

- 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



The screenshot shows a web browser window with the URL <https://www.afhsc.mil/DMED/>. The page header includes the Defense Health Agency logo and the text "Armed Forces Health Surveillance Branch, Public Health Division, Health Surveillance, Analysis, and Insight for Action". Below the header is a navigation bar with "DMED Home" and "Query DMED" links. The main content area features the Department of Defense and Defense Health Agency logos, followed by the text "Welcome to Defense Medical Epidemiology Database (DMED)". Below this is a paragraph: "This program provides remote access to a de-identified subset of data contained within the Defense Medical Surveillance System (DMSS). Using the tools available, users can construct customized queries of DoD Hospitalizations, Ambulatory clinic visits and Reportable Medical Events." A green button labeled "Query DMED" is positioned at the bottom of the main content area.

# (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.

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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

Overview

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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.

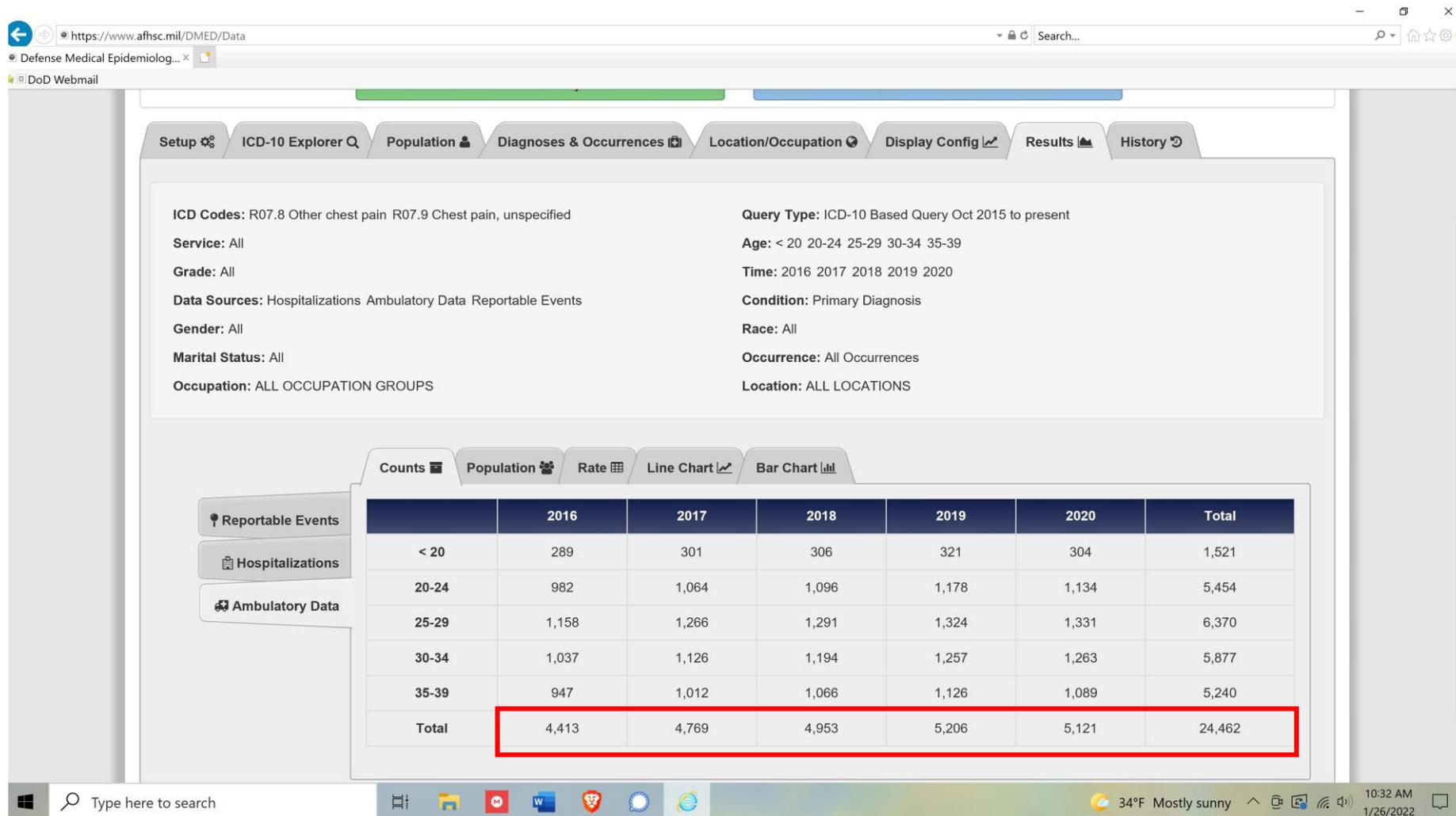
**Hospitalization Data:** Hospitalization data is a combination of administrative records collected from: 1) hospitalizations in DoD Military Treatment Facilities (Standard In-patient Data Record [SIDR] files), and 2) hospitalizations in non-DOD facilities for which the DoD reimbursed the care facility (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

