U.S. Army Injury Surveillance 2016 Summary



Clinical Public Health and Epidemiology Injury Prevention

Website: https://phc.amedd.army.mil/topics/discond/ptsaip/Pages/default.aspx
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Background



- This document provides a summary of injury medical encounter surveillance data for Active Duty Soldiers from Calendar Year (CY) 2016
- Injuries are defined using the U.S. Army Public Health Center (APHC) Taxonomy of Injuries¹
- This summary highlights Army Active Duty injury rates and distribution of injuries resulting from the applied Taxonomy of Injuries
- For additional details about data contained in these slides, please see the associated Technical Information Paper²

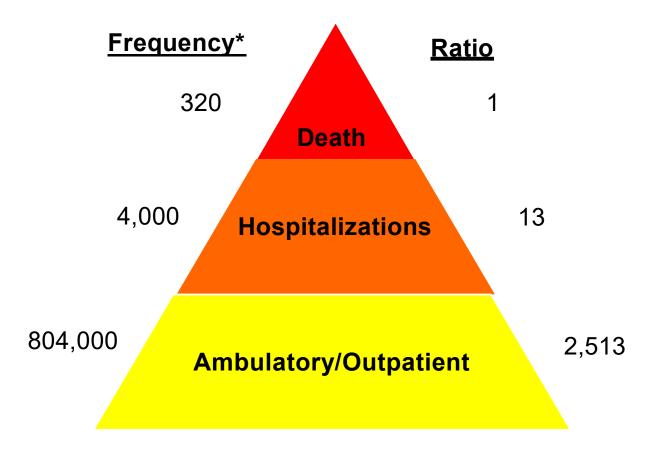
¹APHC Public Health Information Paper (PHIP) No. 12-01-0717: A Taxonomy of Injuries for Public Health Monitoring & Reporting. December 2017. http://www.dtic.mil/docs/citations/AD1039481

²APHC Technical Information Paper (TIP) No. 12-110-0520: Annual Injury Surveillance Report 2016 Summary. July 2019. https://www.dtic.mil/docs/citations/AD1104193



Injury Pyramid U.S. Army Active Duty 2016





^{*}Frequencies are rounded

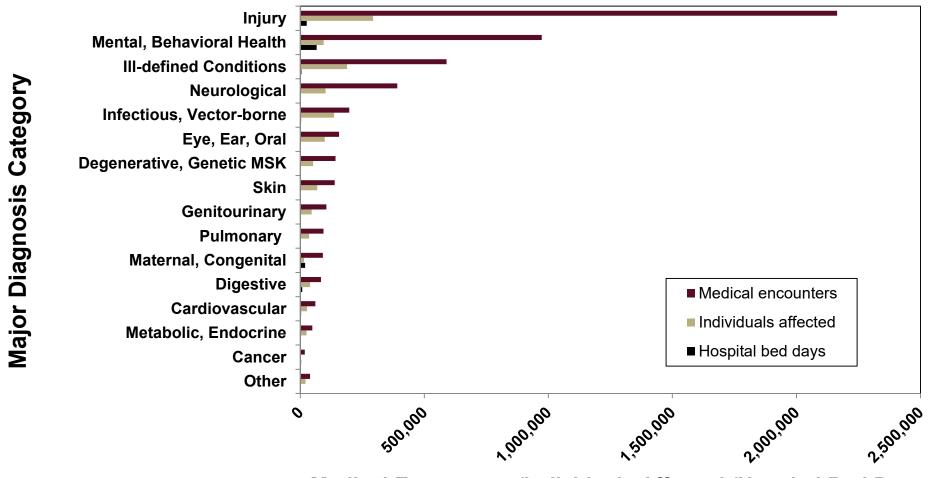
Data sources: Defense Medical Surveillance System (DMSS) and Armed Forces Medical Examiner System (AFMES); injuries defined using the APHC Taxonomy of Injuries

Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention Program



Relative Burden of Injuries and Diseases U.S. Army Active Duty, 2016





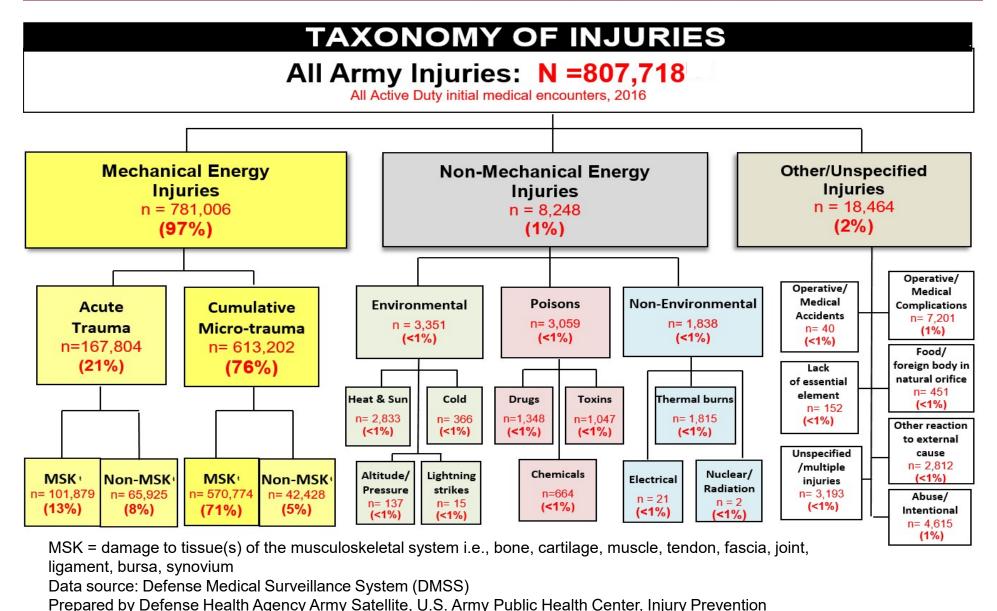
Medical Encounters /Individuals Affected /Hospital Bed Days

Diagnosis group "Other" includes adverse effects of drugs, blood disorders, and other neoplasms (not cancer)
Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries
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Taxonomy of Injuries U.S. Army Active Duty, 2016



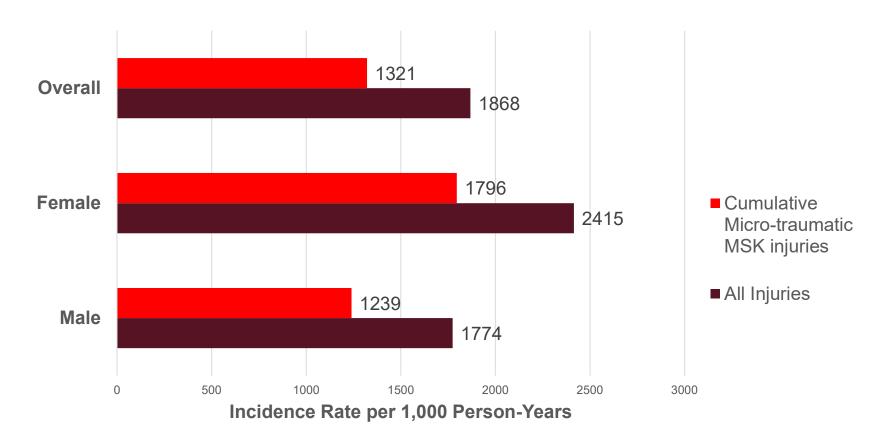




All Injury and Cumulative Micro-traumatic Musculoskeletal (MSK) Incident U.S. Army Active Duty, 2016



