



# The Armed Forces Health Surveillance Center

## Briefing to the **DEFENSE HEALTH BOARD**

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**24 April 2008**



**UNCLASSIFIED**



# BRIEFING OUTLINE

**PURPOSE:** To provide an update on the status of the Armed Forces Health Surveillance Center (AFHSC).

1. Background
2. Concept
3. Current Status





## AFHSC Background

- **July 2005: DASD-FHP&R forms AFHSC Task Force (Co-chaired by USACHPPM and ODASD/FHP&R) to develop a concept of operations (CONOPS) to realign health surveillance capabilities within the Department of Defense and the Military Services.**
- **August 2005 – January 2006: Task Force develops a CONOPS that recommends organizing elements of existing health surveillance capabilities under a new AFHSC, operated as an Army-led Executive Agency. Legacy elements consist primarily of AMEDD capabilities with some from TMA Deployment Health Support Directorate. Minimal Navy and Air Force resources.**
- **June 2006 – Force Health Protection Council (FHPC) approves AFHSC CONOPS.**
- **May 2007- AFHSC CONOPS undergoes staff review by USD (P&R)**





# Armed Forces Health Surveillance Center

## Vision and Mission

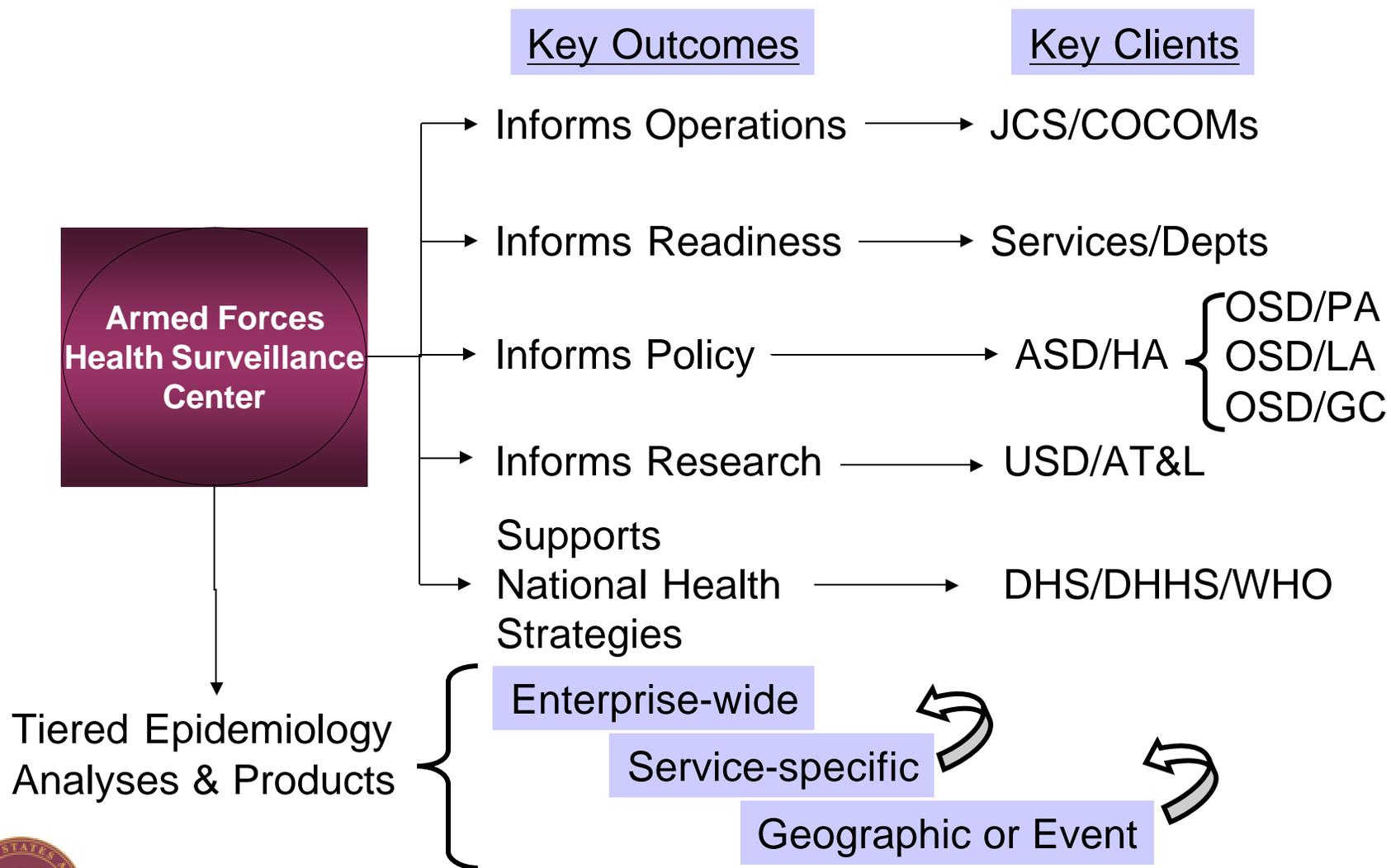
- Vision: to provide *relevant, timely, actionable, and comprehensive* health surveillance information and support to the Armed Forces for military and military-associated populations
- Mission: to promote, maintain, or enhance the health of military and military-associated populations
  - Acquire, analyze & interpret, recommend, and disseminate information
  - Develop, refine and improve standardized surveillance methods
  - Serve as focal point for sharing health surveillance products, expertise and information
  - Delineate roles, responsibilities, and mutually supporting relationships among the Armed Forces health surveillance activities