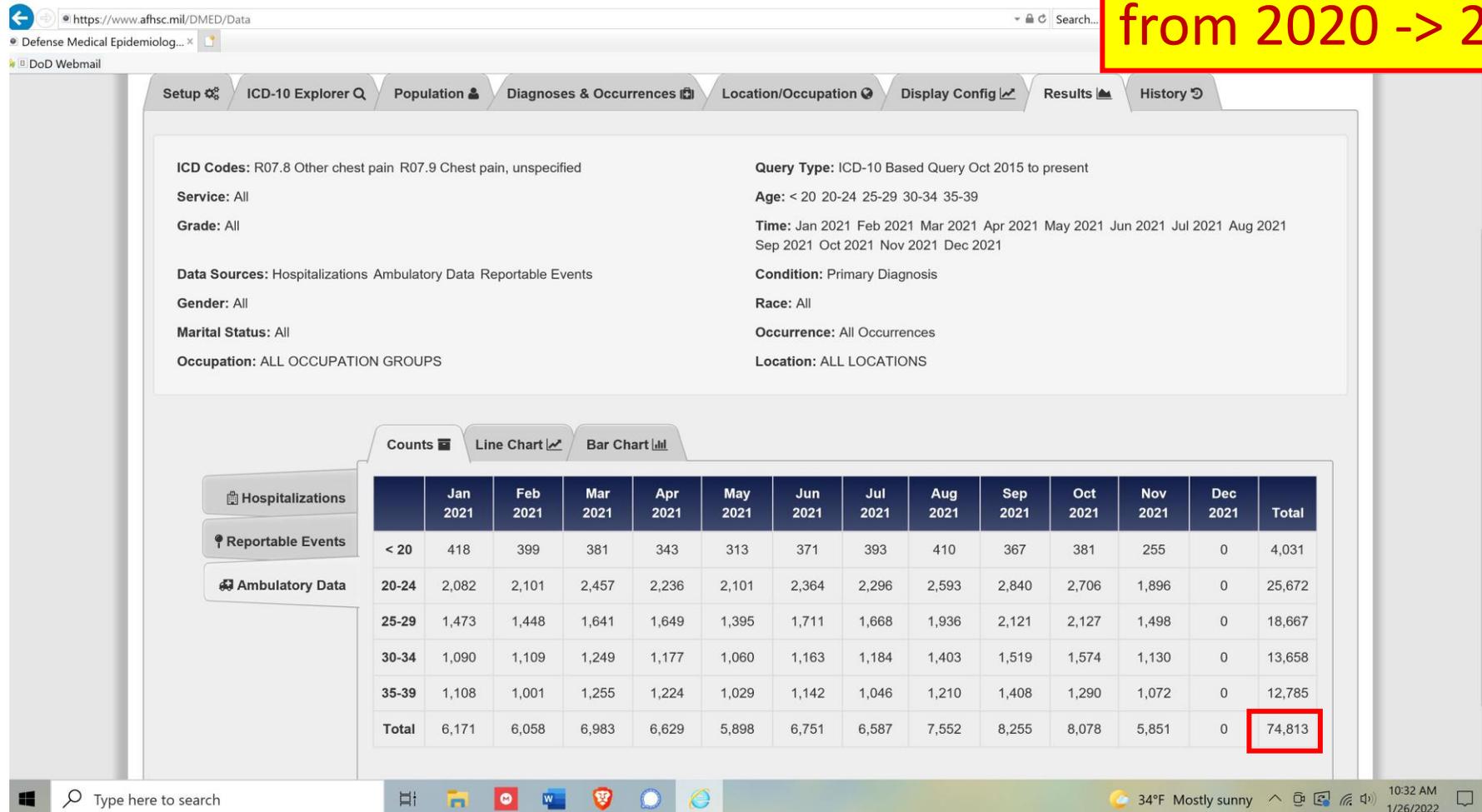


# Chest pain, unspecified; Jan-Nov 2021

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

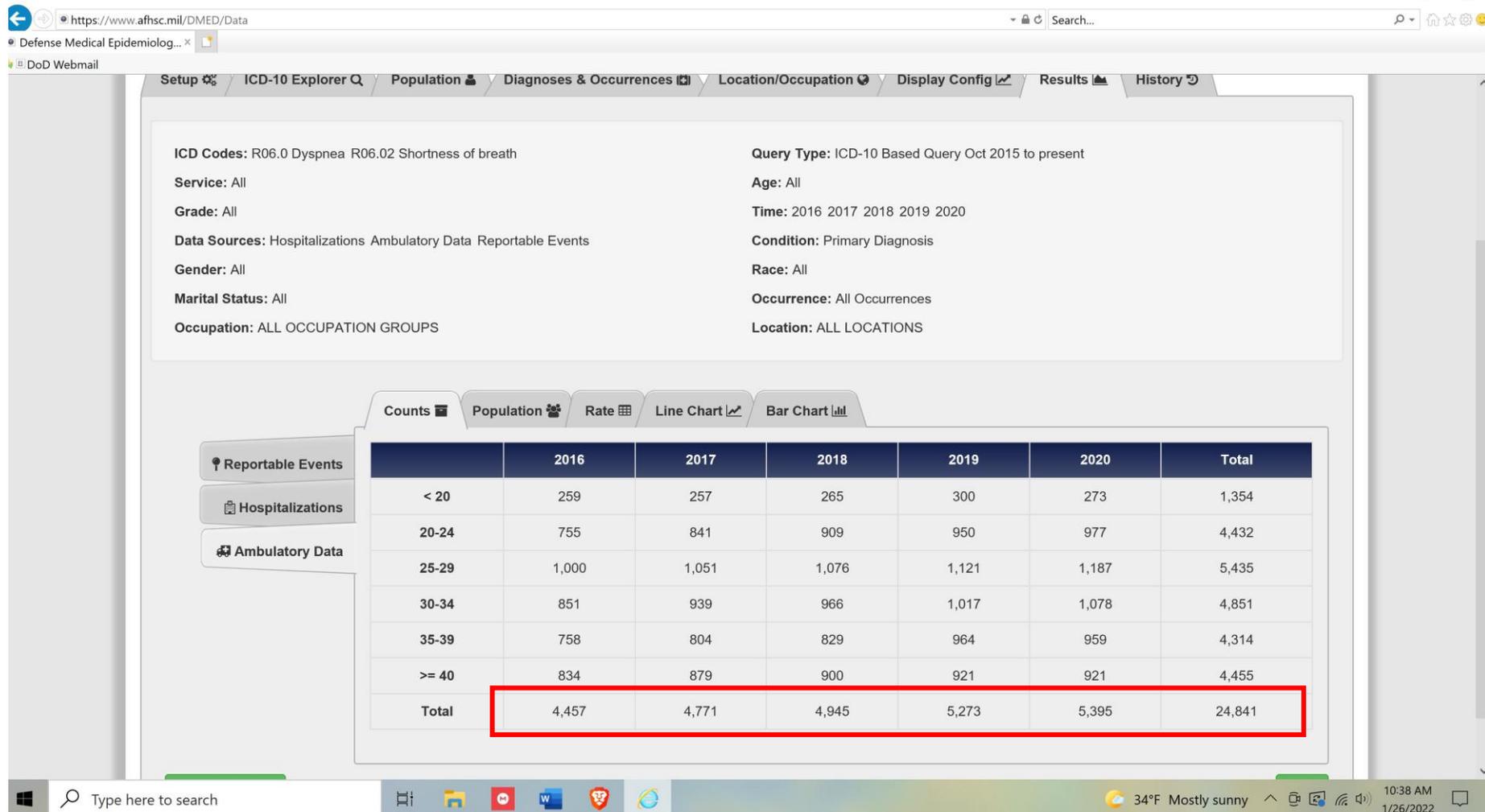
YTD total (Jan-Nov 2021) – **74,813**

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



# Dyspnea/SOB; 2016-2020

Annual average (2016-2020) – 4,968

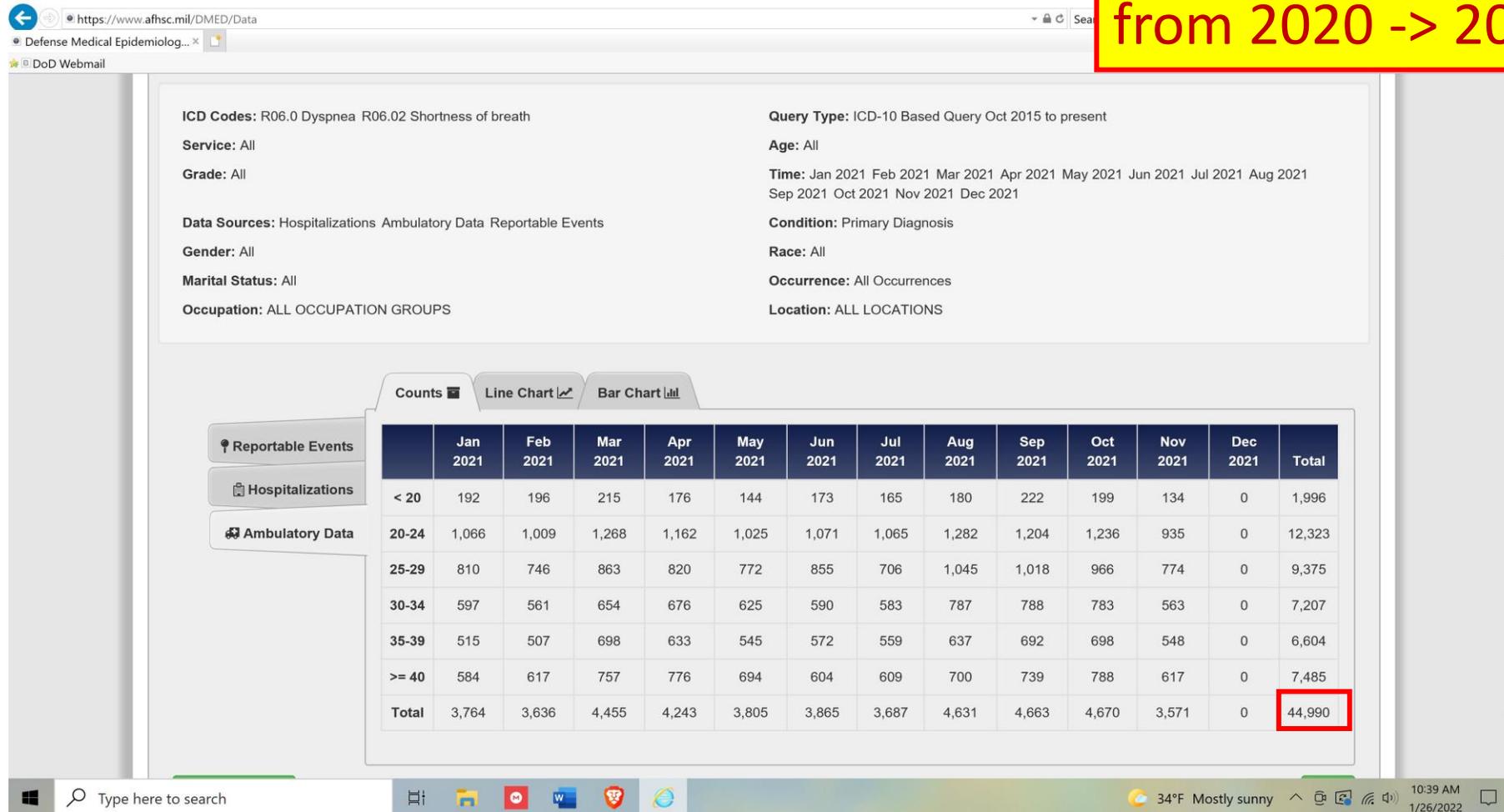


# Dyspnea/SOB; Jan-Nov 2021

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

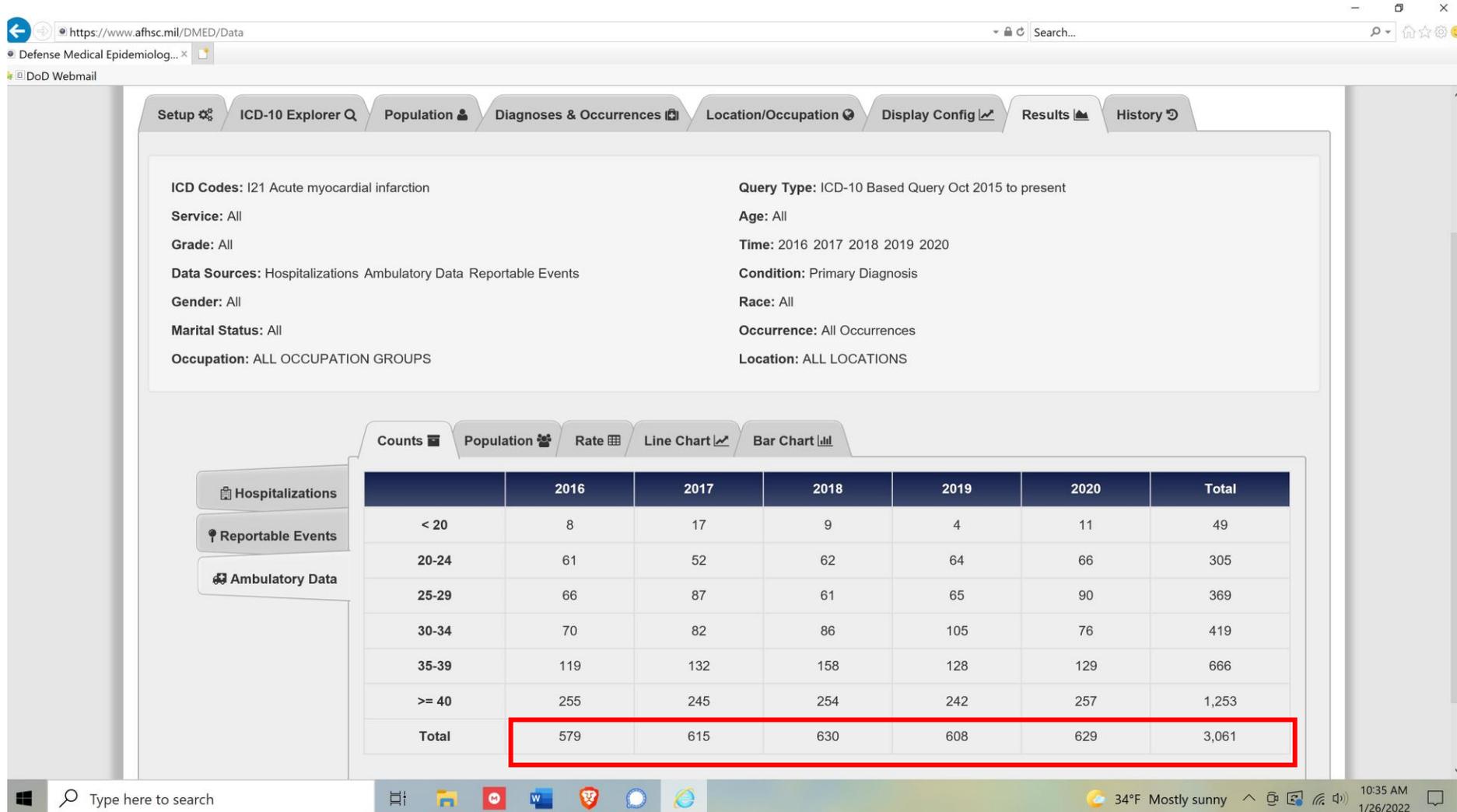
YTD total (Jan-Nov 2021) – **44,990**

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



# Acute MI; 2016-2020

Annual average (2016-2020) – **612**

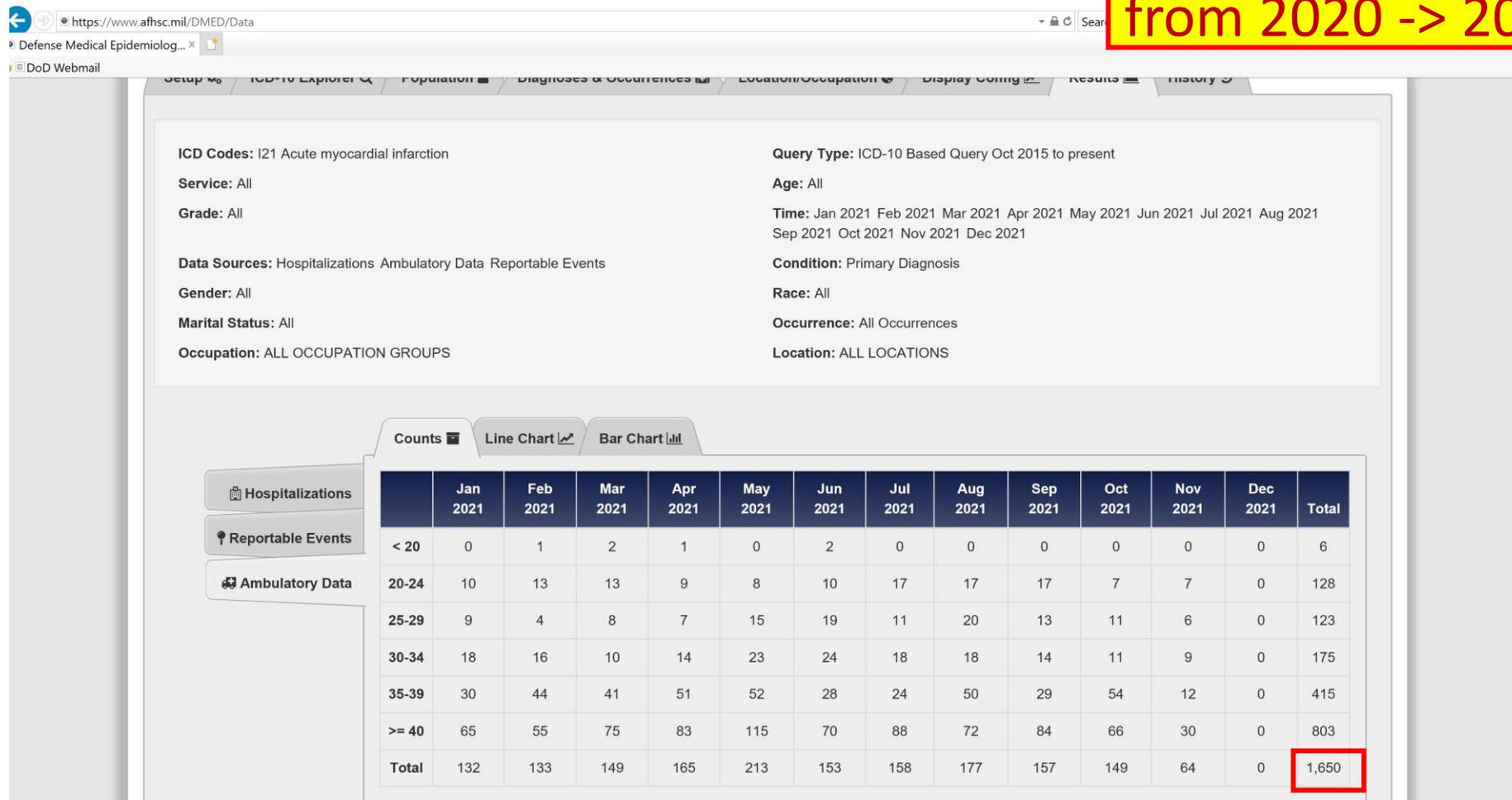


# Acute MI; Jan-Nov 2021

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

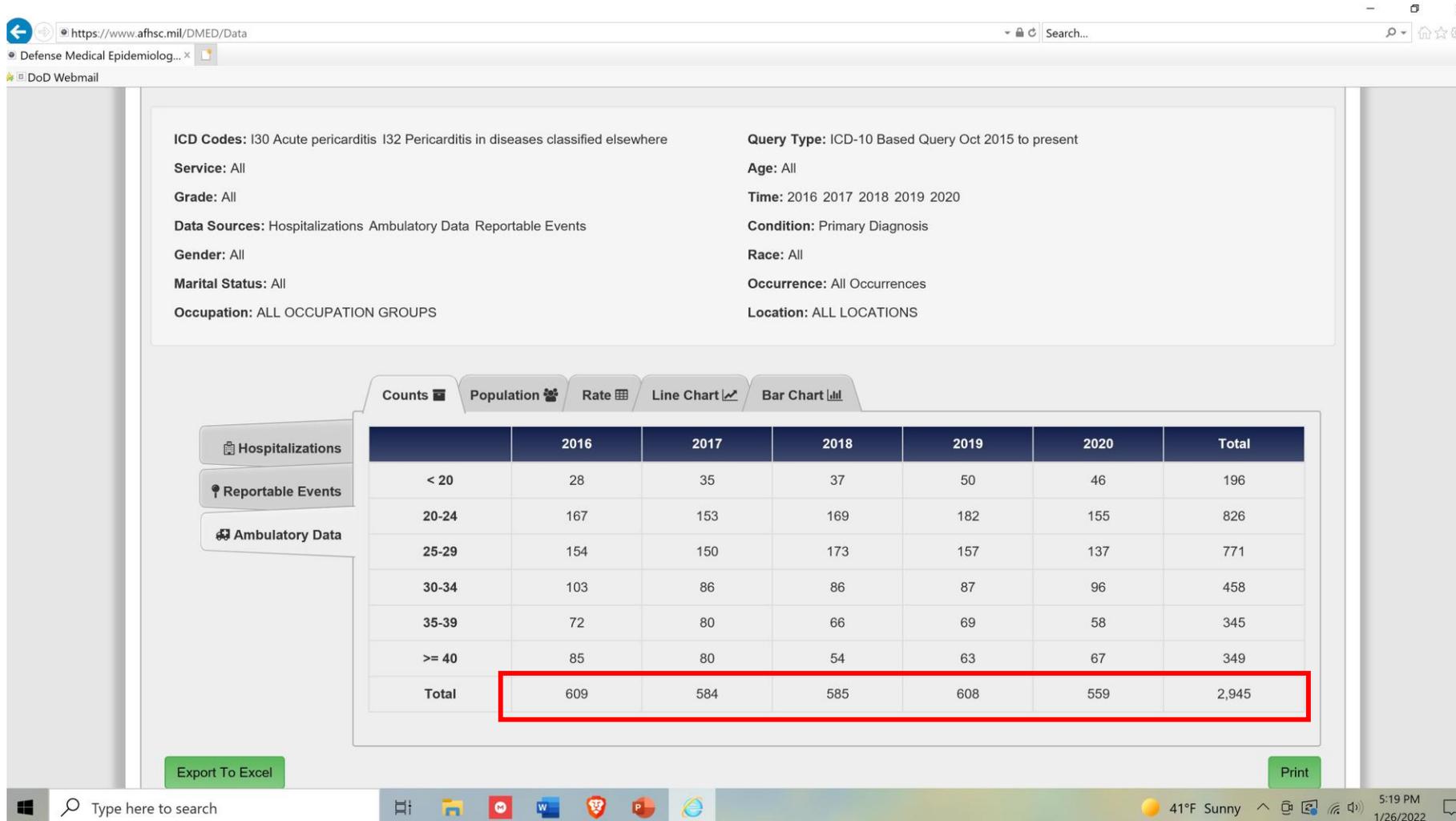
YTD total (Jan-Nov 2021) – **1,650**

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



# Acute Pericarditis; 2016-2020

Annual average (2016-2020) – 589

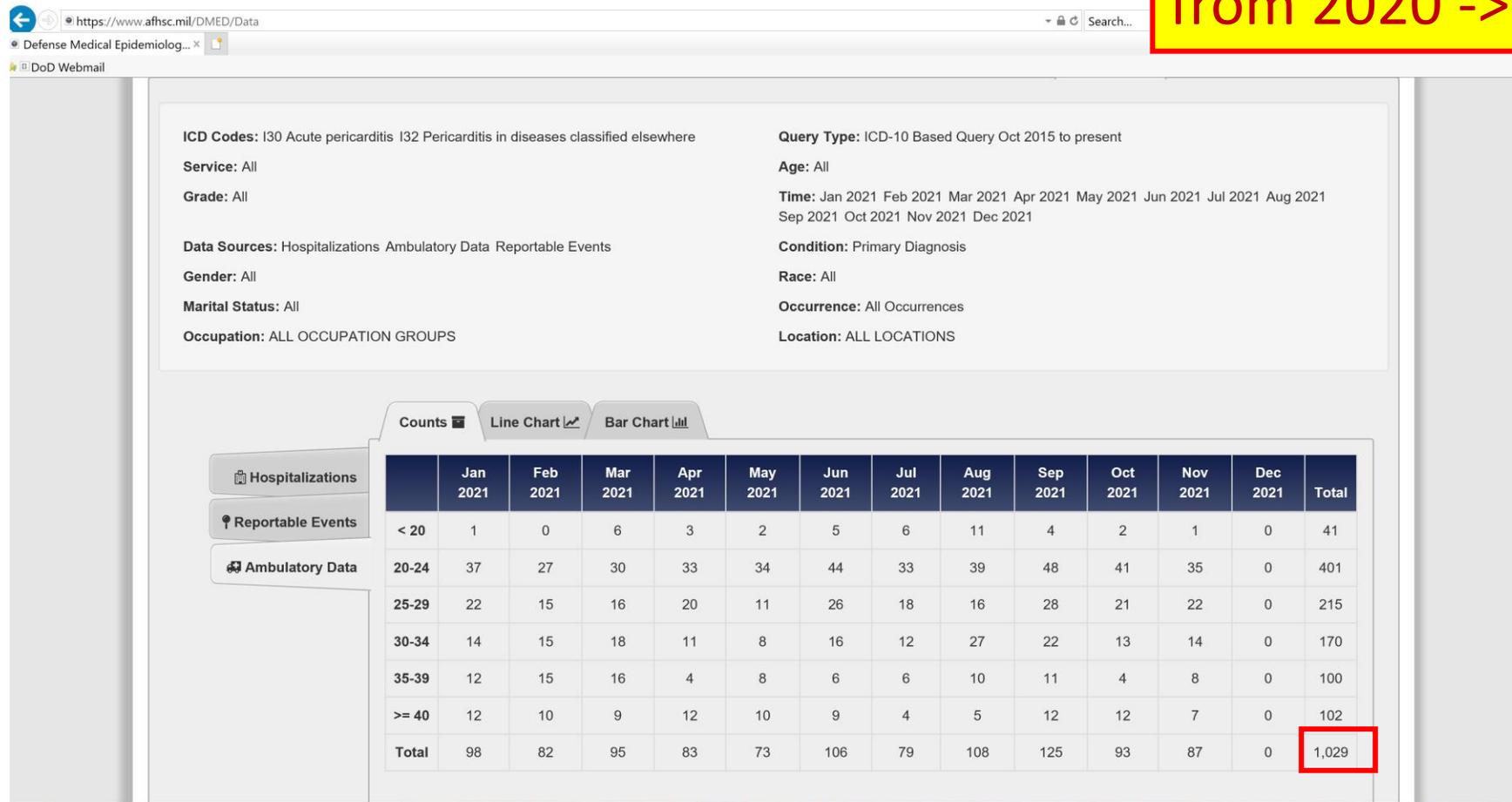


# Acute Pericarditis; Jan-Nov 2021

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**

The screenshot displays a web application interface for data analysis. The browser address bar shows the URL <https://www.afhsc.mil/DMED/Data>. The application has a navigation menu with tabs: Setup, ICD-10 Explorer Q, Population, Diagnoses & Occurrences, Location/Occupation, Display Config, Results, and History. The main content area shows search filters and a data table.