Injury Visit Rates by Sex

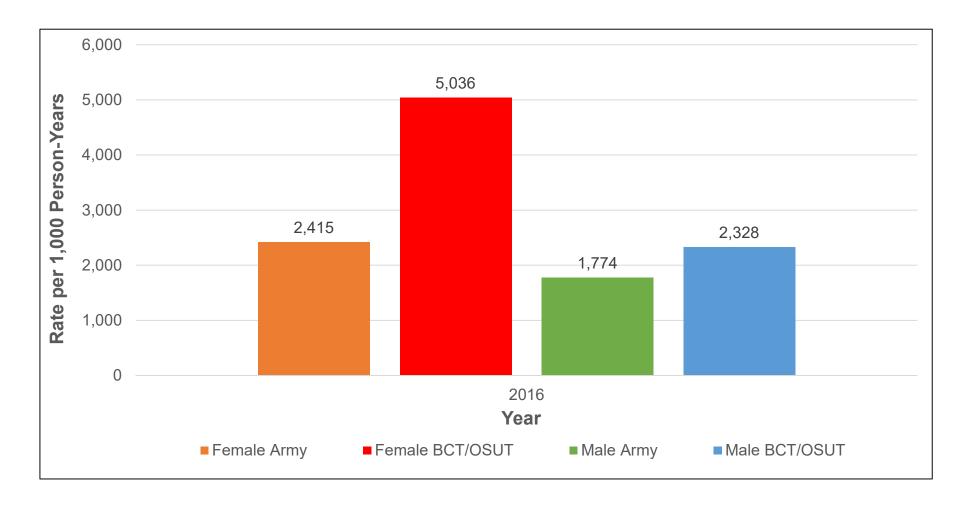


Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention



Overall Incident Injury Visit Rates U.S. Army Active Duty vs. Trainee, 2016





Active Duty injury adjusted to remove deployed injury and deployed person-time
Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries
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Incident Mechanical Injuries by Body Region and Acute/Overuse U.S. Army Active Duty, 2016



Body Region	Acute Traumatic (Trauma)	Cumulative Micro-traumatic (Overuse)	All		
Lower Extremity	69,740 (41.6%)	288,891 (47.4%)	361,273 (46.3%)		
Spine & Back	9,068 (5.4%)	176,350 (28.9%)	185,418 (23.7%)		
Upper Extremity	53,830 (32.1%)	115,201 (18.9%)	169,724 (21.7%)		
Head, Face & Neck	25,367 (15.1%)	16,324 (2.7%)	41,691 (5.3%)		
Torso	9,298 (5.5%)	823 (0.1%)	10,121 (1.3%)		
Other	501 (0.3%)	12,244 (2.0%)	12,779 (1.6%)		
Total	167,804 (100%)	609,833 (100%)	781,006 (100%)		

Injuries defined using the APHC Injury Taxonomy

Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention Program



Incident Mechanical Injury Diagnoses by Body Region Visits U.S. Army Active Duty, 2016



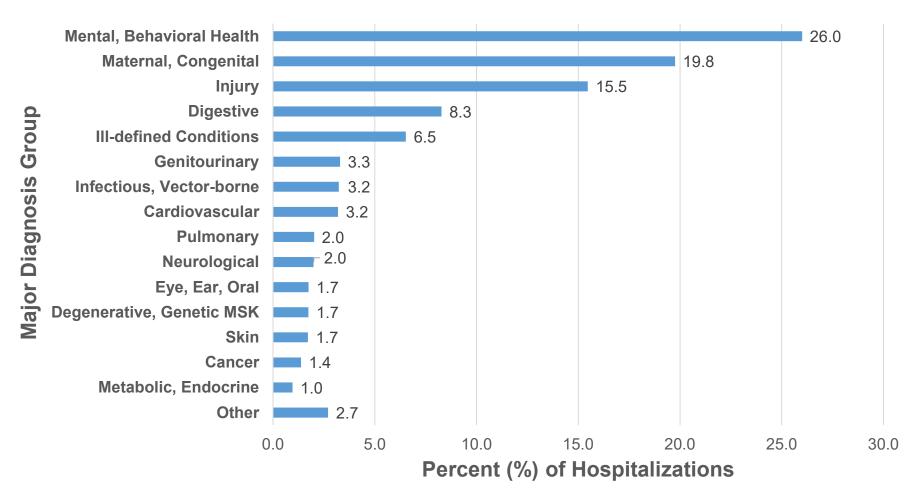
	Head, Face & Neck		Spine & Back		Torso		Upper Extremity		Lower Extremity		Other			
Diagnosis	Acute (ACT)	Cumulative (CMT)	ACT	СМТ	ACT	СМТ	ACT	СМТ	ACT	СМТ	ACT	СМТ	Total	% Total
MSK Tissue Damage	36	0	55	159,080	52	3	3,736	106,303	5,580	282,817	165	12,138	569,965	73.0%
Sprain/Joint Damage	8	0	2,775	0	911	0	8,384	693	29,235	2,642	53	34	44,735	5.7%
Tissue Damage, Other	6,350	16,274	1,619	0	1,627	0	4,006	0	3157	0	230	3	33,266	4.3%
Strain/Tear	2,619	0	3,477	0	2,125	0	6,285	4,348	11,916	13	53	7	30,843	3.9%
Nerve	32	0	26	17,253	4	447	3,989	4,407	1,111	1,078	0	0	28,347	3.6%
Contusion/Superficial	5,823	50	0	0	2,553	21	6,453	123	7,371	2,772	0	0	25,166	3.2%
Fracture	1,023	0	969	17	830	352	9,421	20	7,630	2,211	0	96	22,569	2.9%
Open Wound	4,348	0	0	0	426	0	8,060	0	2,654	0	0	0	15,488	2.0%
Internal Organ & Blood Vessel	5,109	0	107	0	709	0	120	0	20	0	0	0	6,065	0.8%
Dislocation	5	0	40	0	45	0	2,661	0	827	0	0	0	3,578	0.5%
Crush	8	0	0	0	14	0	524	0	204	0	0	0	750	0.1%
Amputation	6	0	0	0	2	0	191	0	35	0	0	0	234	<0.1%
Total	25,367	16,324	9,068	176,350	9,298	823	53,830	115,894	69,740	291,533	501	12,278	781,006	
% Total	3.2%	2.1%	1.2%	22.6%	1.2%	0.1%	6.9%	14.8%	8.9%	37.3%	0.1%	1.6%		100%

