TECHNICAL INFORMATION PAPER

APHC
U.S. ARMY PUBLIC HEALTH CENTER

ARMY DEPLOYMENT INJURY SURVEILLANCE
1 January 2014 to 31 December 2017

TECHNICAL INFORMATION PAPER NO. 12-094-0119

PURPOSE. To describe the relative impact of injuries compared to diseases, as well as leading causes and rates of battle and non-battle injuries (NBI) from 2014 through 2017 for U.S. Army Operations Enduring Freedom (OEF), Freedom's Sentinel (OFS), and Inherent Resolve (OIR).

REFERENCES. See Appendix A for complete reference information.

POINTS OF MAJOR INTEREST AND FACTS.

Background.

As part of its mission, U.S. Army Public Health Center routinely monitors injuries that occur in major deployment settings.[1] Deployment injury surveillance identifies injury causes and trends to help direct prevention initiatives.

Prior deployment injury surveillance analyses[2-12] have consistently shown NBIs to be the leading medical category of air evacuations from the Iraq and Afghanistan area of operation from 2001 through 2013, accounting for over a third of out-of-theater air evacuations. Battle injuries (BI) have been identified as the second most frequent category for evacuations.

Past analyses have found that the three leading causes of NBIs were sports/physical training (PT), falls/jumps, and military vehicle-related accidents. Leading injury types have been fractures (acute trauma), pain and inflammation (i.e., cumulative microtrauma, overuse), and dislocations (acute trauma). The most common acute injuries have been fractures to the lower leg/ankle and wrist/hand and dislocations to the knee. Overuse injuries requiring evacuation have most frequently involved the back.

Current Analysis.

This brief information paper follows the Calendar Year (CY) 2013 closeout public health report[11] for the surveillance of in-theater hospitalizations, out-of-theater air evacuations, and fatalities for injuries occurring in relation to operations in the U.S. Central Command (CENTCOM) area of operation (Iraq and Afghanistan, as well as the surrounding area).

In Afghanistan and the surrounding region, OEF was ongoing in 2014 and officially ended on December 31, 2014.[13] On January 1, 2015, the succeeding mission, OFS commenced to support North Atlantic Treaty Organization's (NATO) Resolute Support Mission and to continue counterterrorism operations.[13] In Iraq, military operations had ended before CY 2014, but OIR began in the region (i.e., Iraq and Syria) on June 15, 2014 to eliminate the terrorist group ISIS and the threat they pose to the region and other nations.[14]

Air Evacuations - Causes

- During the 2014-2017 surveillance period 3,070 OEF/OFS/OIR Soldiers were air-evacuated out of CENTCOM.

- NBIs, the leading air-evacuation medical diagnosis category, accounted for 32 percent (n=984) of these OEF/OFS/OIR air evacuations (Figure 1). For NBI air evacuations, the 2001–2013 rate was twice that of 2014–2017. (See Appendix B for all distribution and rate comparisons, as well as statistical significance indication.)

- The proportion of NBI air evacuations (32%) was considerably greater than that of the leading disease group, behavioral health (21% [n=648]).

- The proportion of behavioral health air evacuations (21%) was significantly greater than that for years 2001–2013 (10%); however, the rate did not differ between the two time periods.

- BI was the third leading specific category of air evacuations (7% [n=213]). This was a significant decrease from the 2001–2013 proportion (17%). The 2001–2013 BI air-evacuation rate was 5 times that of 2014–2017.

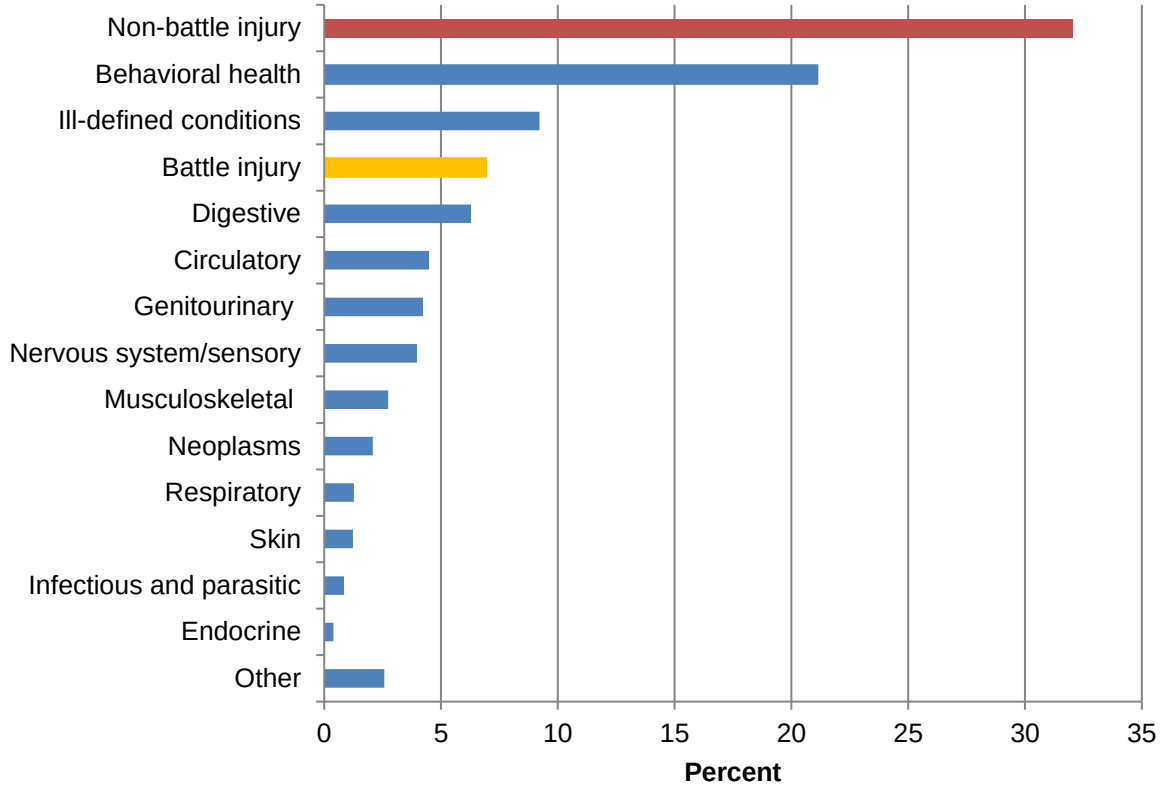

Figure 1. Distribution of Injury and Disease by Diagnosis Category among Air-Evacuated Deployed U.S. Army Soldiers, January 2014 to December 2017