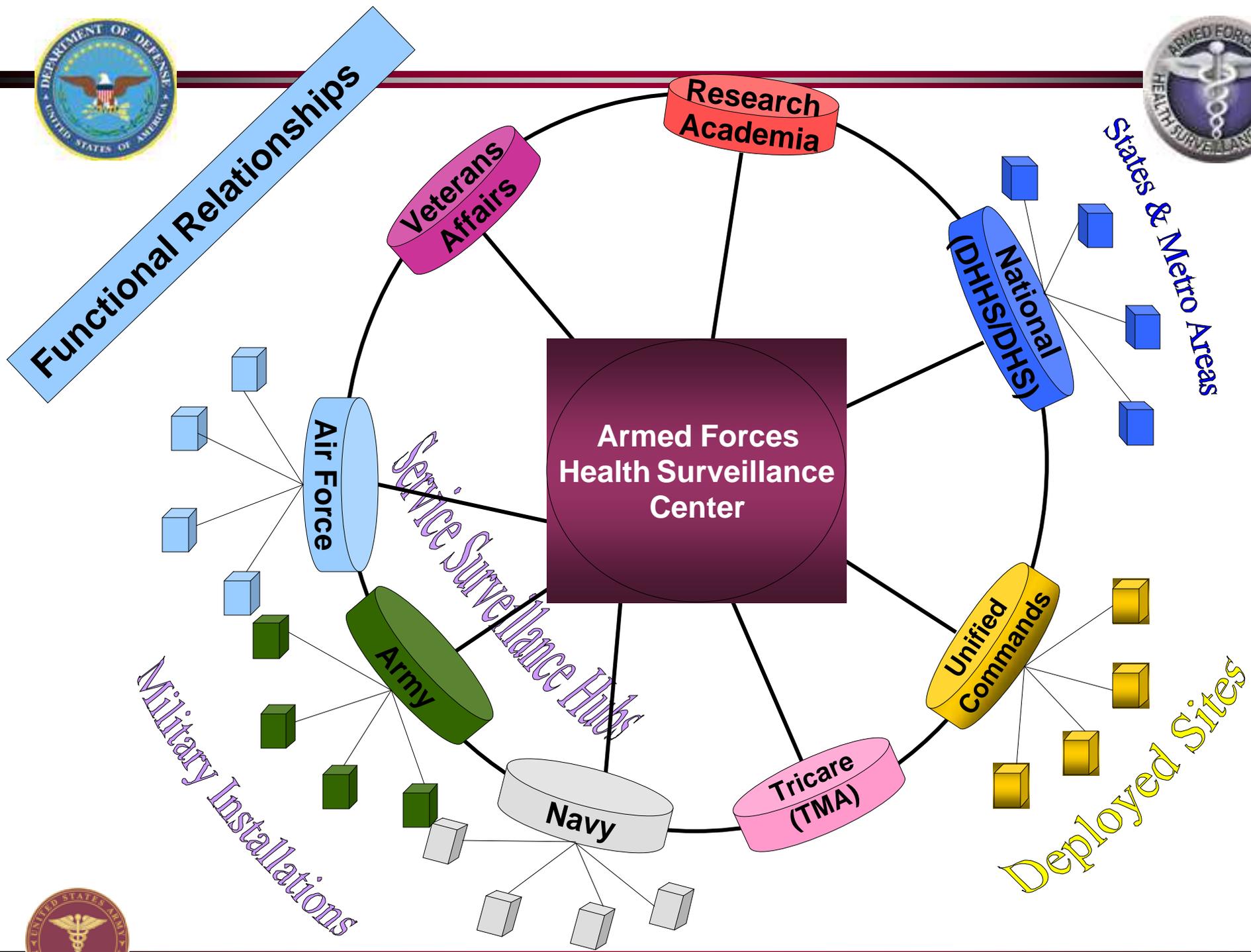




# Key Outcomes and Clients

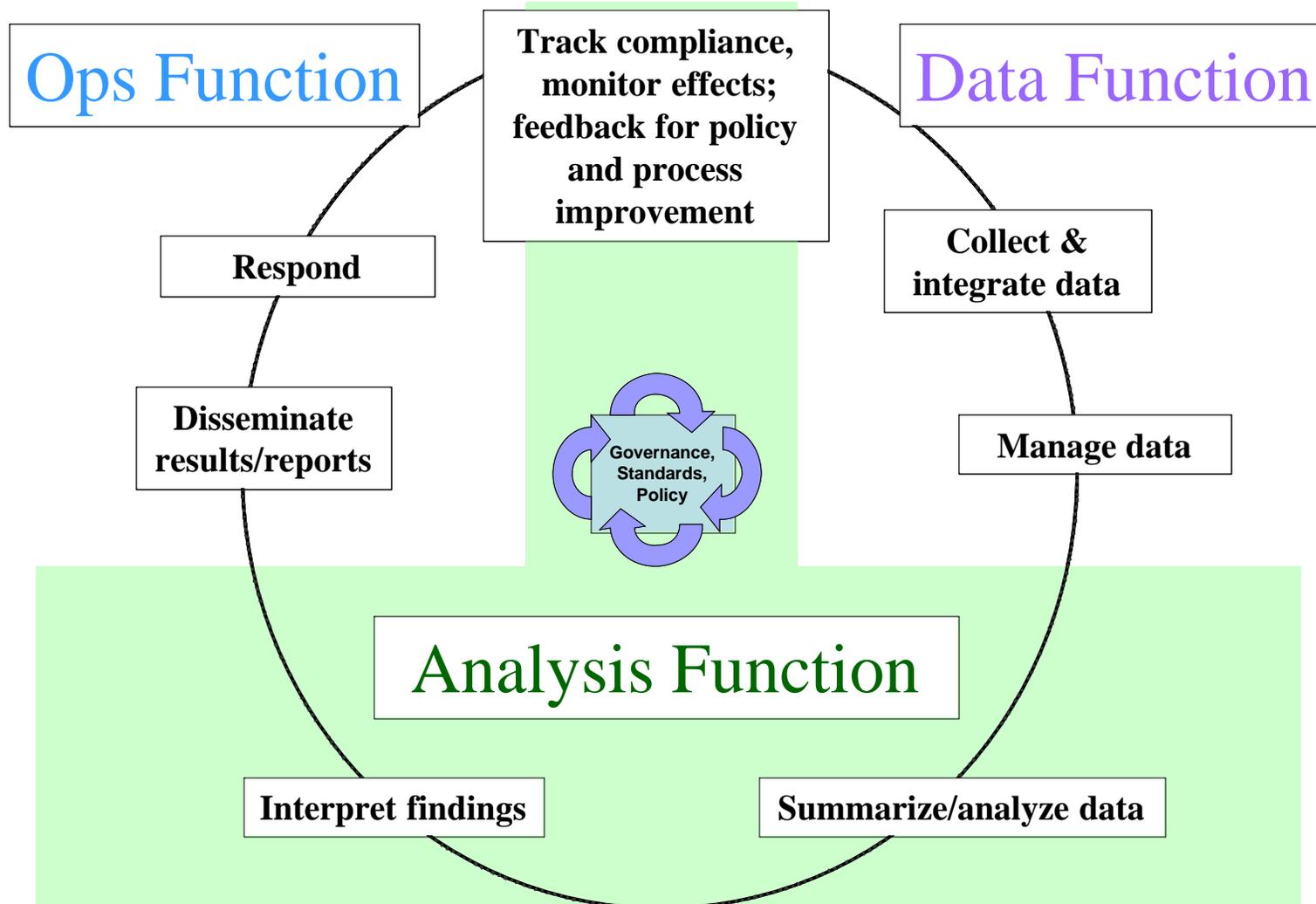
## Who the Center serves and how







# Center Concept of Operations Functional Structure





## Provisional vs. Initial vs. Future Operating Capabilities

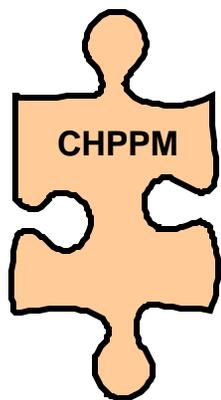
- Provisional: enhancement of existing legacy component (CHPPM, NMCPHC, USAFSAM, GEIS, and FHP&RP) capabilities through coordinated efforts, cross training, resource sharing, unified goals/objectives, etc. Split-based operations
- Initial: achieves unity of command, collocated operations, 24/7 coverage. Expands surveillance coverage to a wider set of populations, e.g., “separated personnel”, retirees and family members
- Future: expands to encompass all populations of military interest, full lifecycle surveillance from accession to death. Formal evals of surveillance systems. Expanded medical situational awareness