**ICD Codes:** I40 Acute myocarditis I41 Myocarditis in diseases classified elsewhere  
**Service:** All  
**Grade:** All  
**Data Sources:** Hospitalizations Ambulatory Data Reportable Events  
**Gender:** All  
**Marital Status:** All  
**Occupation:** ALL OCCUPATION GROUPS

**Query Type:** ICD-10 Based Query Oct 2015 to present  
**Age:** All  
**Time:** 2016 2017 2018 2019 2020  
**Condition:** Primary Diagnosis  
**Race:** All  
**Occurrence:** All Occurrences  
**Location:** ALL LOCATIONS

The data table is titled "Counts" and shows the following data:

	2016	2017	2018	2019	2020	Total
< 20	2	6	6	7	4	25
20-24	41	36	42	61	51	231
25-29	11	29	33	51	27	151
30-34	14	11	25	25	18	93
35-39	9	11	10	16	11	57
>= 40	16	11	18	19	15	79
<b>Total</b>	<b>93</b>	<b>104</b>	<b>134</b>	<b>179</b>	<b>126</b>	<b>636</b>

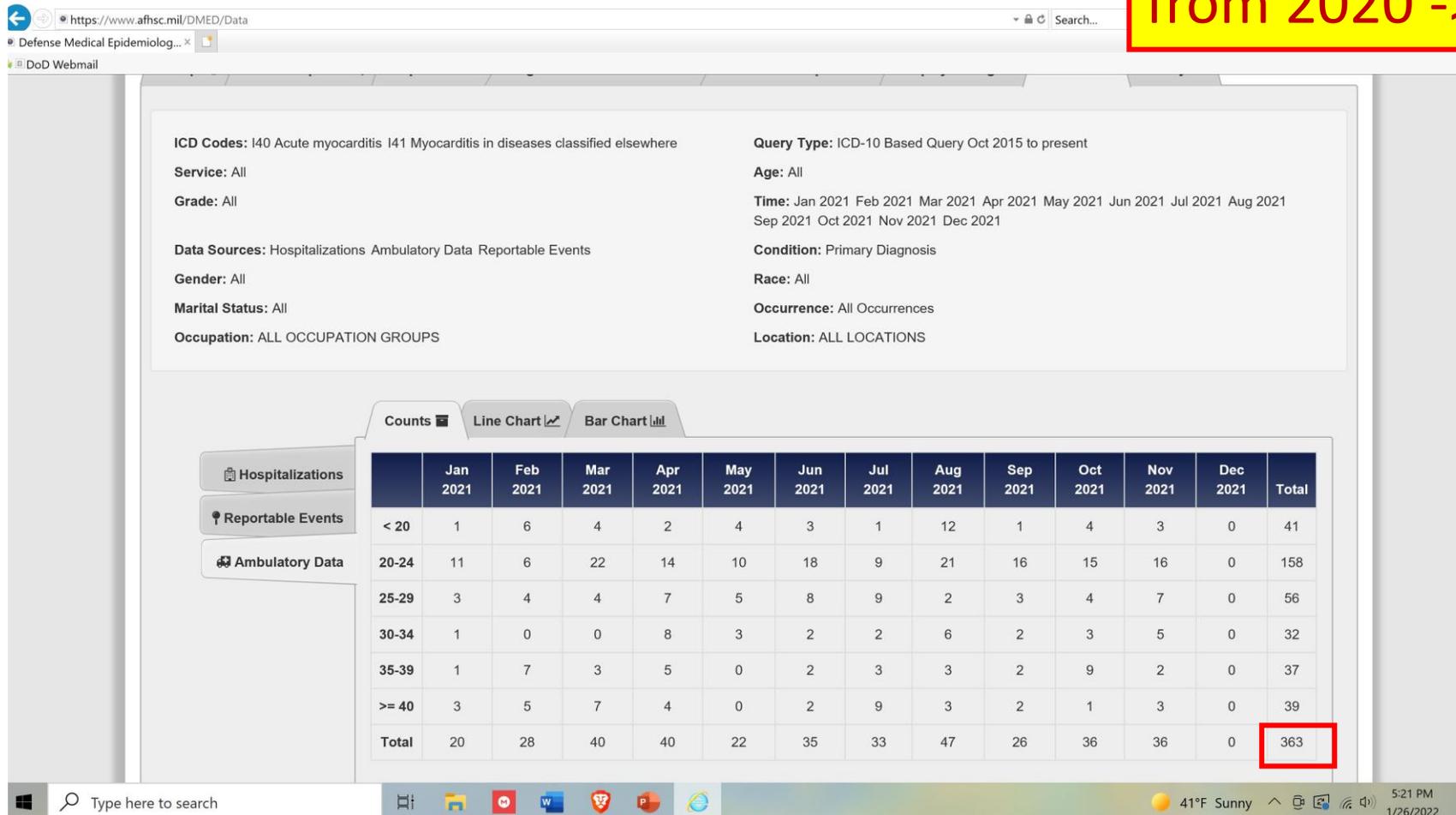
The total count of 636 and the annual average of 127 (calculated as 636 / 5) are highlighted in red in the original image.