Notes. Soldiers deployed to CENTCOM, OEF/OFS/OIR. Air evacuation patient movement data were obtained from U.S. Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System.

- The four leading causes of air-evacuated NBIs (Figure 2) were sports/PT (31%), falls/jumps (13%), crushing/blunt trauma (8%), and lift/push/pull (5%).
- The rate of sports/PT injury air evacuations did not differ between the two time periods.
- The leading causes of the sports/PT-related NBIs were weightlifting (27%), physical training (23%), basketball (22%), and American football (11%).
- Overall, the sports/PT injury air evacuation proportion increased significantly from 16% (2001-2013) of NBIs to 30% (2014–2017). Of the sports, the weightlifting

injury air evacuation proportion increased from 17% to 27%. However, the unspecified/unknown category decreased concurrently from 29% to 18%, so an increase in proportion for sports/physical training (PT) and weightlifting could potentially be an increase in reporting.

- The proportion of football injury air evacuations decreased significantly from 16% of sports-related NBIs (years 2001–2013) to 11% (2014–2017). The rate also decreased between time periods.

- The land transport accident air evacuation proportion decreased significantly from 7% of NBIs for years 2001–2013 to 5% for 2014–2017.

- The 2001–2013 air-evacuation rates for falls/jumps, crushing/blunt trauma, lift/push/pull, land transport, twist/slip/trip, and weapons-related NBIs were approximately twice those for 2014-2017.

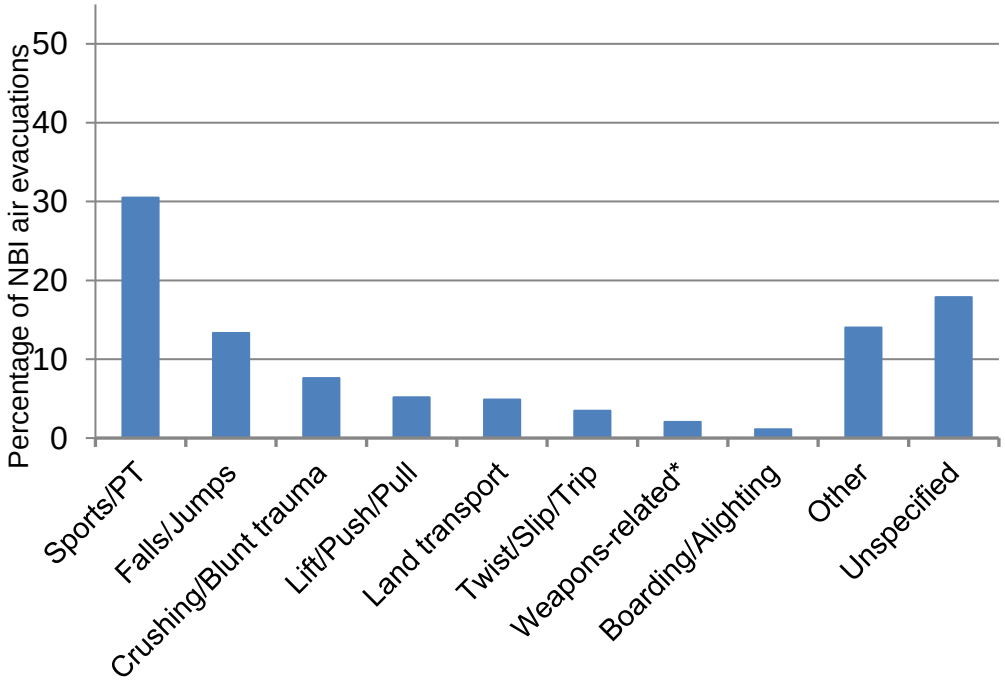

Figure 2. Air-Evacuated Non-Battle Injuries—Distribution of Leading Causes, Deployed U.S. Army Soldiers, January 2014 to December 2017

Notes. Soldiers deployed to CENTCOM, OEF/OFS/OIR. Air-evacuation patient-movement data were obtained from TRANSCOM Regulating and Command & Control Evacuation System.

* "Weapons-related" injuries were referred to as "own weapon" and "handling weapons/explosives" in previous reports.

- 61% (n=130) of air-evacuated BIs (Figure 3) were from explosive weapons (explosive device, rocket-propelled grenade (RPG), and artillery), and 35% (n=74) were due to small arms fire (i.e., gunshot/bullet).

- Air evacuated BIs from explosive devices decreased significantly from 59% of BI air evacuations (2001–2013) to 44% (2014–2017), while air evacuated BIs from small arms fire increased significantly from 17% to 35%.