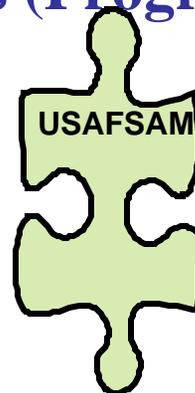


# AFHSC-Provisional Operating Capability

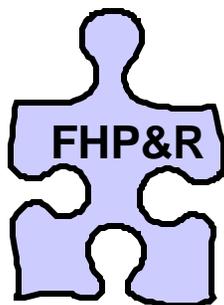
## Key Initial Ingredients (Programs/Services)



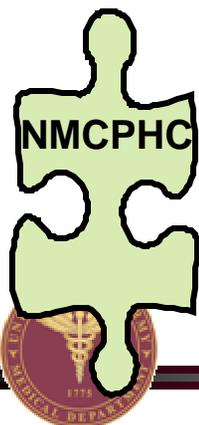
DMSS, DoD Serum Repository, DMED, Reportable Medical Events (RME), Lost Duty Metric, Deployed Occ/Env expertise & info archive



Expertise in Deployed DNBI Surveillance, Deployed Occ/Env, Lab-based Influenza Surveillance, RME and ESSENCE



JMEWS, JPTA, ESSENCE, MSAT-ACTD, Medical Movement (TRAC<sup>2</sup>ES) analysis, Deployed health event/RME/Occ/Env expertise, personnel roster generation, open source health event & research monitoring, extended hours help desk



Expertise in Deployed Occ/Env, HL-7 data analysis, ESSENCE and RME



Global coord monitoring and emergency response, Training, Funds surveillance programs, e.g., influenza (lab), OS labs, FRI at training sites, & sentinel mortality



# Center Concept of Operations

## Functions and Planning Factors, cont

- **There are areas of overlap between public health surveillance and other MHS monitoring and evaluation programs.**
- **The Center will not focus on the following:**
  - **Healthcare systems analysis, i.e., resource management and efficient business practices such as access, cost of care, bed-occupancy, customer satisfaction, etc.**
  - **Medical management (including utilization, care, and disease management)**
  - **Evaluation of the quality of care by individual providers**
  - **“Clinical” research (e.g., comparing treatment protocols, etc.)**





# Current Status





# Formation of AFHSC (Provisional)



DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258

DASG-ZA  
SUBJECT: Consolidation of AMEDD Health Surveillance Executive Agency (EA) Responsibilities

