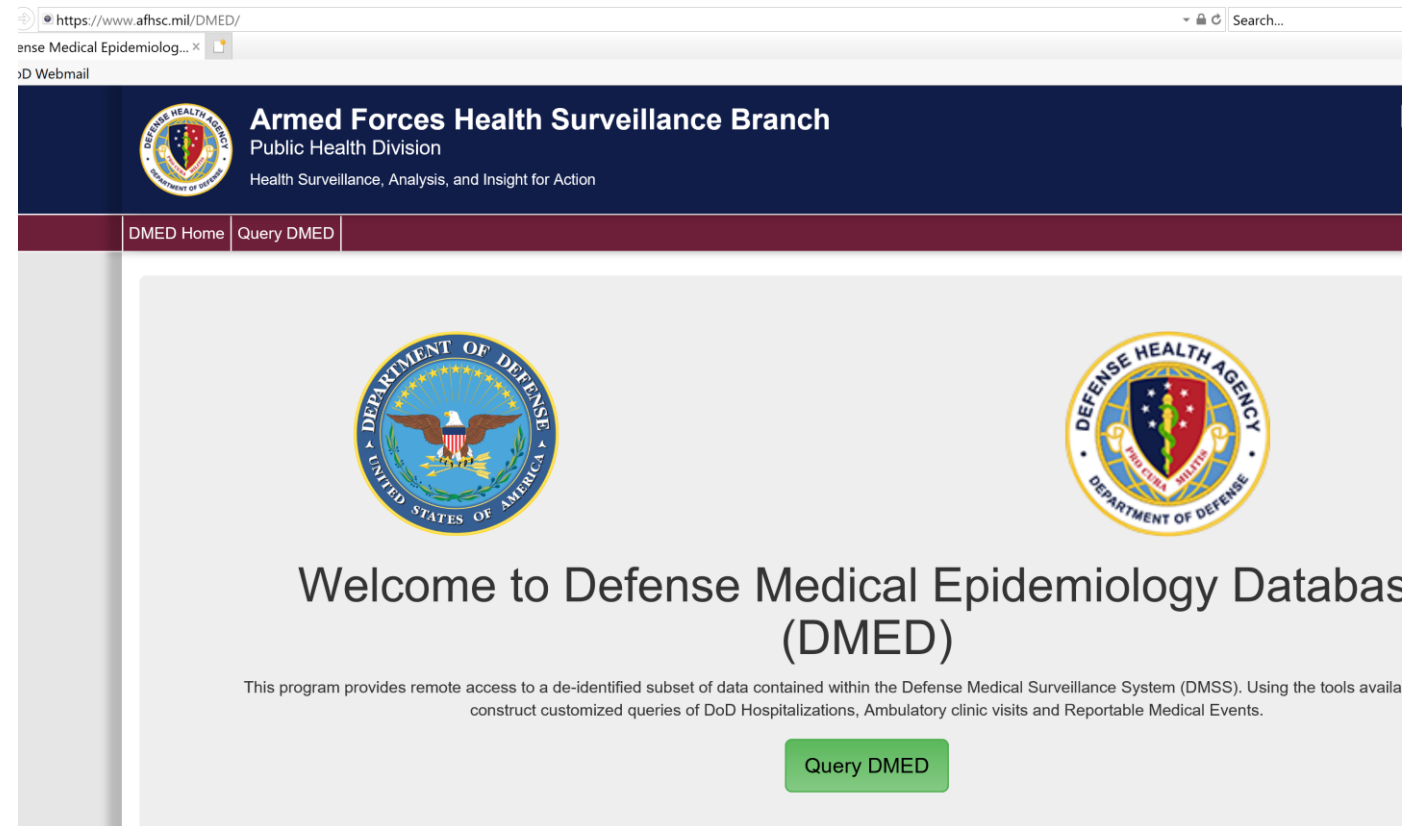


- All data obtained directly from the Defense Health Agency, Armed Forces Health Surveillance Branch – Public Health Division

Defense Medical Epidemiology Database (DMED)

- <https://www.afhsc.mil/DMED>

- Data current as of 1730 26 JAN 2022



(DMED)

This program provides remote access to a de-identified subset of data contained within the Defense Medical Surveillance System (DMSS). Using the tools available, you can construct customized queries of DoD Hospitalizations, Ambulatory clinic visits and Reportable Medical Events.

Query DMED

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Data Sources

The *Defense Medical Surveillance System (DMSS)* is an executive information decision support system whose database contains up-to-date and historic data on diseases, medical events (e.g., hospitalizations, ambulatory visits, reportable medical events, HIV tests, immunizations and health risk appraisals) and longitudinal demographic data on DoD personnel. Data in DMSS originates from many different sources within the DoD.

The *Medical Epidemiology Database (DMED)* application provides authorized users remote access to a subset of de-identified data from DMSS about active component service members.

The overall quality of medical surveillance data depends on completeness, validity, consistency, timeliness and accuracy. With more than a billion rows of data (from more than 20 different sources) currently in DMSS, great effort is made to ensure a standardized and consistent approach to data processing and validation. However, receipt of large data inputs from multiple sources makes it impossible to correct all inaccurate or miscoded records. The following are known characteristics of the data available through DMED.

This program provides remote access to a de-identified subset of data contained within the Defense Medical Surveillance System (DMSS). Using the tools available, you can construct customized queries of DoD Hospitalizations, Ambulatory clinic visits and Reportable Medical Events.

Query DMED

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Data Sources

There are four main sources of data available through DMED.

Population Data: All data on DoD service members contained in DMED is validated against DoD personnel data obtained from the Defense Manpower Data Center (DMDC) on a monthly basis. Stratum data elements (i.e. gender, age, grade, race/ethnic, and marital status) for medical events are derived from personnel data considered to be current on the date of a medical event.

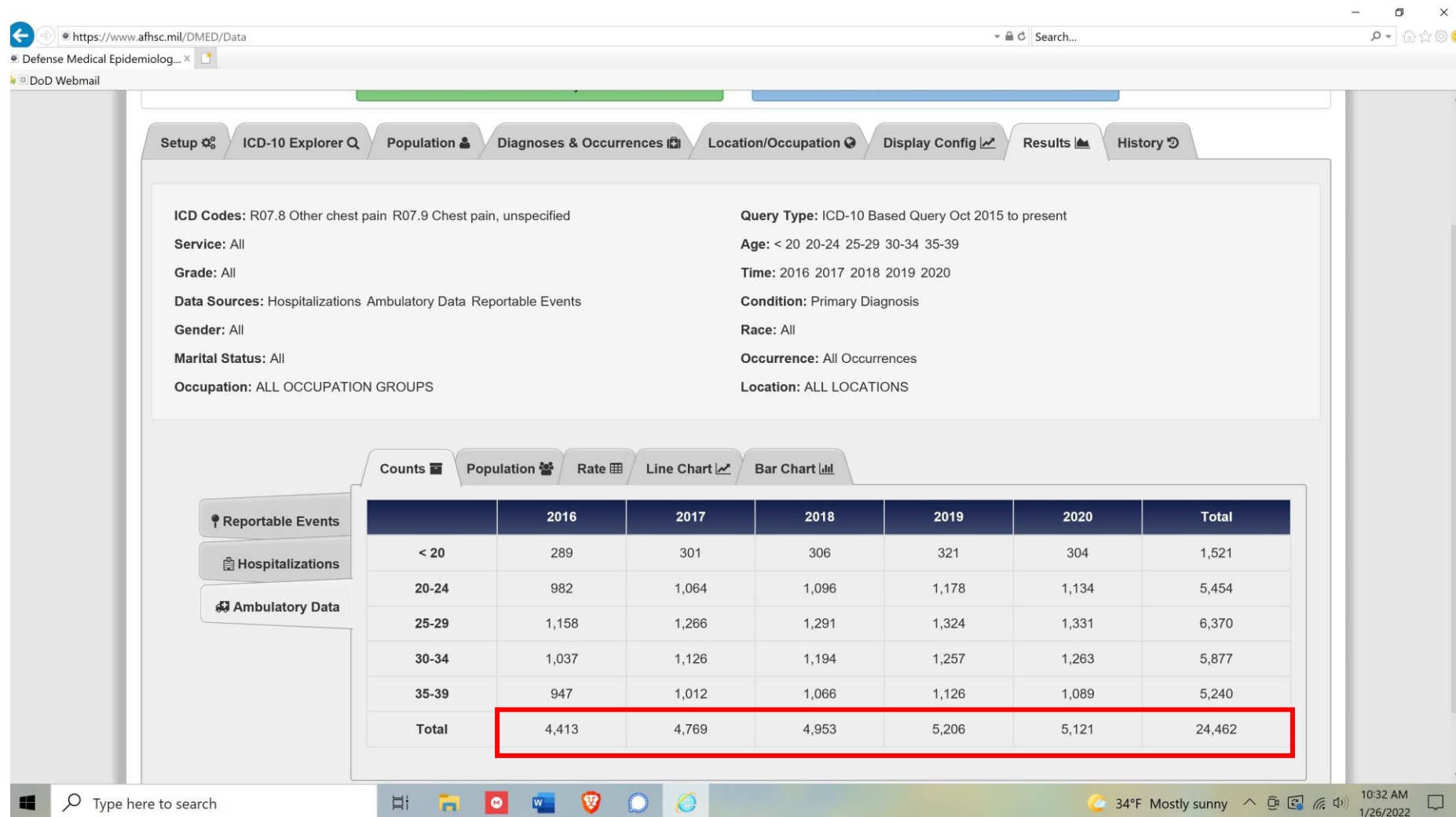
Hospitalization Data: Hospitalization data is a combination of administrative records collected from: 1) hospitalizations in DoD Military Treatment Facilities (Standard In-patient Data Record [SIDR] files), and 2) hospitalizations in non-DOD facilities for which the DoD reimbursed the care facility (TRICARE Encounter Data [TED] and Health Care Service Record [HCSR] files). Each hospitalization results in a series of ICD-9 codes that are assigned based on the health care provider's interview, physical assessment, and interpretation of results of tests, consults, and diagnostic and therapeutic procedures. The number of diagnostic codes available in the records has varied over time but has consistently contained at least eight diagnostic codes: for consistency, DMED utilizes up to eight diagnostic codes. Only in-patient records which are considered complete are processed into DMSS and DMED. Use of these administrative records allows tracking of frequencies, rates, and trends of disease and injury diagnoses in military populations.

Ambulatory Data: Ambulatory encounter data is a combination of administrative records collected from: 1) ambulatory encounters in DoD Military Treatment Facilities, (Standard Ambulatory Data Record [SADR] files), and 2) ambulatory encounters in non-DOD facilities for which the DoD reimbursed the care facility (TRICARE Encounter Data [TED] and Health Care Service Record [HCSR] non-institutional files). Each ambulatory encounter results in a series of ICD-9 codes that is assigned by the health care provider based on a patient interview, physical assessment, and interpretation of results of tests, consults, and diagnostic and therapeutic procedures. The number of diagnostic codes available in the records has varied over time but has consistently contained at least four diagnostic codes: for consistency, DMED utilizes up to four diagnostic codes. Only ambulatory records which are considered complete are processed into DMSS and DMED.

Reportable Event Data: The DoD has a standardized list of conditions that require special surveillance and mandatory reporting which is similar to civilian modifiable event reporting. Medical events which meet Tri-service standardized case definitions are initially reported in Service-specific reporting systems. These reports are forwarded to the Armed Forces Health Surveillance Branch for archival and compilation into a reportable event surveillance database that is used to record and track events of interest in the military. A subset of this information is available within DMED. Army reportable event data is available for calendar years 1995 to present, and Navy, Marine Corps, and Air Force data is available for calendar years 2000 to present.

Chest pain, unspecified; 2016-2020

Annual average (2016-2020) – 4,892

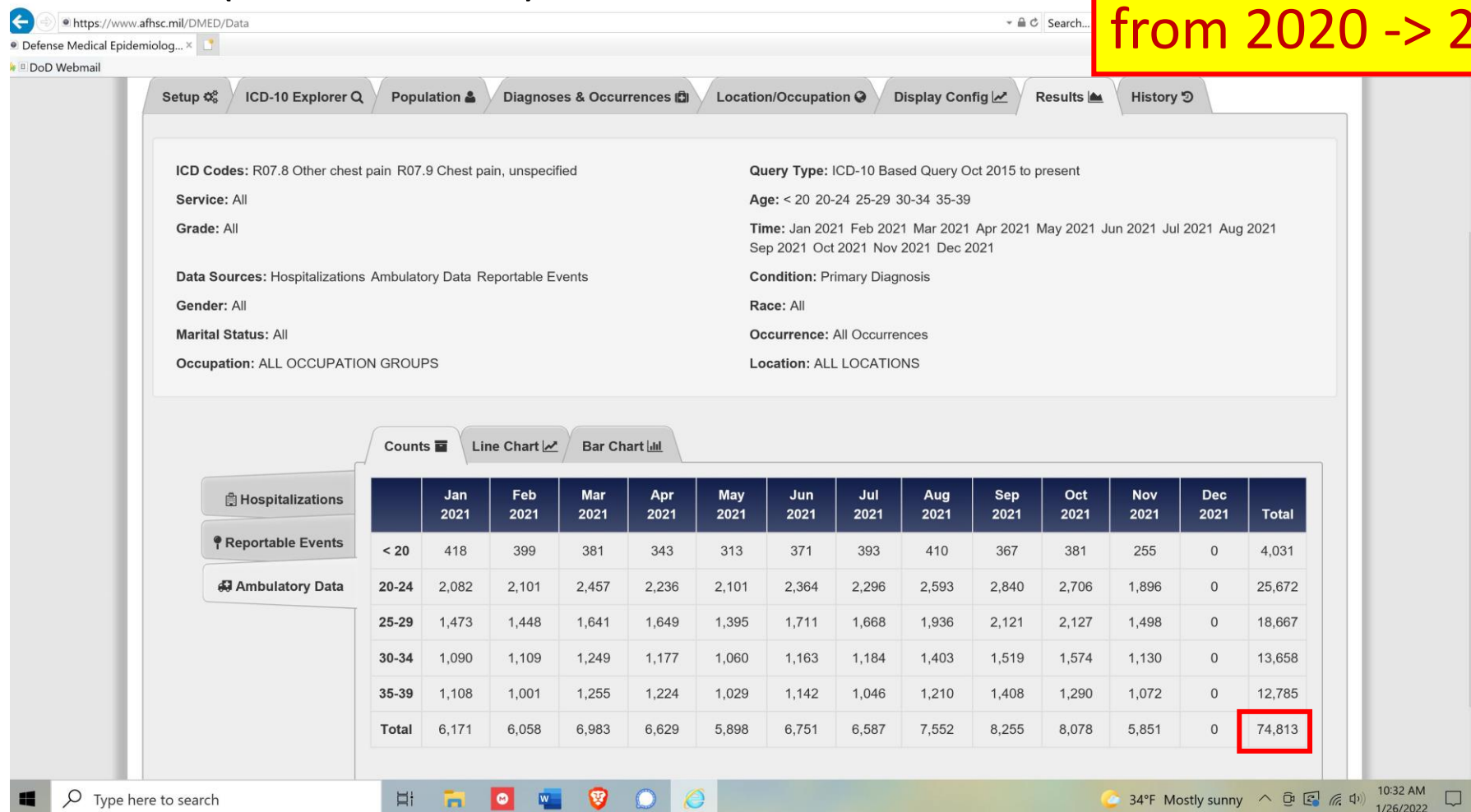


Chest pain, unspecified; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **6,801**