# Acute Myocarditis; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – 33

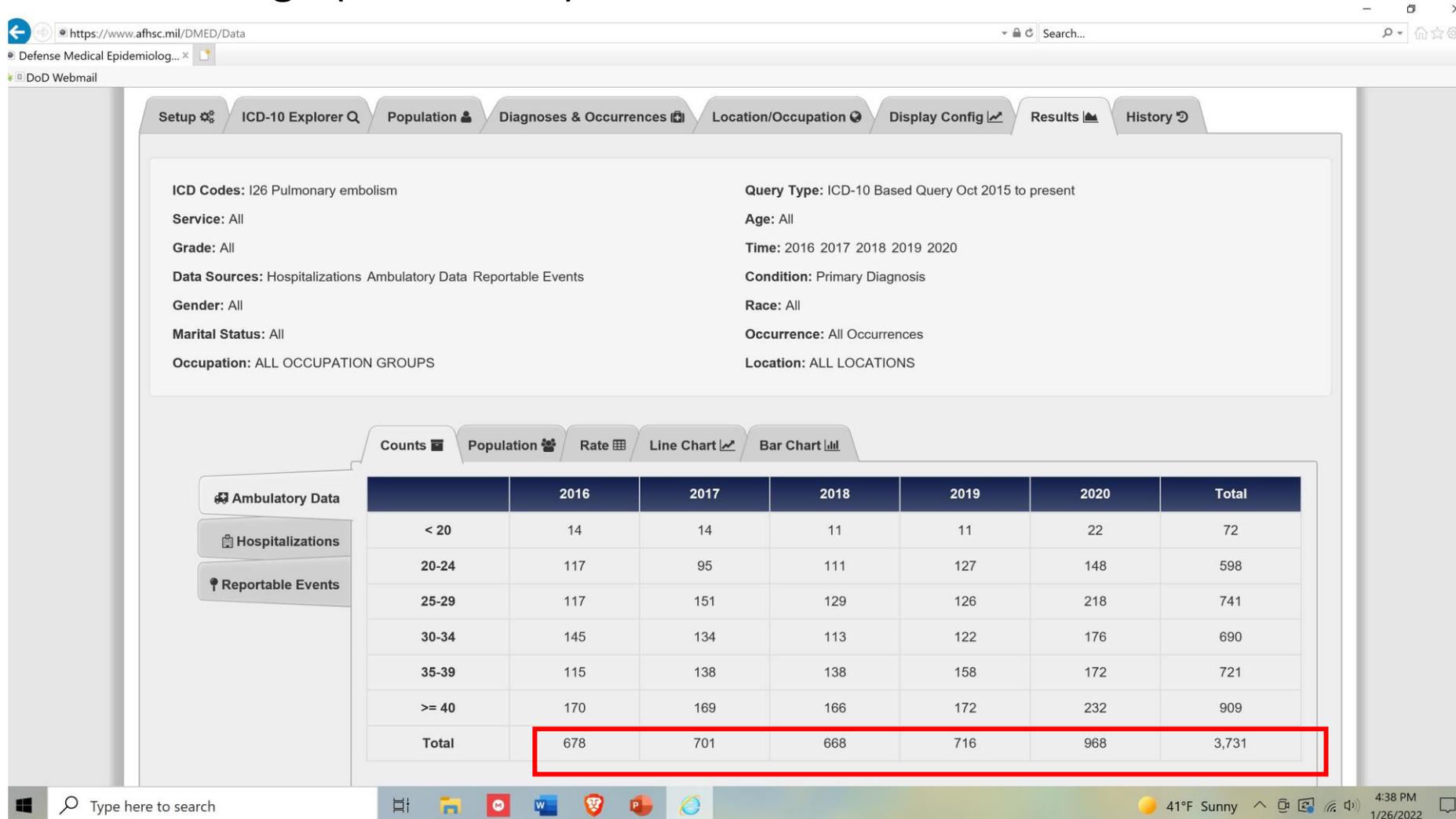
YTD total (Jan-Nov 2021) – 363

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



# Pulmonary Embolism; 2016-2020

Annual average (2016-2020) – 746

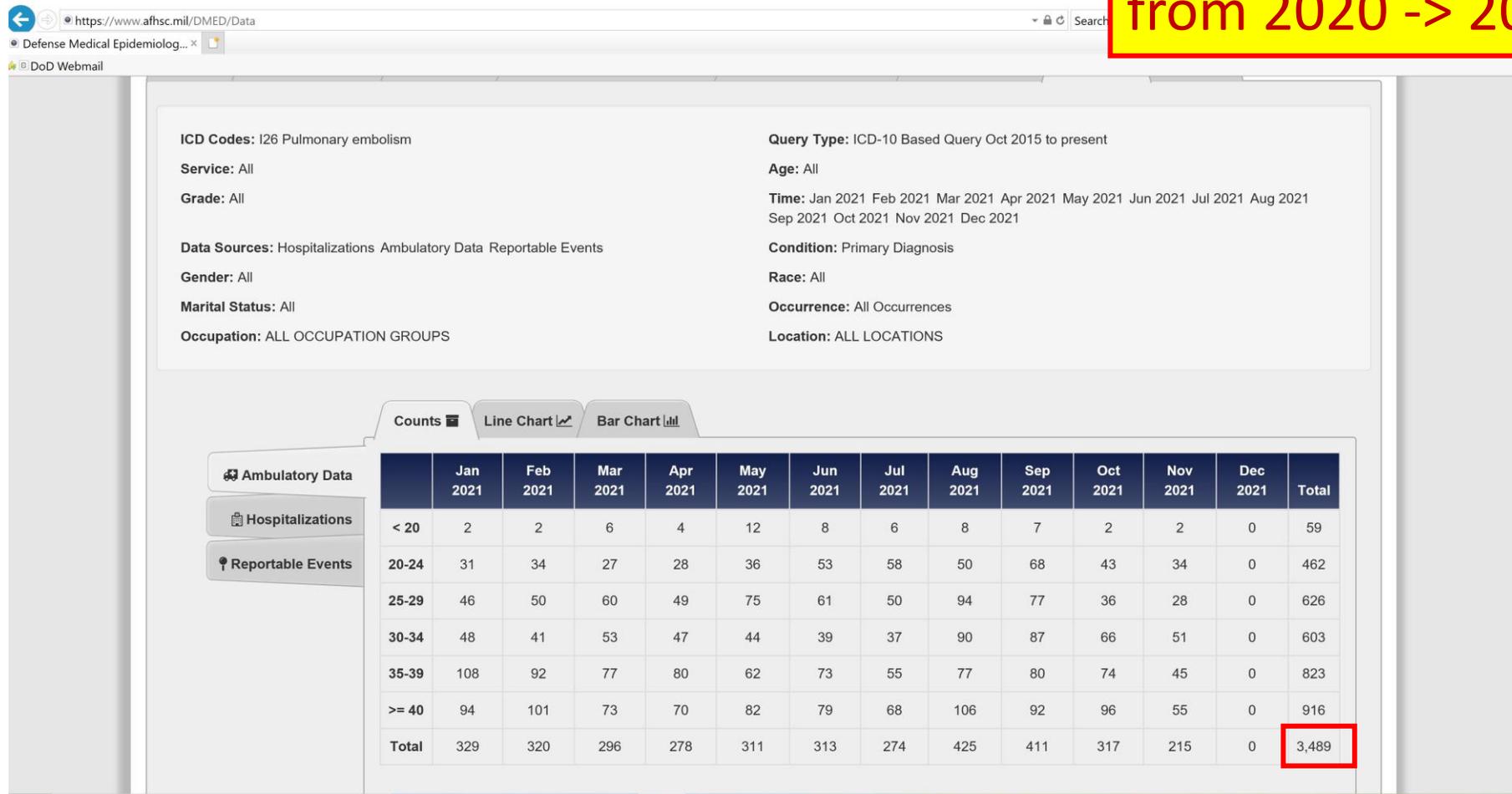


# Pulmonary Embolism; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – 317

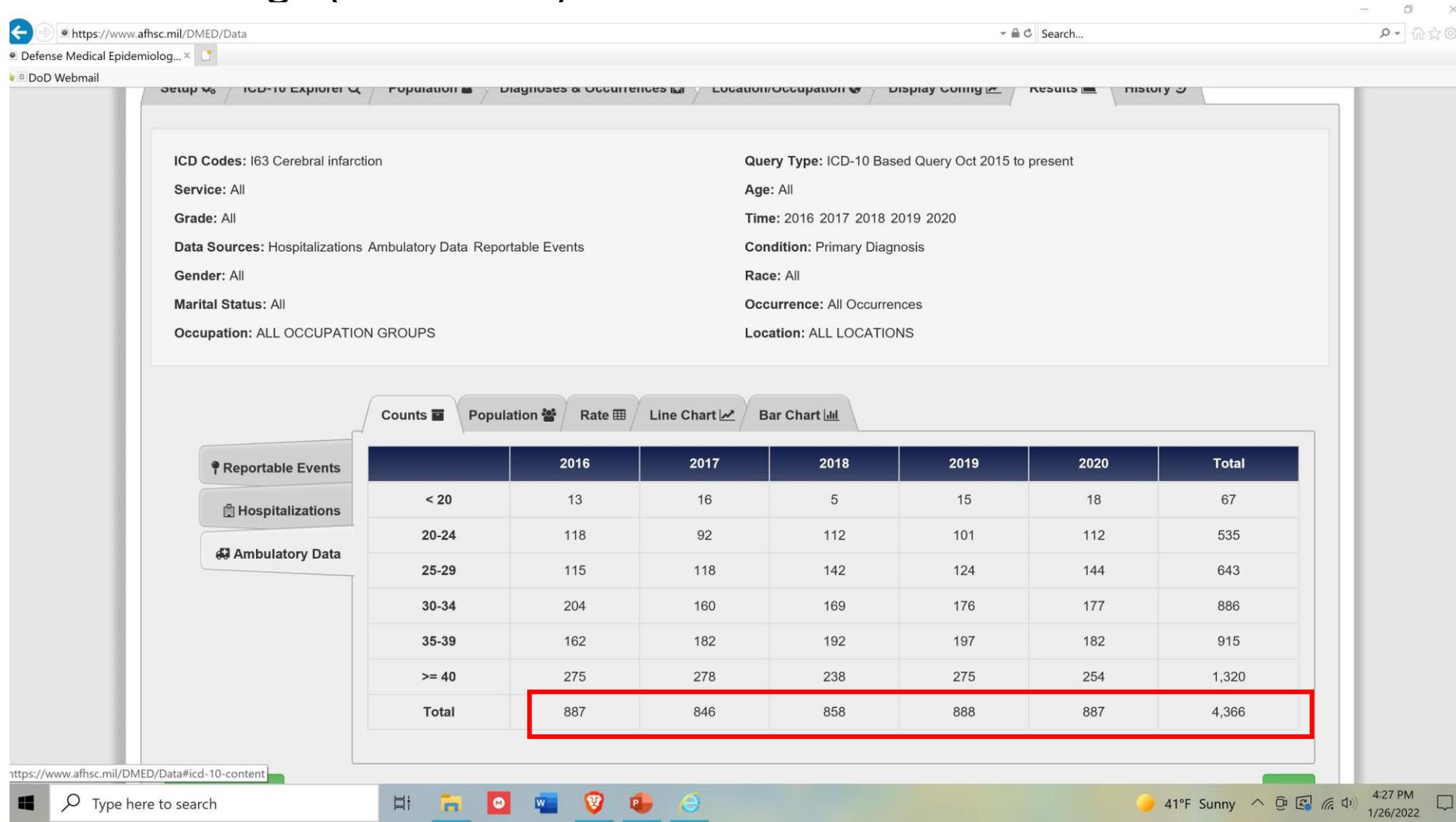
YTD total (Jan-Nov 2021) – 3,489

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



# Cerebral Infarction; 2016-2020

Annual average (2016-2020) – **873**

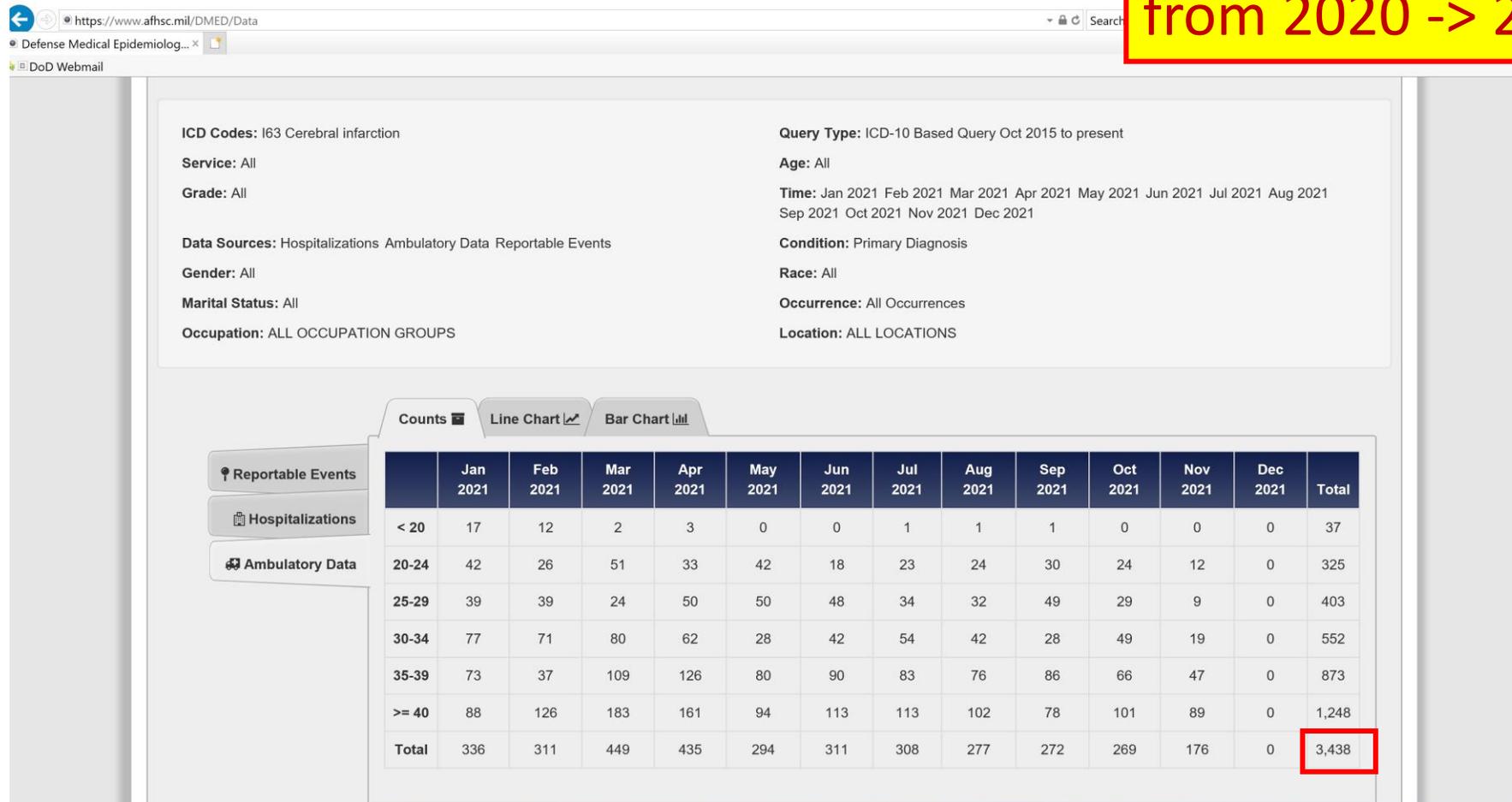


# Cerebral Infarction; Jan-Nov 2021

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

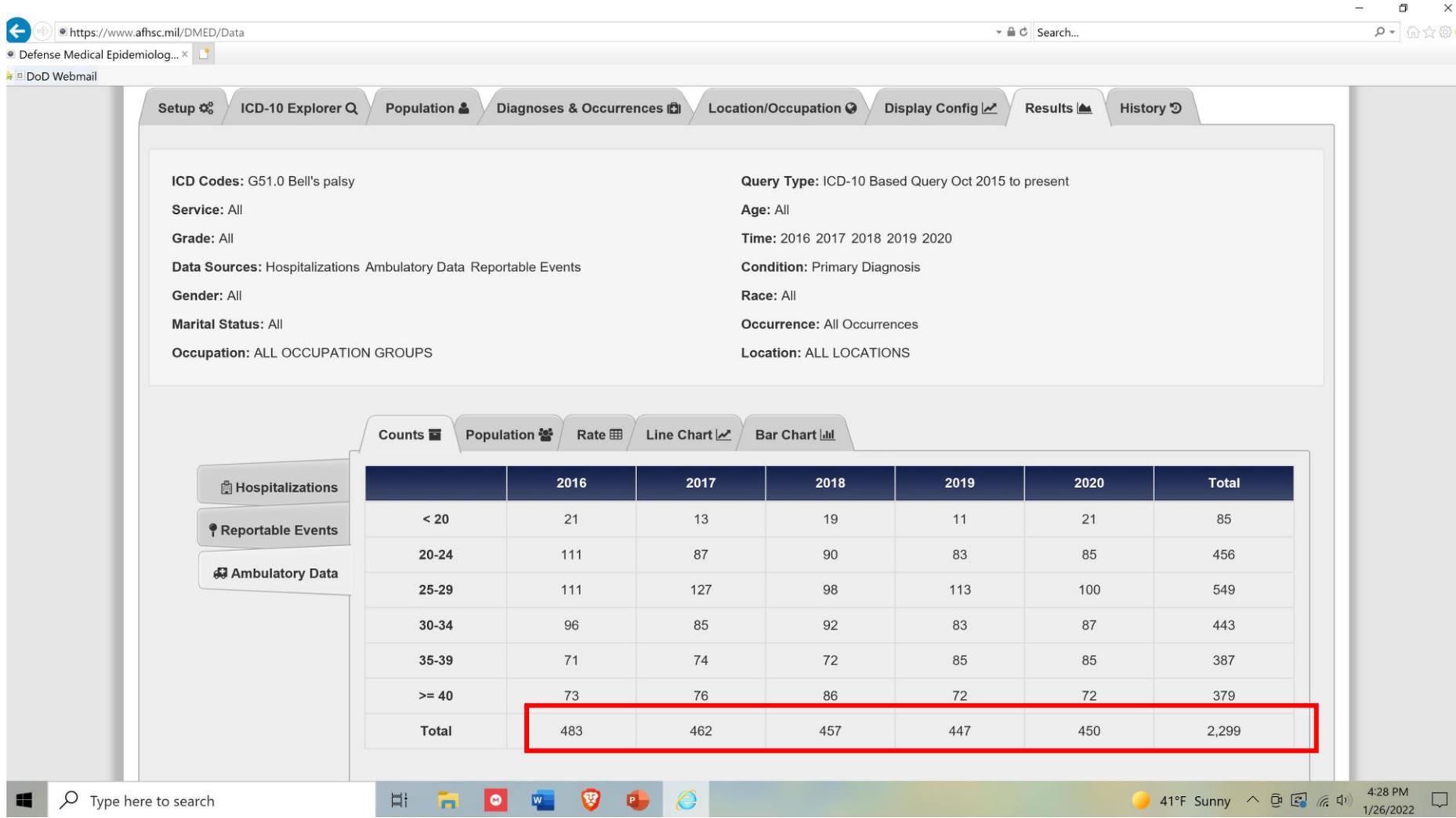
YTD total (Jan-Nov 2021) – **3,438**

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



# Bell's Palsy; 2016-2020

Annual average (2016-2020) – 460

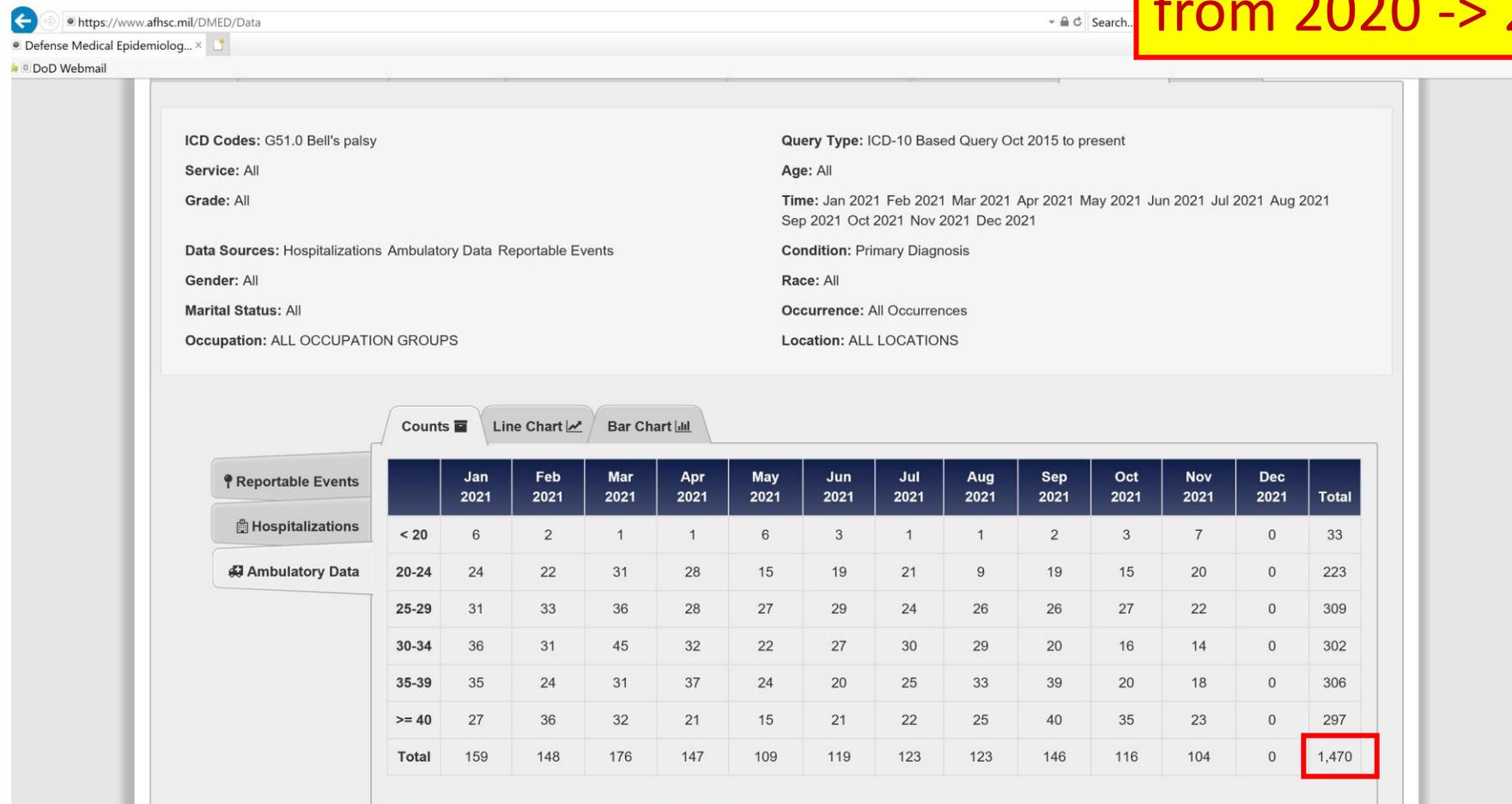


# Bell's Palsy; Jan-Nov 2021

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

The screenshot shows a web application interface for data analysis. The main content area displays search filters and a data table. The filters include ICD Codes, Service, Grade, Data Sources, Gender, Marital Status, Occupation, Query Type, Age, Time, Condition, Race, Occurrence, and Location. The data table shows counts for Hospitalizations, Reportable Events, and Ambulatory Data across age groups from 2016 to 2020, with a total row highlighted in red.

