

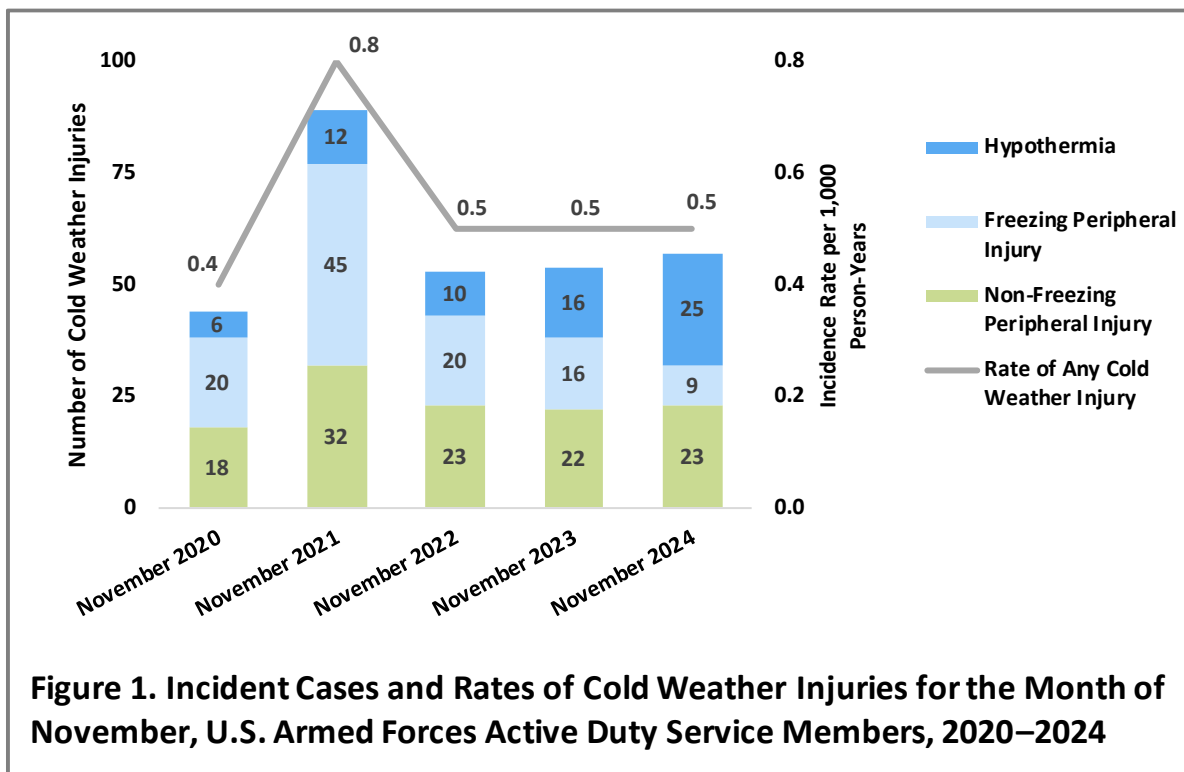


This report serves to describe incident cold weather injury (CWI) cases among U.S. Armed Forces Service members (SMs) within the cold year, 1 July 2024—30 June 2025. Historical data from cold years 2020/2021—2023/2024 are also included. A detailed methodology can be found on [page 8](#).

The first section of the report focuses on incident CWIs among Active Duty SMs, including trainees. The second section of this report describes CWIs among Active Duty SMs and trainees, in addition to Reserve and Guard members. Due to late data entry and delayed processing of data in the MDR, values for the 2024–2025 cold year may be artificially low.