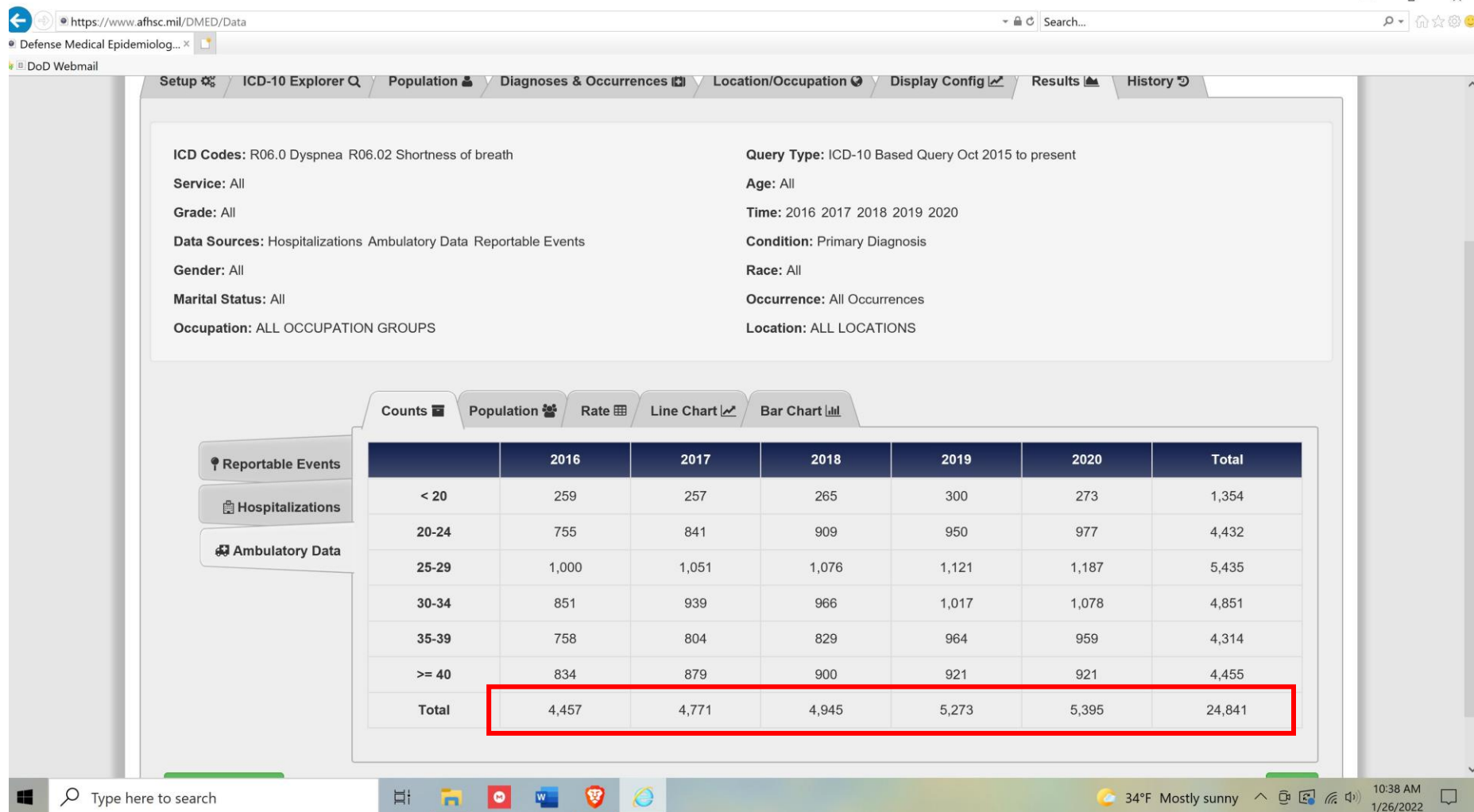
YTD total (Jan-Nov 2021) – **74,813**

**1,529% Increase (15x)
from 2020 -> 2021**



Dyspnea/SOB; 2016-2020

Annual average (2016-2020) – 4,968

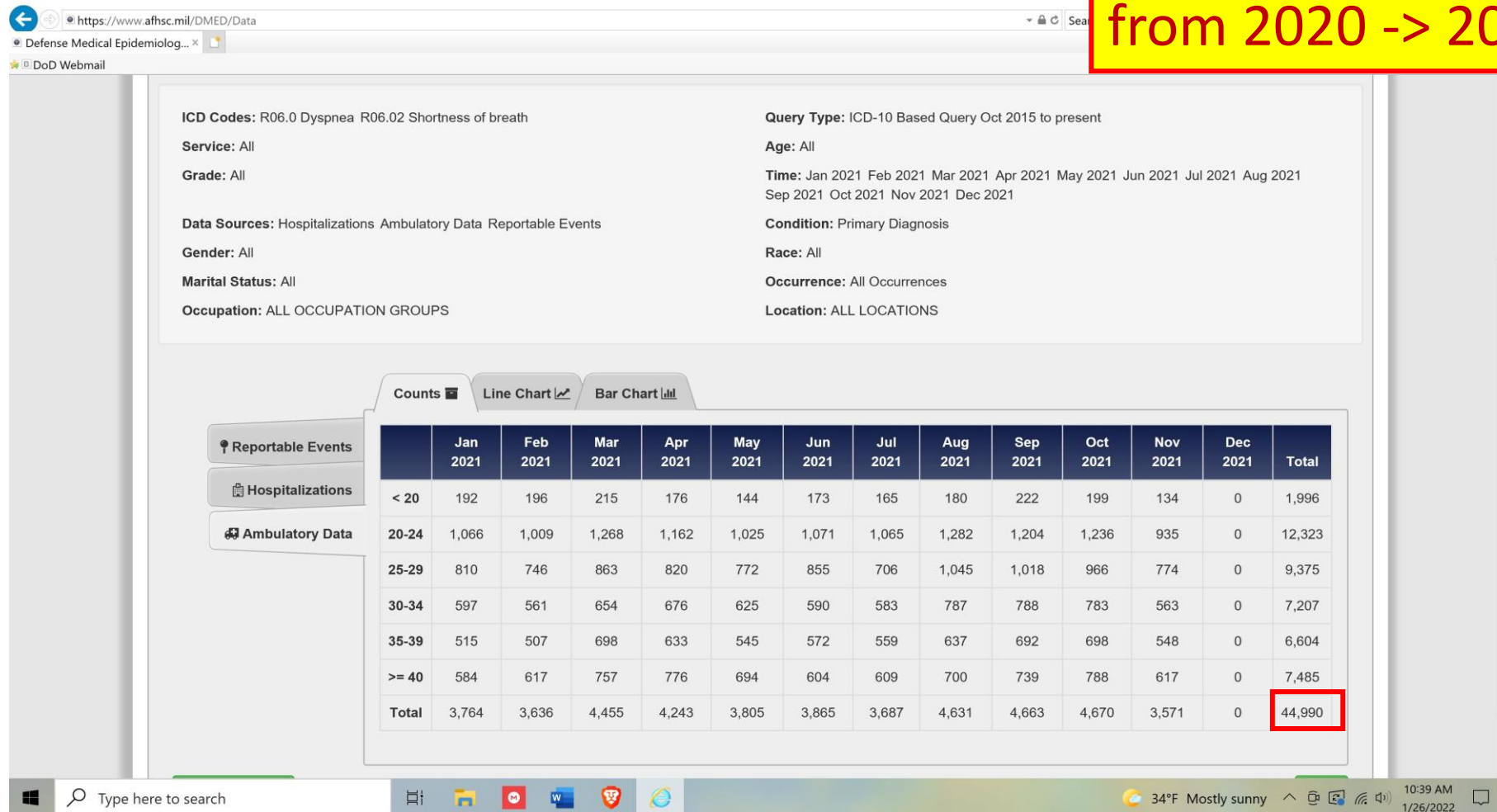


Dyspnea/SOB; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **4,090**

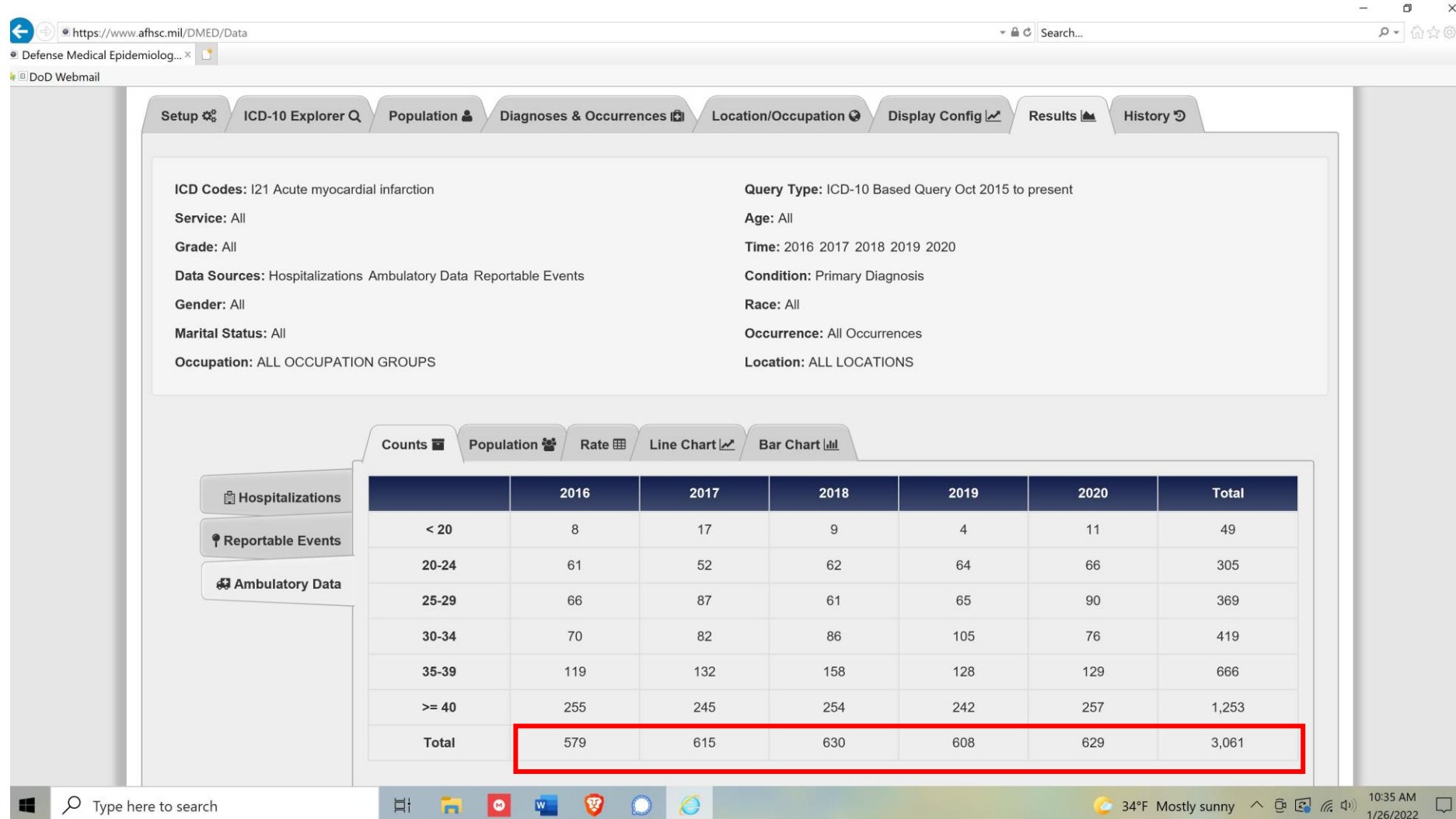
YTD total (Jan-Nov 2021) – **44,990**

**905% Increase (9x)
from 2020 -> 2021**



Acute MI; 2016-2020

Annual average (2016-2020) – **612**

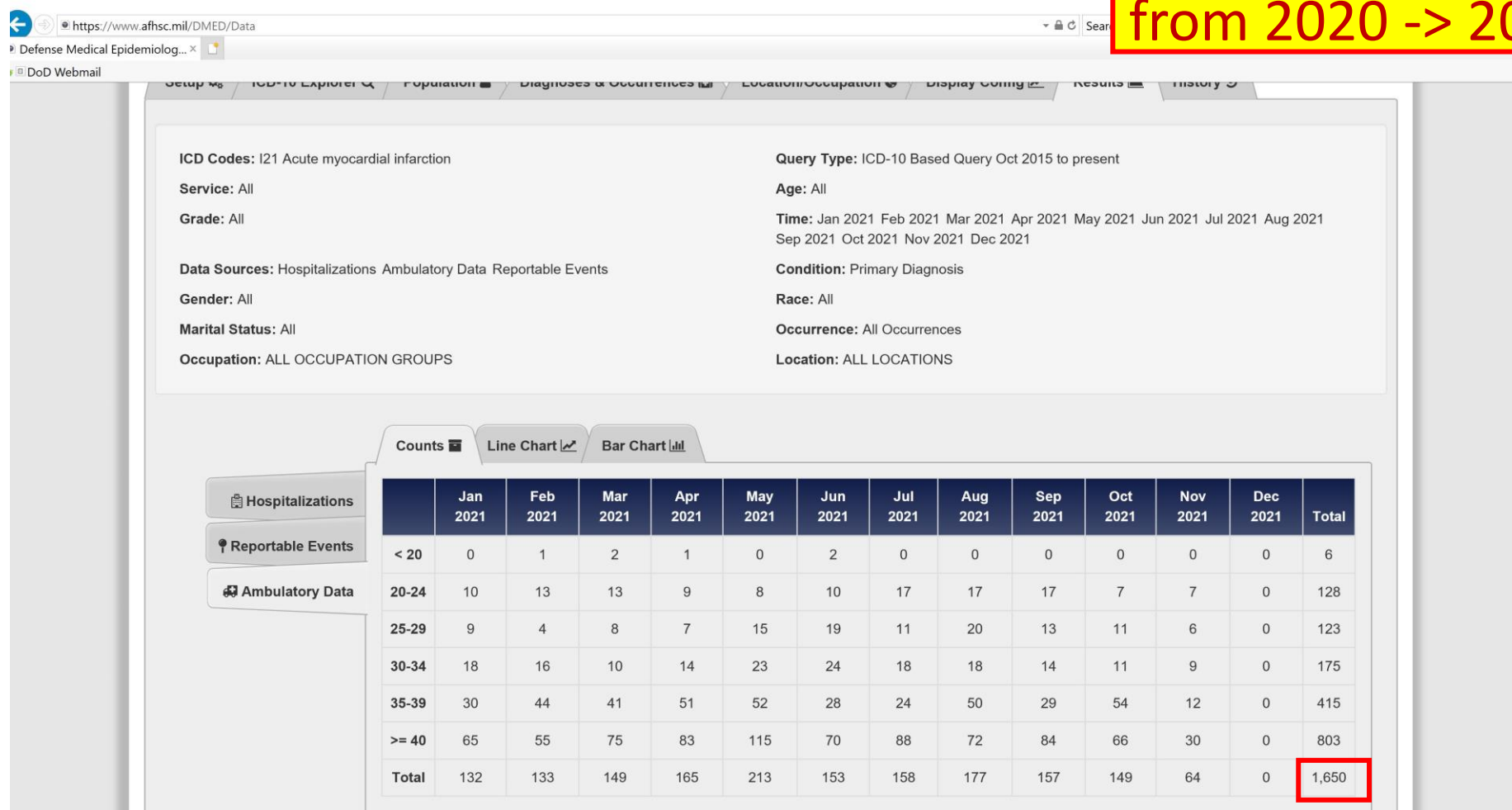


Acute MI; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **6,801**

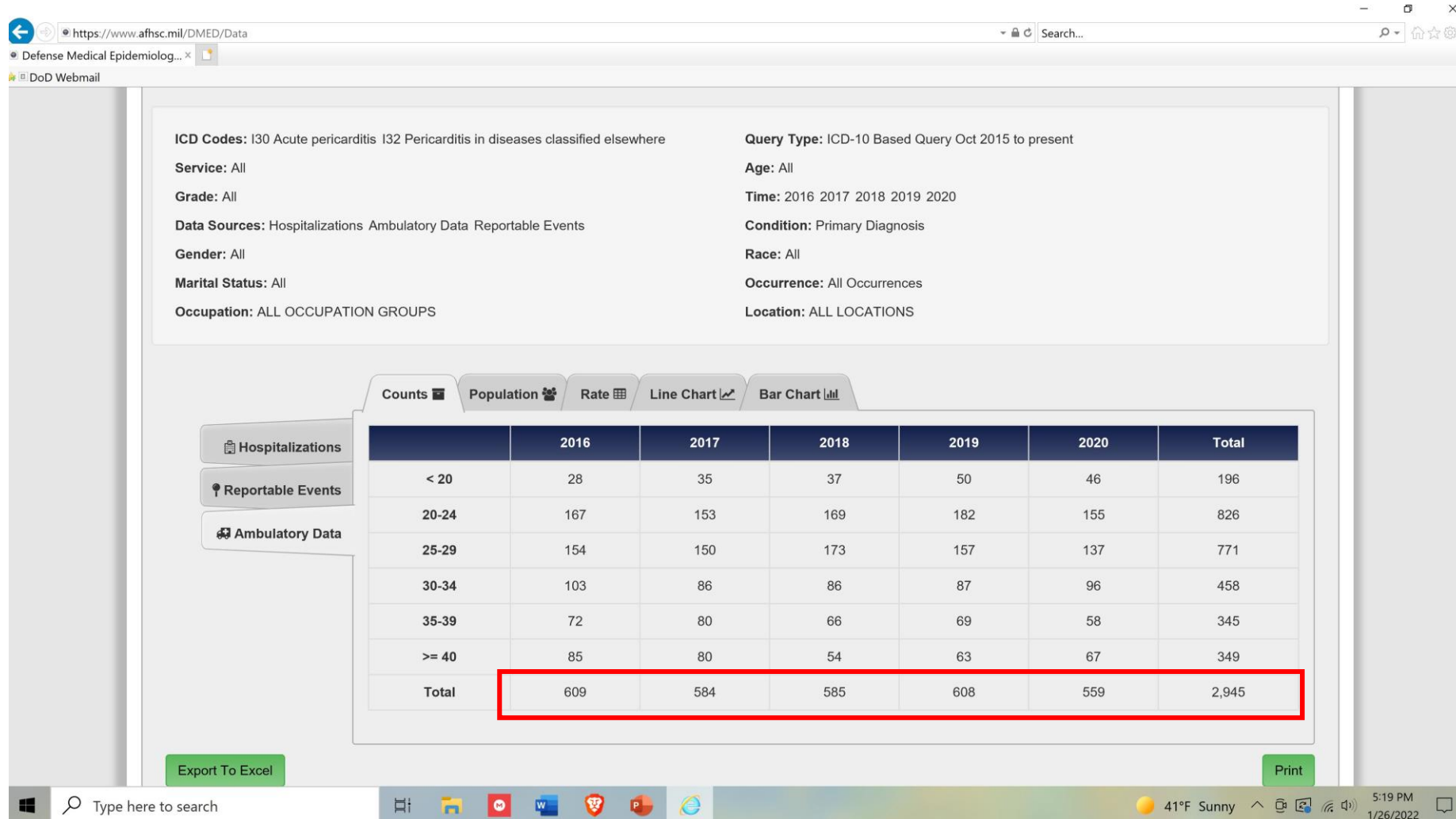
YTD total (Jan-Nov 2021) – **1,650**

**269% Increase (2.69x)
from 2020 -> 2021**



Acute Pericarditis; 2016-2020

Annual average (2016-2020) – 589

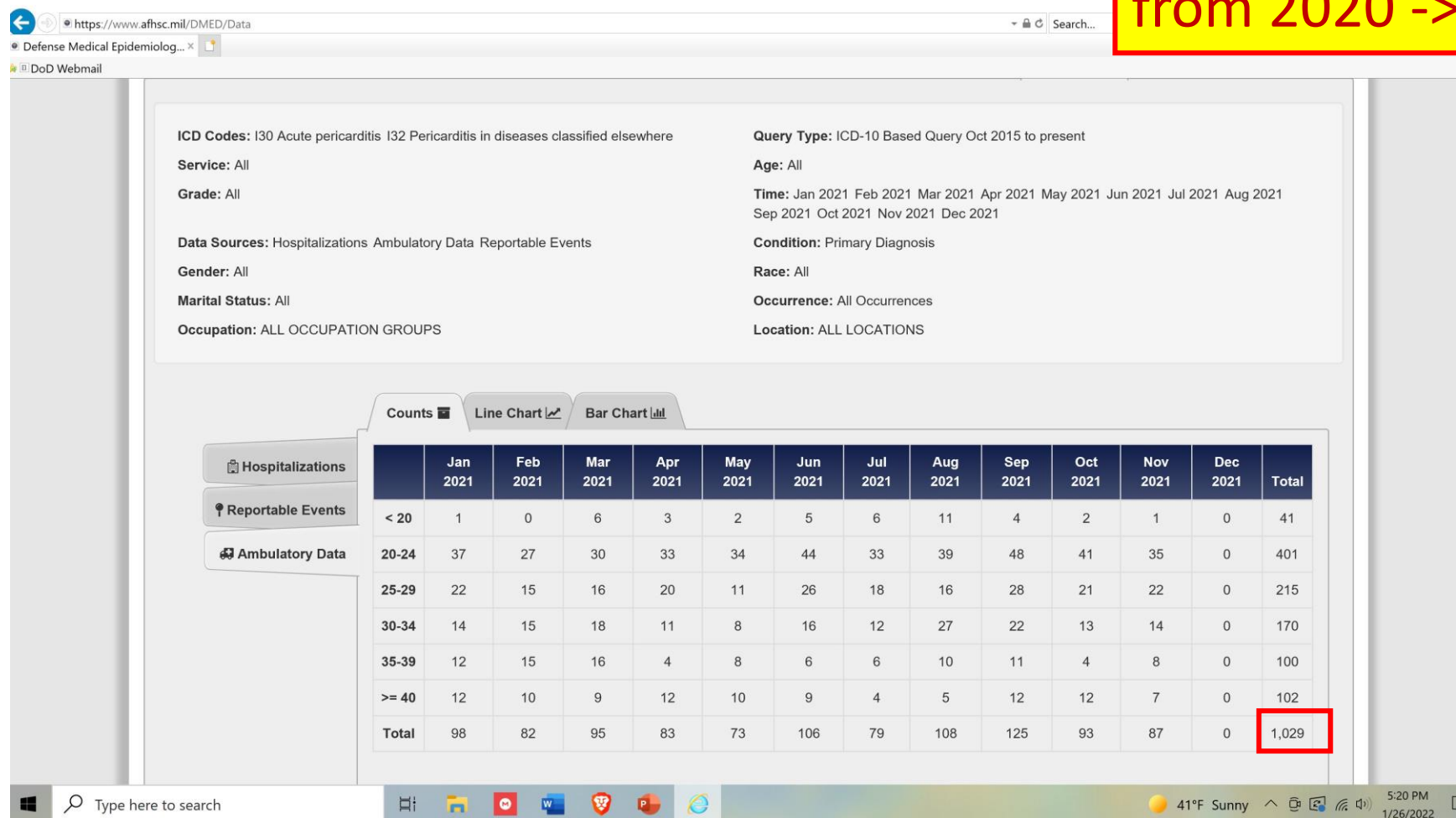


Acute Pericarditis; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **93**