Injuries defined using the APHC Injury Taxonomy; Acute traumatic (Trauma) and cumulative micro-traumatic (Overuse) injuries Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention



Major Diagnosis Groups Resulting in Hospitalizations U.S. Army Active Duty, 2016





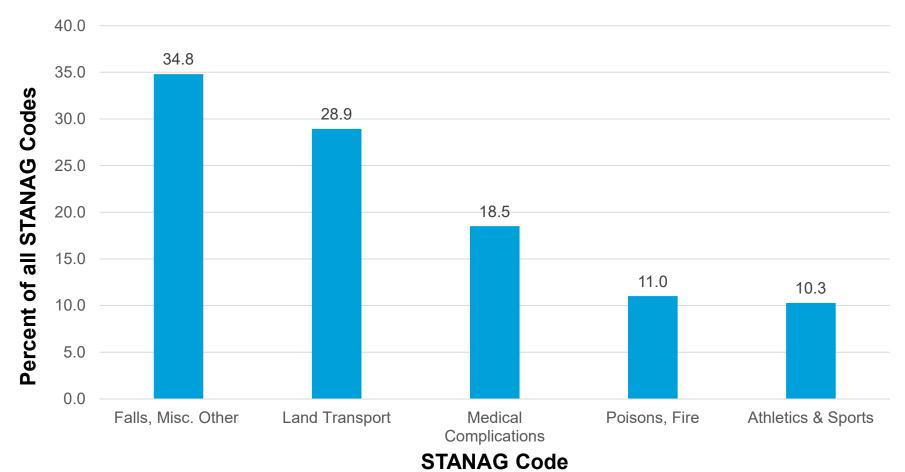
Total number of hospitalizations = 29,561

Diagnosis group "Other" includes adverse effects of drugs, blood disorders, and other neoplasms (not cancer) Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention



Leading Standardized Agreement (STANAG) Cause Codes for Injury Hospitalizations U.S. Army Active Duty, 2016





Total number of STANAG-coded injury hospitalizations = 681; may not be representative of the distribution of causes for all

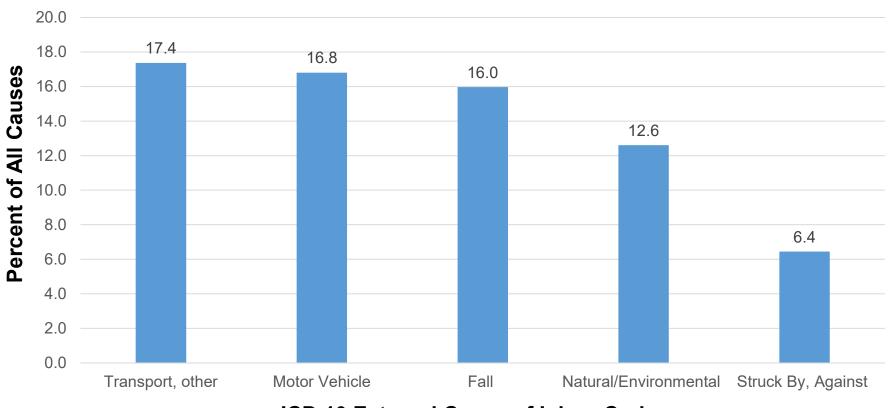
injuries

Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention



Leading External Causes of Unintentional Injury Hospitalizations U.S. Army Active Duty, 2016





