

The Armed Forces Health Surveillance Center: enhancing the Military Health System's public health capabilities

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Abstract

Since its establishment in February 2008, the Armed Forces Health Surveillance Center (AFHSC) has embarked on a number of initiatives and projects in collaboration with a variety of agencies in the Department of Defense (DoD), other organizations within the federal government, and non-governmental partners. In 2009, the outbreak of pandemic H1N1 influenza attracted the major focus of the center, although notable advances were accomplished in other areas of interest, such as deployment health, mental health and traumatic brain injury surveillance.

Introduction

The center was established by the Deputy Secretary of Defense in February 2008 [1]. The center's mission is to promote, maintain and enhance the health of United States (U.S.) military and military-associated populations by providing relevant, timely, actionable and comprehensive health surveillance information. The center is intended to become the central epidemiological resource for DoD. To achieve that aim, AFHSC combined the resources of the Army Medical Surveillance Activity (AMSA), the DoD Global Emerging Infectious Disease Surveillance and Response System (DoD-GEIS), and the Global Health Surveillance Activity supporting the Force Health Protection Directorate in the Office of the Assistant Secretary of Defense for Health Affairs.

This paper outlines the diverse and unique capabilities of the center. As AFHSC matures, evolves and grows, the capabilities and support provided by its legacy agencies are expanding to meet DoD's needs. The center plays a key role in the collective understanding of infectious disease threats throughout the world, and the impact of these threats on U.S. uniformed and military-associated

operational relevance. The information is especially useful for developing precise estimates of prevalence and incidence of infectious diseases in the armed forces.

Another major theme in the years preceding establishment of AFHSC was the recognition of the global health threat posed by emerging and re-emerging infectious diseases [11] and the important role DoD, through its network of clinical, reference and research laboratories in the U.S. and elsewhere, should play in the national effort [12]. To address these needs, DoD-GEIS was established in 1996, with a central hub at the Walter Reed Army Institute of Research. As in the case of AMSA, DoD-GEIS operated as an Army Medical Department DoD Executive Agency.

In 2009, AFHSC and its partner organizations were presented many opportunities to build on this proud legacy and make important health surveillance contributions, many of which are described below in relation to the singular public health event of the year, the influenza H1N1 pandemic.

Response coordination

Upon recognition of the novel influenza virus H1N1 in April 2009, AFHSC mobilized the military public health community by convening a series of teleconferences linking community of interest, surveillance and public health professionals at armed forces public health centers, Centers for Disease Control, Combatant Commands and staffs of the Service Surgeons General to share information and resources and to standardize the collective approach to surveillance, case reporting and disease control. The center provided a consolidated DoD pandemic H1N1 report on a weekly basis for the remainder of 2009, as the epidemic spread through military population worldwide. Additionally, AFHSC staff augmented those of the Naval Environmental and Preventive Medicine Unit 5 in evaluating an outbreak of pandemic H1N1 aboard the USS Boxer in July 2009.

Reporting of public health emergencies of international concern

As the Defense Department's lead public health agency, AFHSC is positioned to play a key role in coordinating the reporting of DoD public health emergencies of international concern (PHEIC), in accordance with International Health Regulations as updated in 2005. In general, DoD is responsible for identifying PHEICs in its population, including events occurring in military communities abroad, and reporting these through appropriate U.S. government channels to the World Health Organization (WHO).

The onset of the influenza pandemic forced the early exercise of this role, and facilitated its clarification as the year continued. DoD Instruction 6200.03 (Subject:

"Public Health Emergency Management within the Department of Defense," March 5, 2010), formalizing this role, had not yet been completed, and the experience of the center through the initial months of the pandemic helped define and resolve some policy issues regarding roles, responsibilities and communication links.

Development and promulgation of military public health surveillance standards

sexually transmitted diseases, H1N1 lessons learned, civil-military cooperation in public health and pandemic influenza tabletop exercises [14]. The tabletop exercises, held in conjunction with the annual Force Health Protection Conference, were targeted to train public health emergency officers and afforded the military medical community with an opportunity to receive continuing medical education credits.

Throughout 2009, AFHSC sponsored rotations for residents in preventive medicine graduate medical edu-

References

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3. Rubertone MV, Brundage JF: The Defense Medical Surveillance System and the Department of Defense Serum Repository : glimpses of the future of public health surveillance. Am J Public Health 2002, 92(12):1900-1904.
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