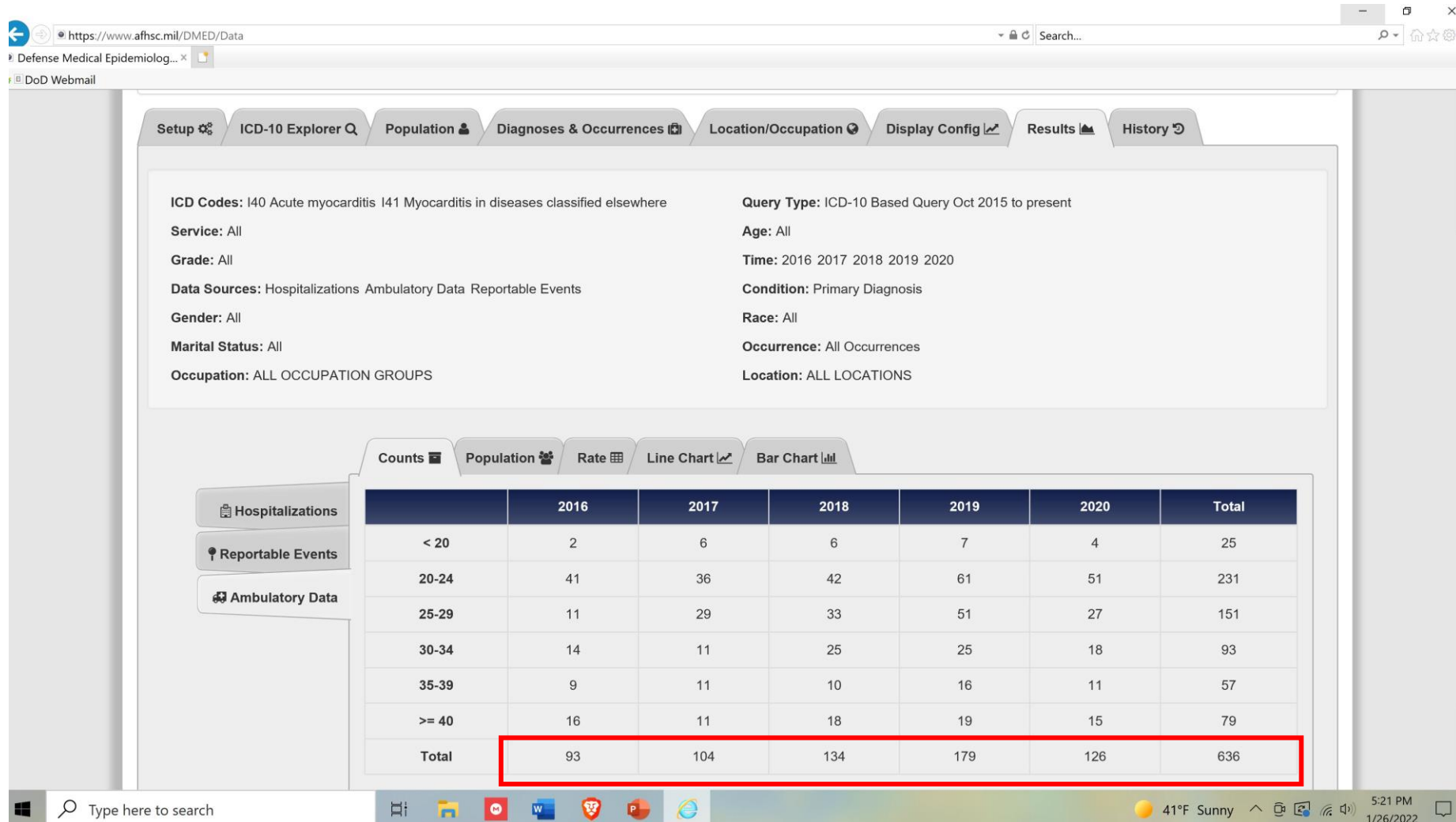
YTD total (Jan-Nov 2021) – **1,029**

**175% Increase (1.75x)
from 2020 -> 2021**



Acute Myocarditis; 2016-2020

Annual average (2016-2020) – **127**

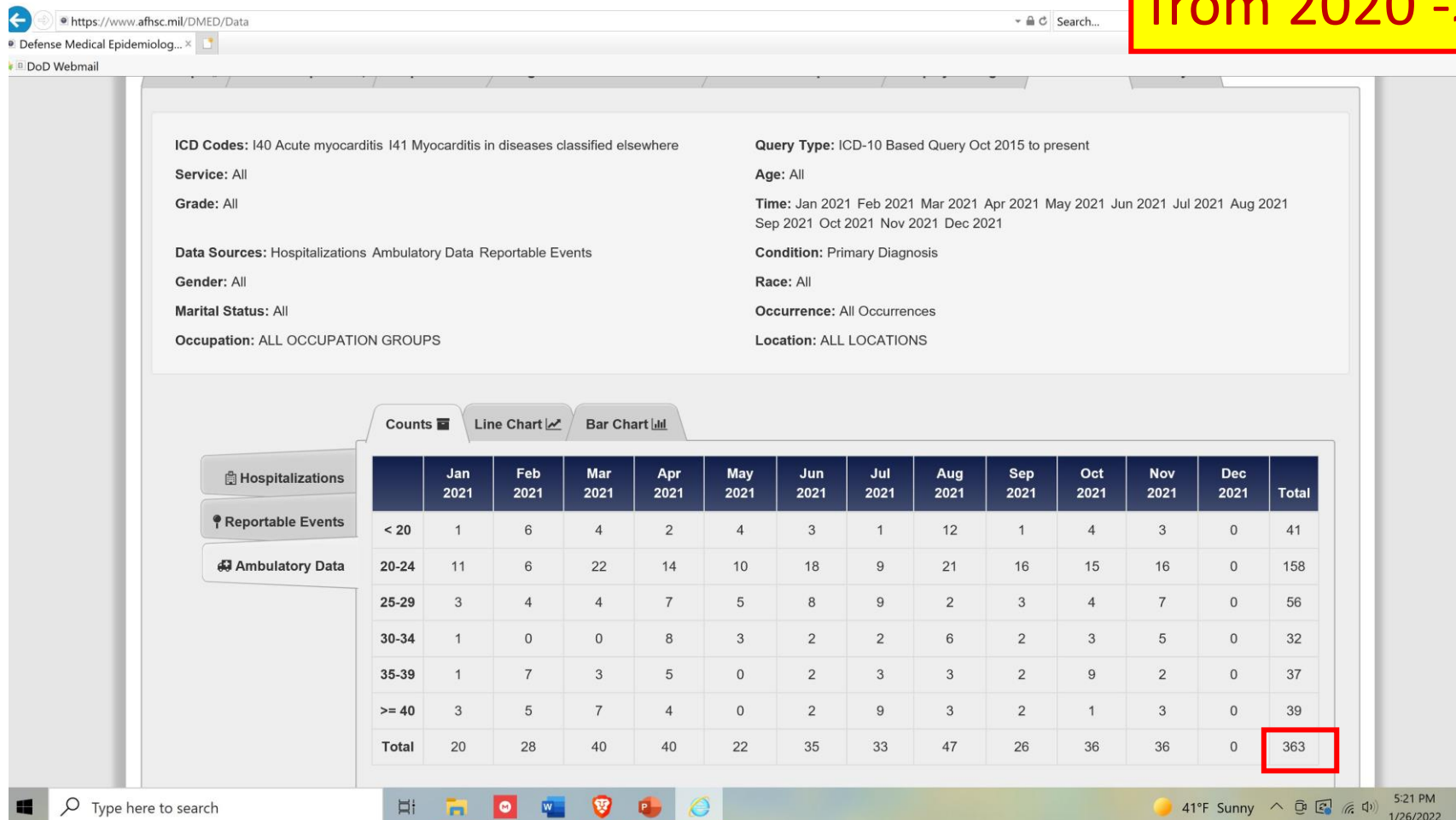


Acute Myocarditis; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **33**

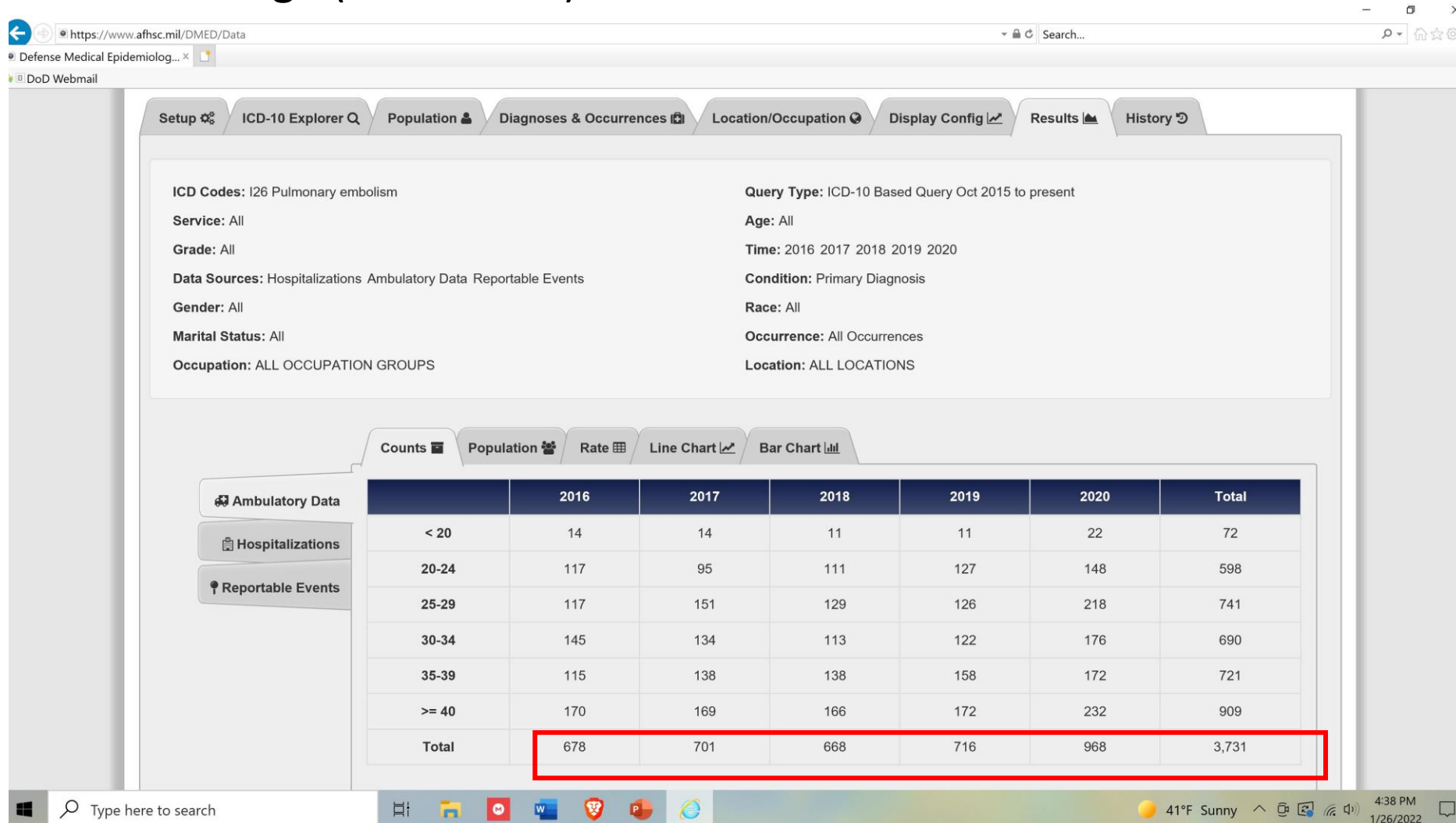
YTD total (Jan-Nov 2021) – **363**

285% Increase (2.85x)
from 2020 -> 2021



Pulmonary Embolism; 2016-2020

Annual average (2016-2020) – **746**

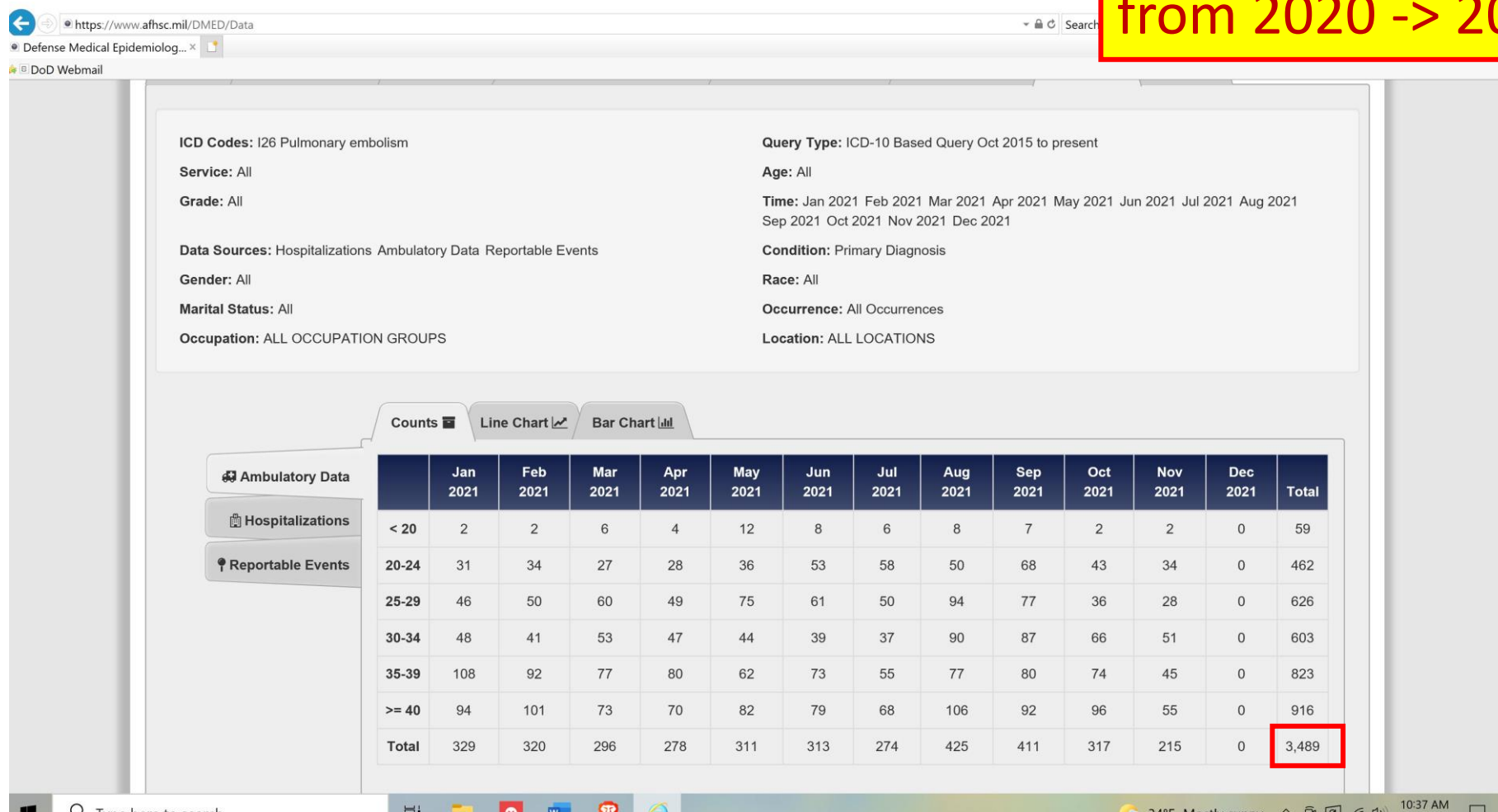


Pulmonary Embolism; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **317**

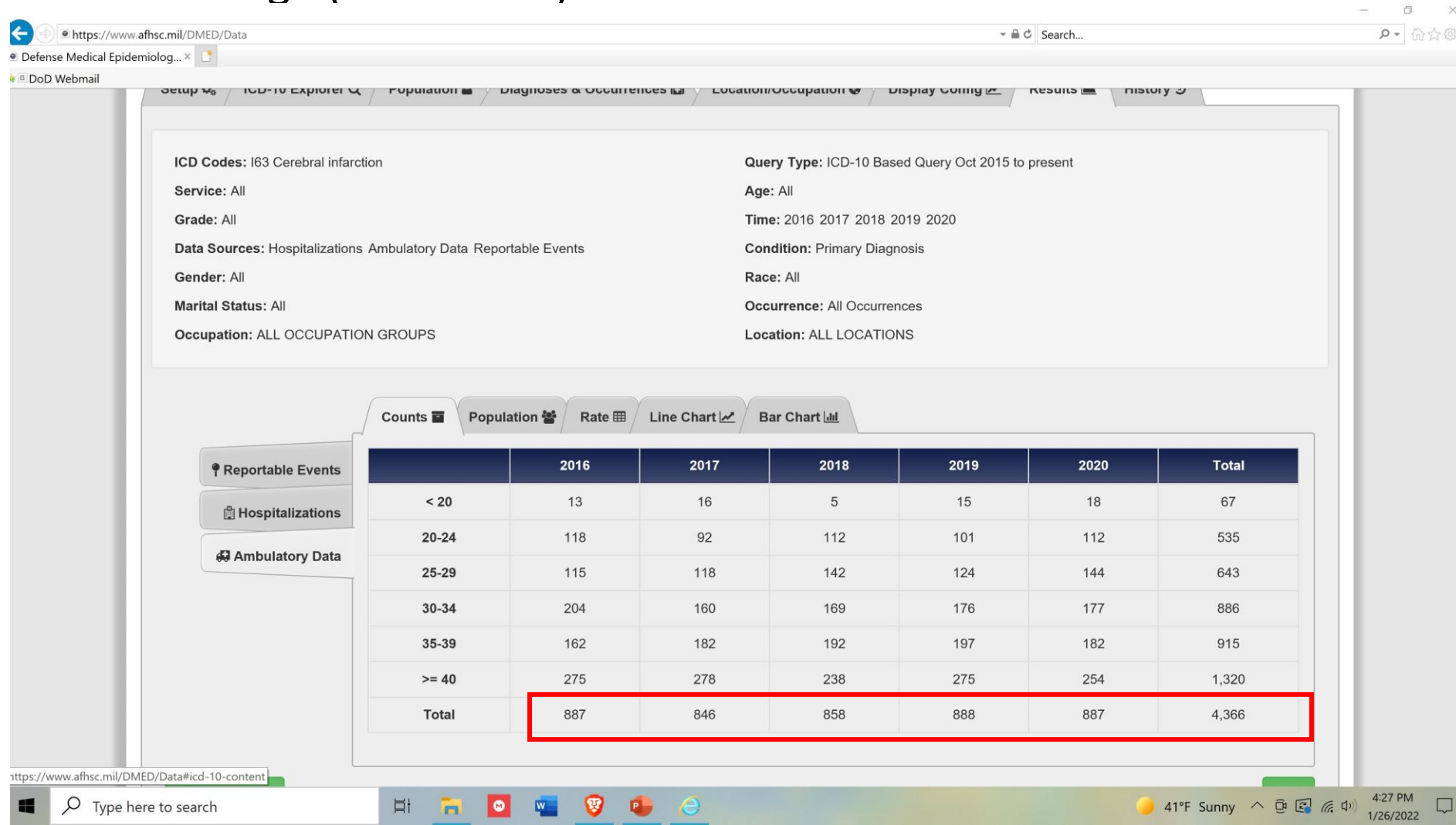
YTD total (Jan-Nov 2021) – **3,489**

**467% Increase (4.67x)
from 2020 -> 2021**



Cerebral Infarction; 2016-2020

Annual average (2016-2020) – **873**

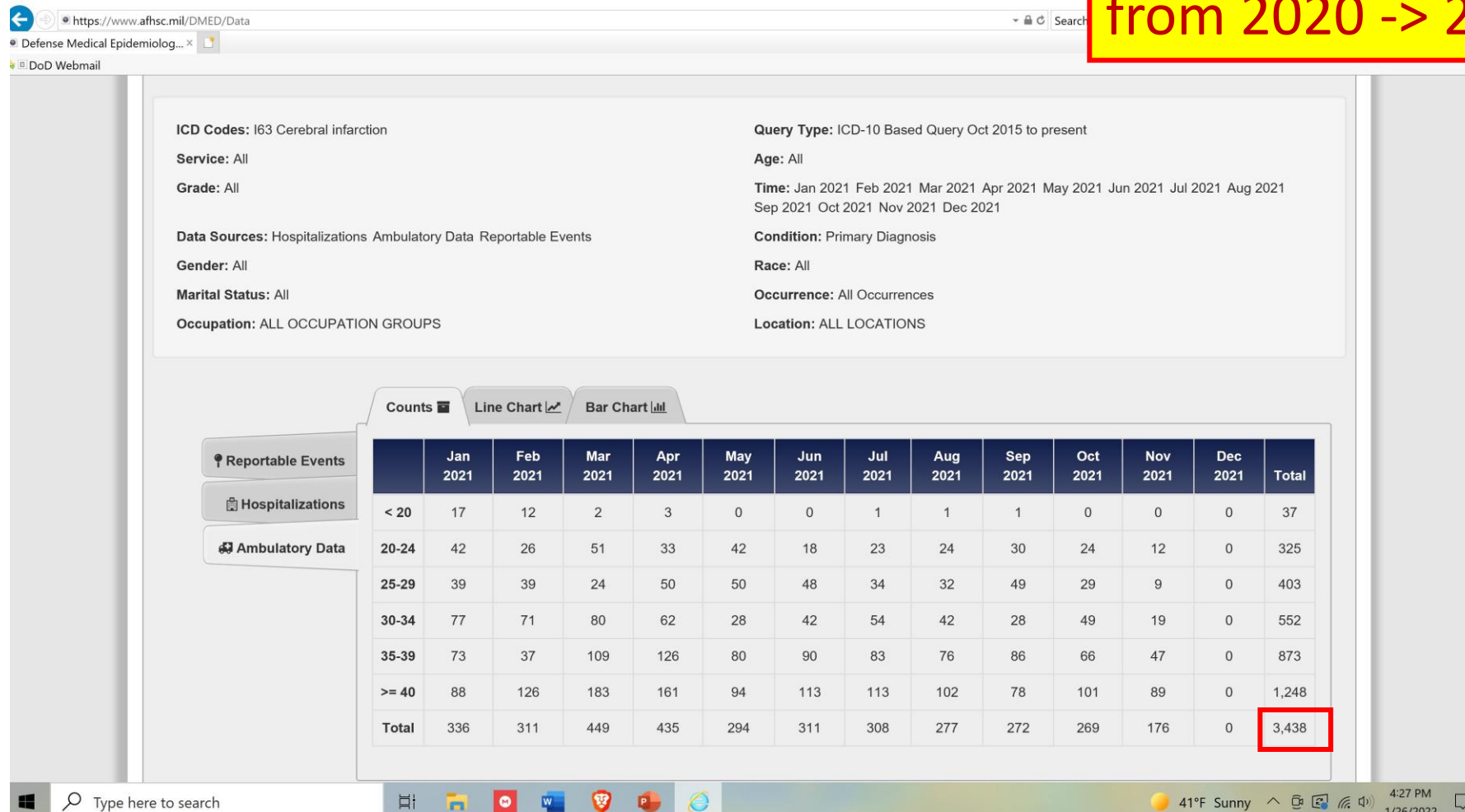


Cerebral Infarction; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **312**