ICD 10 External Cause of Injury Code

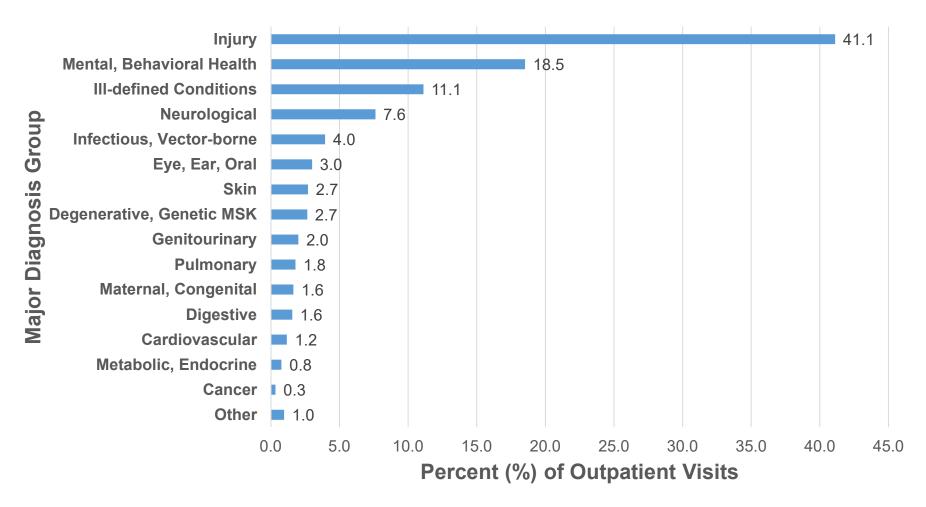
Total number of cause-coded unintentional injury hospitalizations = 357; may not be representative of the distribution of causes for all injuries

Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention



Major Diagnosis Groups Resulting in Outpatient Visits U.S. Army Active Duty, 2016





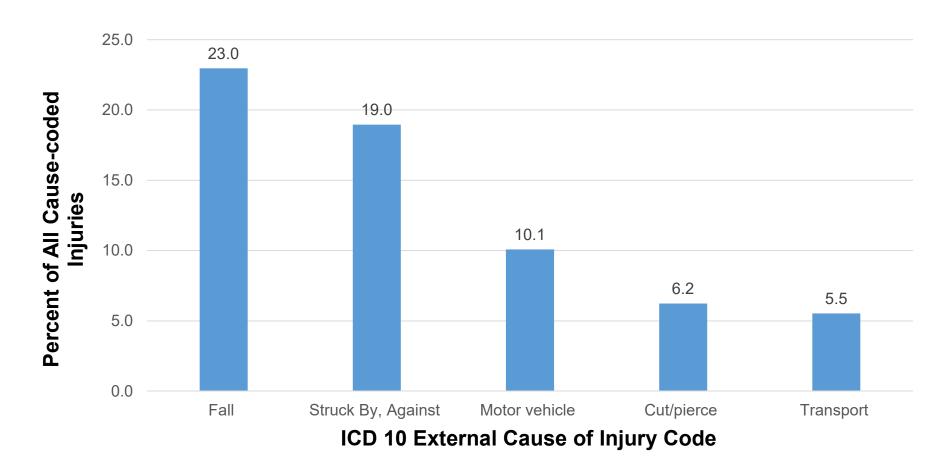
Total number of outpatient visits = 5,631,500

Diagnosis group "Other" includes adverse effects of drugs, blood disorders, and other neoplasms (not cancer) Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Taxonomy of Injuries Prepared by Defense Health Agency Army Satellite, U.S. Army Public Health Center, Injury Prevention



Leading External Causes of Injury Outpatient Visits U.S. Army Active Duty, 2016





Total number of cause-coded unintentional outpatient visits = 56,385; may not be representative of the distribution of causes for all injuries

Top five causes shown; "Overexertion" code was not available until October 2016.

Data source: Defense Medical Surveillance System (DMSS); injuries defined using the APHC Injury Taxonomy

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