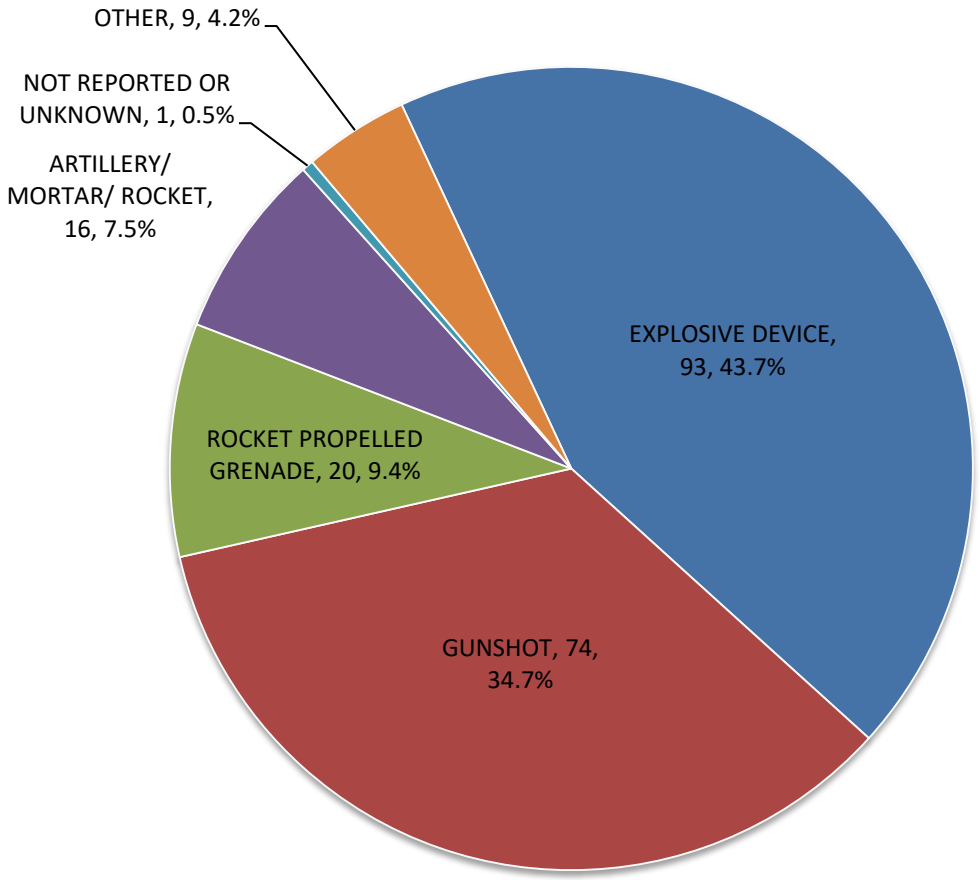

Figure 3. Air-Evacuated Battle Injuries—Distribution of Leading Causes*, Deployed U.S. Army Soldiers, January 2014 to December 2017

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR. Air evacuation patient movement data were obtained from TRANSCOM Regulating and Command & Control Evacuation System.

* Cause category names are followed by the number of deaths for that category and the percentage of the total number of battle injury air evacuations.

- The rate of explosive device injury air evacuations for 2001–2013 was 7 times the 2014–2017 rate.

- The rate of rocket propelled grenade injury air evacuations for 2001–2013 was 5 times the 2014–2017 rate.

- The rate of small arms fire injury air evacuations for 2001–2013 was 2-3 times the 2014–2017 rate.

In-theater Hospitalizations - Causes

- During the 3-year surveillance period, 501 OEF/OFS/OIR Soldiers required in-theater hospitalizations. (Data for 2017 were not available for hospitalizations.)

- NBIs were the leading diagnosis category for hospitalization (Figure 4), accounting for 50% (n=249) of OEF/OFS/OIR in-theater hospitalizations.

- BI was the second leading category of hospitalizations at 9% (n=45), a significant decrease from years 2001–2013 (24%).

- Conditions affecting the digestive system (8% [n=38]) was the third leading category of hospitalizations and the leading diagnosis category.

- The rate of BI in-theater hospitalizations for 2001–2013 was more than 20 times that of 2014–2016. Not as dramatic of a difference, the 2001–2013 NBI in-theater hospitalization rate was approximately 4 times that for 2014–2016.