Cold Weather Injuries in Active Duty Service Members

In November 2024, 57 CWIs (23 non-freezing peripheral injuries, 9 freezing peripheral injuries, 25 hypothermia cases) were diagnosed among Active Duty SMs (Figure 1). Of these, 4 cases were hospitalized (1 non-freezing peripheral injury and 3 hypothermia cases) (data not shown). The incidence rate of any CWI in Active Duty SMs for November 2024 was 0.5 cases of CWI per 1,000 person-years. In the month of November during the last 5 years, CWI rates rose from 2020 (0.4 cases of CWI per 1,000 person-years) to 2021 (0.8 cases of CWI per 1,000 person-years) before decreasing to 0.5 cases of CWI per 1,000 person-years in 2022 and remaining stable through 2024 (Figure 1).





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During the 2024–2025 cold year, the rate of CWIs for Active Duty SMs increased to a 2024–2025 cold year high in November 2024 (Figure 2).

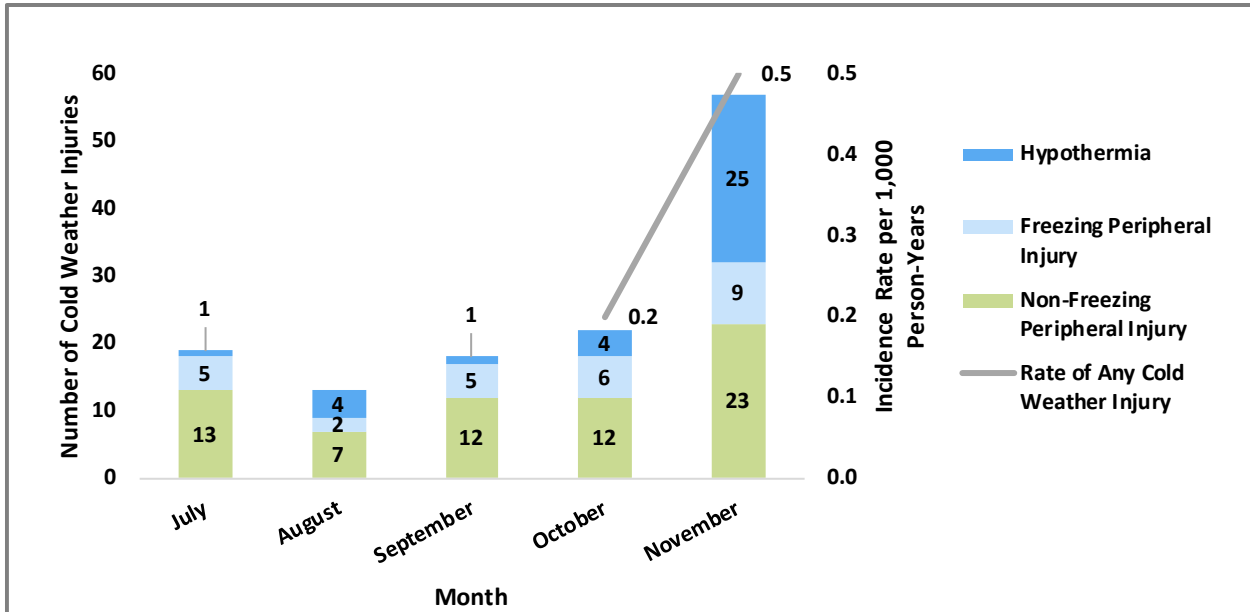


Figure 2. Incident Cases and Rates of Cold Weather Injuries, U.S. Armed Forces Active Duty Service Members, Season-to-Date 2024–2025

Figures 3–7 present the number of CWIs among Active Duty SMs by service branch; rates are also presented when 20 or more cases of CWI were recorded for the month.