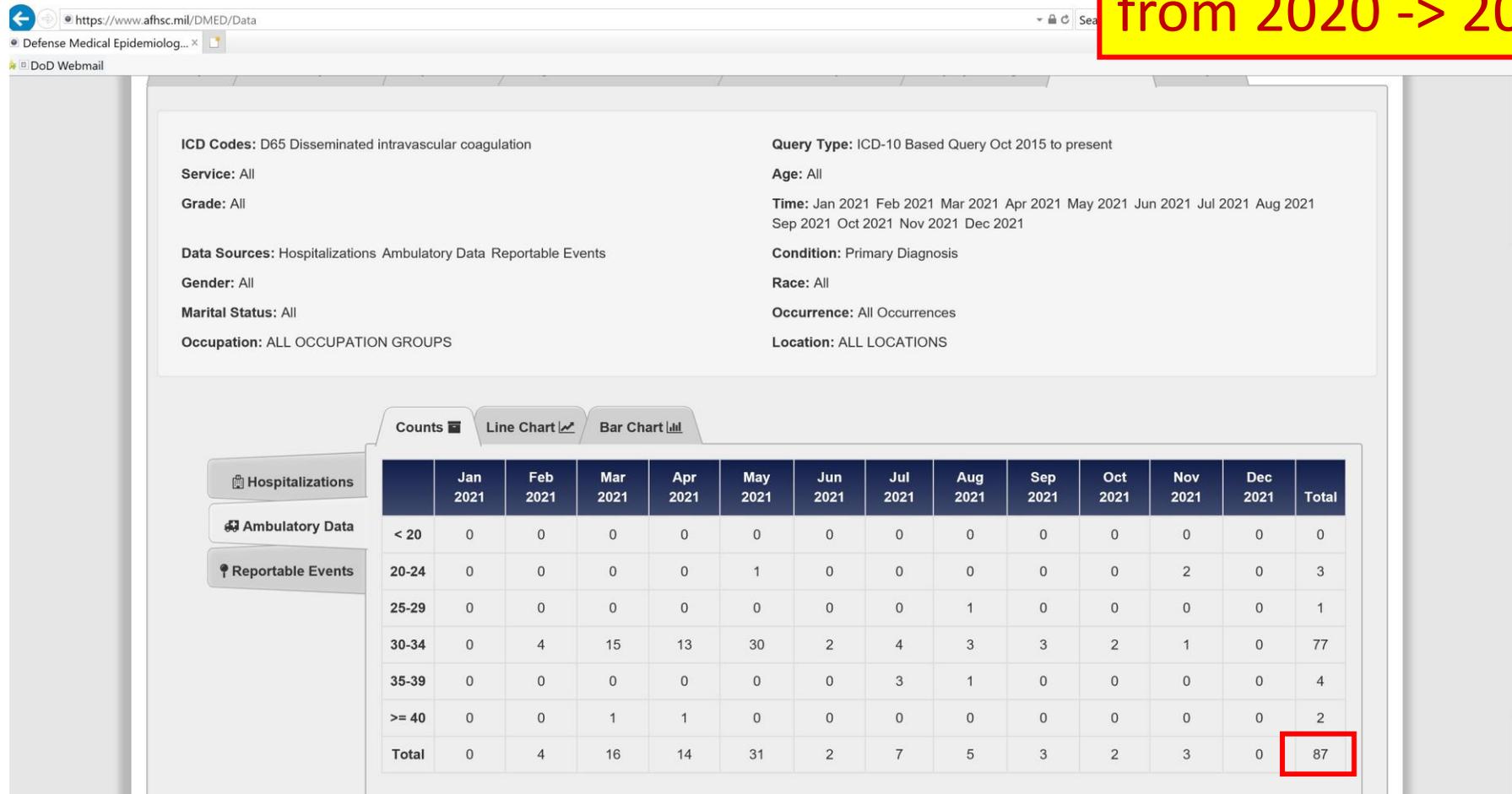
	2016	2017	2018	2019	2020	Total
< 20	0	0	1	0	0	1
20-24	0	1	0	3	1	5
25-29	0	0	0	2	2	4
30-34	0	1	8	0	2	11
35-39	1	3	1	3	5	13
>= 40	0	0	2	1	0	3
<b>Total</b>	<b>1</b>	<b>5</b>	<b>12</b>	<b>9</b>	<b>10</b>	<b>37</b>

# 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

**ICD Codes:**  
G60 - G65 Polyneuropathies and other disorders of the peripheral nervous system  
G61 Inflammatory polyneuropathy G61.0 Guillain-Barre syndrome  
G65 Sequelae of inflammatory and toxic polyneuropathies  
G65.0 Sequelae of Guillain-Barre syndrome

**Time:** 2016 2017 2018 2019 2020

**Condition:** Primary Diagnosis

**Race:** All

**Occurrence:** All Occurrences

**Location:** ALL LOCATIONS

**Query Type:** ICD-10 Based Query Oct 2015 to present

**Service:** All

**Age:** All

**Grade:** All

**Data Sources:** Hospitalizations Ambulatory Data Reportable Events

**Gender:** All

**Marital Status:** All

**Occupation:** ALL OCCUPATION GROUPS

**Counts** Population Rate Line Chart Bar Chart

Hospitalizations  
Reportable Events  
Ambulatory Data

	2016	2017	2018	2019	2020	Total
< 20	53	34	53	39	27	206
20-24	228	196	191	178	196	989
25-29	286	237	238	236	244	1,241
30-34	337	272	266	280	224	1,379
35-39	282	232	256	266	269	1,305
>= 40	466	460	415	432	380	2,153
<b>Total</b>	<b>1,652</b>	<b>1,431</b>	<b>1,419</b>	<b>1,431</b>	<b>1,340</b>	<b>7,273</b>