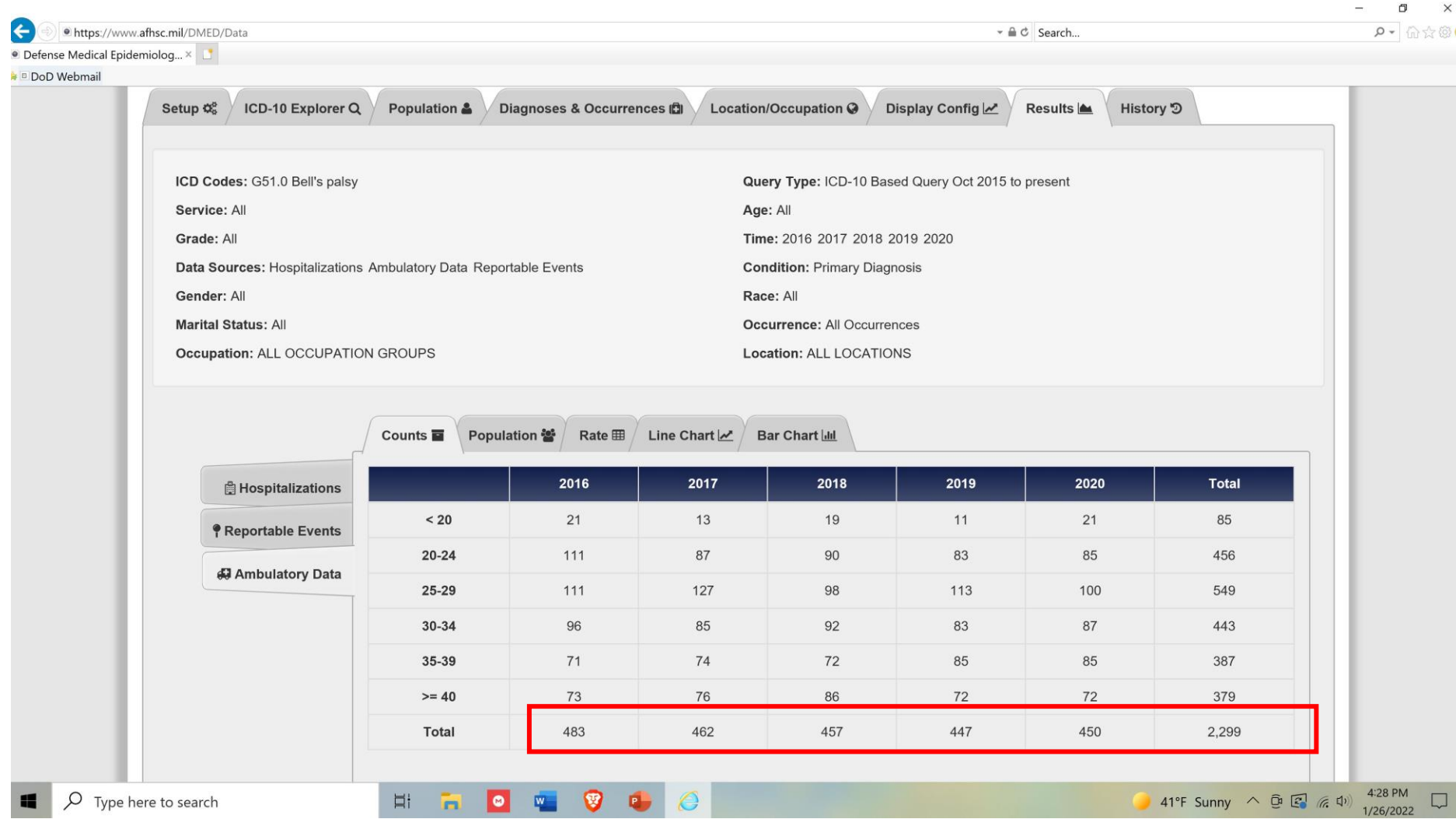
YTD total (Jan-Nov 2021) – **3,438**

393% Increase (3.93x)
from 2020 -> 2021



Bell's Palsy; 2016-2020

Annual average (2016-2020) – **460**

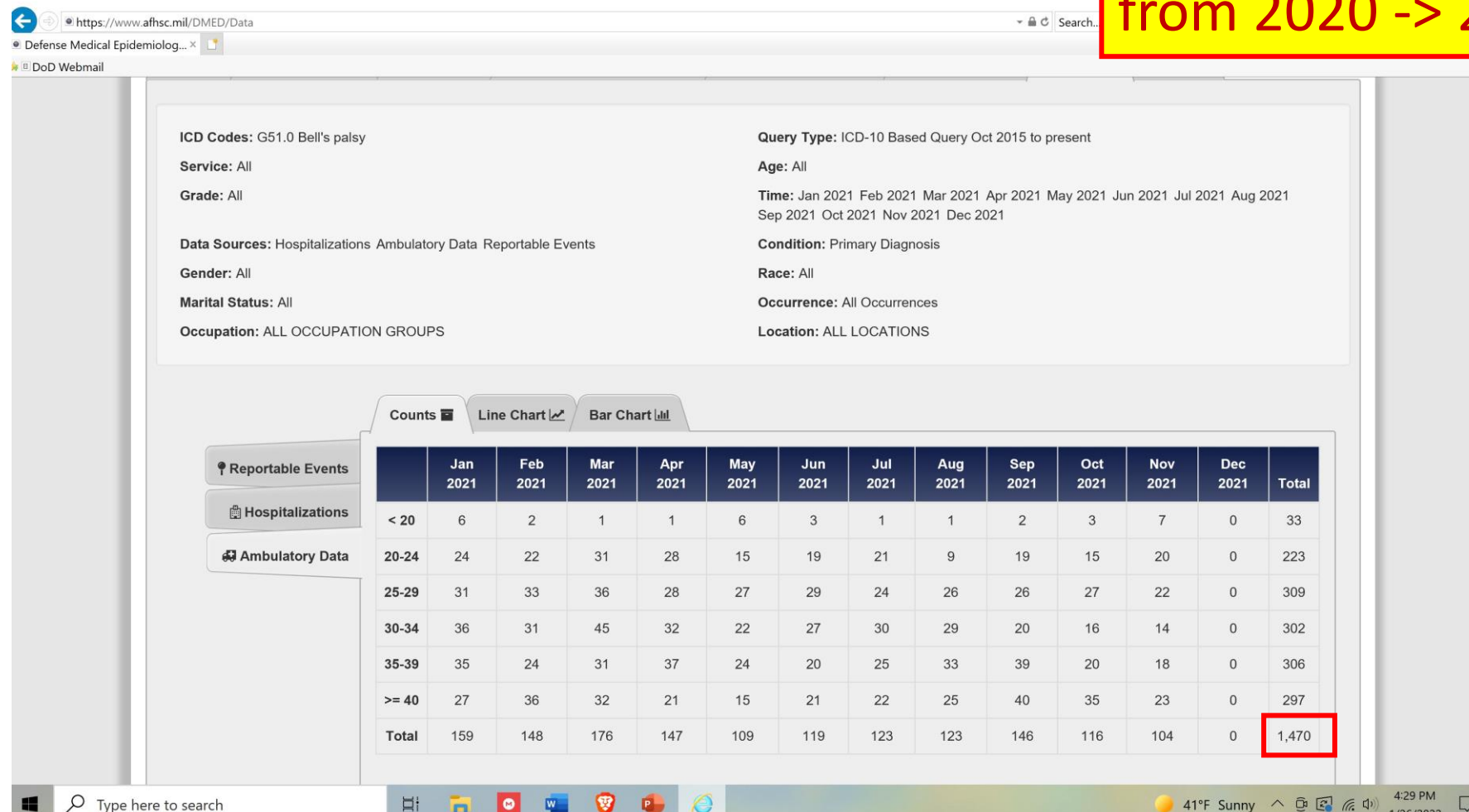


Bell's Palsy; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **133**

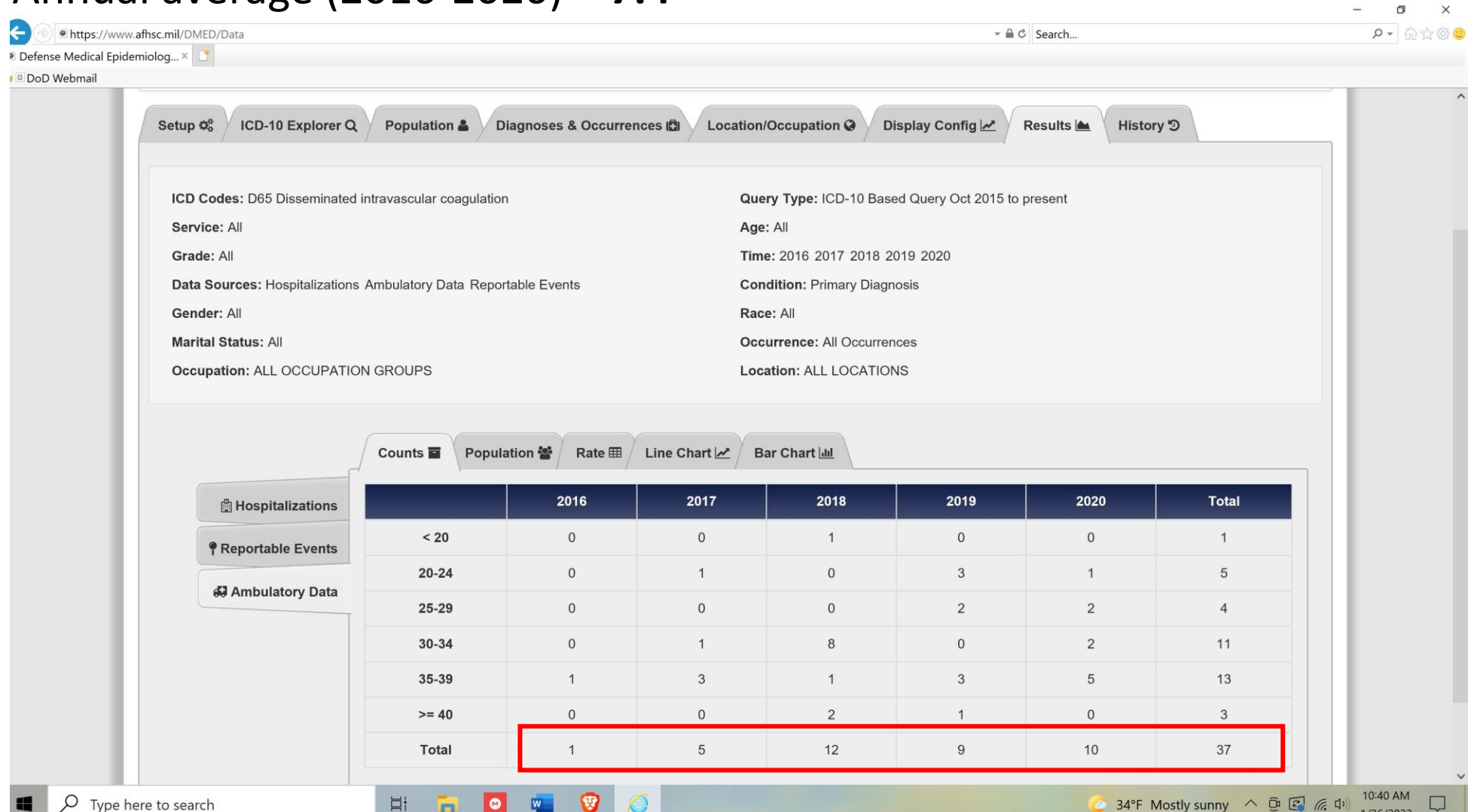
YTD total (Jan-Nov 2021) – **1,470**

319% Increase (3.19x)
from 2020 -> 2021



DIC; 2016-2020

Annual average (2016-2020) – 7.4

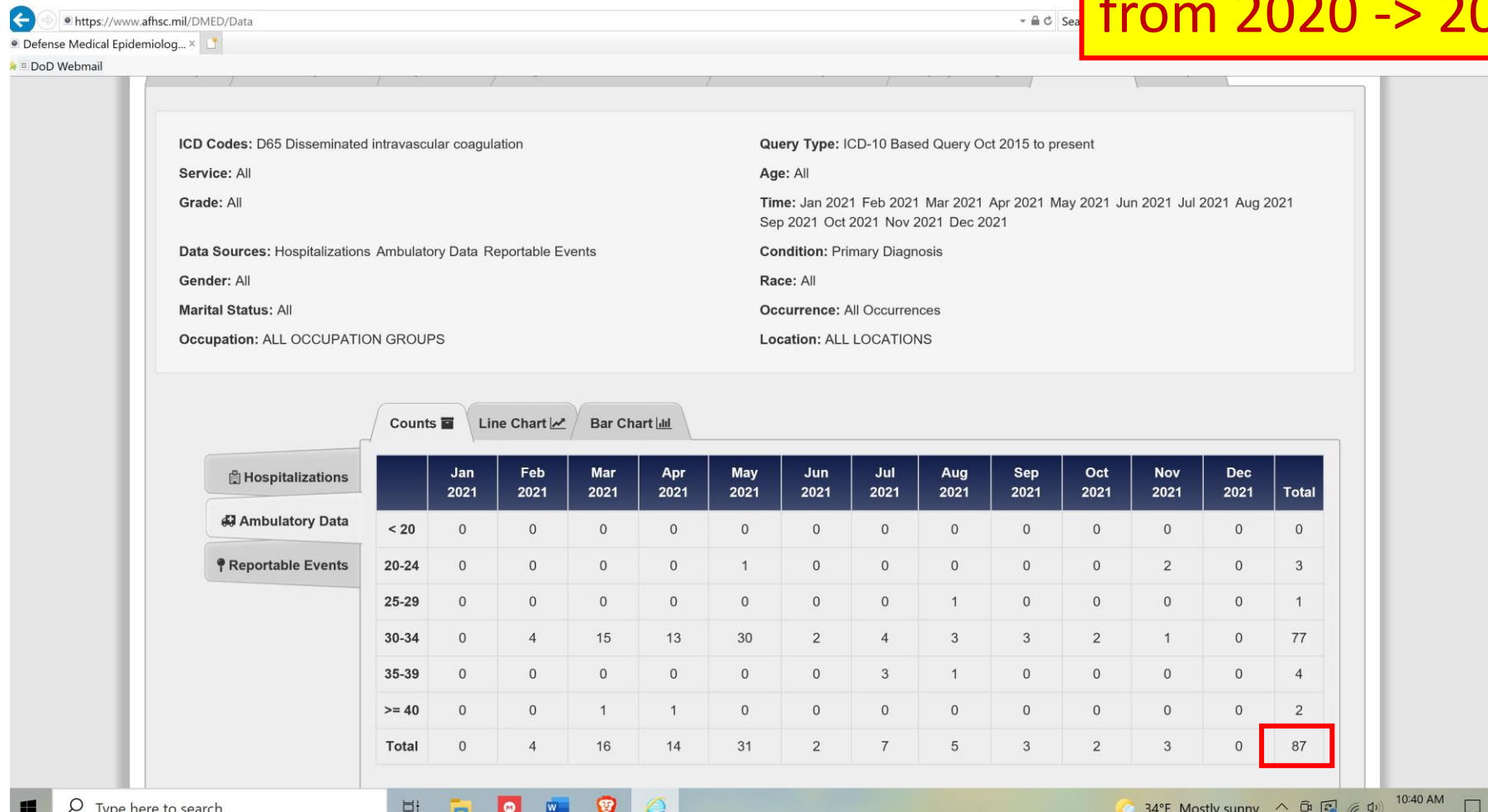


DIC; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – 7.9

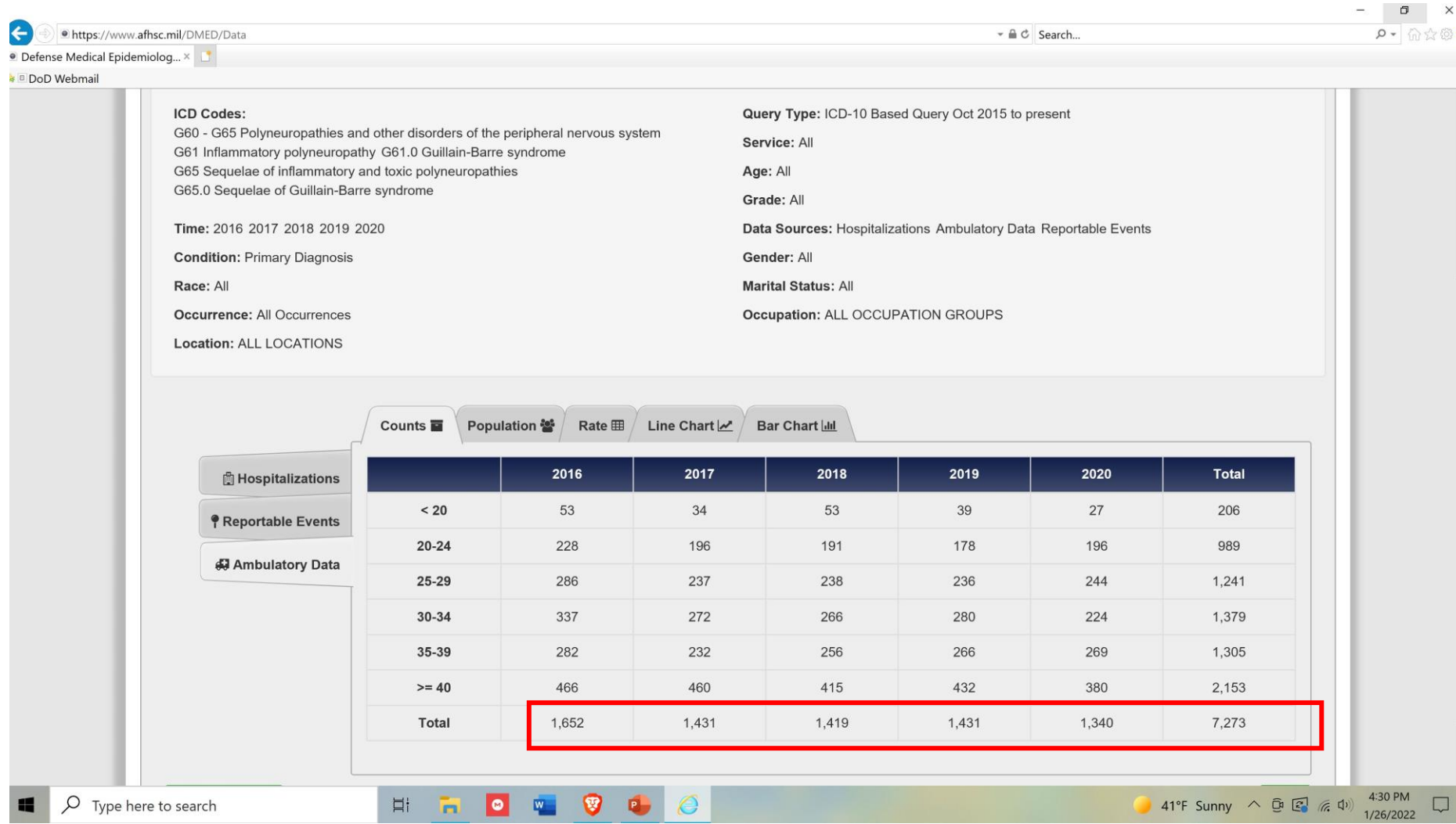
YTD total (Jan-Nov 2021) – 87

**1,175% Increase (11.75x)
from 2020 -> 2021**



Guillain-Barre Syndrome; 2016-2020

Annual average (2016-2020) – **1,454**

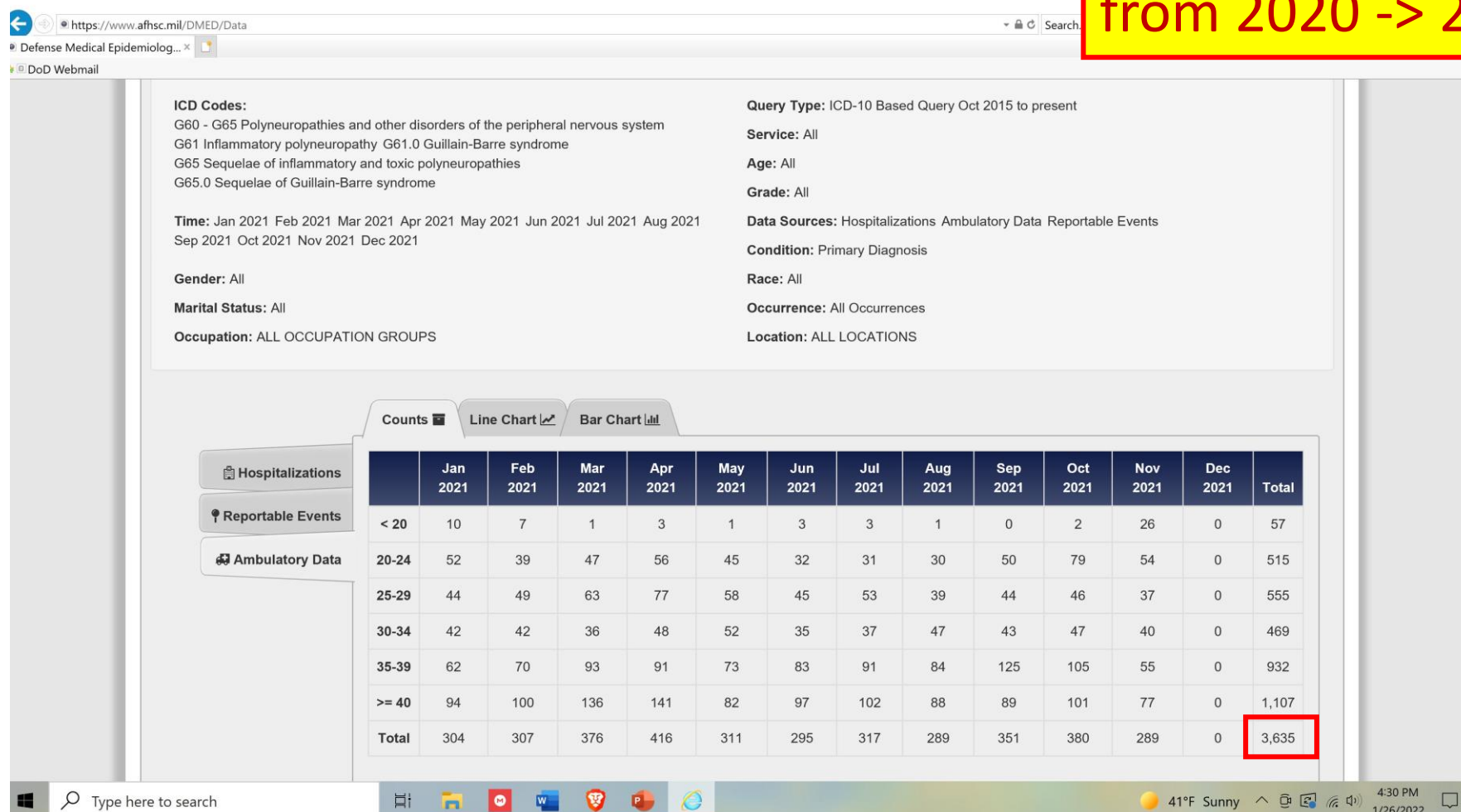


Guillain-Barre Syndrome; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **330**