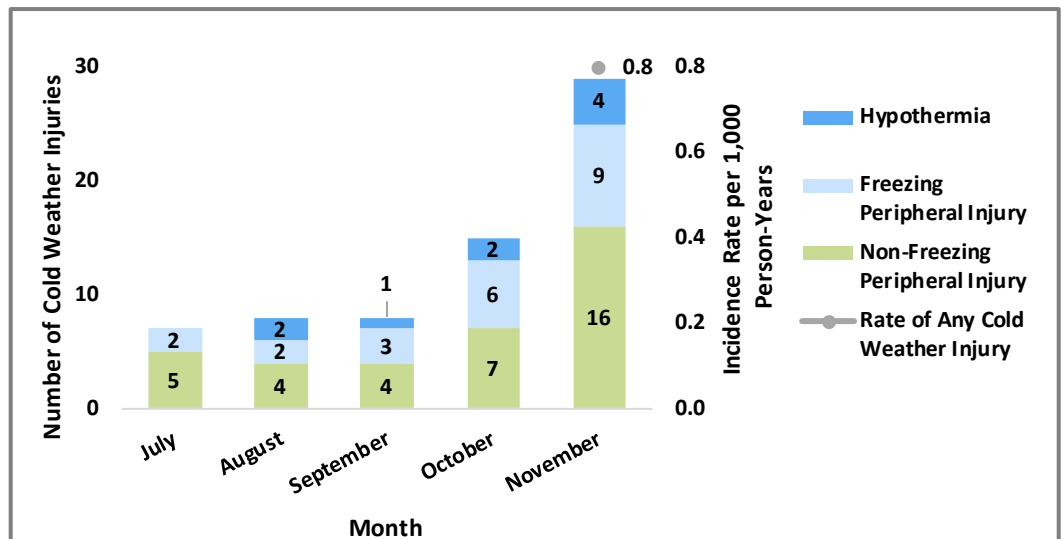


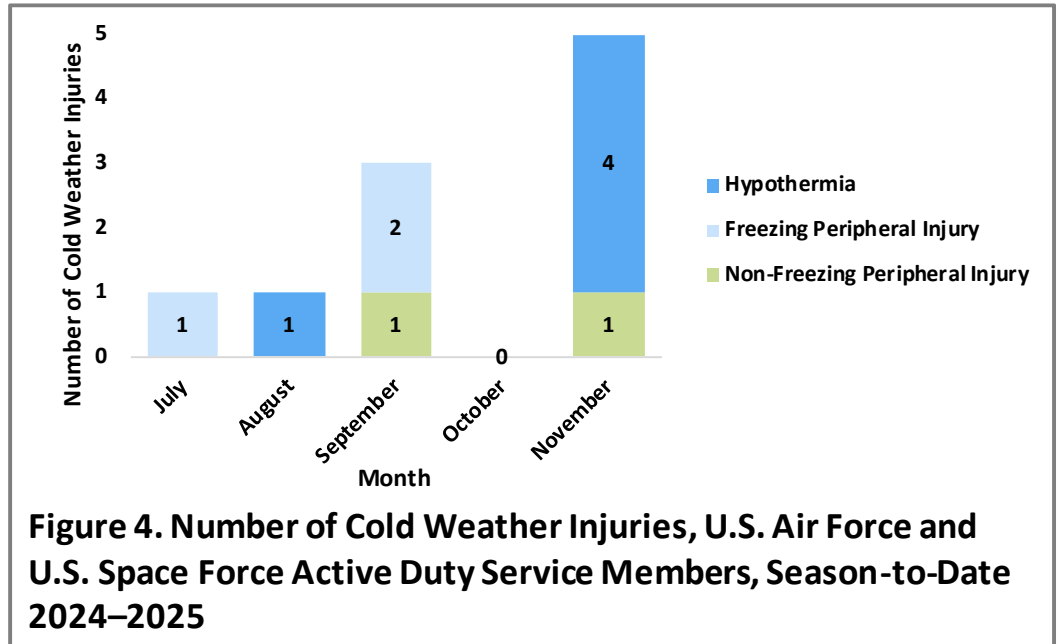
Figure 3. Incident Cases and Rates of Cold Weather Injuries, U.S. Army Active Duty Service Members, Season-to-Date 2024–2025

Note: Due to small numbers, rates are not calculated for each service when fewer than 20 cold weather injury cases are reported in the month.