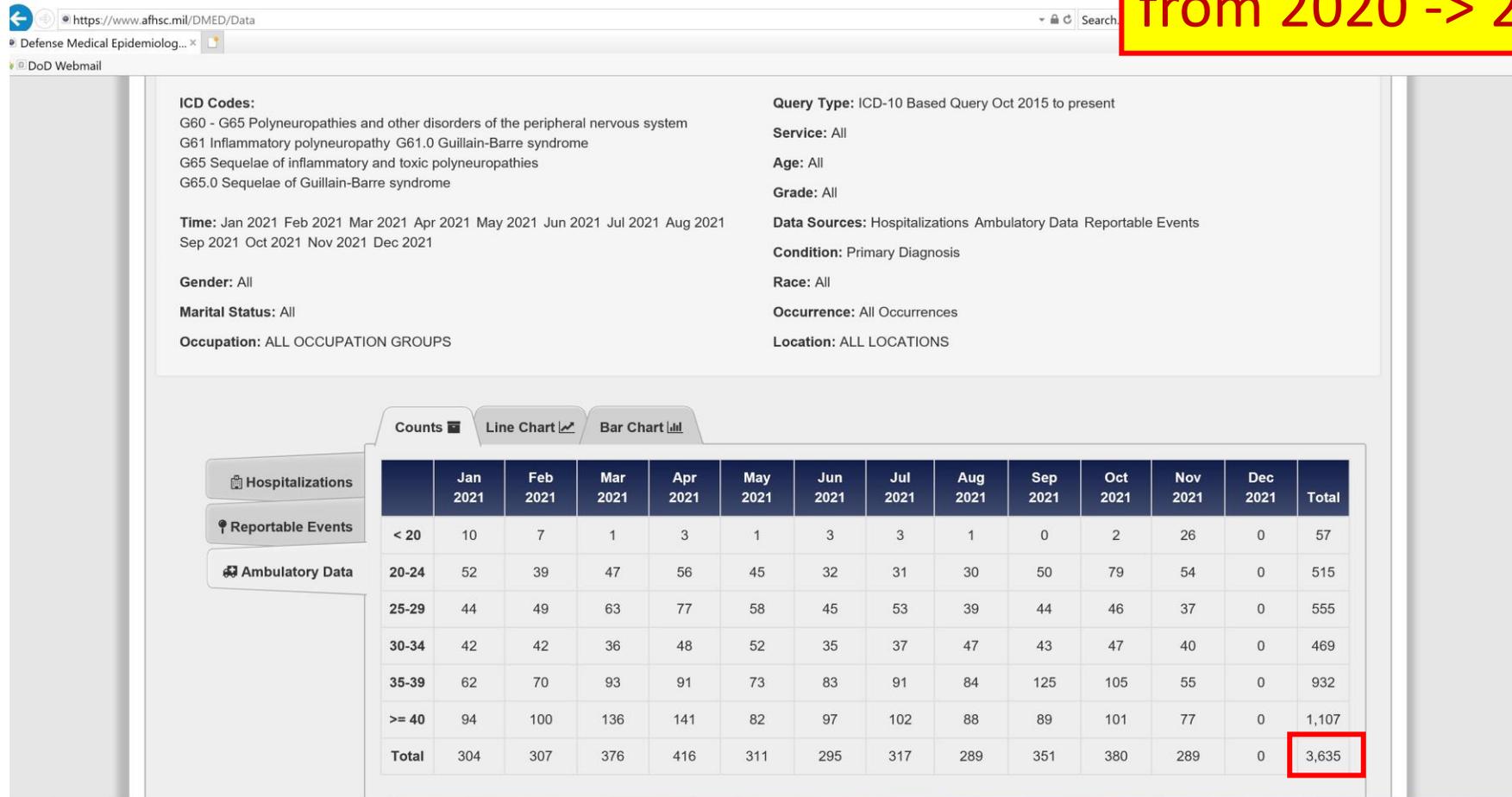
41°F Sunny 4:30 PM 1/26/2022

# Guillain-Barre Syndrome; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – 330

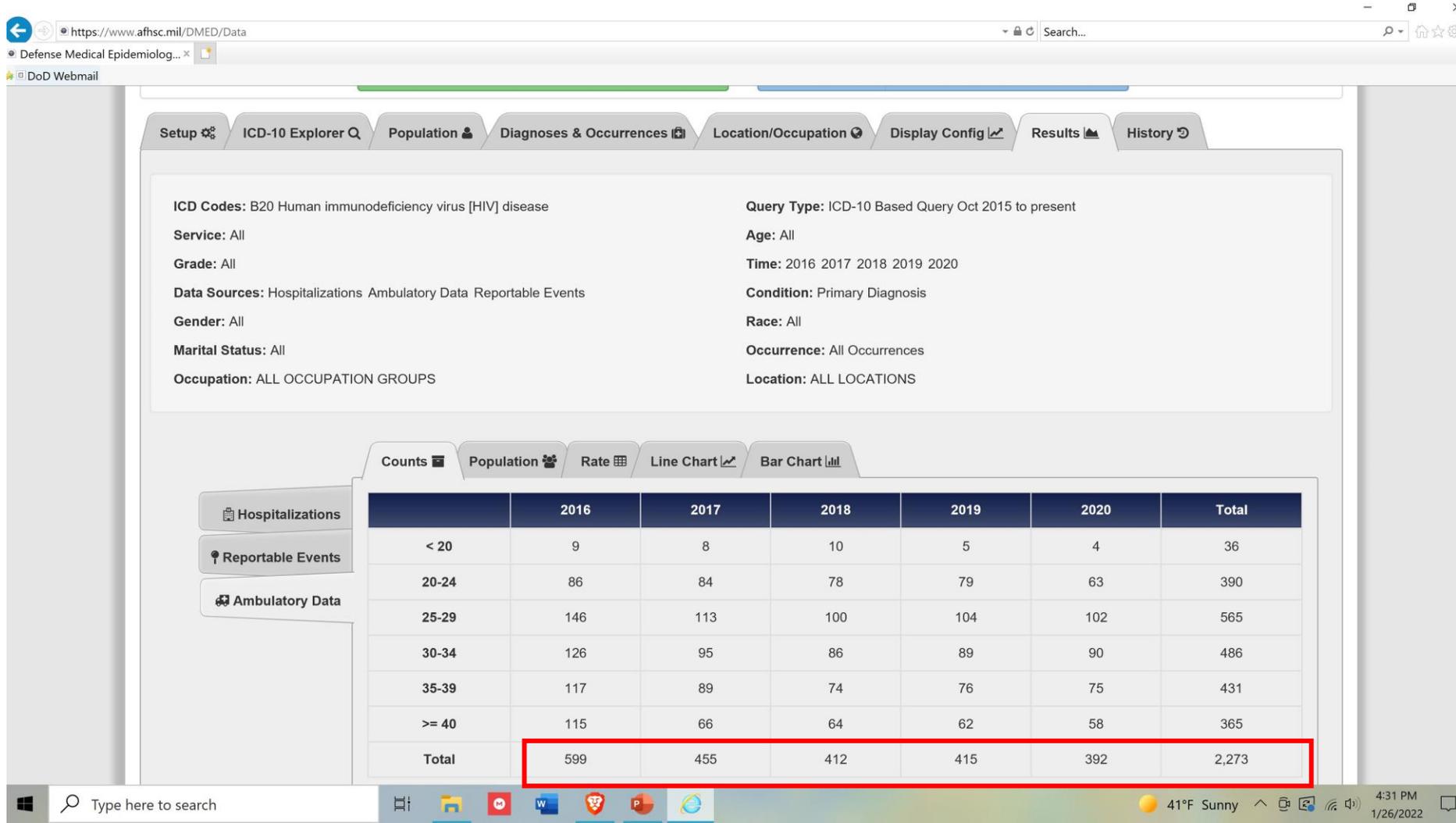
YTD total (Jan-Nov 2021) – 3,635

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



# HIV; 2016-2020

Annual average (2016-2020) – 454

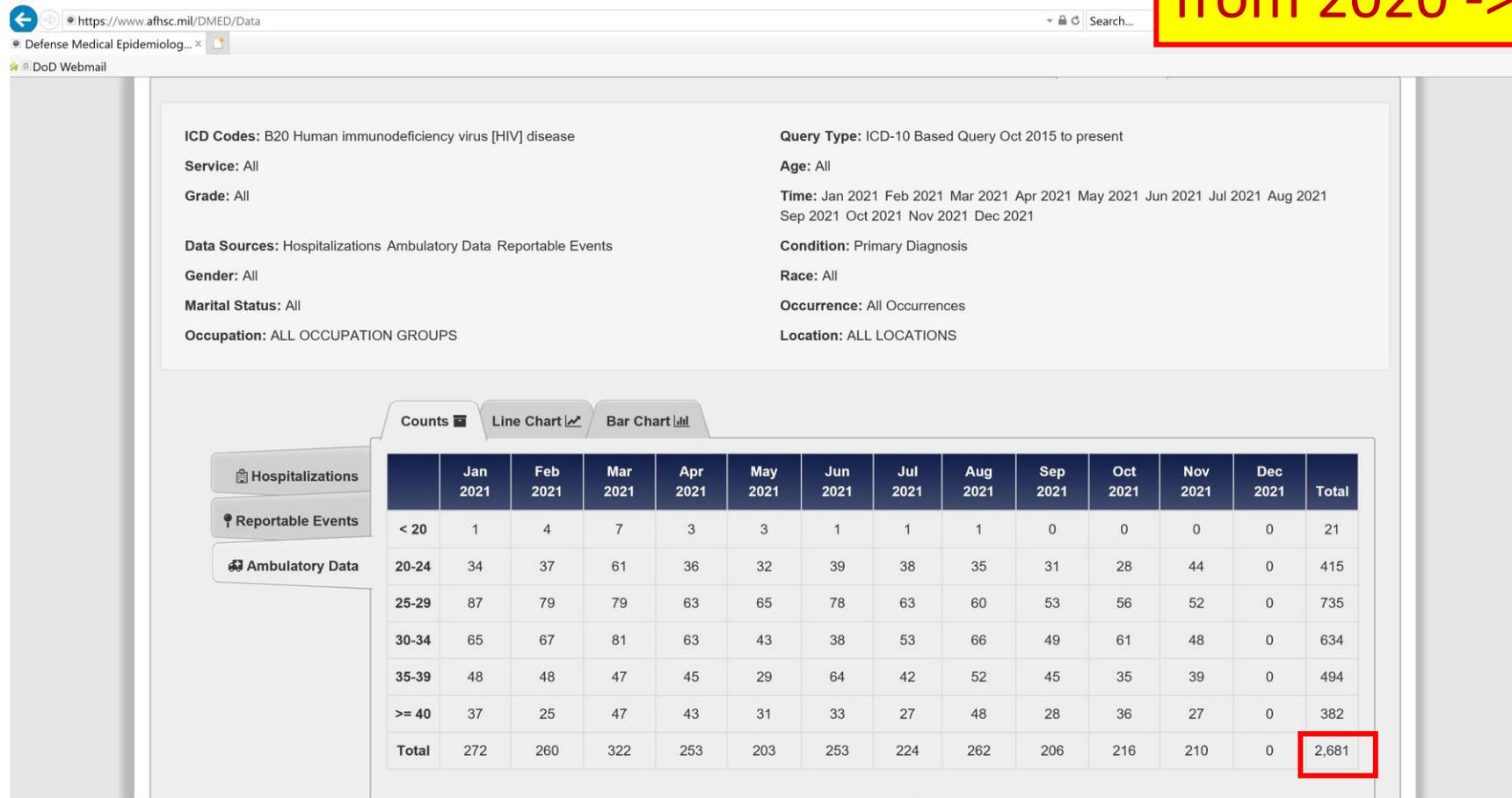


# HIV; Jan-Nov 2021

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

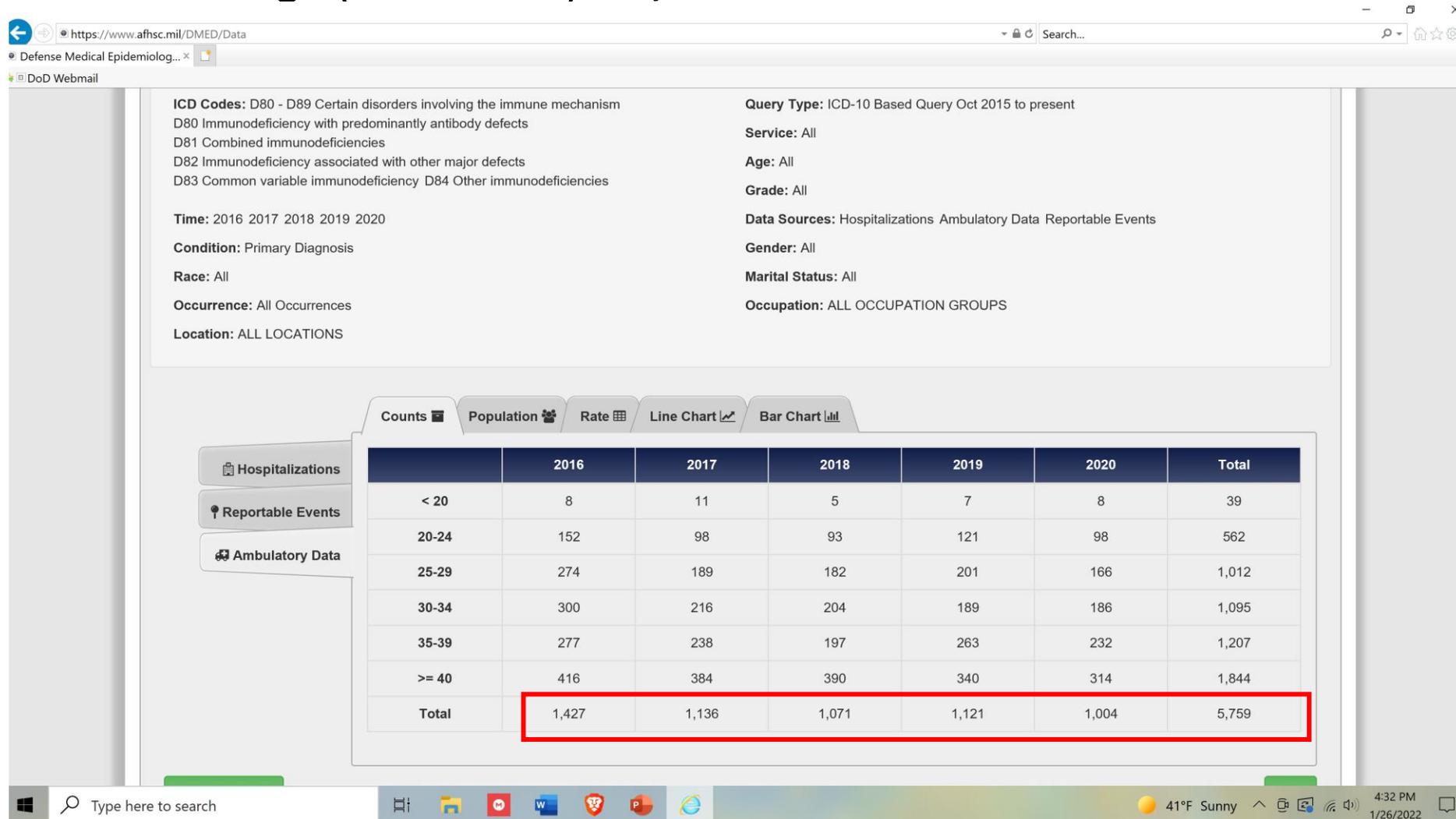
YTD total (Jan-Nov 2021) – **2,681**

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



# Immunodeficiencies; 2016-2020

Annual average (2016-2020) – 1,152

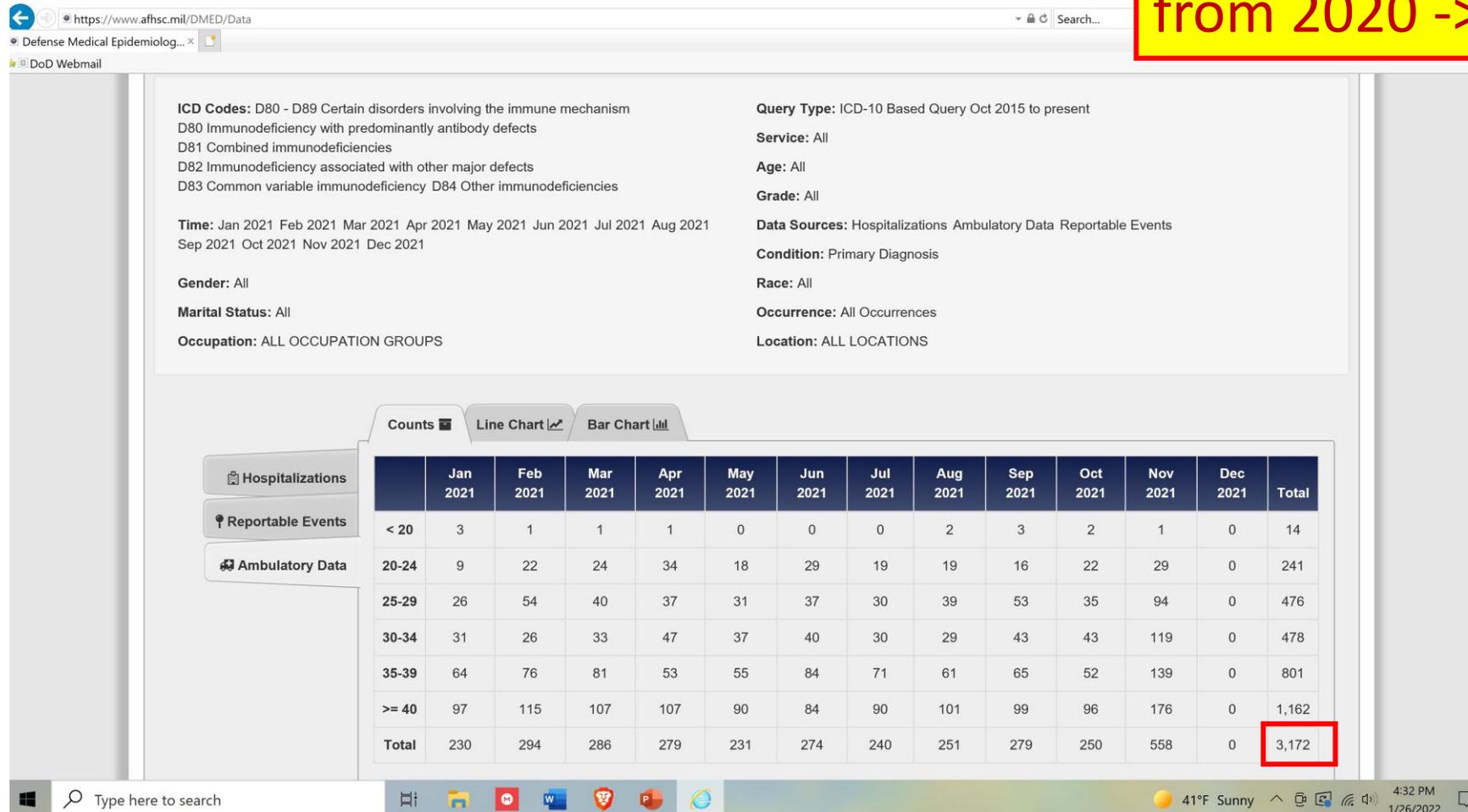


# Immunodeficiencies; Jan-Nov 2021

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

The screenshot shows a web application interface for data analysis. The main content area displays search filters and a data table. The filters include ICD Codes (D69.3 Immune thrombocytopenic purpura), Service (All), Grade (All), Data Sources (Hospitalizations, Ambulatory Data, Reportable Events), Gender (All), Marital Status (All), Occupation (ALL OCCUPATION GROUPS), Query Type (ICD-10 Based Query Oct 2015 to present), Age (All), Time (2016, 2017, 2018, 2019, 2020), Condition (Primary Diagnosis), Race (All), Occurrence (All Occurrences), and Location (ALL LOCATIONS).

The data table shows counts for different age groups from 2016 to 2020, with a total row highlighted in red. The total annual counts are 189, 186, 175, 164, and 161 for the years 2016 through 2020, respectively, with a grand total of 875.

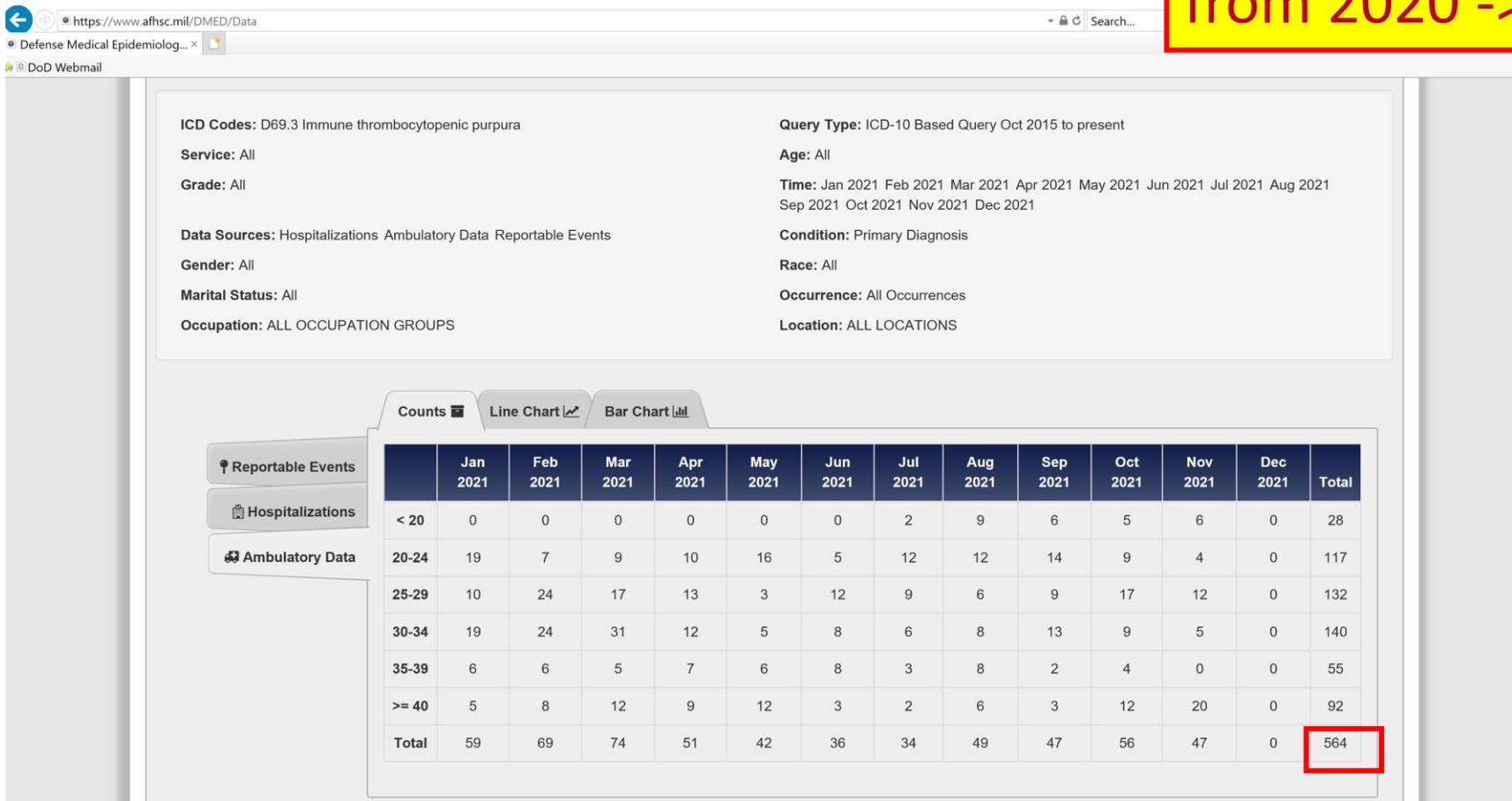
	2016	2017	2018	2019	2020	Total
< 20	6	13	15	6	6	46
20-24	36	47	40	37	37	197
25-29	46	41	47	45	41	220
30-34	42	38	30	30	29	169
35-39	19	21	23	30	28	121
>= 40	40	26	20	16	20	122
<b>Total</b>	<b>189</b>	<b>186</b>	<b>175</b>	<b>164</b>	<b>161</b>	<b>875</b>