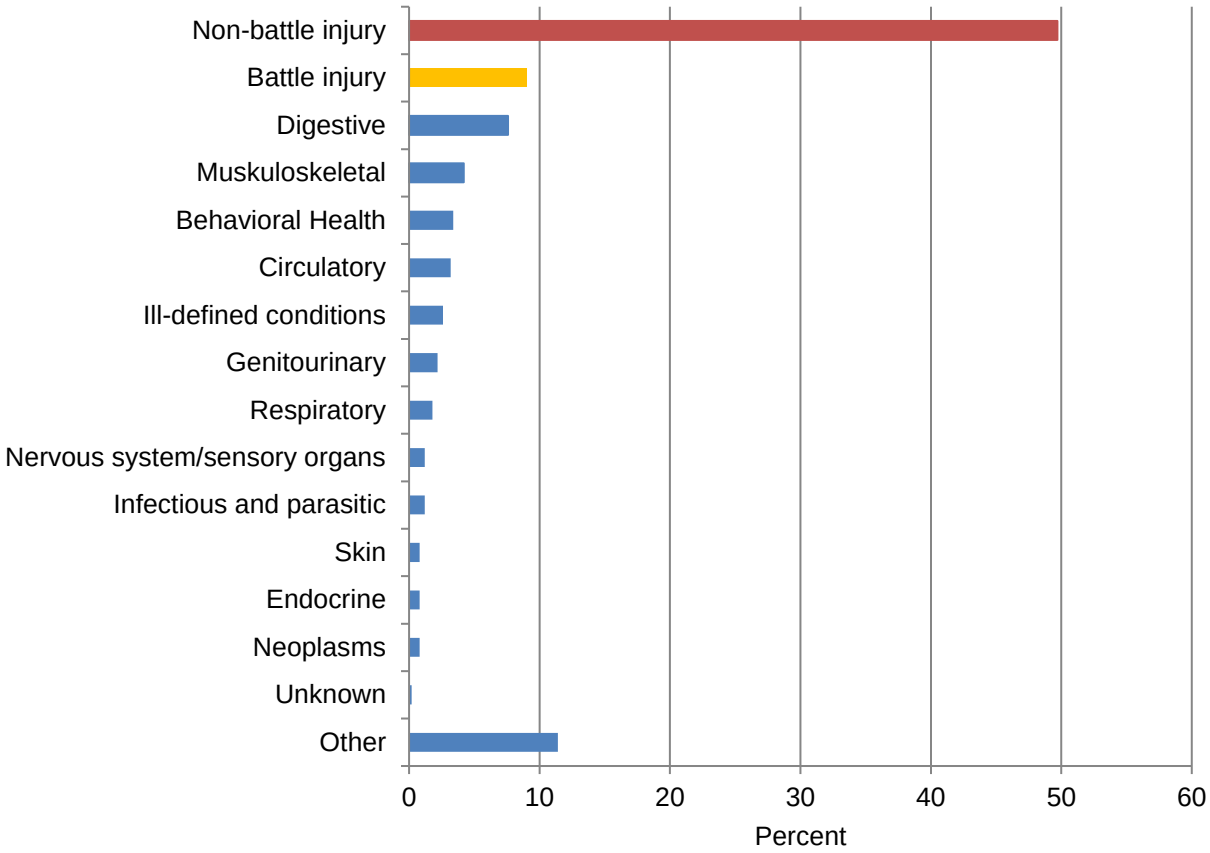

Figure 4. Distribution of Injury and Disease by Diagnosis Category among In-theater Hospitalized Deployed U.S. Army Soldiers, January 2014 to December 2016

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR. In-theater hospitalization data were obtained from Patient Administration Systems and Biostatistics Activity.

- The four leading causes of hospitalized NBIs (Figure 5) were weapons-related (24%), falls/jumps (8%), land transport accidents (6%), and sports/physical training (5%).

- Weapons-related NBI hospitalization proportion increased significantly from 4% (years 2001–2013) to 24% (2014–2016). However, the more recent 2014–2016 rate of weapons-related hospitalizations was only 1.7 times that of 2001–2013.

- The proportion of land-transport accident injury hospitalizations decreased significantly from 16% (years 2001–2013) to 6% (2014–2016). However, the unspecified/unknown category increased concurrently from 4% to 43%, so the observed decrease could potentially be an artifact of decreased reporting.

- The rate of BI in-theater hospitalizations decreased significantly from 78.5 per 10,000 person-years (2001–2013) to 2.9 per 10,000 person-years (2014–2016).

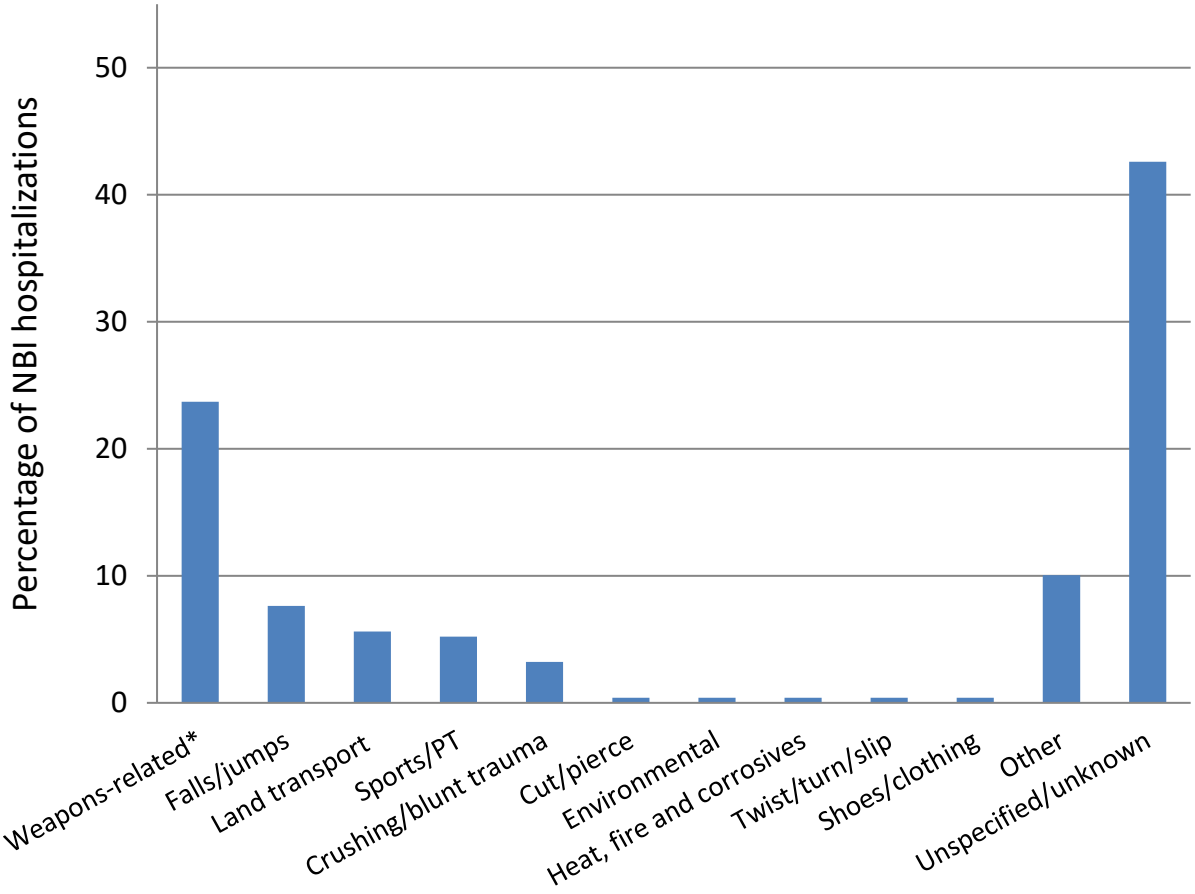

Figure 5. Hospitalized Non-Battle Injuries—Distribution of Leading Causes, Deployed U.S. Army Soldiers, January 2014 to December 2016

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR. Hospitalization data were obtained from Patient Administration Systems and Biostatistics Activity.