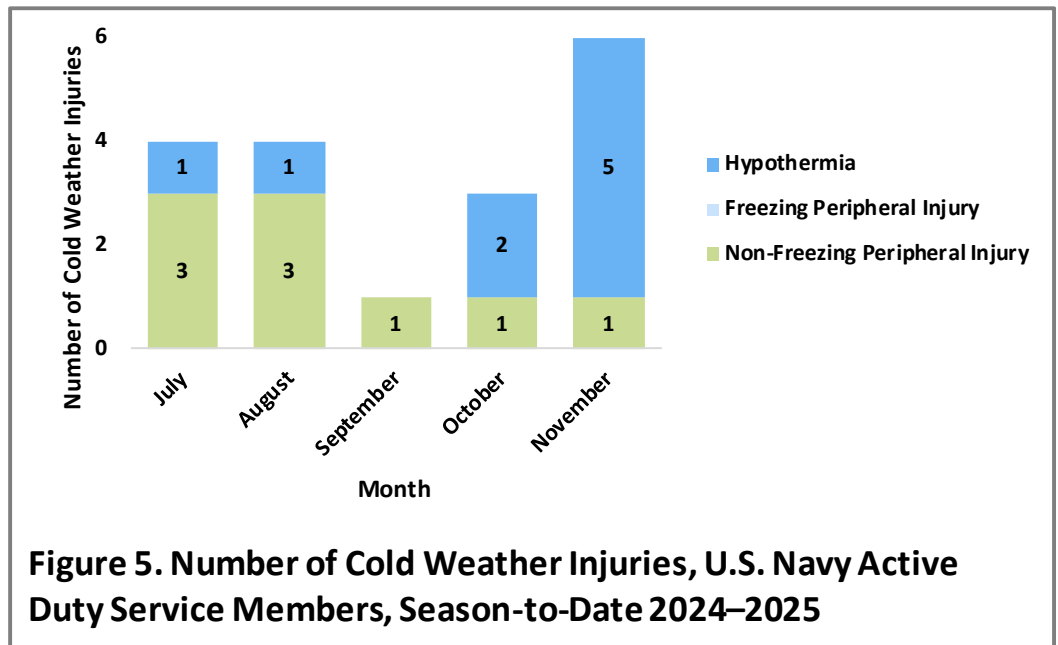
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Air Force and Space Force