# ITP; Jan-Nov 2021

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

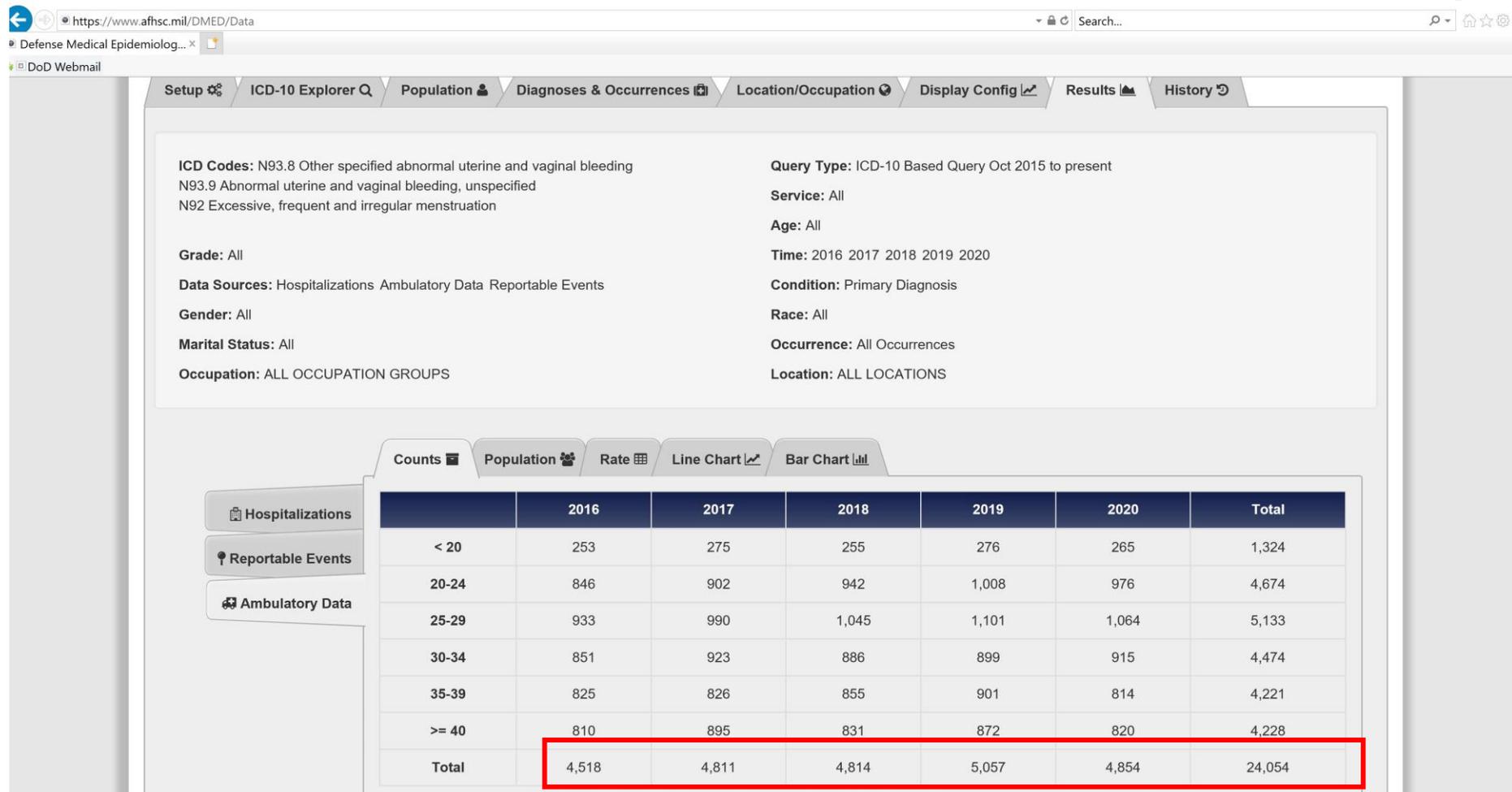
YTD total (Jan-Nov 2021) – **564**

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



# Menstrual Irregularity; 2016-2020

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

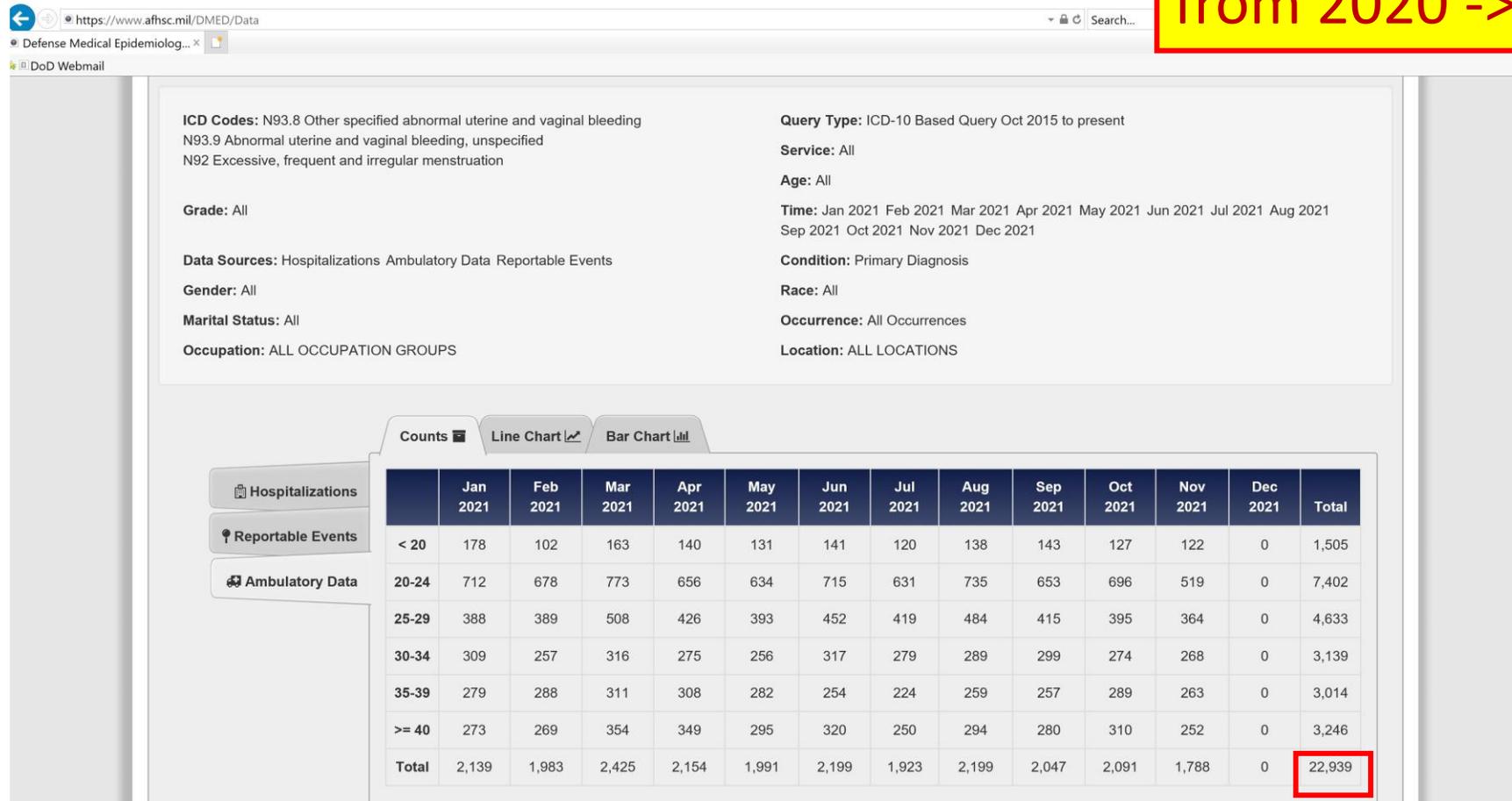


# Menstrual Irregularity; Jan-Nov 2021

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

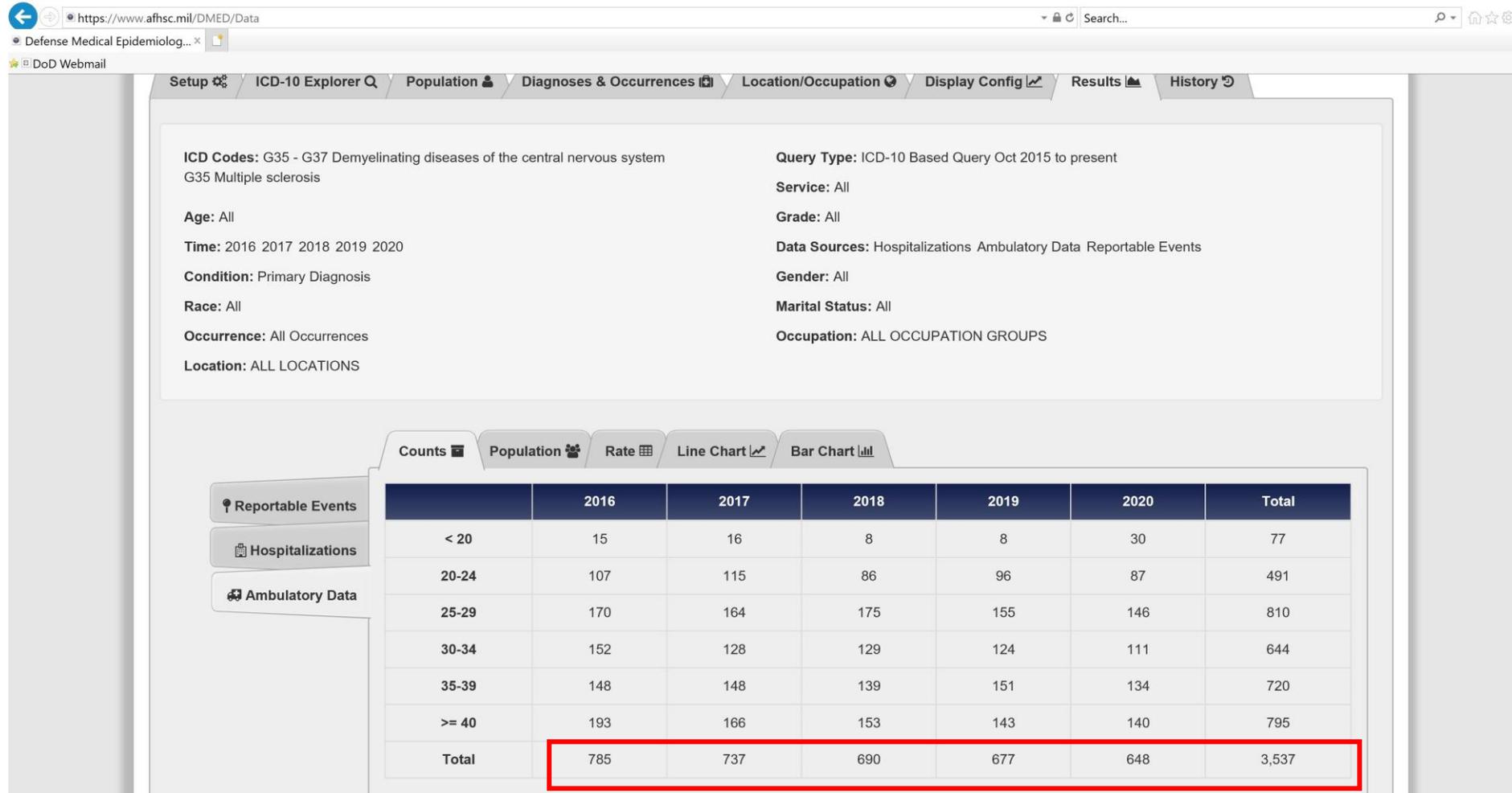
YTD total (Jan-Nov 2021) – **22,938**

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



# MS/Demyelinating Dz; 2016-2020

Annual average (2016-2020) – **707**

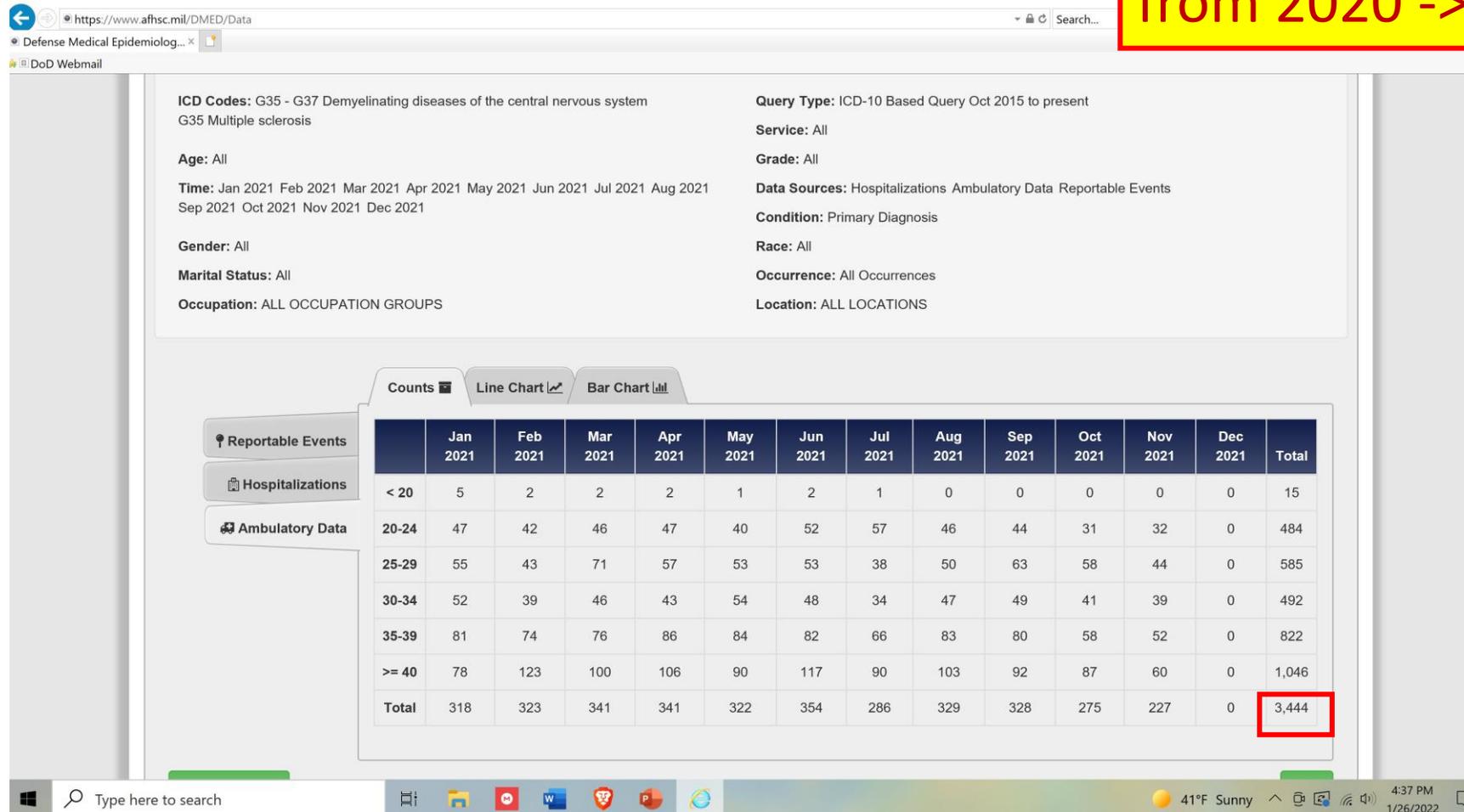


# MS/Demyelinating Dz; Jan-Nov 2021

MONTHLY average (Jan-Nov 2021) – 313

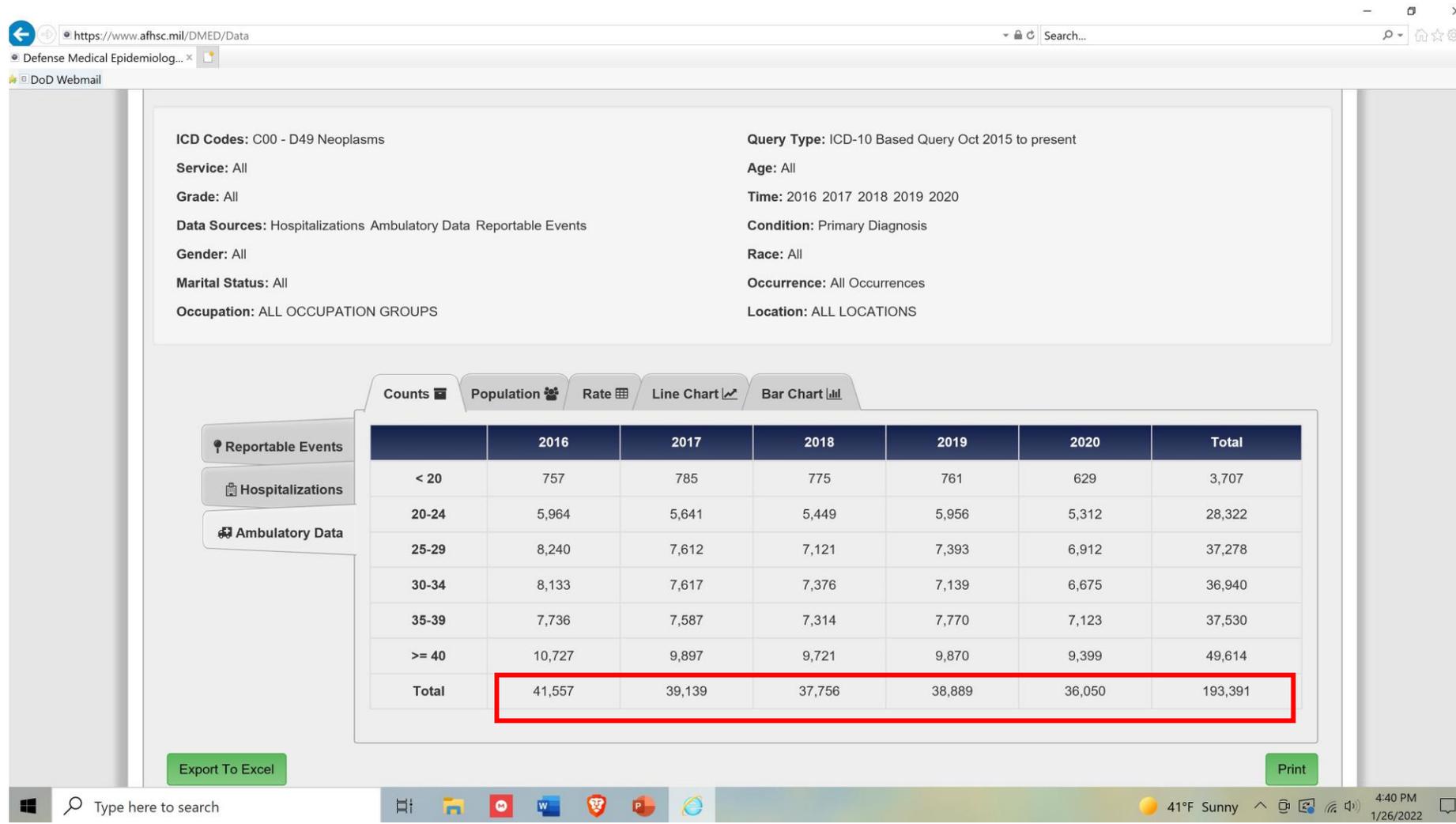
YTD total (Jan-Nov 2021) – 3,444

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



# Neoplasms; 2016-2020

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