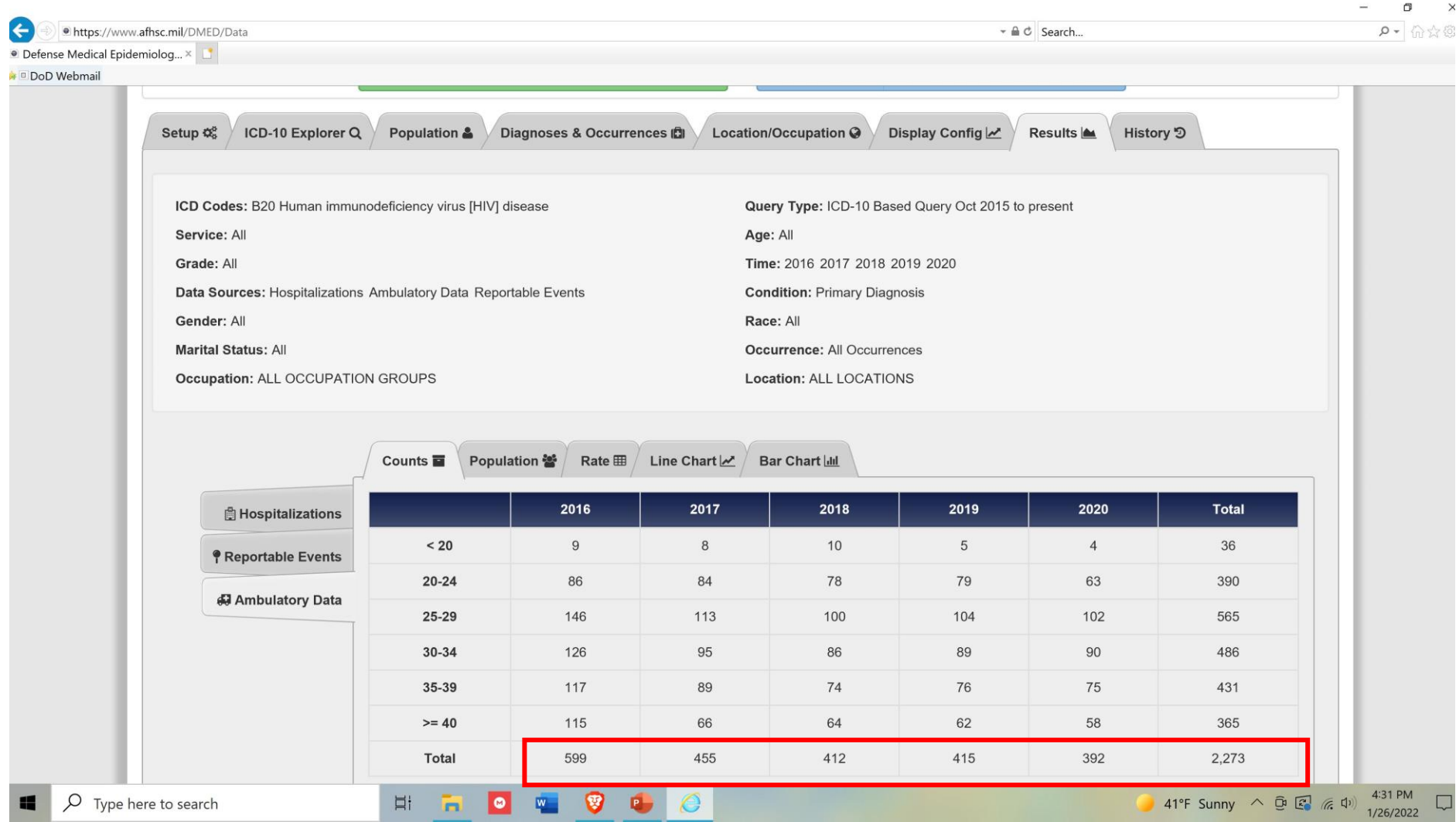
YTD total (Jan-Nov 2021) – **3,635**

**250% Increase (2.5x)
from 2020 -> 2021**



HIV; 2016-2020

Annual average (2016-2020) – 454

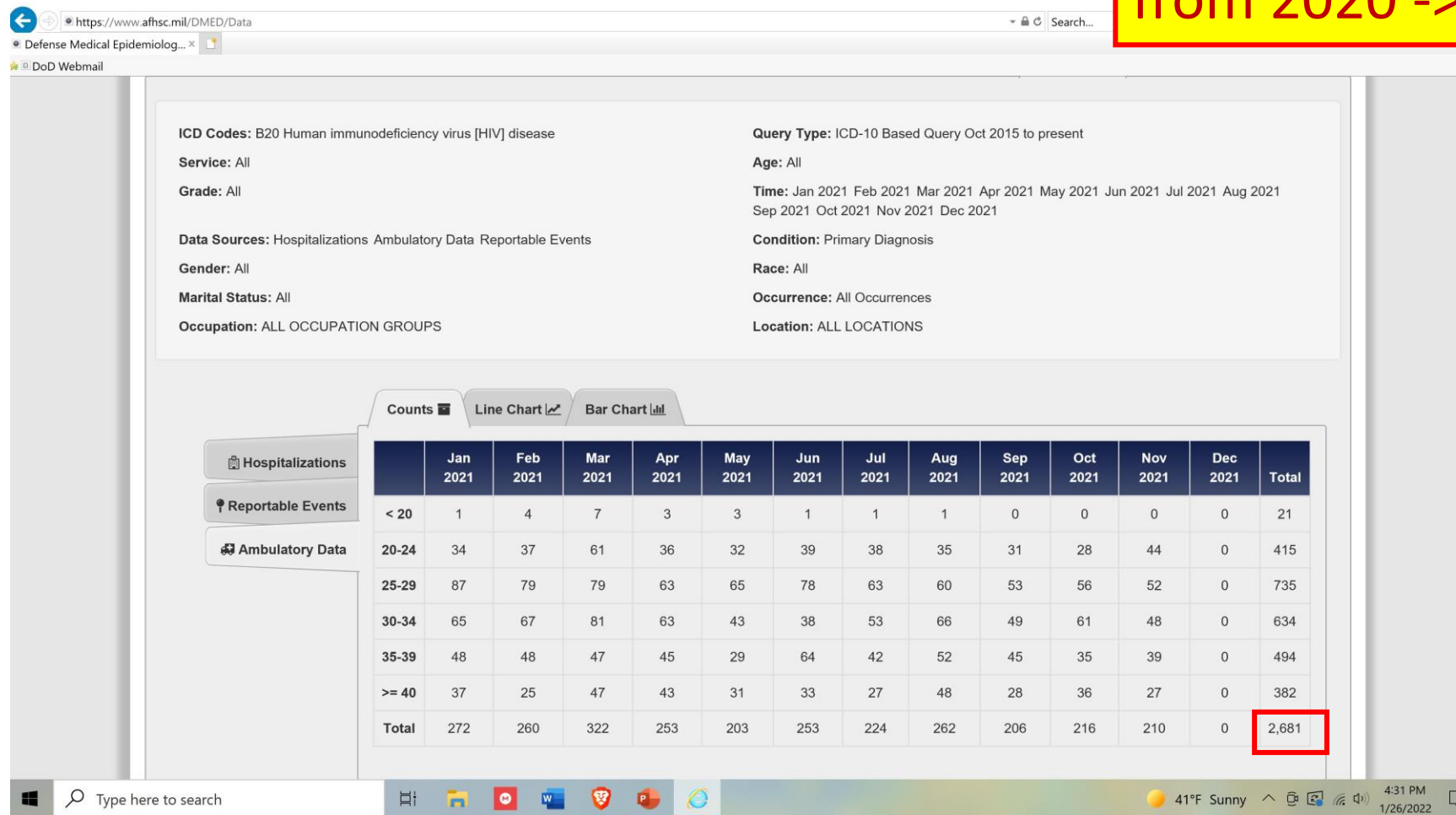


HIV; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **244**

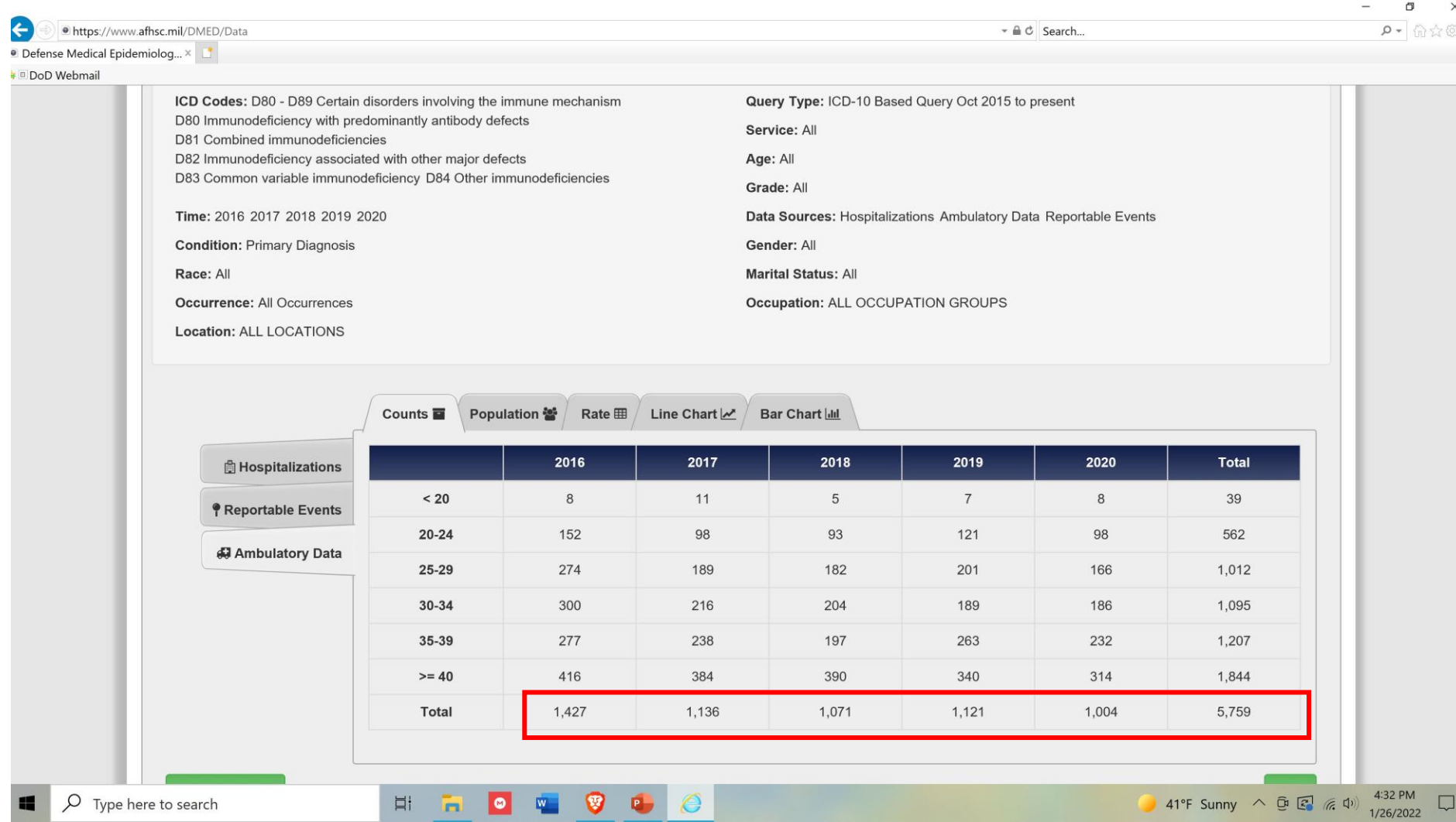
YTD total (Jan-Nov 2021) – **2,681**

**590% Increase (5.9x)
from 2020 -> 2021**



Immunodeficiencies; 2016-2020

Annual average (2016-2020) – **1,152**

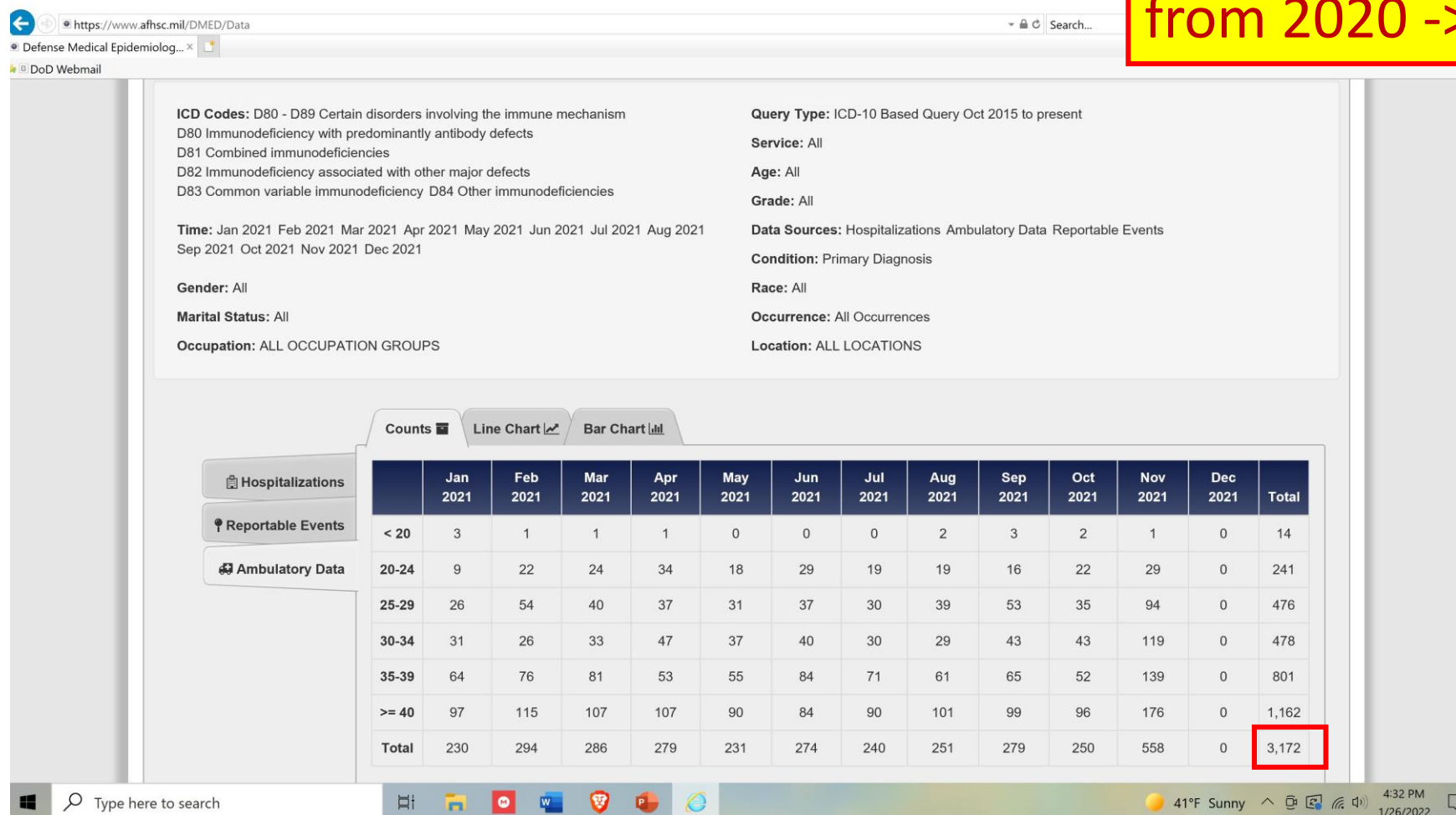


Immunodeficiencies; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **288**

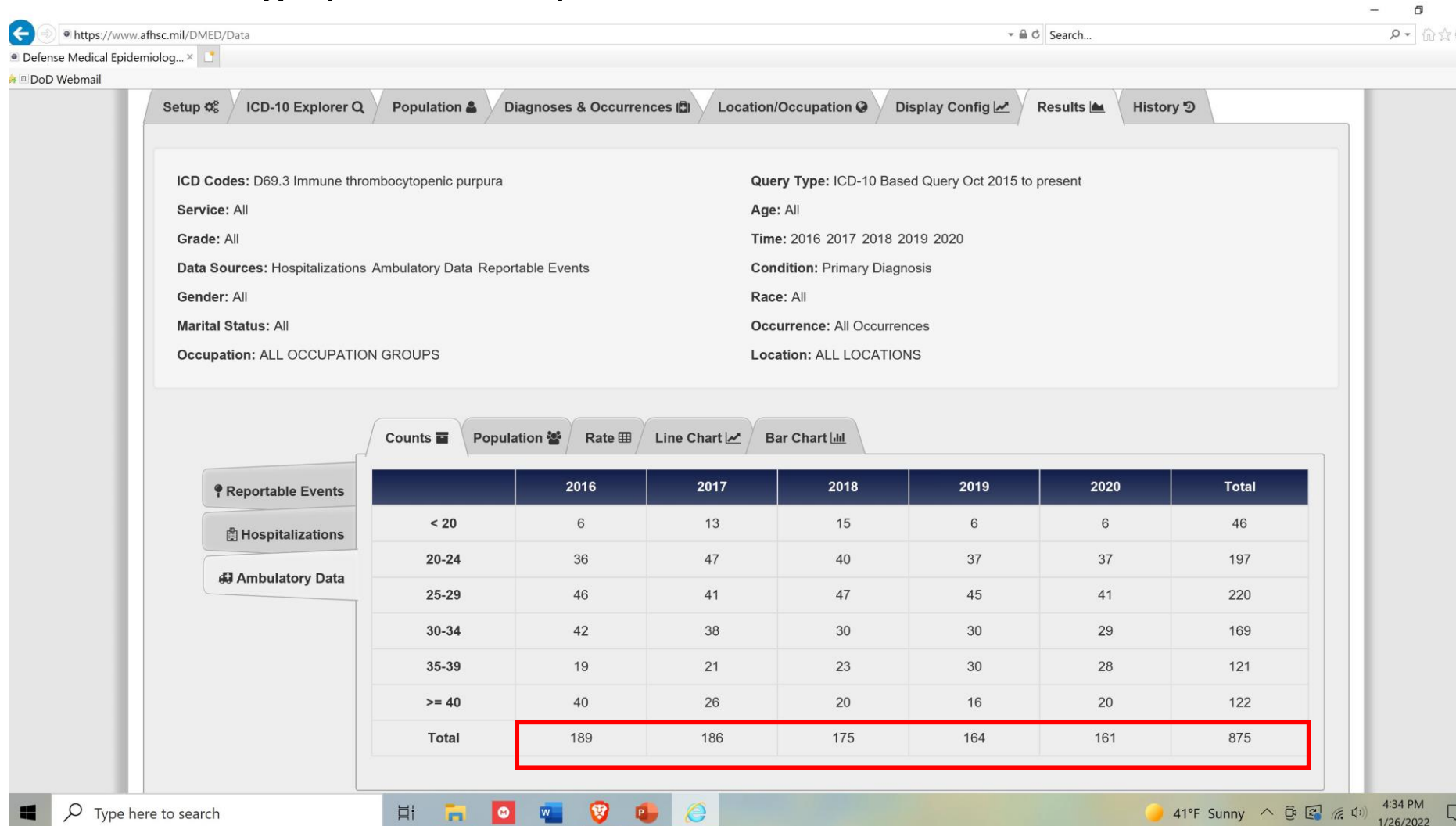
YTD total (Jan-Nov 2021) – **3,172**

**275% Increase (2.75x)
from 2020 -> 2021**



ITP; 2016-2020

Annual average (2016-2020) – 175

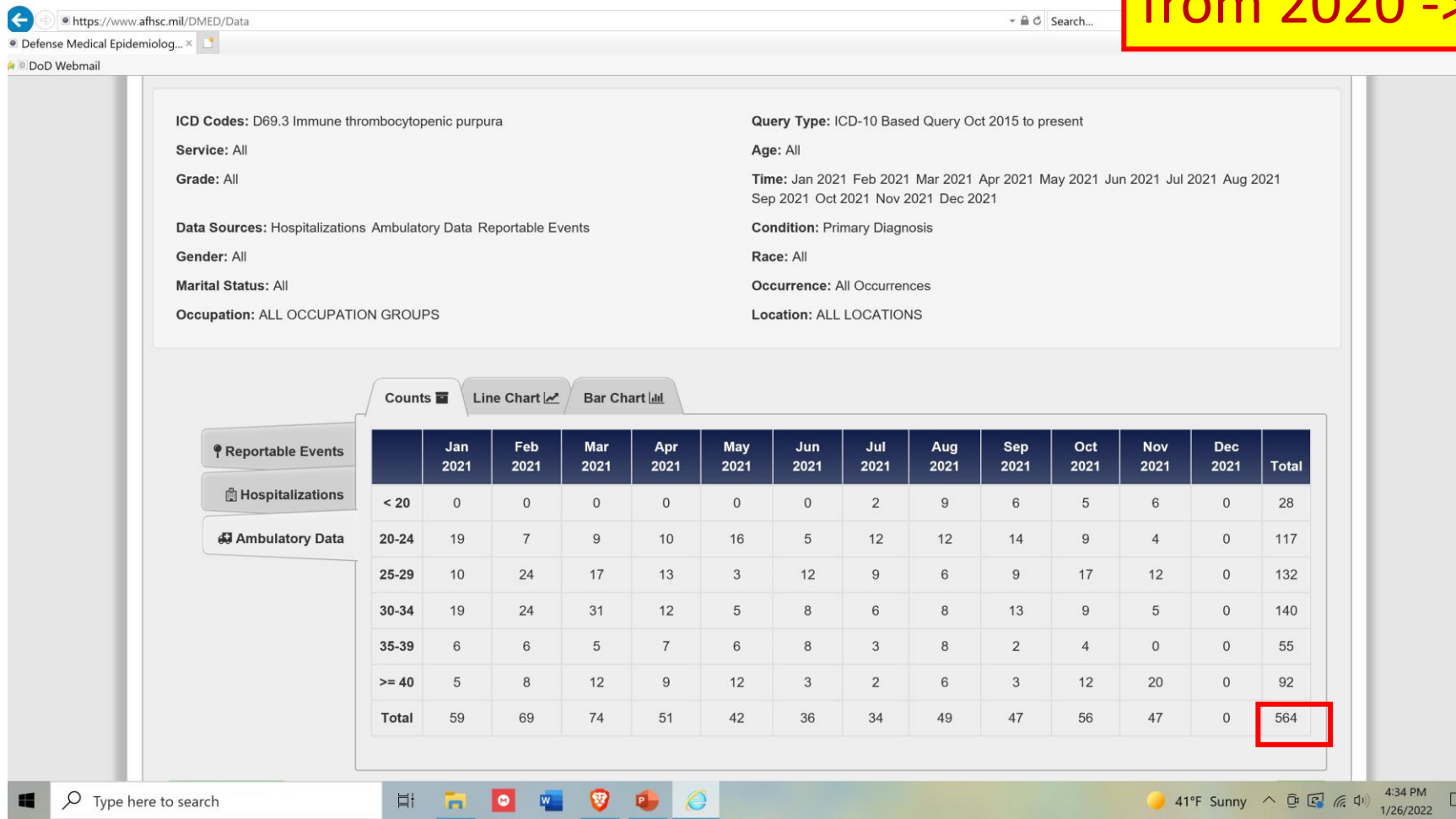


ITP; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **51**

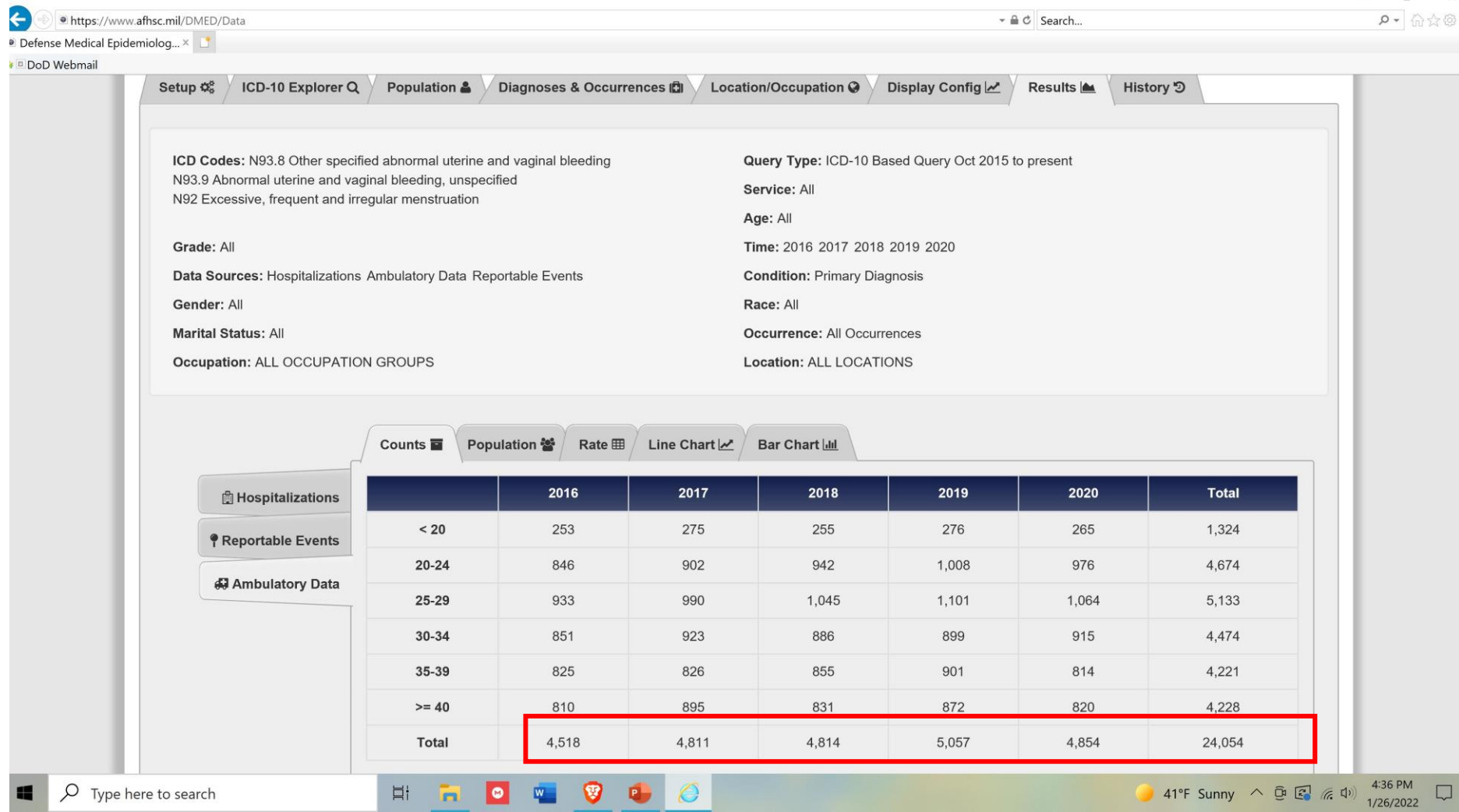
YTD total (Jan-Nov 2021) – **564**

322% Increase (3.22x)
from 2020 -> 2021



Menstrual Irregularity; 2016-2020

Annual average (2016-2020) – **4,810**

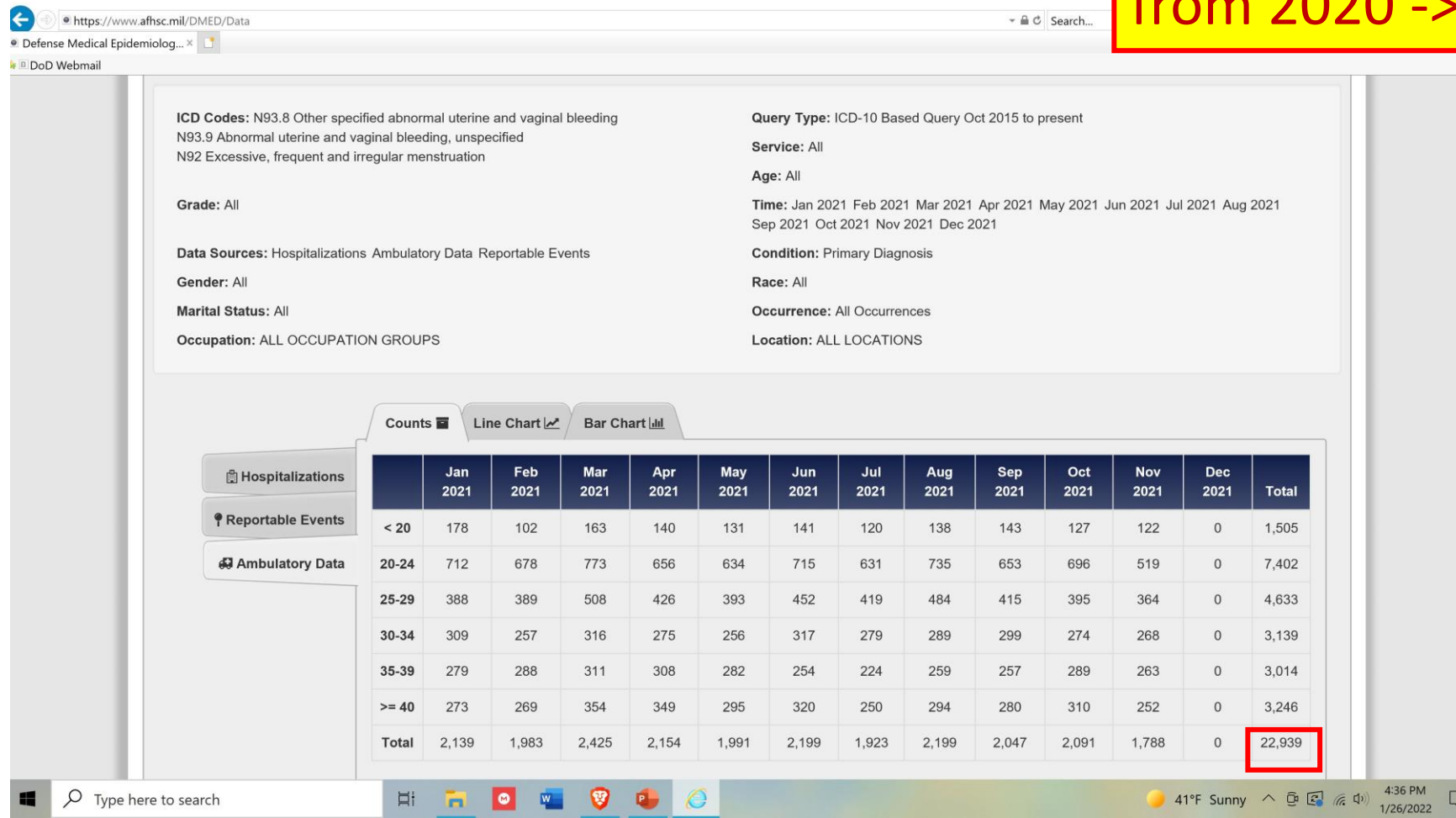


Menstrual Irregularity; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **2,085**