DASG-ZA

MEMORANDUM

COMMANDER  
504 SCG  
COMMANDER  
MEDICAL  
21010-5

SUBJECT: Responsibilities

1. The Army Health Surveillance Repository (Response System) Secretary of Council will

2. As the result of the anticipation of programs in (Provisional)

3. This action is a separate DoD consolidation of AFHSC (P) and Consolidated Task Force

4. I appoint you to the Commanding Officer operations of execution, at AFHSC. The

- 12 Oct 07 Acting SG of Army memorandum
- Consolidated three Army Medical Department health surveillance Executive Agent responsibilities:

**DoD GEIS**

**Defense Medical Surveillance System (DMSS)**

**DOD Serum Repository (DODSR)**

- Named AFHSC “Provisional” Director reporting to CG, USACHPPM
- To proceed IAW AFHSC Task Force Draft CONOPS (within limits of Army authority)
- 26 Feb 08—DEPSECDEF signs memo establishing an AFHSC

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## Armed Forces Health Surveillance Center (Current)



### HQ

2900 Linden Lane  
Silver Spring, MD 20910

- Director
- DoD-GEIS on 1<sup>st</sup> floor
- Defense Medical Surveillance System (DMSS) on 2<sup>nd</sup> floor
- 1 FHP&R analyst

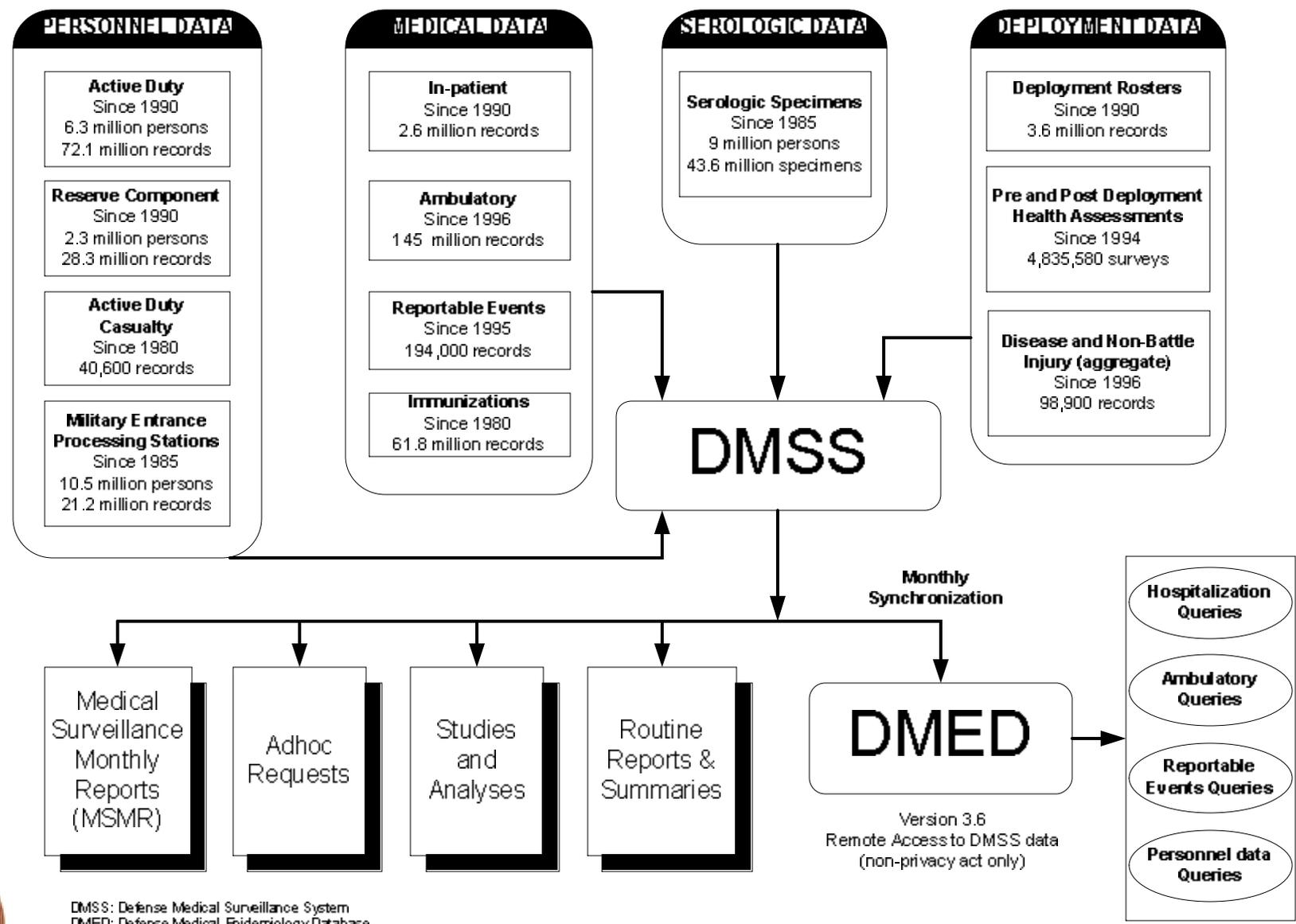
DoD Serum Repository  
Tech Road Campus  
Silver Spring, MD