* "Weapons-related" injuries were referred to as "own weapon" and "handling weapons/explosives" in previous reports.

Deaths - Causes

- BIs accounted for 48% (n=60) of the OEF/OFS/OIR fatalities. A similar proportion were the result of NBIs, 46% (n=58). This was a significant decrease from 80% (years 2001–2013) for BI and a significant increase from 20% for NBI.

- Disease accounted for 6% (n=8) of the OEF/OFS/OIR fatalities.

- 60% (n=36) of the battle fatalities (Figure 6) were from small arms fire (i.e., gunshot/bullet), and 35% (n=21) were due to explosive weapons (explosive device and RPG).

- The 2014–2017 battle injury fatality proportion for explosive device significantly decreased from the 2001–2013 proportion, 50% to 30%. Small arms fire fatality proportions significantly increased from 21% to 60%.

- The rates for each (explosive device and small arms fire), for years 2014–2017, decreased significantly from the rates for 2001–2013.

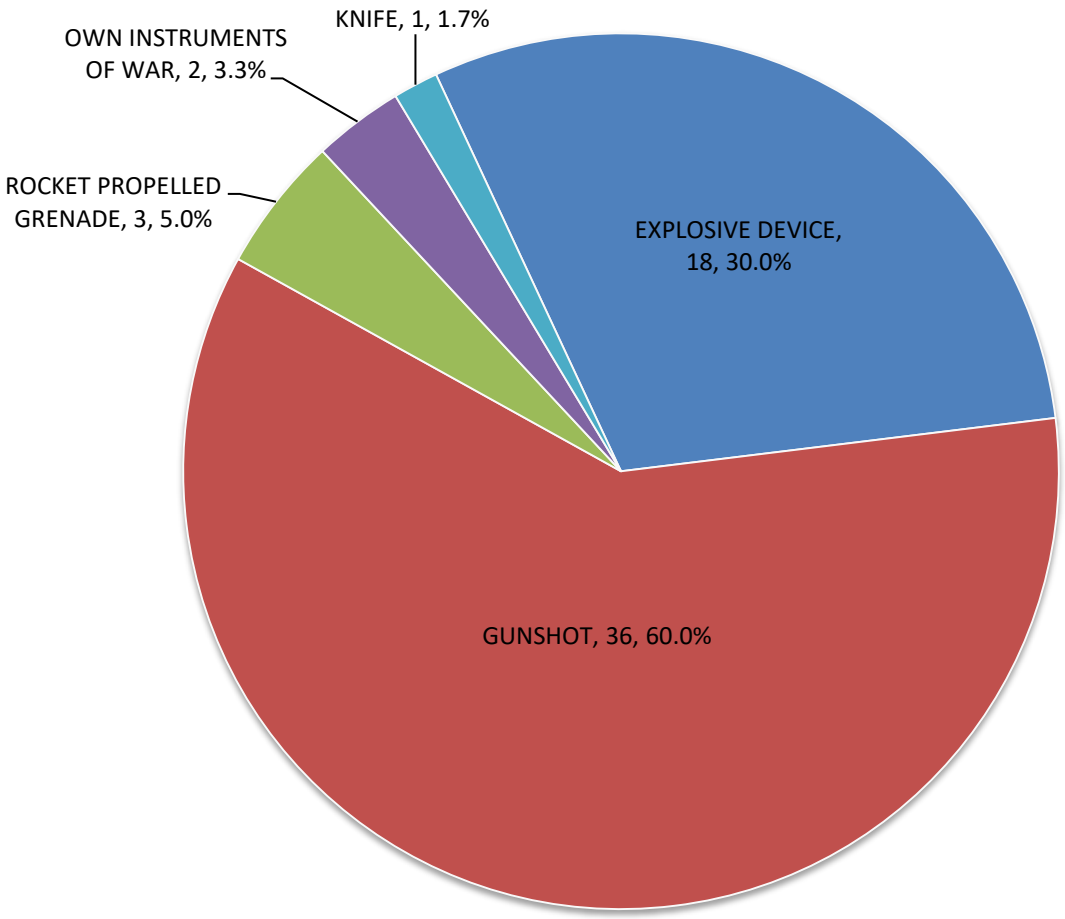

Figure 6. Fatal Battle Injuries—Distribution of Leading Causes*, Deployed U.S. Army Soldiers, January 2014 to December 2017

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR. Fatality data were obtained from the Defense Casualty Information Processing System and the Army Safety Management Information System.

* Cause category names are followed by the number of deaths for that category and the percentage of the total number of deaths.

- The leading causes of NBI deaths (Figure 7) were weapons-related (50%), land transport accidents (17%), and air accidents (16%).

- The proportion of weapons-related fatalities significantly increased from 35% to 50% for years 2001–2013 to 2014–2017.

- The proportion of fatalities due to land transport significantly decreased from 32% to 17% for years 2001–2013 to 2014–2017.