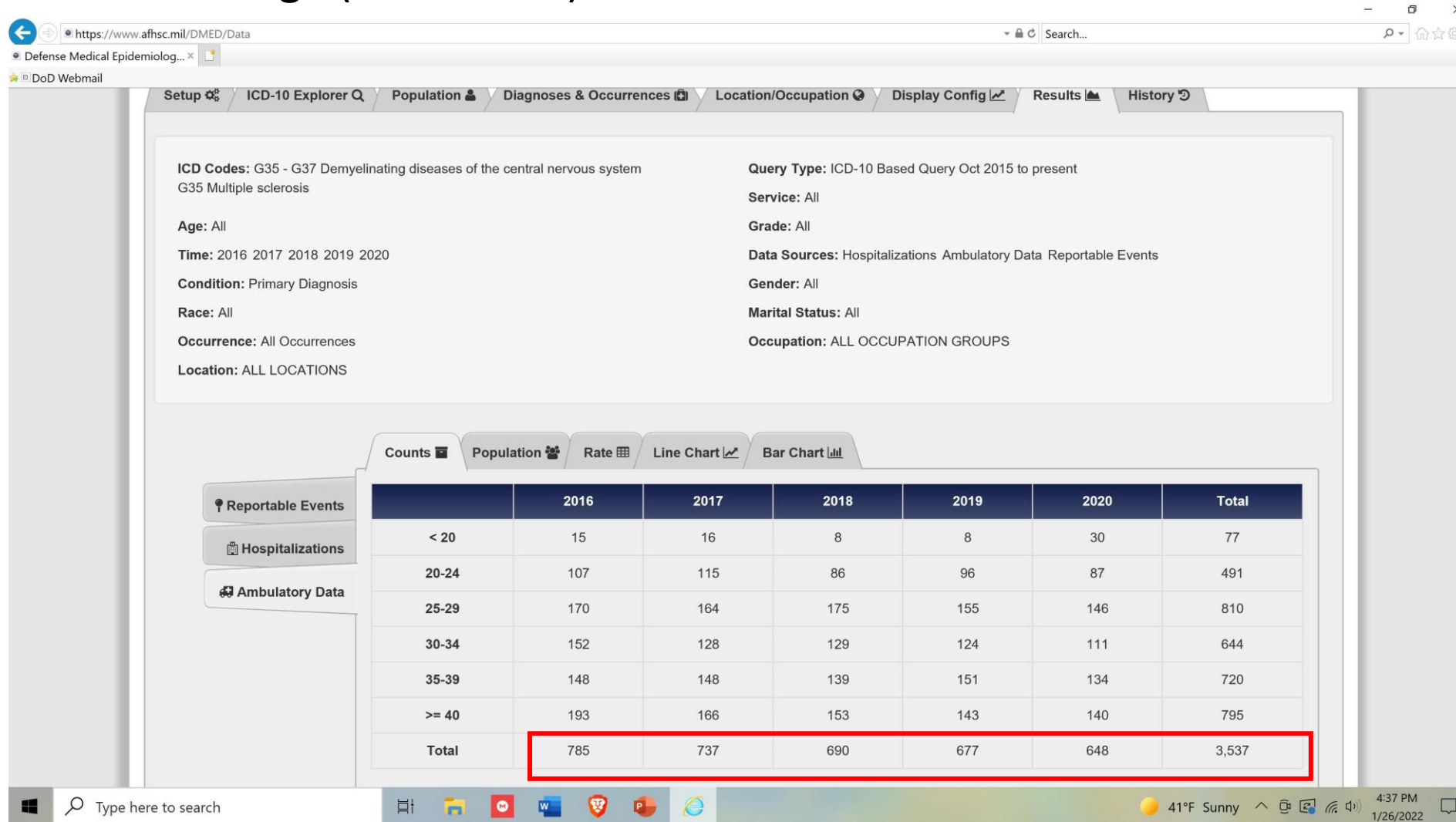
YTD total (Jan-Nov 2021) – **22,938**

**476% Increase (4.76x)
from 2020 -> 2021**



MS/Demyelinating Dz; 2016-2020

Annual average (2016-2020) – **707**

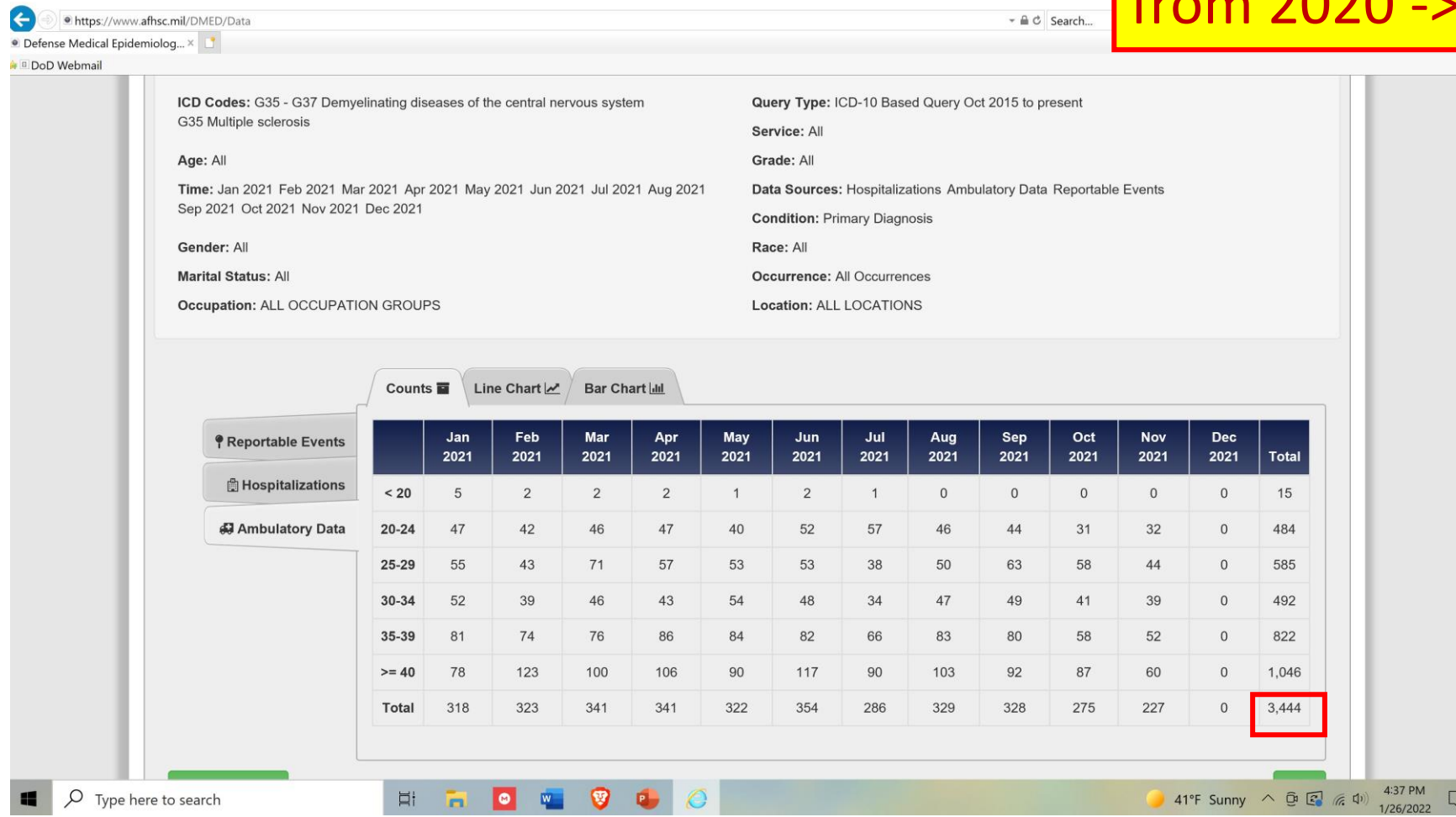


MS/Demyelinating Dz; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **313**

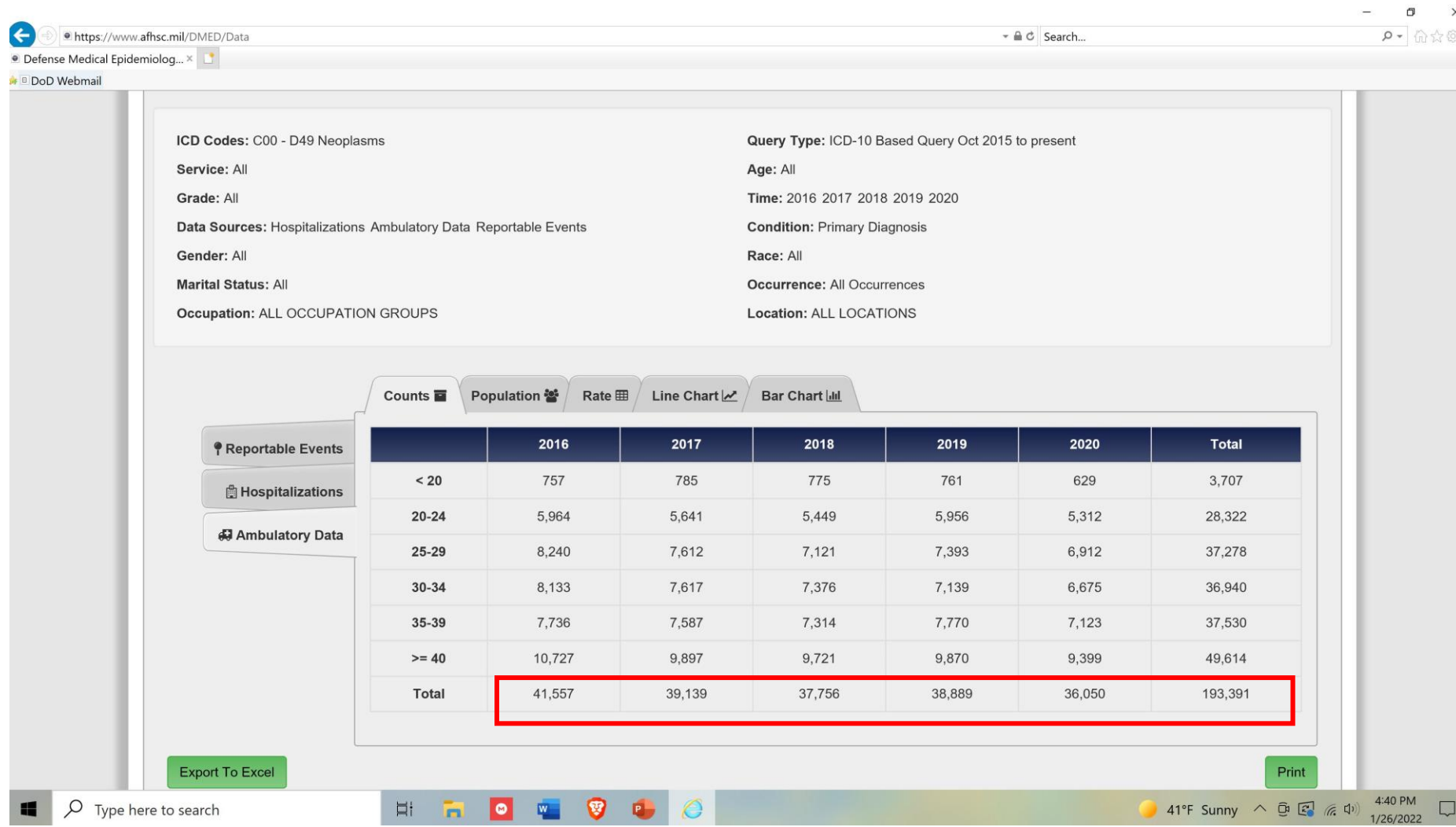
YTD total (Jan-Nov 2021) – **3,444**

**487% Increase (4.87x)
from 2020 -> 2021**



Neoplasms; 2016-2020

Annual average (2016-2020) – **38,678**

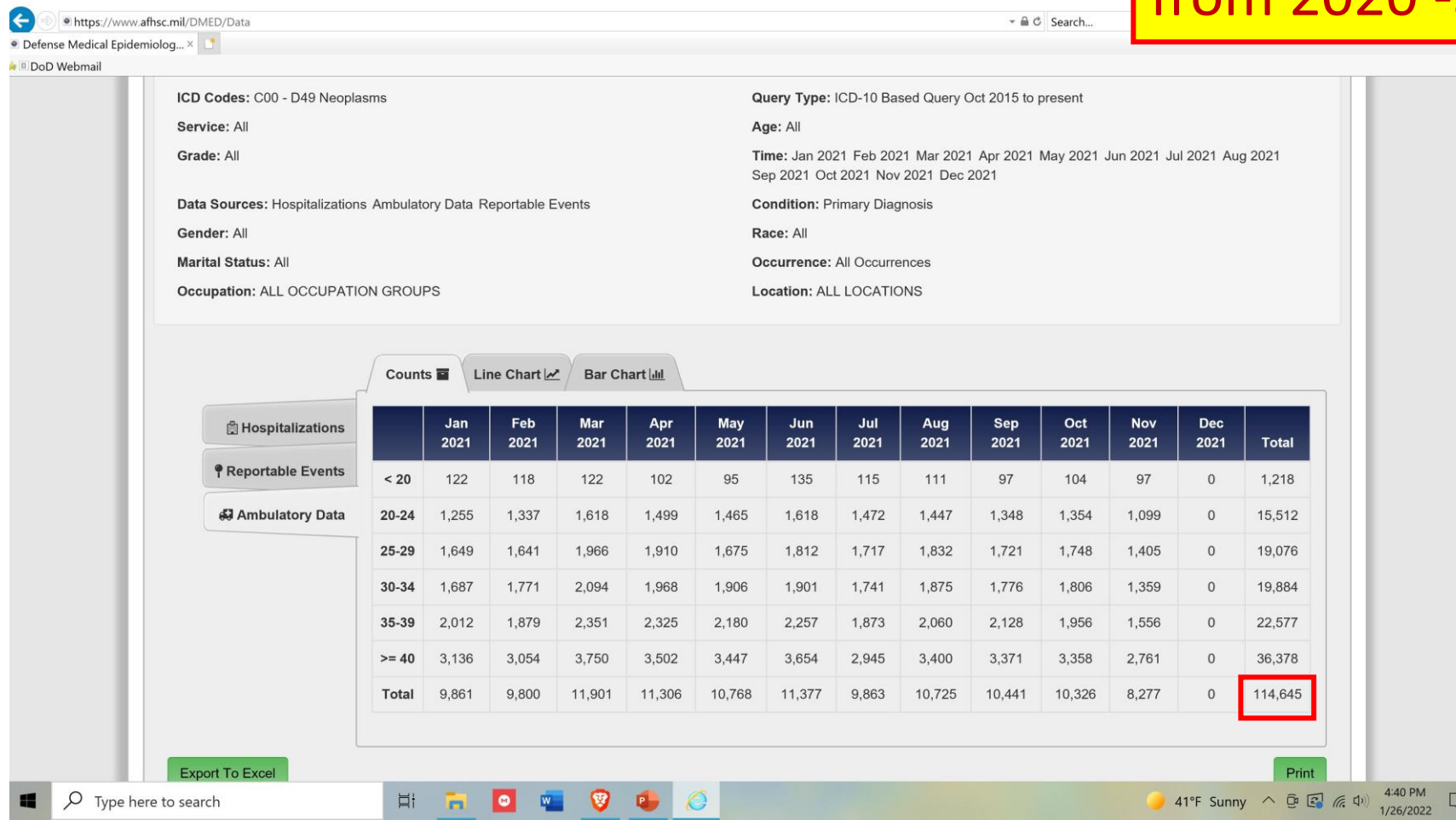


Neoplasms; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **10,422**

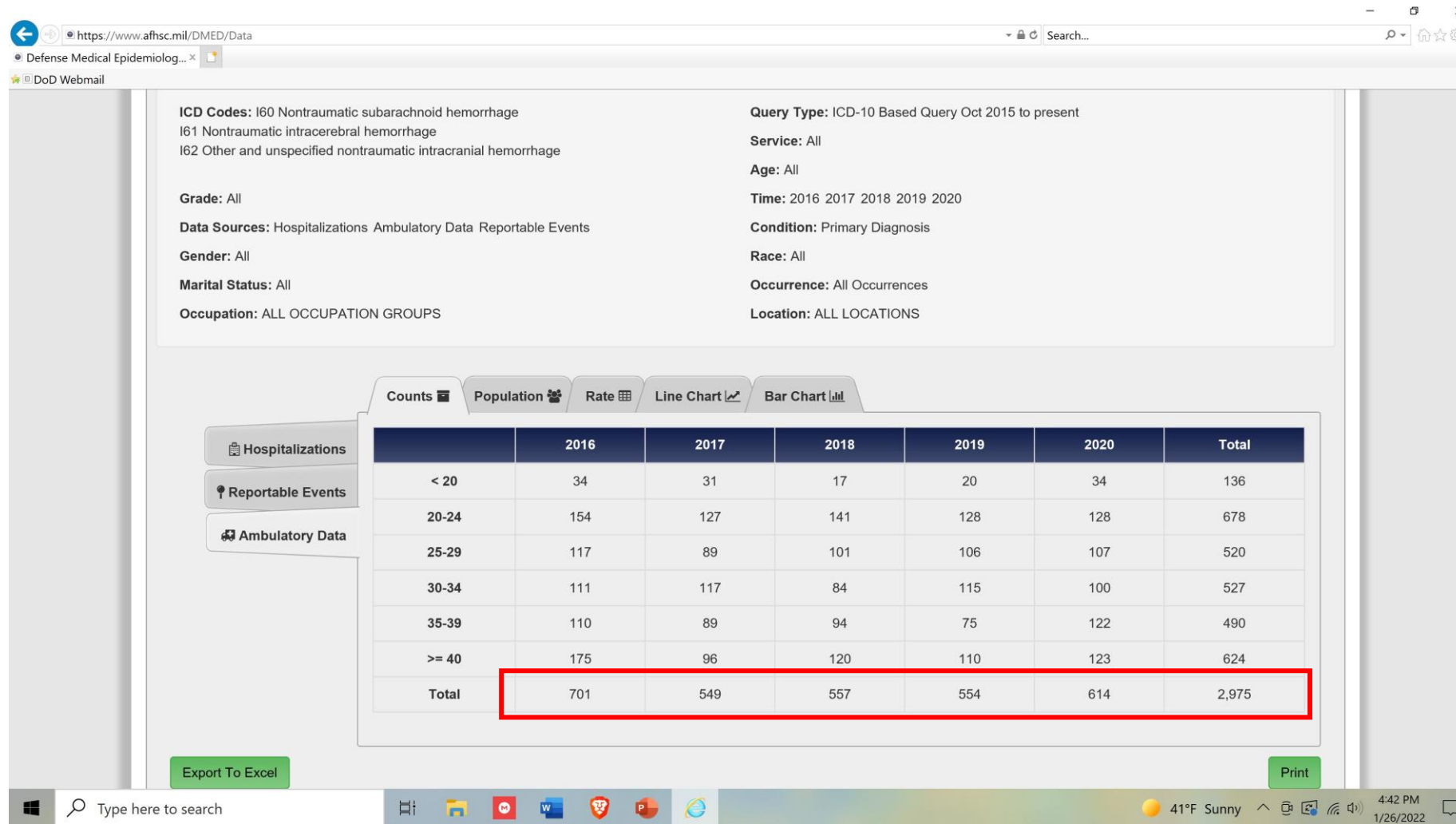
YTD total (Jan-Nov 2021) – **114,645**

296% Increase (2.96x)
from 2020 -> 2021



Nontraumatic SAH/ICH; 2016-2020

Annual average (2016-2020) – 595

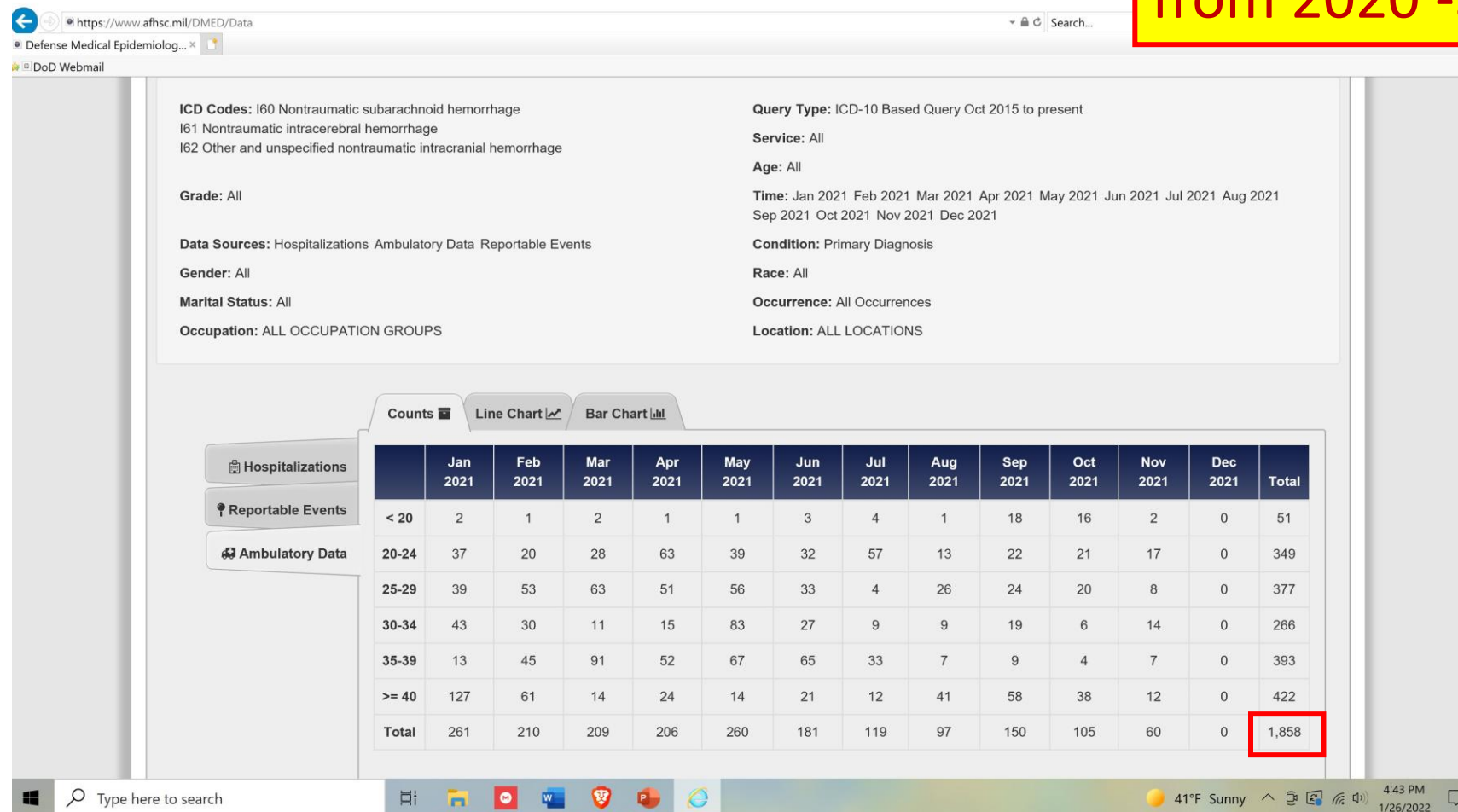


Nontraumatic SAH/ICH; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **169**

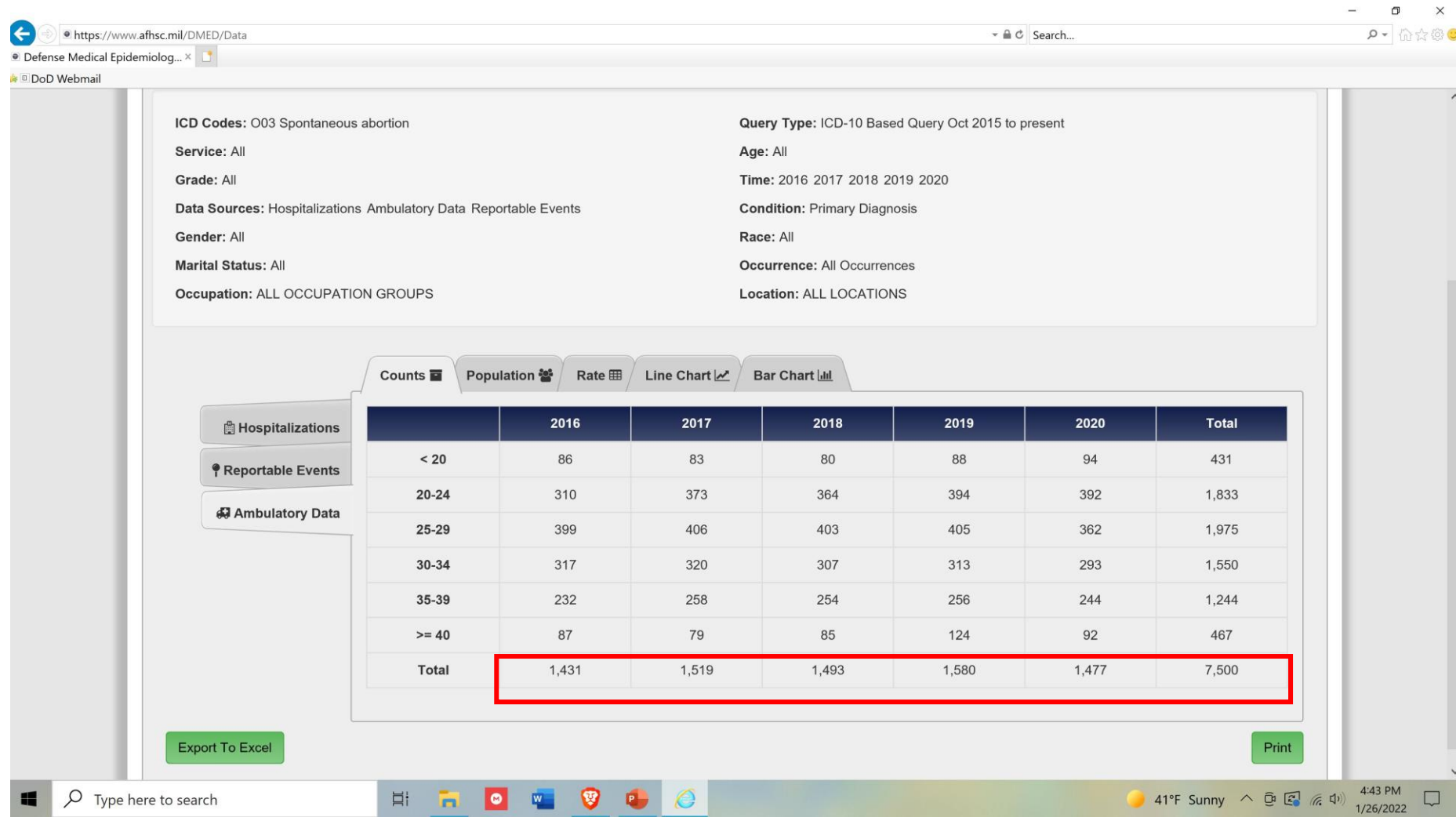
YTD total (Jan-Nov 2021) – **1,858**

312% Increase (3.12x)
from 2020 -> 2021



Spontaneous Abortion; 2016-2020

Annual average (2016-2020) – **1,500**

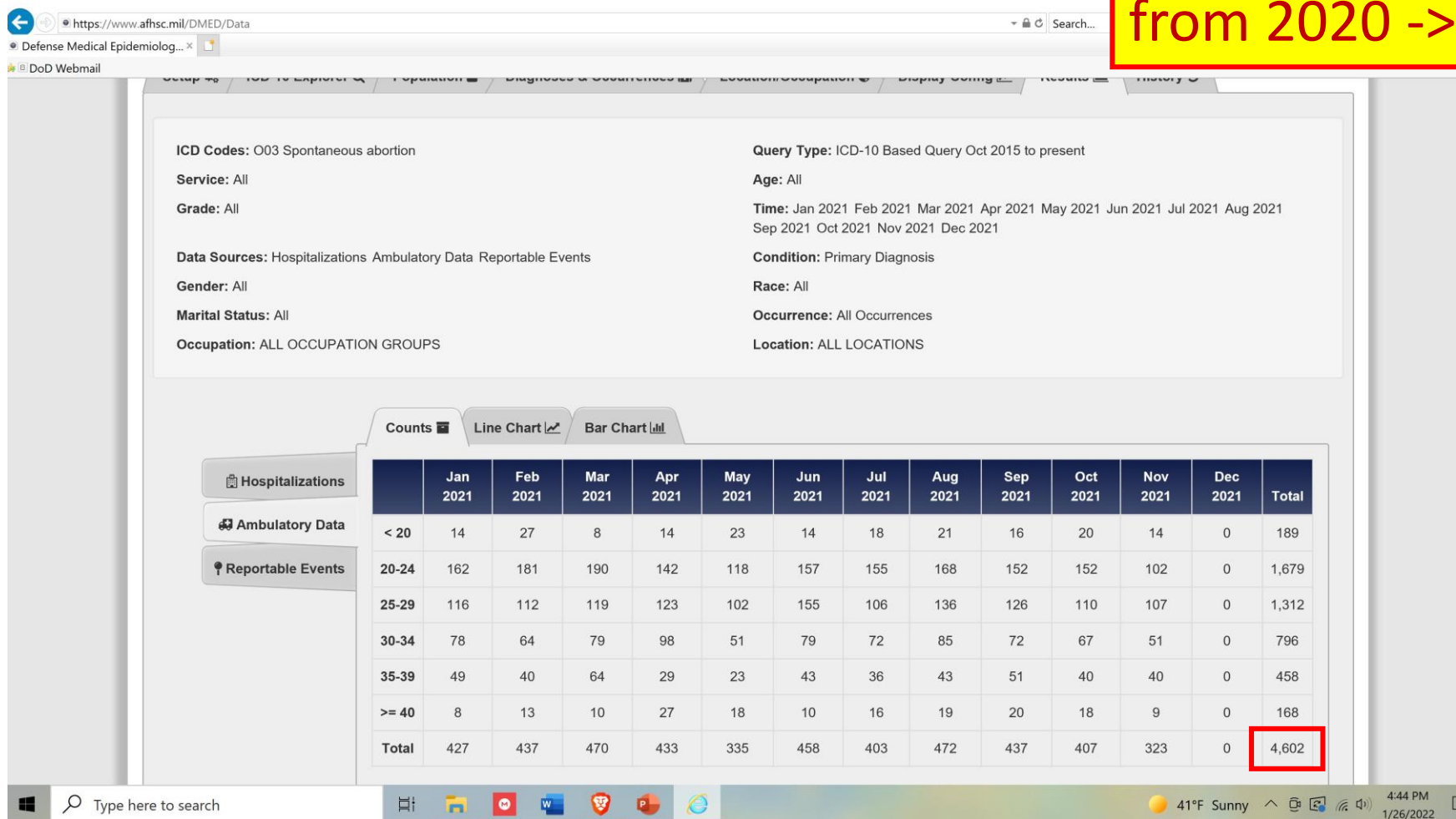


Spontaneous Abortion; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **418**

