Generated on 2025Sep19

RefID: A-9EEE362

Introduction

The Department of War (DoW) reports annually to the Committees on Armed Services of the Senate and House of Representatives in accordance with 10 U.S.C. § 1073b(a) as implemented in Department of Defense Instruction 6200.05, “Force Health Protection Quality Assurance (FHPQA) Program,” June 16, 2016, as amended. This report consolidates and documents pre- and post-deployment blood samples, administration of specific immunizations, and documentation of deployment health assessments for military members returning from a deployment in Calendar Year (CY) 2024.

The information for this report is collected through information systems at the Defense Health Agency’s (DHA) Armed Forces Health Surveillance Division (AFHSD) and data provided by the Military Departments (MILDEPs). AFHSD utilizes the Defense Medical Surveillance System (DMSS) as the central repository for medical surveillance data for the U.S. Armed Forces. Also, AFHSD maintains the Department of War Serum Repository. The MILDEPs maintain copies of immunizations and deployment health assessments in each military member’s medical record and the military Service-specific medical readiness system.

Background

For this calendar year report, the deployment denominator data sets were provided to AFHSD by the MILDEPs.

The denominator dataset included all individual Service member deployments greater than 30 days in length to a contingency operation with a deployment return date that occurred between January 1 and December 31, 2024.

The following are the deployment compliance criteria used for DoW Service members:

- Blood sample collection: (blood-derived serum)
 - Pre-deployment sample is drawn within 365 days prior to deployment start date.
 - Post-deployment sample is drawn between 30 days prior to and no later than 30 days after arrival to home station.
- Immunizations: Individuals deployed to the United States Central Command (USCENTCOM) area of operation will have one current vaccination documented for both anthrax and influenza or have documented waivers on file within 365 days prior to the deployment.
- Health Assessments:
 - Pre-Deployment Health Assessment (DD Form 2795): to be completed 120 days before estimated deployment date.

- Post-Deployment Health Assessment (DD Form 2796): to be completed as close to date of return from deployment as possible, but not earlier than 30 days before return and not later than 30 days after the return from deployment.
- Post-Deployment Health Reassessments (DD Form 2900): to be completed within 90 to 180 days after return from deployment.

For this report, AFHSD widened the compliance grace period for the health assessments and blood sample collection by 30 days to account for any issues with data transmission or other anomalies.

Audit Results

Deployed military members' blood samples, immunizations, and deployment health assessment data are recorded within the electronic health record. The Department performed an audit of electronic health record data compliance in CY 2024 for immunizations, health assessments, and blood samples among DoW military members returning from deployment, excluding training exercises, permanent change of stations, and temporary duty locations. Table 1 details the audit results from CY 2022 through CY 2024.

Table 1. DoW Military Immunizations, Health Assessments, and Blood Samples Audit

	CY 2022	CY 2023	CY 2024
Number of Returning Service Members from Deployment	61,356	78,677	77,199
Immunizations Compliance*			
Immunizations Required by USCENTCOM	75%	89%	87%
Health Assessments Compliance			
Pre-Deployment Health Assessments (DD Form 2795)	71%	81%	86%
Post-Deployment Health Assessments (DD Form 2796)	59%	76%	79%
Post-Deployment Health Reassessments (DD Form 2900)	38%	53%	46%
Blood Samples Collection Compliance			
Pre-Deployment Blood Samples	89%	87%	89%
Post-Deployment Blood Samples	52%	68%	65%

Data Sources: DMSS and MILDEPs

*Immunization compliance is defined as having met the immunization requirement or having a documented immunization waiver on file.

Discussion

With some fluctuations, the audit results generally demonstrated compliance improvements for each category over the three-year period from CY 2022 to CY 2024. There were three categories in which compliance gains observed from CY 2022 to CY 2023, declined slightly from CY 2023 to CY 2024; however, these categories demonstrated overall gains for the 3-year period from CY 2022 to CY 2024. Specifically, during this period, USCENTCOM immunizations increased by 12 percent; post-deployment health reassessments (DD Form 2900) increased by 8 percent; and post-deployment blood sample collections increased by 13 percent. The DoW goal for influenza vaccinations is 90 percent of all Service members.

The MILDEPs have reported that changes in contracts, data transmission issues, shortages in staffing, and limited tracking mechanisms within Service-specific individual medical readiness (IMR) systems, were contributing factors to the slight declines in compliance levels from CY 2023 to CY 2024 for the categories noted above. Additionally, post-deployment health reassessment compliance was reportedly impacted due to differences in Service reintegration procedures. For example, Air Force DD Form 2796 compliance was more difficult to track when deployers were assigned with Navy or Army units since the Services utilize separate medical readiness tracking systems.

Conclusions and Recommendations

The MILDEPs have implemented actions to address program execution issues, including completion of medical requirements, enforcement, and training. Additionally, the MILDEPs have raised awareness and targeted education and training to leadership regarding deployment requirements and compliance timeframes. Leadership and commander engagement and enforcement will continue to improve compliance with medical readiness requirements. The MILDEPs continue to revise Service-specific policies to better align with DoW-level deployment health policy. Additionally, training of MILDEP and DHA medical staff is continually conducted to improve understanding of deployment medical requirements, definitions, timeframes, and tracking procedures.

Concurrently, DHA is exploring the feasibility of developing a joint IMR system to improve readiness tracking and reporting; increase efficiencies for staff during patient care; and promote a medically ready and fit-to-fight force.

The FHPQA Working Group will continue to review and track compliance as well as recommend program or policy changes to leadership.

References

1. Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005, October 28, 2004 (Public Law 108–375)
2. Department of Defense Instruction 6025.19, “Individual Medical Readiness,” July 13, 2022
3. Department of Defense Instruction 6200.05, “Force Health Protection Quality Assurance (FHPQA) Program,” June 16, 2016, as amended
4. Department of Defense Instruction 6200.06, “Periodic Health Assessment (PHA) Program,” September 8, 2016, as amended
5. Department of Defense Instruction 6205.02, “DoD Immunization Program,” July 23, 2019, as amended
6. Department of Defense Instruction 6490.03, “Deployment Health,” June 19, 2019
7. AR 40–562/BUMEDINST 6230.15B/AFI 48–110_IP/CG COMDTINST M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013.
8. Defense Health Agency Procedural Instruction 6200.05, “Force Health Protection Quality Assurance (FHPQA) Program,” May 2, 2018