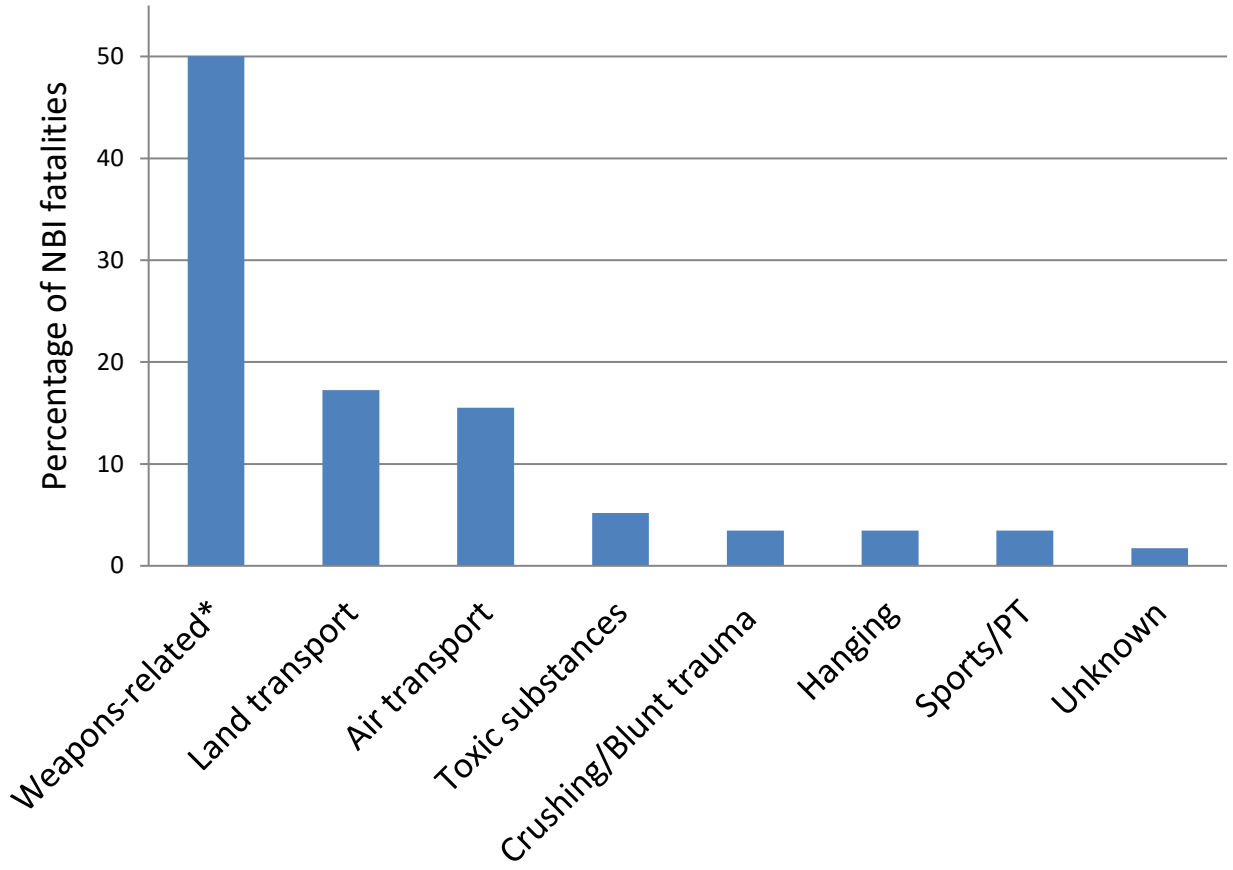

Figure 7. Fatal Non-Battle Injuries—Distribution of Leading Causes, Deployed U.S. Army Soldiers, January 2014 to December 2017

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR. Fatality data were obtained from the Defense Casualty Information Processing System and the Army Safety Management Information System.

* "Weapons-related" injuries were referred to as "own weapon" and "handling weapons/explosives" in previous reports.

Annual Injury Rates and Injury Intent

- From 2014 to 2017, the annual rates for air evacuated NBIs changed from 11 per 1,000 person-years to 5 per 1,000 person-years (Figure 8).