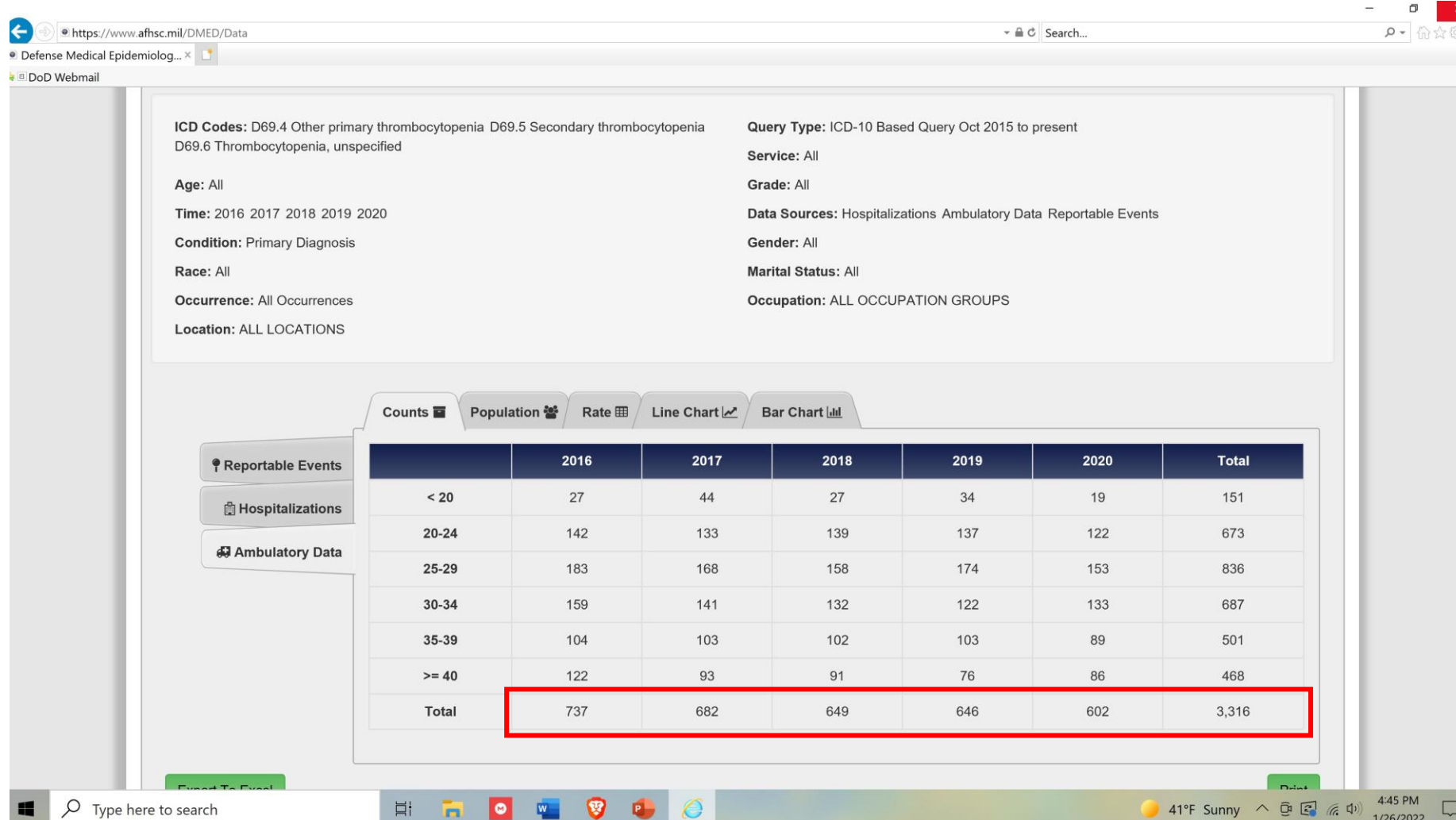
YTD total (Jan-Nov 2021) – **4,602**

**306% Increase (3.06x)
from 2020 -> 2021**



Thrombocytopenia; 2016-2020

Annual average (2016-2020) – **663**

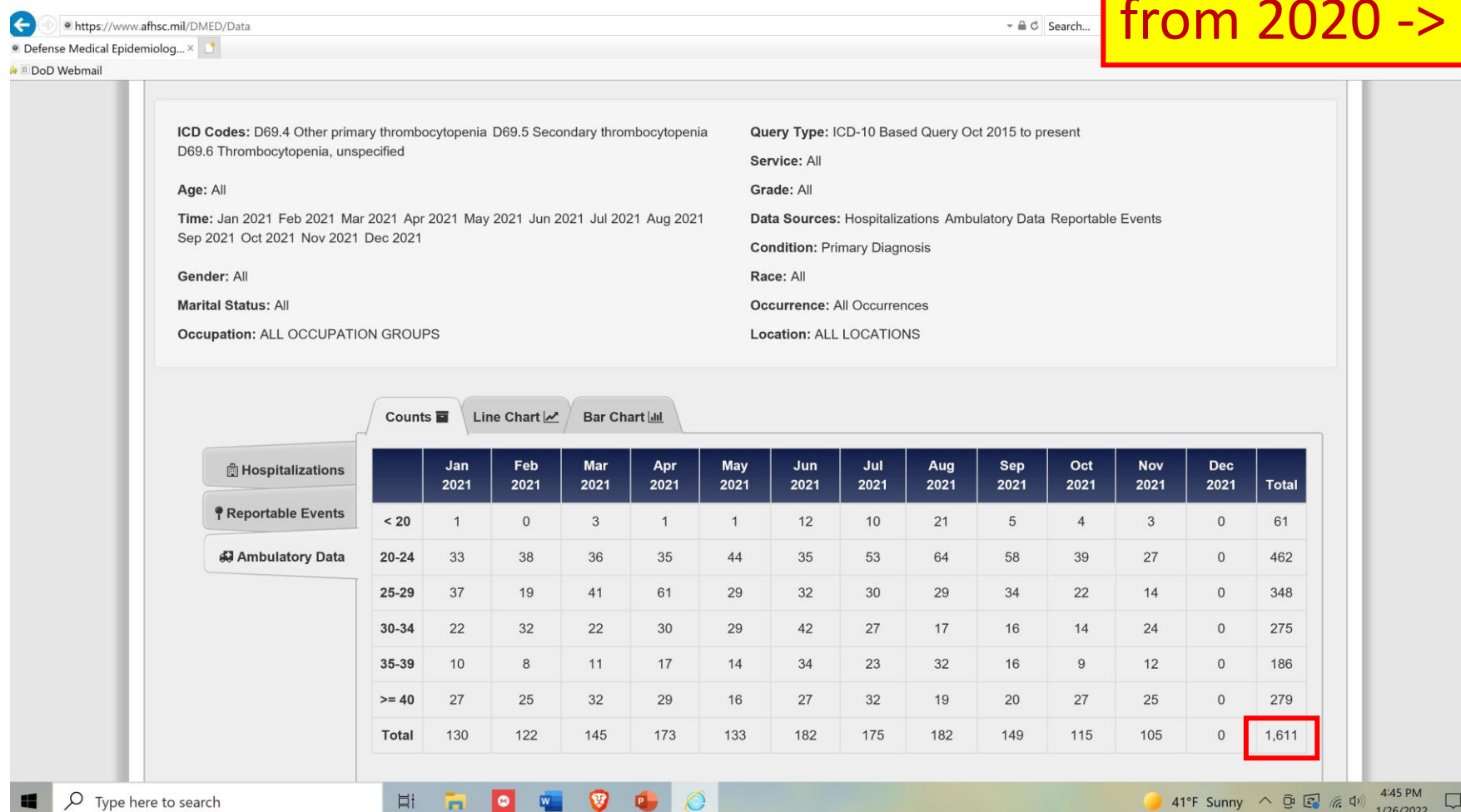


Thrombocytopenia; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – **146**

YTD total (Jan-Nov 2021) – **1,611**

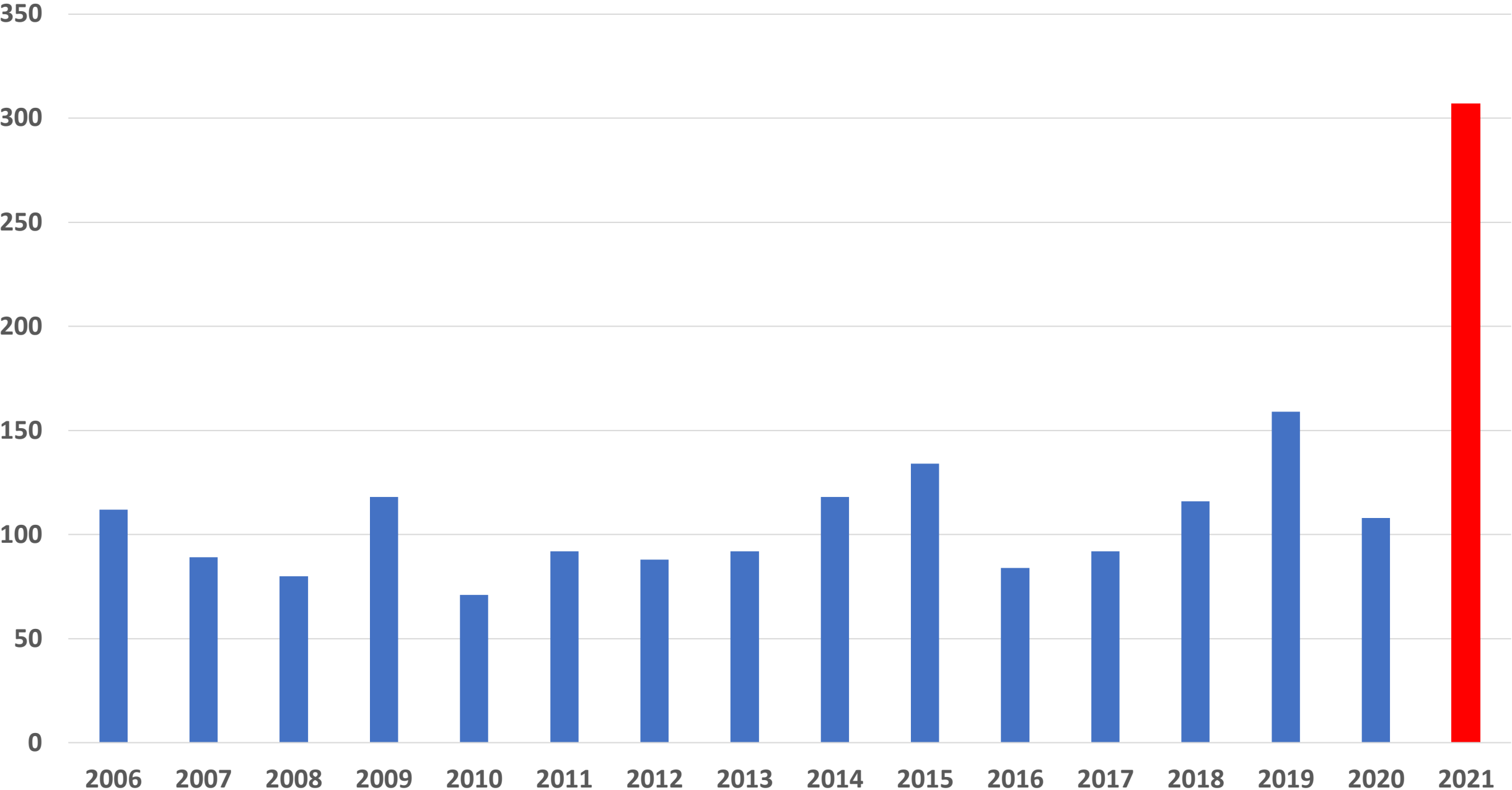
242% Increase (2.42x)
from 2020 -> 2021



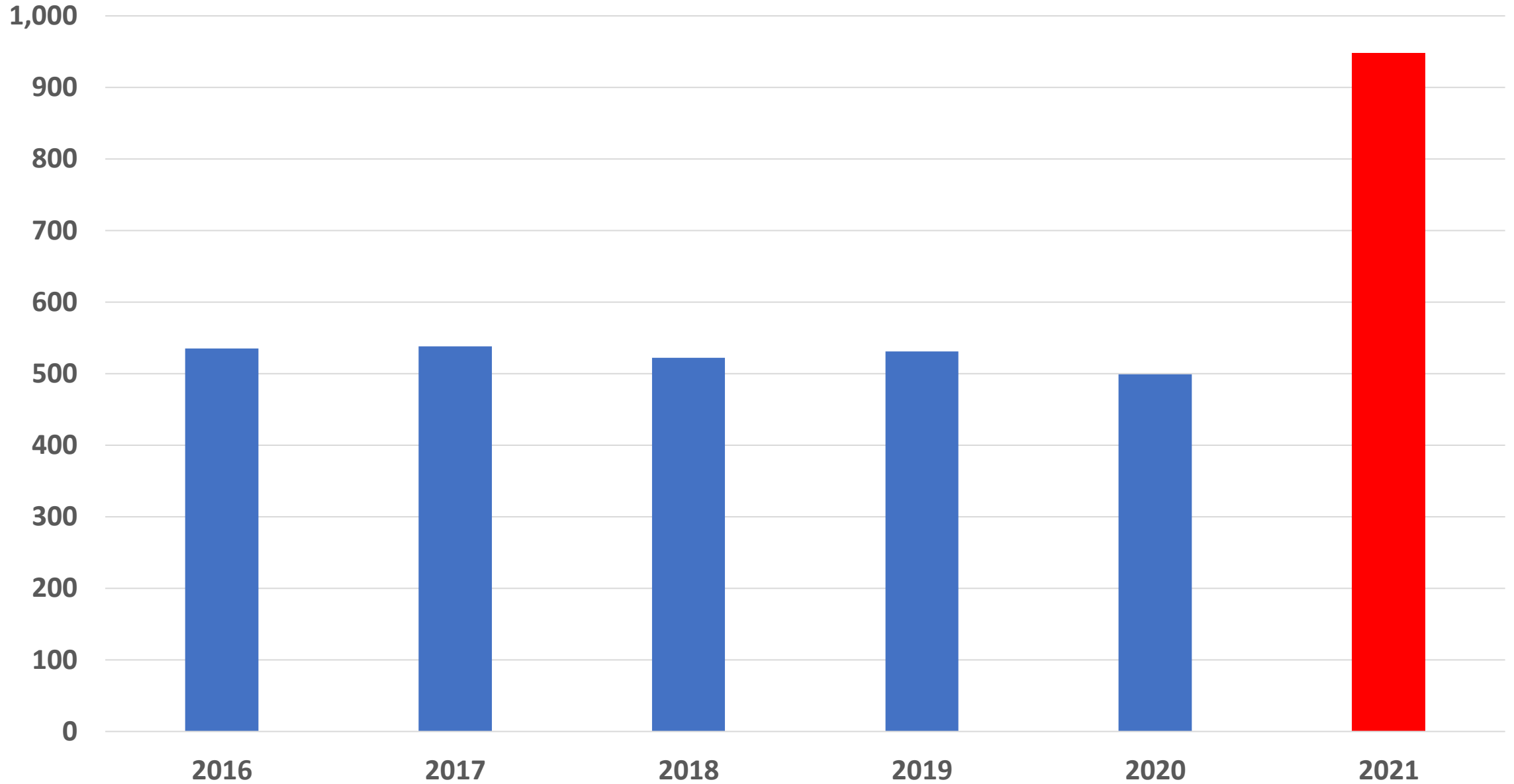
DHA's Defense Medical Epidemiology Database (DMED)

Alarming Increases 2021

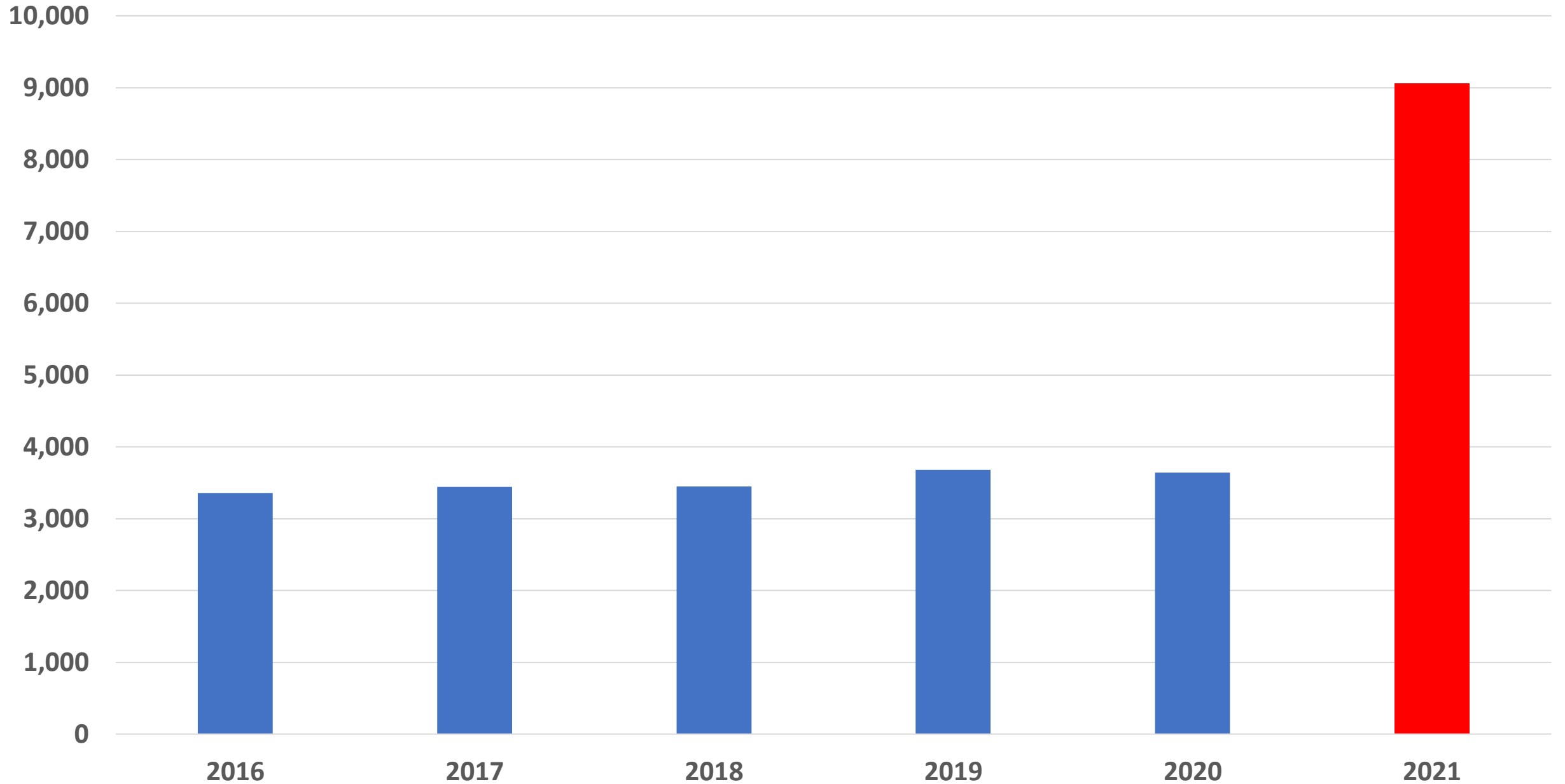
2006-2021 ACUTE MYOCADITIS (Ambulatory Data)



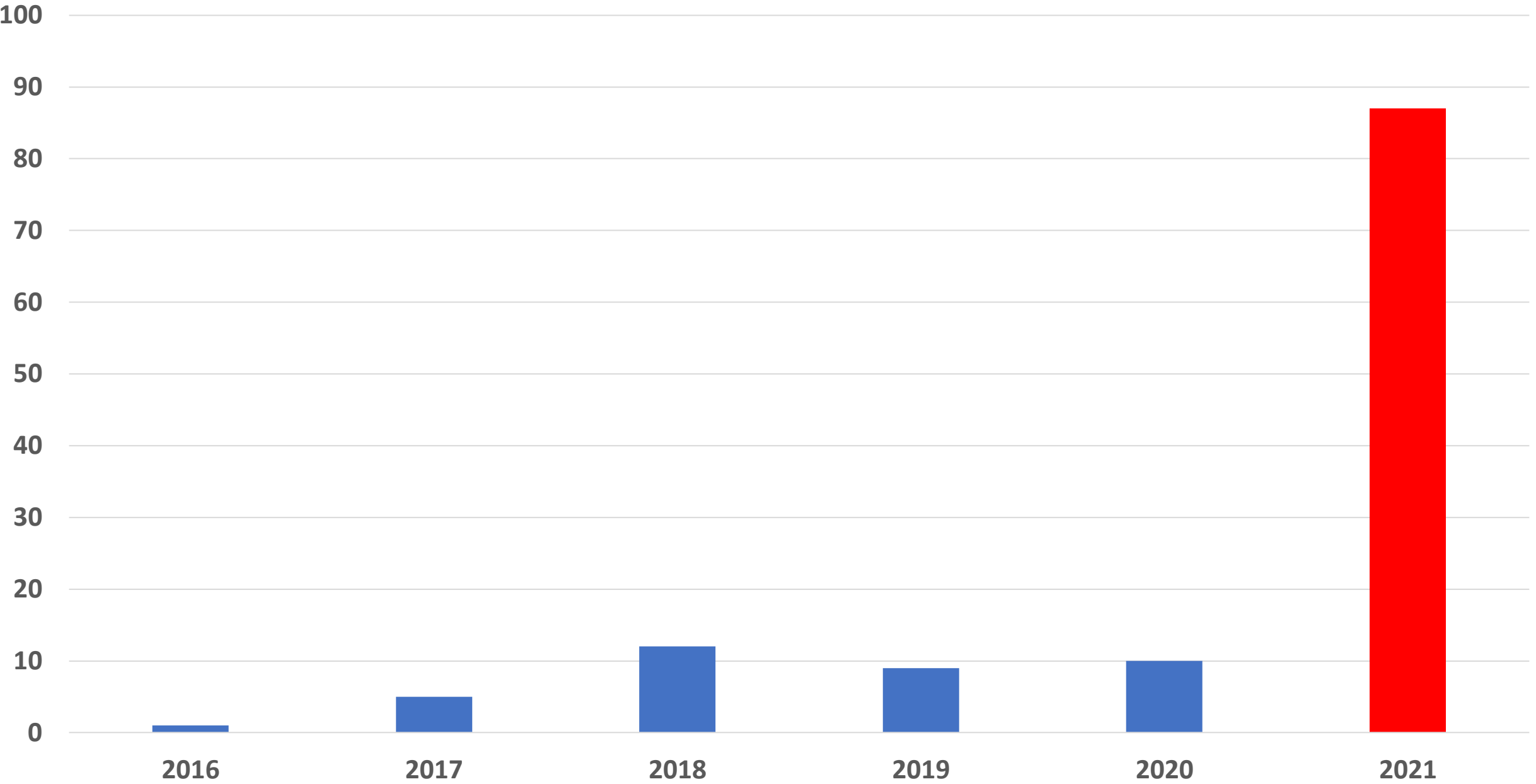
2016-2021 ACUTE PERICARDITIS (Ambulatory Data)