Navy

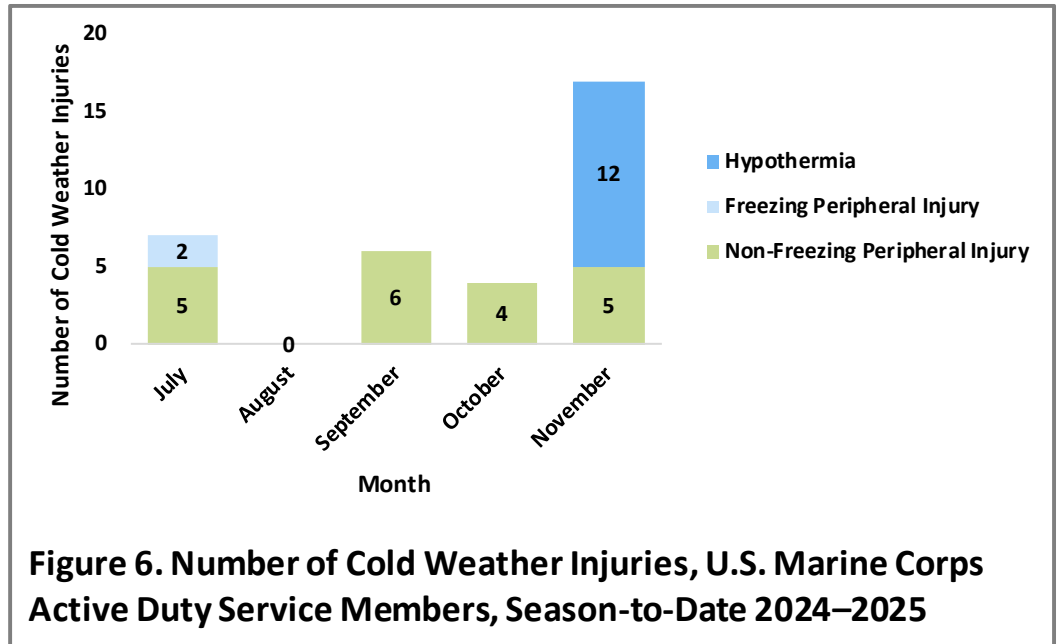


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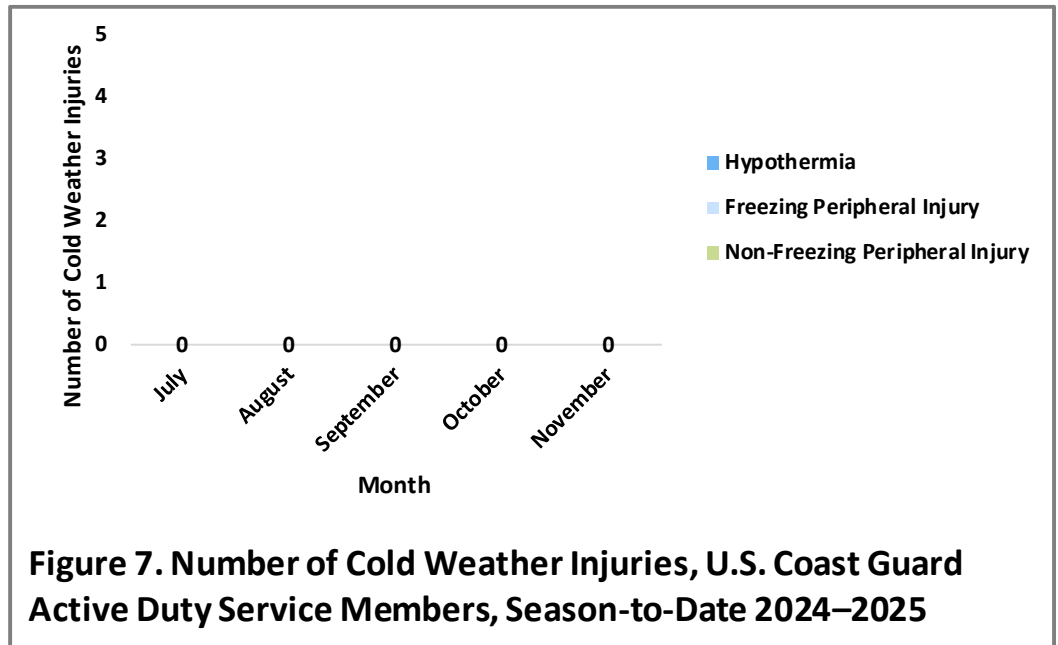
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Marine Corps



Coast Guard



Note: Due to small numbers, rates are not calculated for each service when fewer than 20 cold weather injury cases are reported in the month.

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Cold Weather Injuries in Active Duty, Trainee, and Reserve and Guard Service Members

Table 1 provides a summary of CWI cases by service branch, type of CWI, hospitalization, Service member type, rank, sex, and age group. Figures 8 and 9 present CWIs by installation for the month and the cold year, when 10 or more CWIs occurred at the installation.

During the 2024–2025 cold year, Active Duty SMs had the highest number of CWIs. Additionally, the majority of CWIs were reported among SMs in the Army and Marine Corps (Table 1). Camp Fuji (n=16) and Fort Wainwright (n=12) have reported the most CWIs in the cold year (Figure 9).