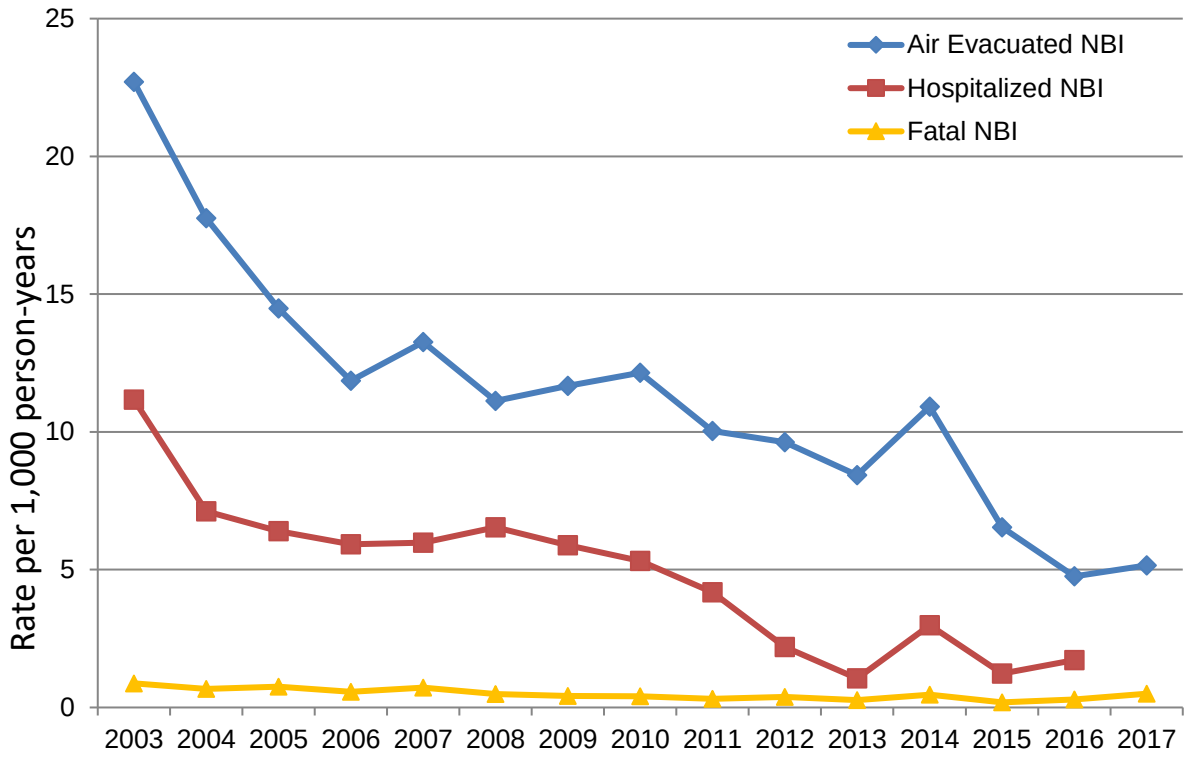

Figure 8. Annual Rates* of Air-Evacuated, Hospitalized, and Fatal Non-Battle Injuries, Deployed U.S. Army Soldiers, CYs 2003–2017

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR.

* Denominators for the rates were obtained from the Defense Manpower Data Center, Office of the Secretary of Defense.

- From 2014 to 2016, the annual rates for hospitalized NBIs remained relatively constant at 1 to 3 per 1,000 person-years. Hospitalization data for 2017 were not available.

- For both air evacuated and hospitalized NBIs, the vast majority (98 percent) were for unintentional injuries. Of the fatal NBIs, 26 percent resulted from intentionally self-inflicted injuries (Table 1).

Table 1. Injury Intent for Non-Battle Injury, Deployed U.S. Army Soldiers, January 2014 to December 2017

	Air Evacuations		Hospitalizations†		Deaths	
Injury Intention*	n	%	n	%	n	%
Intentional	9	0.9	5	2.0	19	32.8
Inflicted by another	3	0.3	2	0.8	4	6.9
Self-inflicted	6	0.6	3	1.2	15	25.9
Unintentional	975	99.1	244	98.0	39	67.2
TOTAL	**984**	**100**	**249**	**100**	**58**	**100**

Notes: Soldiers deployed to CENTCOM, OEF/OFS/OIR.

* Intention of injury was determined by the NATO Standardization Agreement 2050 trauma code.
† Frequencies for Hospitalizations could not be verified because there were no narrative fields in the dataset. The distribution of these numbers may not be reliable.

CONCLUSIONS.

Non-battle injuries continue to be the primary medical burden to the Army in the CENTCOM combat environment. For the 2014-2017 surveillance period, they parallel BIs as a leading cause of death during deployment. The vast majority of NBIs (98 percent) are unintentional injuries. These injuries are most frequently caused by sports/physical training and falls/jumps. Given the adverse impact on unit mission capabilities and the burden on the medical system, increased prevention of NBI would substantially enhance military readiness during combat.

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Dated: January 2019

APPENDIX A

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APPENDIX B

RATE AND DISTRIBUTION COMPARISONS

	Rate per 10,000 person-years		Percent of Distribution	
	Years 2001-2013	Years 2014-2017†	Years 2001-2013	Years 2014-2017†
Air evacuation category				
Non-battle injury	131.4	63.3*	33.0	32.1
Battle injury	69.3	13.7*	17.4	6.9*
Behavioral health	41.6	41.7	10.5	21.1*
Ill-defined conditions	34.1	18.2*	8.6	9.2
Digestive	23.1	12.4*	5.8	6.3
Genitourinary	18.9	8.4*	4.8	4.2
Nervous system/sensory	13.9	7.8*	3.5	4.0
Circulatory	12.5	8.9*	3.1	4.5*
Musculoskeletal	9.4	5.4*	2.4	2.7
Respiratory	6.5	2.5*	1.6	1.3
Endocrine	6.2	-	1.5	0.4*
Neoplasms	5.3	4.1	1.3	2.1*
Skin	5.2	2.4*	1.3	1.2
Infectious and parasitic	5.1	1.7*	1.3	0.8*
Other diagnoses	8.0	5.1*	3.6	2.5
Unknown	0.6	-	0.2	0.6*
Total	397.7	197.4*		
Air evacuation non-battle				
Sports/physical training	21.5	19.3	16.3	30.5*
Falls/jumps	15.7	8.4*	12.0	13.3
Land transport accidents	9.5	3.1*	7.2	4.9*
Crushing/blunt trauma	8.8	4.8*	6.7	7.6
Lift/push/pull	6.4	3.3*	4.9	5.2
Twist/slip/trip	6.3	2.2*	4.8	3.5*
Weapons-related	2.7	1.3*	2.0	2.0
Shoes, clothing, PPE	2.7	-	2.1	0.5*
Boarding/alighting	2.3	-	1.8	1.1
Cutting and piercing	2.2	-	1.7	0.8*
Environmental factors	1.7	-	1.3	0.7
Heat, fire and corrosives	1.2	-	0.9	0.5
Other specified agent	11.6	8.9*	8.8	11.5
Unspecified or unknown	38.7	11.3*	29.5	17.9*
Air evacuation sports/PT				
Basketball	5.1	4.2	23.9	21.7
PT	4.1	4.4	19.0	22.7
Weightlifting	3.7	5.1*	17.2	26.7*