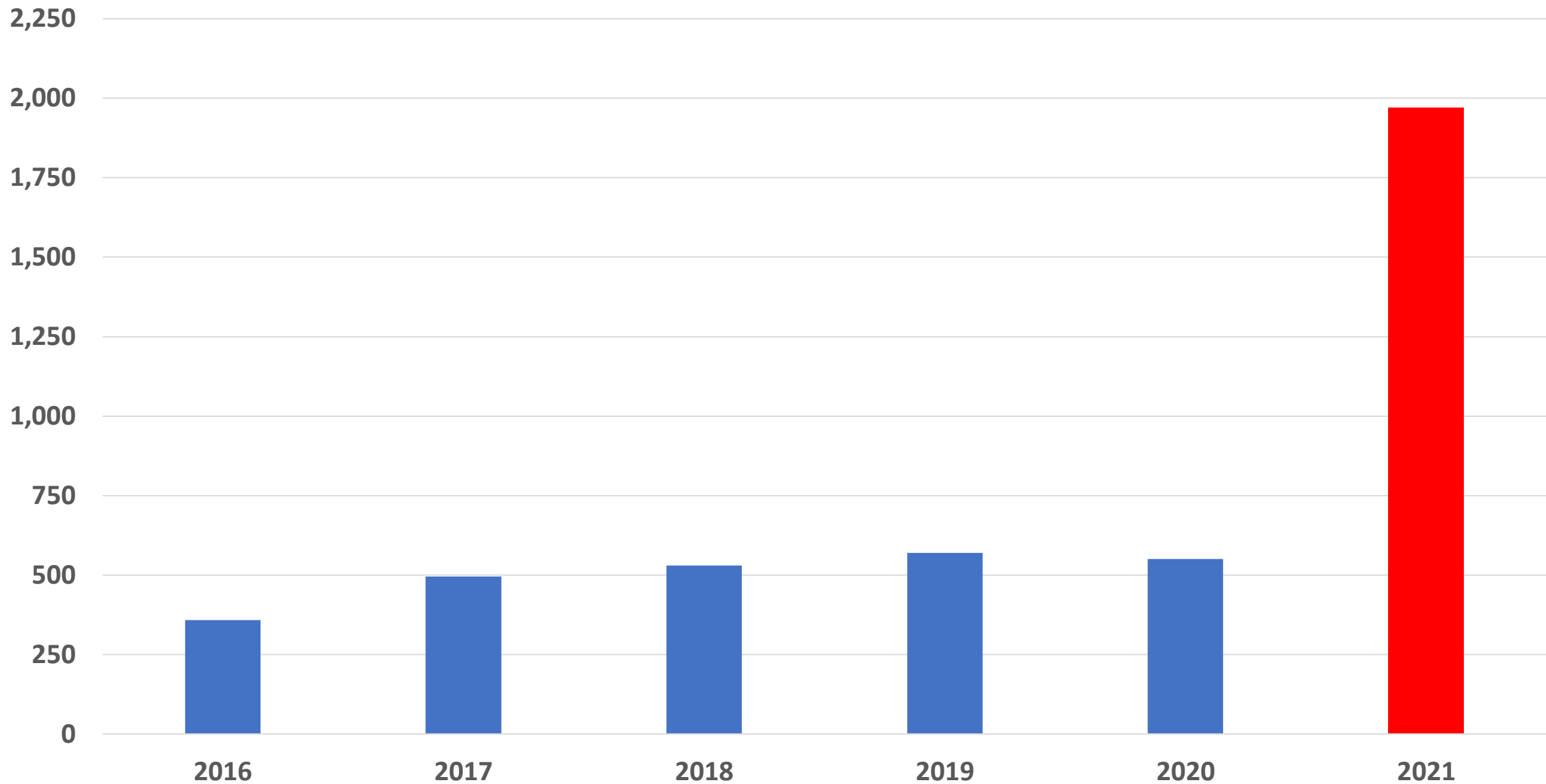
2016-2021 Pregnancy with Abortive Outcome (Ambulatory)



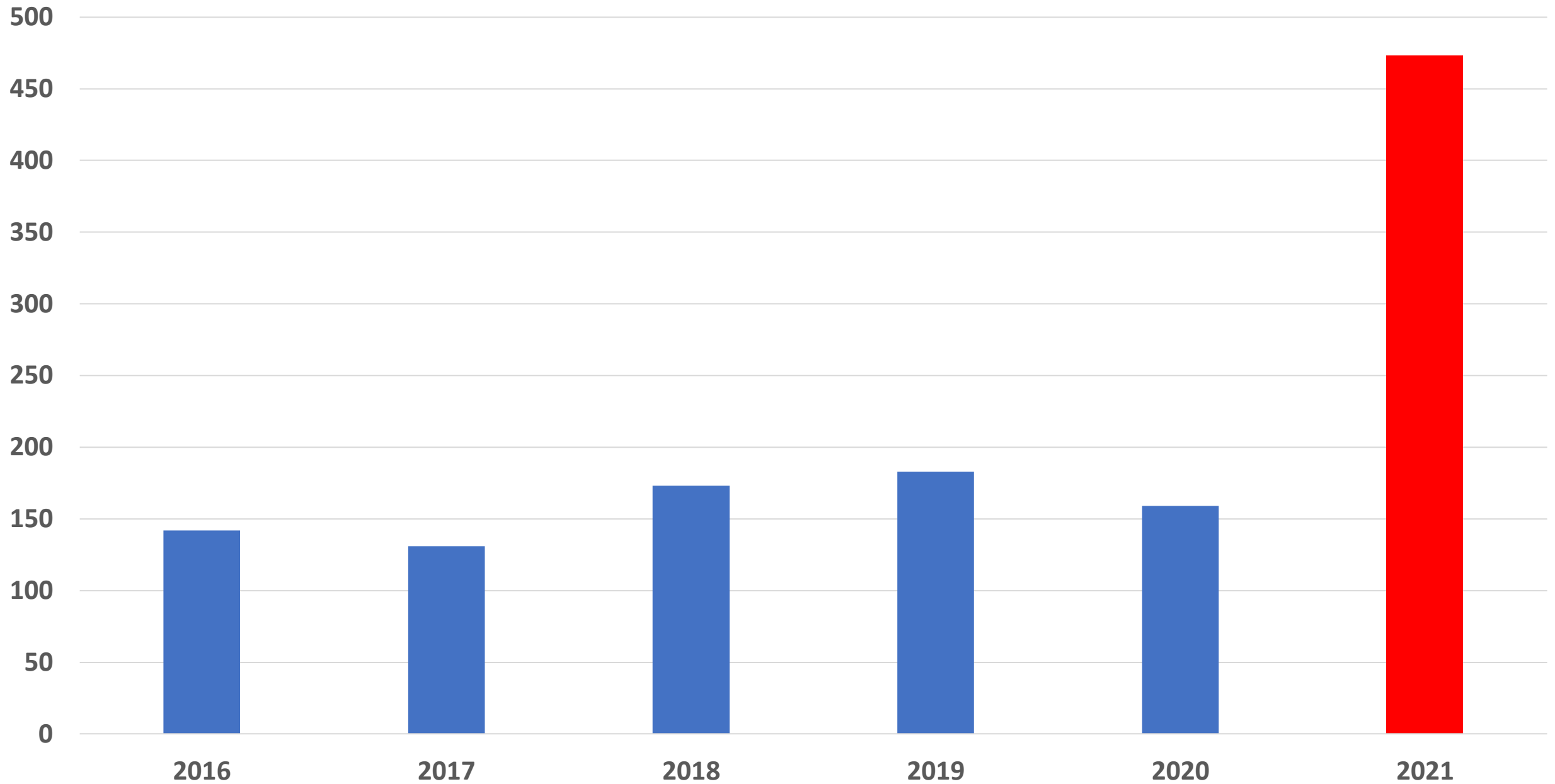
Disseminated intravascular coagulation (Ambulatory)



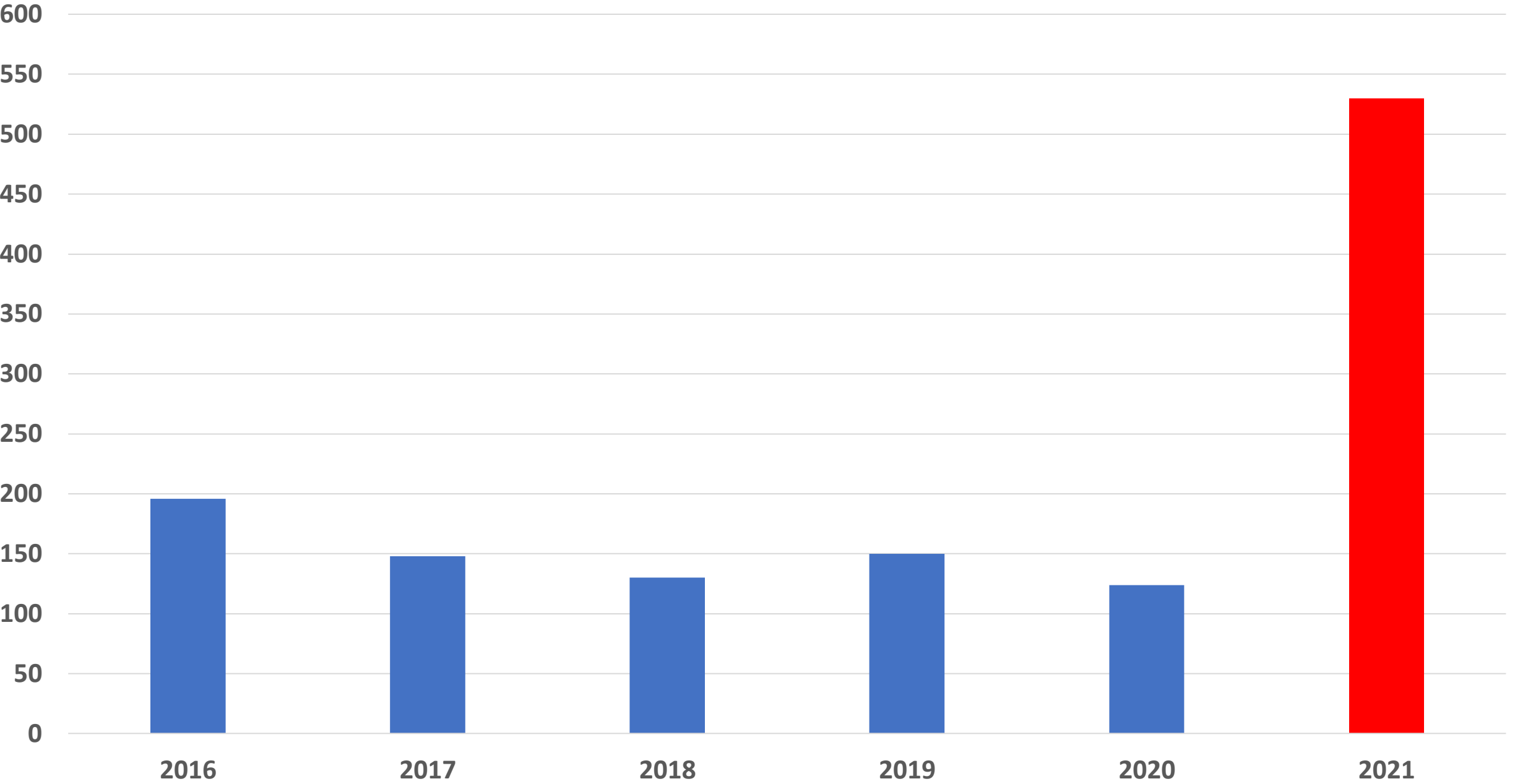
2016-2021 Suicide Attempts (Ambulatory)



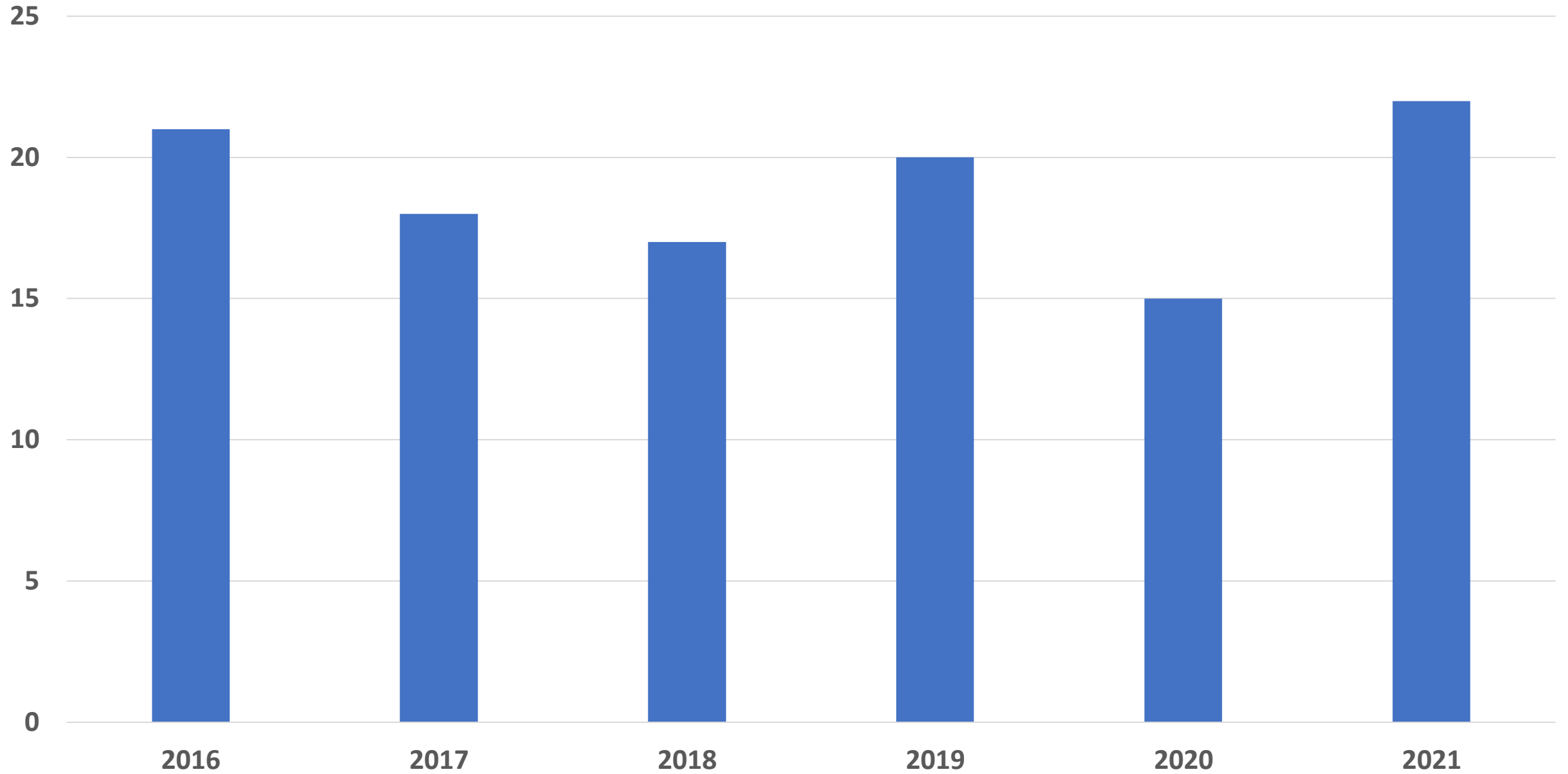
2016-2021 Essential (hemorrhagic) thrombocythemia (Ambulatory)



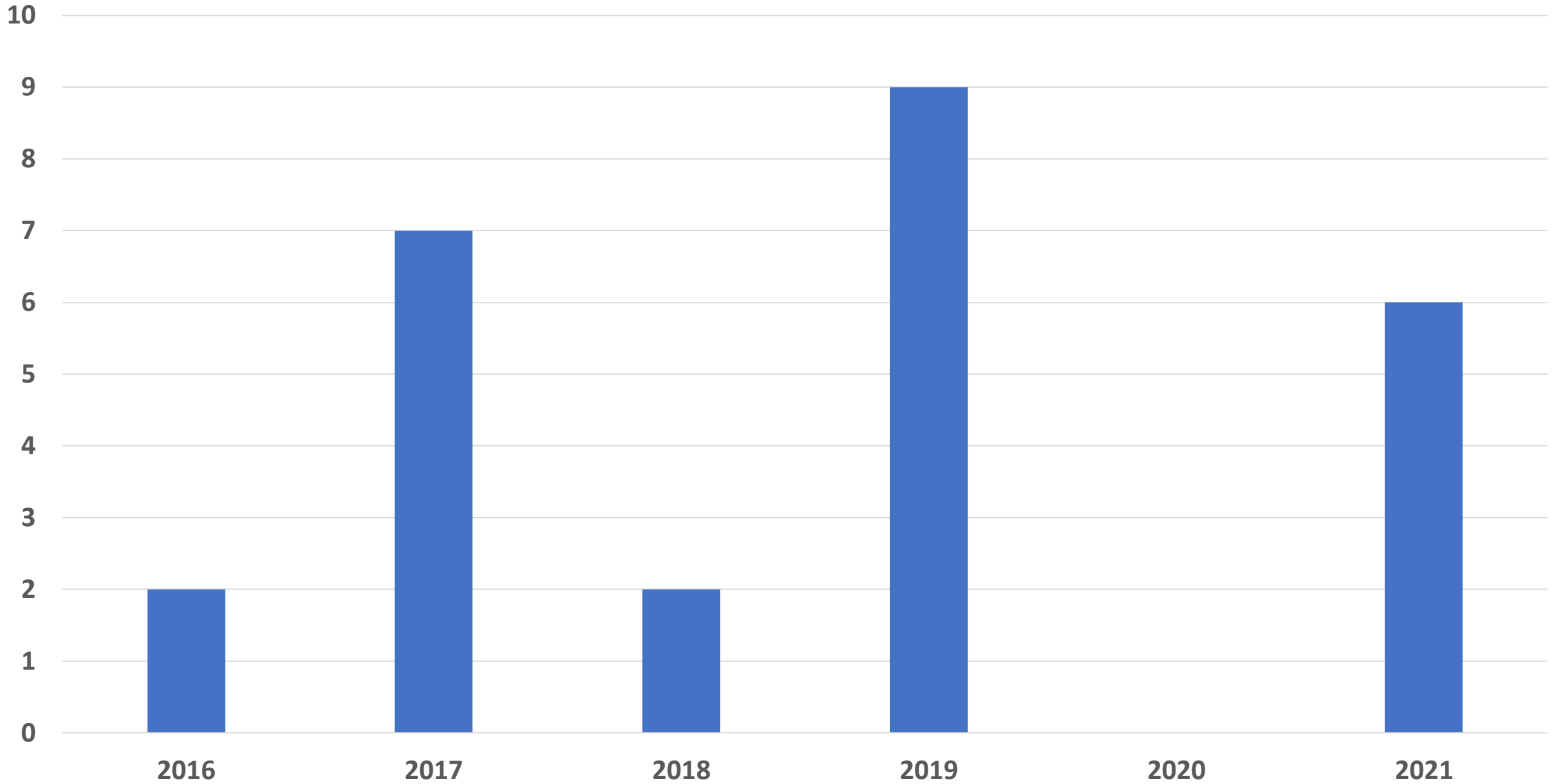
2016-2021 Seizures or convulsions (Ambulatory)



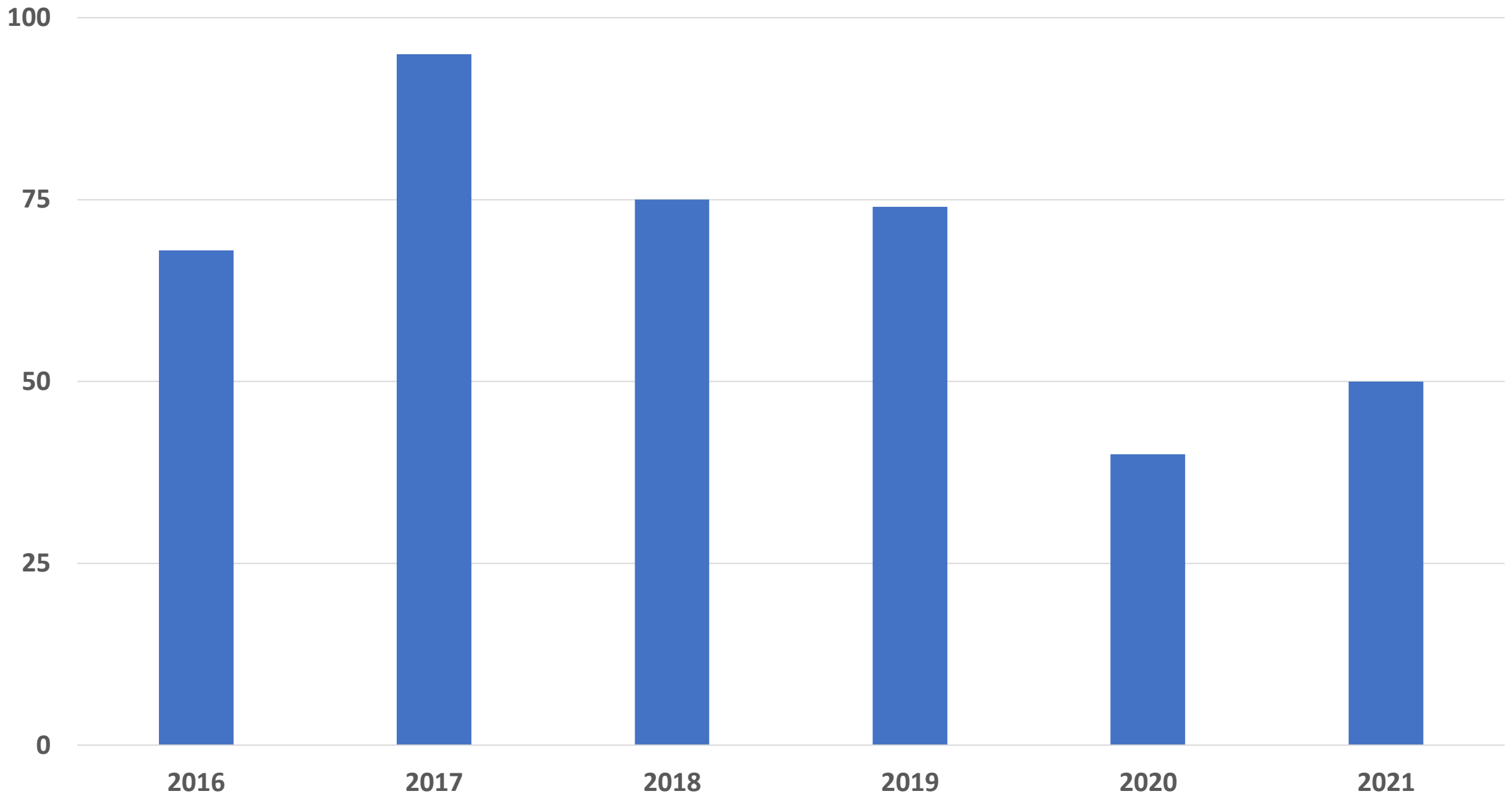
2016-2021 Chagas Disease (Ambulatory)



2016-2021 Typhoid Fever (Ambulatory)



2016-2021 Spotted Fever - Tick Borne (Ambulatory)



2016-2021 Lyme Disease (Ambulatory)