DMSS Technical Staff/Servers  
Bldg T-20, WRAMC, DC.



# DMSS Structure & Functional Relationships

(Active and Reserve Components)



DMSS: Defense Medical Surveillance System  
DMED: Defense Medical Epidemiology Database





# AFHSC / DMSS

**Longitudinal surveillance, analysis and reporting regarding health and fitness of DoD servicemembers**



- **Over 100 monthly issues of the Medical Surveillance Monthly Report**
  - **> 2000 issues of MSMR mailed throughout DoD each month**
  - **Annual DoD summaries of available medical surveillance data**
- 
- **Since 1998, staff have published over 60 articles in peer-reviewed journals**
  - **Since 1998 DMSS has responded to over 5100 requests for analysis, summaries and reports**





# DOD Serum Repository Silver Spring, MD



- **World's largest serum repository**
- **Unrivaled potential for population based sero-epidemiological studies**
- **Serial serum specimens on over 8.1 million individuals**
- **Linked to demographic, military and medical information via the DMSS**





# DOD GEIS





# Presidential Decision Directive NSTC-7 June 1996

## DoD-GEIS Mission

- “The mission of the DoD will be expanded to include support of **global surveillance, training, research, and response to emerging infectious disease threats.**”
- “... DoD will **strengthen its global disease reduction efforts** through: centralized coordination; improved preventive health programs and epidemiological capabilities; and enhanced involvement with military treatment facilities and United States and overseas laboratories.”