	Rate per 10,000 person-years		Percent of Distribution	
	Years 2001-2013	Years 2014-2017†	Years 2001-2013	Years 2014-2017†
Football	3.4	2.1*	16.0	10.7*
Wrestling\unarmed combat	1.4	-	6.7	5.7
Volleyball	0.8	-	3.6	2.7
Softball	0.6	-	2.9	1.3
Soccer	0.6	-	2.8	4.0
Boxing	0.3	-	1.3	0.3
Baseball	0.1	-	0.6	0.0
Frisbee	0.1	-	0.6	0.3
Track and field events	-	-	0.4	0.0
Swimming and diving	-	-	0.4	0.7
Rock climbing	-	-	0.2	0.0
Hockey	-	-	0.1	0.0
Boating	-	-	<0.1	0.0
Handball	-	-	<0.1	0.0
Rugger	-	-	<0.1	0.0
Other	0.9	-	4.2	3.3
Air evacuation battle				
Explosive device	41.0	6.0*	59.1	43.7*
Small arms fire	11.9	4.8*	17.2	34.7*
Rocket propelled grenade	6.9	1.3*	10.0	9.4
Artillery/mortar/rocket	5.3	-	7.7	7.5
Other specified weapon	0.8	-	1.1	0.0
Own weapons	0.5	-	0.7	0.0
Secondary effects	0.3	-	0.4	0.0
Other	2.4	-	3.5	4.2
Not reported or unknown	0.2	-	0.3	0.5
Hospitalization category				
Battle injury	78.5	2.9*	24.2	9.0*
Non-battle injury	60.4	16.0*	18.6	49.7*
Digestive	46.1	2.4*	14.2	7.6*
Ill-defined conditions	31.4	-	9.7	2.6
Genitourinary	19.3	-	5.9	2.2
Behavioral health	16.2	-	5.0	3.4
Skin	14.0	-	4.3	0.8
Circulatory	12.4	-	3.8	3.2
Musculoskeletal	12.2	1.4*	3.8	4.2
Respiratory	11.1	-	3.4	1.8
Infectious and parasitic	8.0	-	2.4	1.2
Nervous system/sensory	4.9	-	1.5	1.2
Endocrine	3.1	-	0.9	0.8
Neoplasms	2.4	-	0.7	0.8
Other diagnoses	3.9	3.7	1.3	11.4
Unknown	0.8	-	0.2	0.2

	Rate per 10,000 person-years		Percent of Distribution	
	Years 2001-2013	Years 2014-2017†	Years 2001-2013	Years 2014-2017†
Total	324.9	32.2*		
Hospitalization non-battle				
Land transport accidents	9.3	0.9*	15.5	5.6*
Falls/jumps	6.5	-	10.8	7.6
Sports/physical training	3.8	-	6.3	5.2
Environmental factors	3.7	-	6.1	0.4
Crushing/blunt trauma	3.0	-	5.1	3.2
Cutting and piercing	2.6	-	4.3	0.4
Weapons-related	2.2	3.8*	3.7	23.7*
Heat, fire and corrosives	1.4	-	2.3	0.4
Twist/turn/slip	0.8	-	1.3	0.4
Lift/push/pull	0.2	-	0.3	0.0
Boarding/alighting	0.2	-	0.3	0.0
Shoes, clothing, PPE	-	-	<0.1	0.4
Other specified agent	24.4	1.6*	40.4	10.0
Unspecified or unknown	2.2	6.8*	3.7	42.6*
Hospitalization battle‡				
Total	78.5	2.9*		
Fatality				
Battle	22.6	3.9*	79.9	47.6*
Non-battle	5.6	3.7*	19.6	46.0*
Disease	0.1	-	0.5	6.3*
Fatality non-battle				
Weapons-related	2.0	1.9	35.3	50.0*
Land transport accidents	1.8	-	32.2	17.2*
Air transport	0.9	-	16.1	15.5
Toxic substances	0.4	-	6.4	5.2
Environmental	0.1	-	2.6	0.0
Crushing and blunt trauma	-	-	1.5	3.4
Electrocution	-	-	1.3	0.0
Falls	-	-	1.2	0.0
Hot, fire, or corrosives	-	-	1.1	0.0
Hanging/suffocation/strangulation	-	-	0.9	3.4
Sports/PT	-	-	0.3	3.4
Cutting and piercing	-	-	<0.1	0.0
Foreign body	-	-	<0.1	0.0
Explosion of pressure vessel	-	-	<0.1	0.0
Water transport	-	-	<0.1	0.0
Machinery and tools	-	-	<0.1	0.0
Unspecified or unknown	-	-	0.4	1.7
Total	5.6	3.7*		

	Rate per 10,000 person-years		Percent of Distribution	
	Years 2001-2013	Years 2014-2017†	Years 2001-2013	Years 2014-2017†
Fatality battle				
Explosive device	11.4	1.2*	50.2	30.0*
Gunshot	4.7	2.3*	20.6	60.0*
Artillery/mortar/rocket	3.0	-	13.3	0.0
Rocket propelled grenade	1.1	-	4.9	5.0
Aircraft shot down	0.7	-	2.9	0.0
Own instruments of war	0.2	-	1.0	3.3
Knife	-	-	<0.1	1.7
Other specified	1.3	-	1.0	0.0
Unspecified	0.2	-	6.0	0.0
Total	22.6	3.9*		
Air evacuation NBI category				
Intentional	2.0	-		
Inflicted by another person	0.6	-	0.4	0.3
Self-inflicted	1.4	-	1.1	0.6
Unintentional	129.4	62.7*	98.5	99.1
Hospitalization NBI category#				
Intentional	4.9	-		
Inflicted by another person	0.8	-	1.3	0.8
Self-inflicted	4.1	-	6.7	1.2
Unintentional	55.5	15.7*	92.0	98.0
Fatality NBI category				
Intentional	1.7	-		
Inflicted by another person	0.1	-	2.3	6.9
Self-inflicted	1.6	-	27.9	25.9
Unintentional	3.8	2.5*	69.8	67.2
Undetermined	-	-		

Note. The dash (–) represents an unreported rate due to a count less than 20 giving an unreliable rate.

* p-value < .05

† Hospitalization has data for Years 2014-2016

‡ Battle injury hospitalizations were not categorized due to small numbers.

Intention for Hospitalizations could not be verified because there were no narrative fields in the dataset. The interpretation of these numbers may not be reliable