Table 1. Cold Weather Injuries by Service, Season-To-Date 2024–2025

	Number of Cases by Service Branch				
	Army	Air Force and Space Force	Navy	Marine Corps	Coast Guard
Total Cold Weather Injury Cases	81	13	21	38	0
Non-Freezing Peripheral Injury	45	2	11	23	0
Freezing Peripheral Injury	25	5	1	2	0
Hypothermia	11	6	9	13	0
Cold Weather Injury Hospitalizations					
Non-Freezing Peripheral Injury	1	0	0	0	0
Freezing Peripheral Injury	0	0	0	0	0
Hypothermia	3	0	0	0	0
Service Member Type					
Active Duty	67	10	18	34	0
Guard on Active Duty	6	1	1	2	0
Inactive/Guard Reserves	4	0	1	2	0
Unknown	4	2	1	0	0
Rank					
Trainee	0	0	3	0	0
Junior Enlisted (E1–E4)	13	3	3	2	0
Senior Enlisted (E5–E9)	8	2	2	0	0
Officer (O1–O10)	3	0	1	1	0
Warrant Officer (W1–W5)	1	0	0	0	0
Unknown	56	8	12	35	0
Sex					
Female	11	3	1	3	0
Male	70	8	12	34	0
Unknown	0	2	8	1	0
Age Group (Years)					
<25	39	9	15	32	0
25–34	27	2	4	6	0
35–44	14	2	1	0	0
45+	1	0	1	0	0