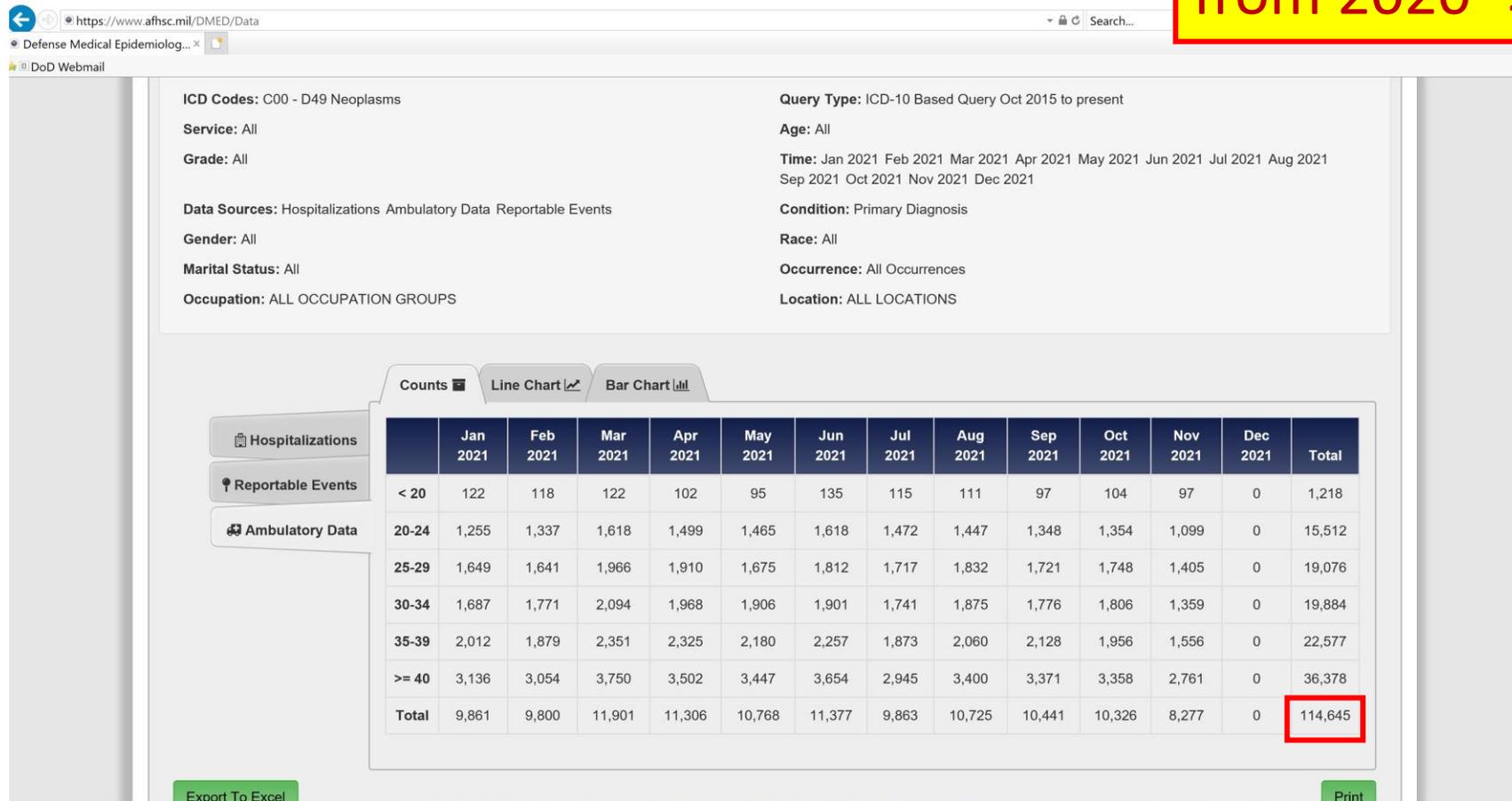


# Neoplasms; Jan-Nov 2021

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

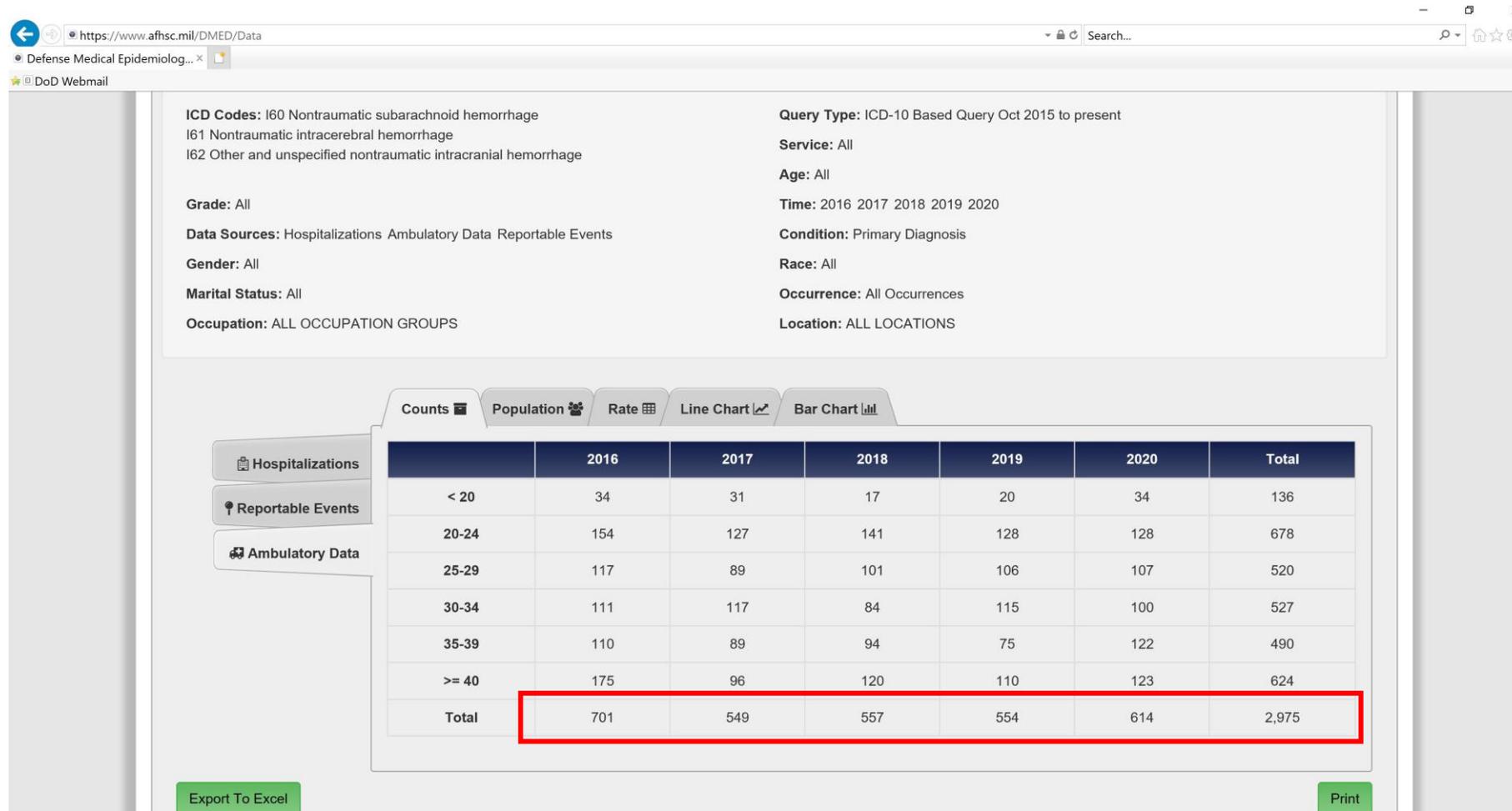
YTD total (Jan-Nov 2021) – **114,645**

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



# Nontraumatic SAH/ICH; 2016-2020

Annual average (2016-2020) – 595

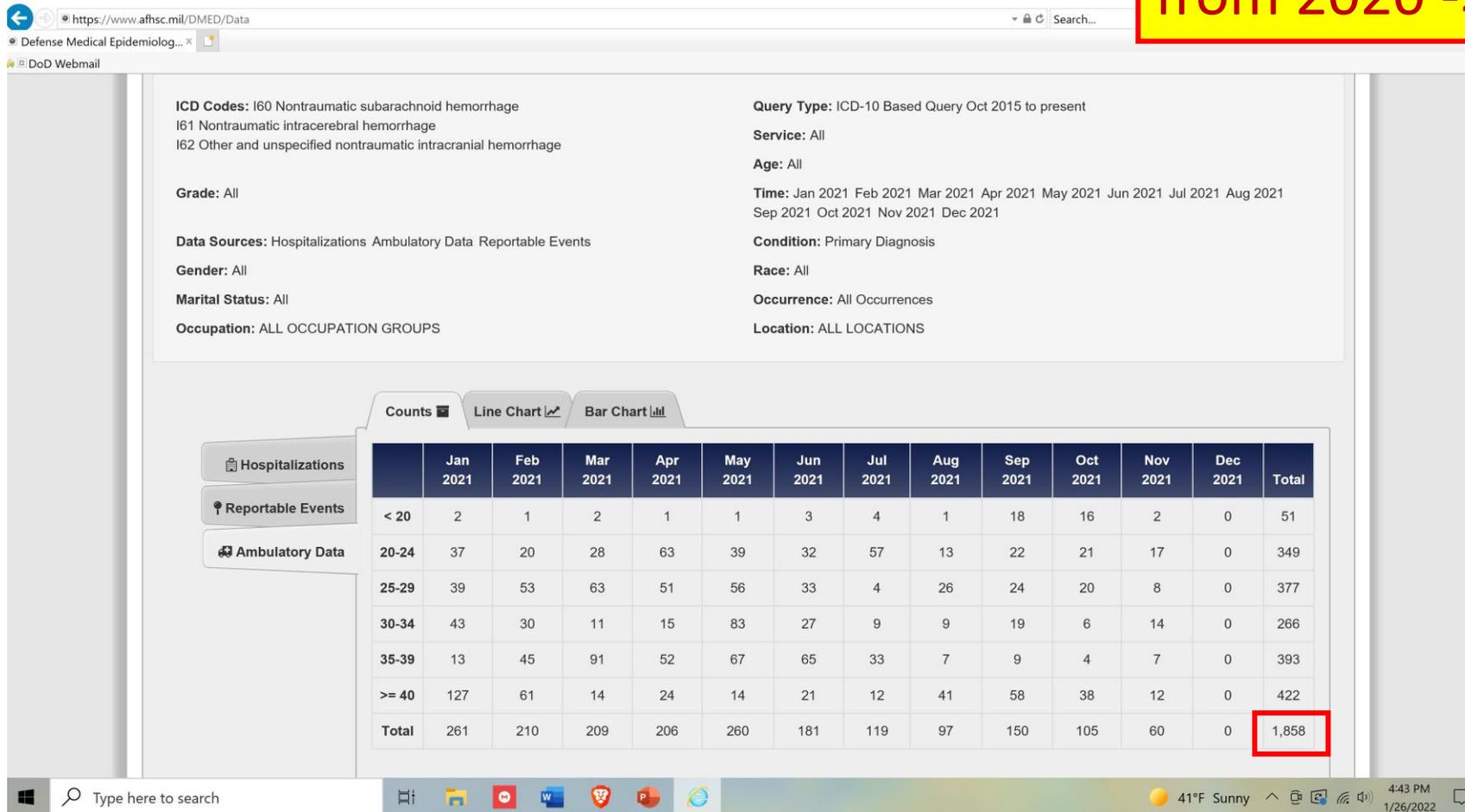


# Nontraumatic SAH/ICH; Jan-Nov 2021

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

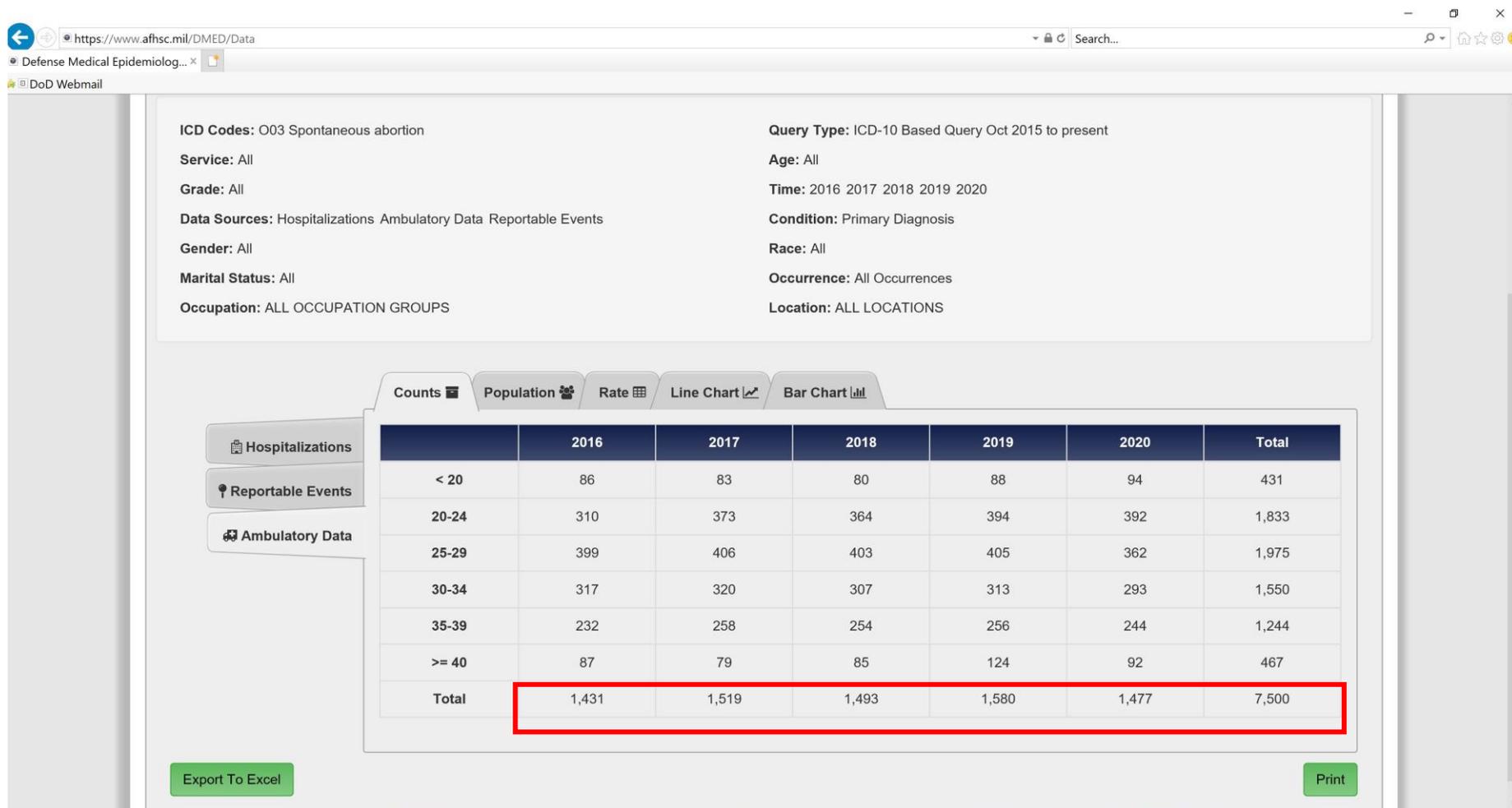
YTD total (Jan-Nov 2021) – **1,858**

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



# Spontaneous Abortion; 2016-2020

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

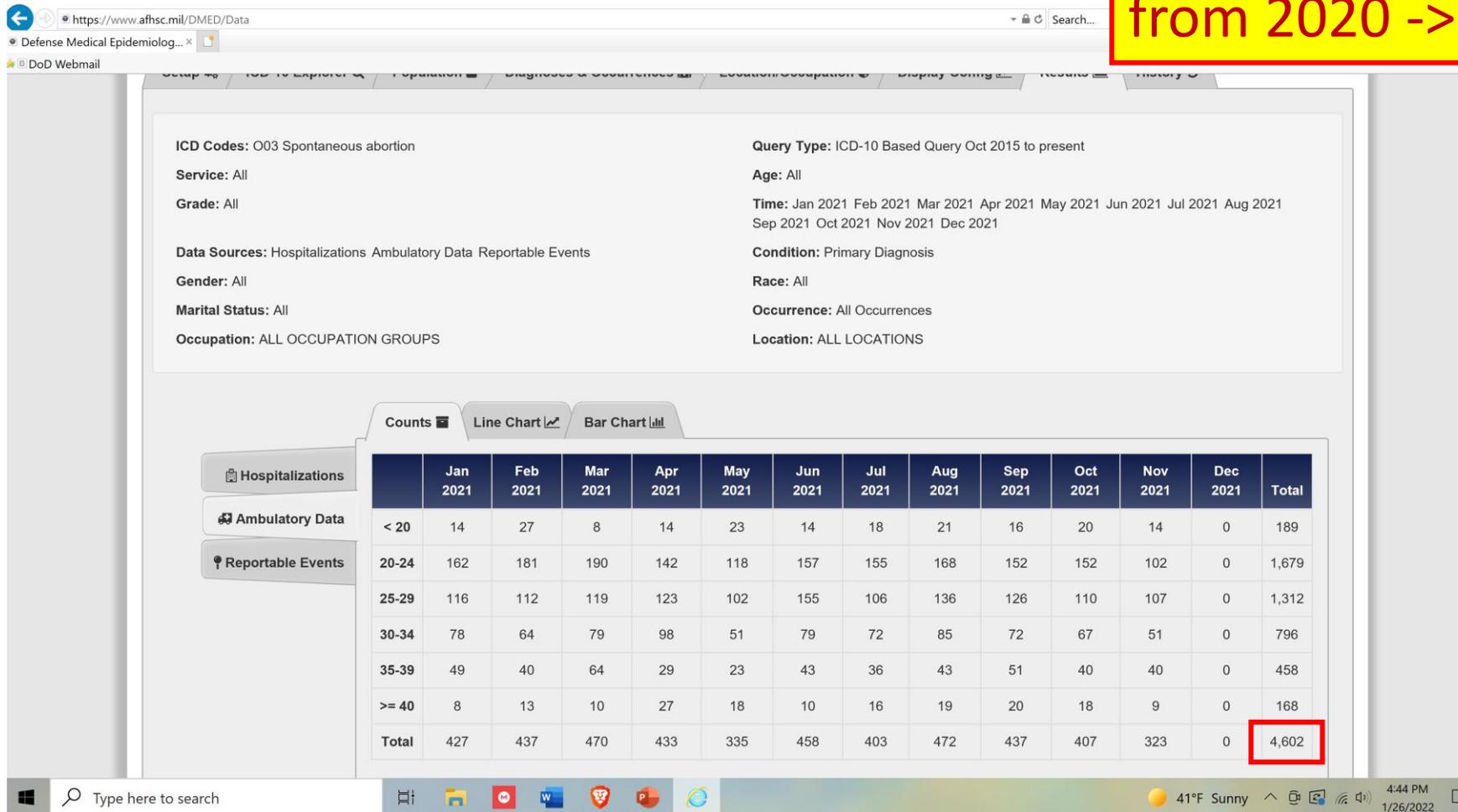


# Spontaneous Abortion; Jan-Nov 2021

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

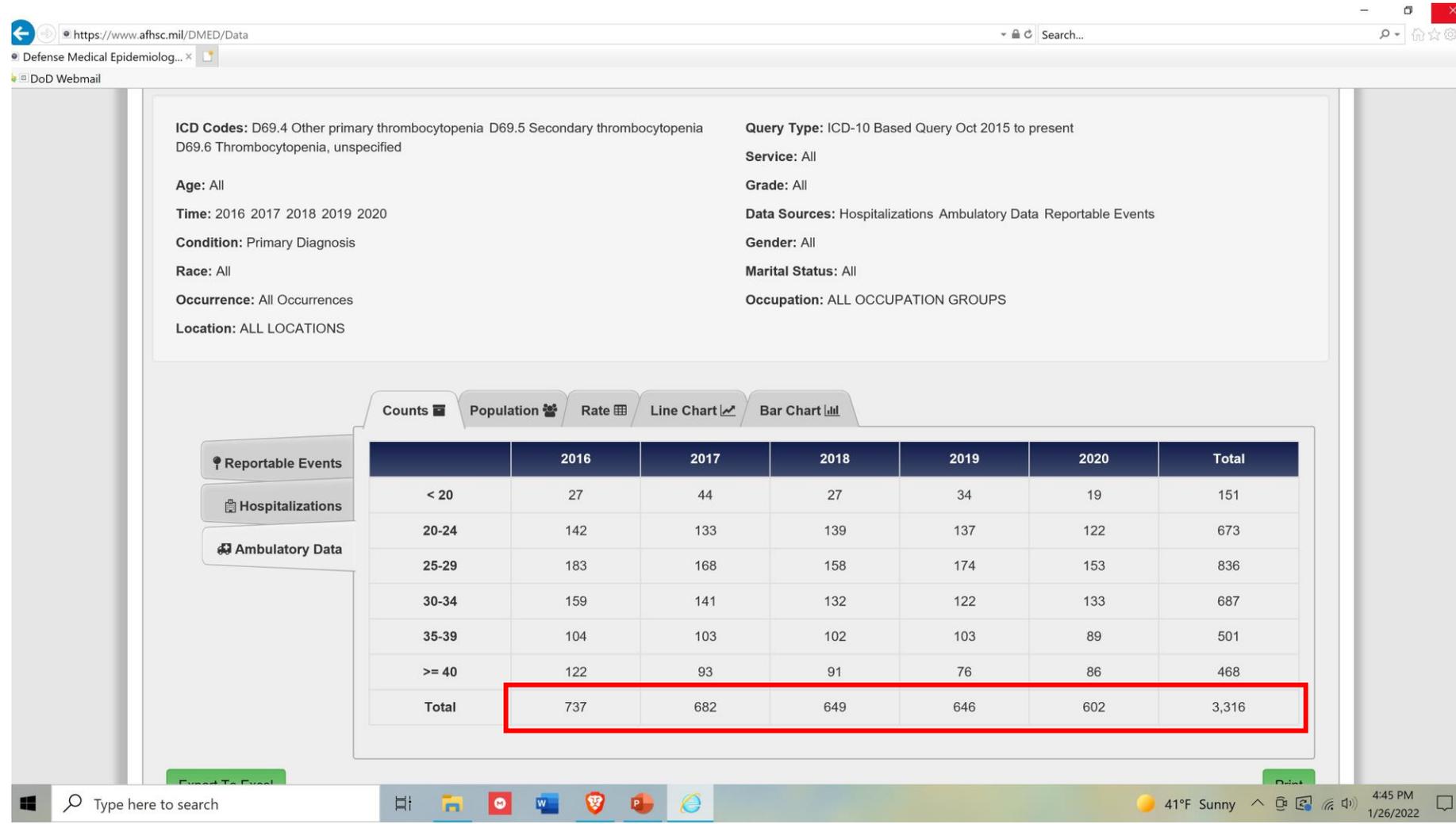
YTD total (Jan-Nov 2021) – **4,602**

**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**