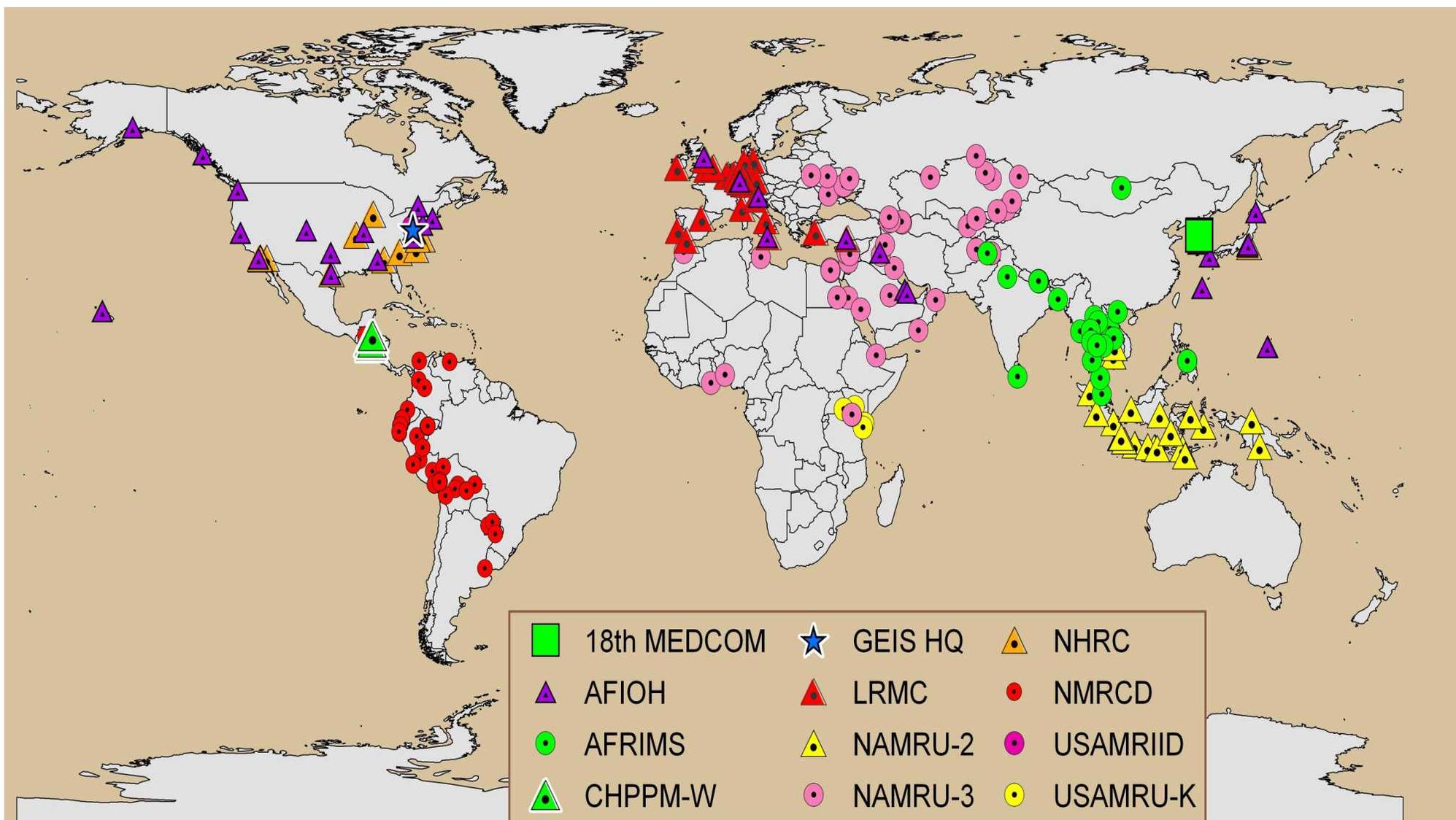
## Countries in which DoD-GEIS funded activities operated in FY06 and FY07

**N = 77**





# DoD-GEIS Influenza Surveillance Sites





## **AFHSC Implications for GEIS**

- **GEIS vision and mission remain relevant and supportive. AFHSC emphasizes the following GEIS functions–**
  - **GEIS HQ (coordination, communication and emergency response)**
  - **OCONUS Laboratories (capacity building and training, EID detection)**
  - **MHS EID surveillance (Febrile Respiratory Illness, Sentinel Mortality, etc.)**
- **GEIS will continue:**
  - **Current business processes (proposal submission and review)**
  - **GEIS website (linked to AFHSC) including the secure portal**
  - **The Avian Influenza/Pandemic Influenza Program (as funding allows)**





# DOD GEIS

**How to better integrate GEIS with other DOD health surveillance programs?**

**Surveillance and Detection**

**Response and Readiness**

**Integration and Innovation**

**Cooperation and Capacity Building**





Initial AFHSC Tasks	Status
<b>Administrative update to DoDD 6490.02 to codify Secretary of the Army as EA</b>	<b>Underway</b>
<b>Develop and coordinate an AFHSC DoD Instruction</b>	<b>Draft from Task Force available as starting point</b>
<b>EA establish Provisional Operating Capability (POC); integrate AMSA, GEIS, and surveillance activities of FHP&amp;RP</b>	<b>POC already exists with AMSA &amp; GEIS. FHP&amp;RP analysts split time between sites, require SIPRNET access</b>
<b>Board of Governors recommends a provisional director NLT 25 Apr 08 (60d after DEPSECDEF memo)</b>	<b>The acting provisional director (COL DeFraités) will be retained in his current position for 18 months</b>
<b>Provisional Director submits a plan to achieve Initial Operating Capability o/a 26 Jul 08</b>	<b>Underway</b>
<b>Work with Services to transfer surveillance tasks suitable for centralization, and associated resources, to the AFHSC</b>	<b>Underway</b>





# Questions?