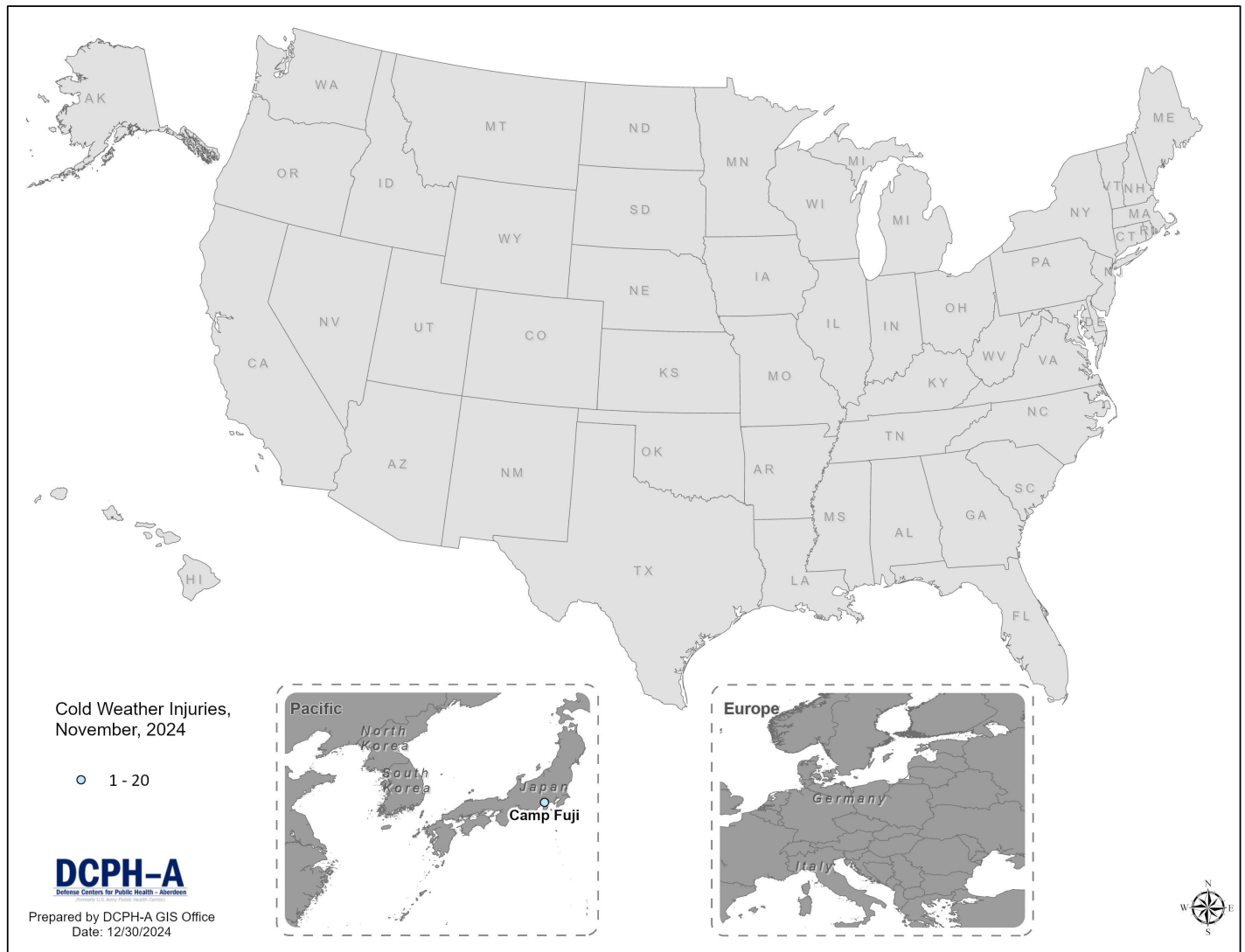


Figure 8. Cold Weather Injuries by Installation, November 2024

Installations where the total number of diagnosed cases were less than 10 are not shown.



Figure 9. Cold Weather Injuries by Installation, Season-to-Date 2024–2025

Installations where the total number of diagnosed cases were less than 10 are not shown.

Ft.=Fort



Methodology

This report describes incident cold weather injury (CWI) cases among U.S. Armed Forces SMs including Active Duty, trainee, and Reserve and Guard SMs. Non-Service member beneficiaries are excluded. The data for this report are obtained from the Defense Health Agency's Weather-related Injury Repository (WRIR), which captures a selection of *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) codes in inpatient and outpatient medical encounter records from the Military Health System Data Repository (MDR), as well as medical event reports of freezing peripheral injury, non-freezing peripheral injury, and hypothermia submitted through the Disease Reporting System-internet (DRSi).¹ The medical event reports used to identify CWIs are adapted from standard case definitions established by the Armed Forces Health Surveillance Division (AFHSD).² For each type of CWI, SMs are counted as an incident case if they have an initial encounter for a CWI within the cold year (1 July–30 June). Consistent with the AFHSD case definition, SMs are considered an incident case only once per CWI type per cold year.

For Active Duty SMs and trainees, rates of CWI are calculated when 20 or more cases are reported for the month. Denominators used for the rate of any cold weather injury are obtained from MHS Mart (M2) by service branch and month. Rates are reported per 1,000 person-years. As SMs not on Active Duty may not be on duty status during the entirety of any given month, rates are not calculated for Reserve and Guard SMs.

Counts of incident CWIs for all SMs, including Active Duty, trainee, and Reserve and Guard SMs, are included in Table 1 and Figures 8-9. Cases of CWI are mapped to Figures 8-9 based on the installation recorded in the WRIR. Installations where the total number of diagnosed cases are less than 10 for the month or cold year are not shown to protect the privacy and confidentiality of SMs.

Due to late data entry and delayed processing of data in the MDR, the CWI case counts and rates presented for the 2024–2025 cold year may underestimate the actual parameters. Additionally, the data in this report are not comparable to those of previous CWI reports due to the updated methodology.

References

1. Armed Forces Health Surveillance Branch, Defense Health Agency. In collaboration with U.S. AirForce School of Aerospace Medicine, U.S. Army Public Health Center, and Navy and Marine Corps Public Health Center. Armed Forces Reportable Medical Events. Guidelines and Case Definitions, October 2022. Accessed May 20, 2024. <https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Documents/program-and-policy-support/DRSi/Armed-Forces-Reportable-Medical-Events-Oct-2022.pdf>
2. Armed Force Health Surveillance Branch. Surveillance Case Definition: Cold Weather Injuries. Accessed September 26, 2024. <https://health.mil/Reference-Center/Publications/2016/12/01/Cold-Weather-Injuries>