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Morbidity among Women Who Are Pregnant and Have Babies on Active Duty, US Armed Forces, 1997-1999

In 1999, women accounted for 14.6% of the total active duty Armed Forces (table 1). This proportion is likely to increase into the foreseeable future.[1] Women have a disproportionately high number of hospitalizations and ambulatory visits. For example, almost 40% of hospitalizations of servicemembers in 1999 were among women; nearly two-thirds of these hospitalizations were directly related to pregnancies, deliveries, or postpartum complications (table 1).

A majority of women in the military are of childbearing age, and many elect to become pregnant while on active duty. Frequently, pregnant servicemembers continue their assigned military duties throughout their prenatal, delivery, and postnatal recovery periods. While the uncomplicated pregnant state is a healthy and normal condition for young women, in the military, as in other occupational settings, pregnancy may be inappropriately equated with increased susceptibility to illness, injury, or disability and/or an inability to completely and reliably fulfill job requirements.[2] This perception may be heightened in the military since pregnant women are not deployable and are exempt from certain training and duty demands. It is not clear, however, that women who are pregnant and have babies while on active duty have higher non-pregnancy-related illness or injury rates than do their counterparts.

The purpose of this analysis is to compare the nature and magnitude of morbidity affecting pregnant and non-pregnant women of the US Armed Forces that is *not* directly pregnancy-related.

Methods. The population base was all women of childbearing age (less than 45 years) who served on active duty at any time between 1997 and 1999. For this analysis, we compared women who had clinical diagnoses of pregnancy and documented deliveries ("pregnant-with-delivery") to women who had no diagnoses of pregnancy ("not pregnant") during the study period (figure 1).

Figure 1. Pregnancy and delivery status, women, US Armed Forces, 1997-1999

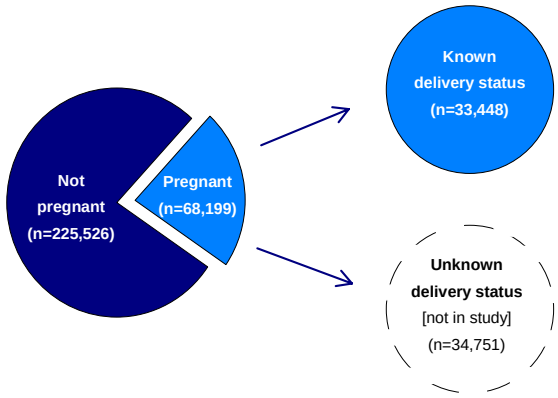

Table 1. Force strength and hospitalizations, women, US Armed Forces, 1999

	Active duty women		Hospitalizations among women		Pregnancy, delivery, post-partum hospitalizations	
	Total number	Percentage of total force strength	Total number	Percentage of total hospitalizations	Total number	Percentage of hospitalizations among women
Army	83,907	15.4	10,520	39.9	6,132	58.3
Navy	57,565	13.7	5,679	38.4	3,488	61.4
Air Force	74,605	18.9	6,703	47.3	3,958	59.1
Marines	12,093	5.9	1,449	22.8	989	68.3
Total	**228,170**	**14.6**	**24,351**	**39.5**	**14,567**	**59.8**

Figure 2. Relative rates of hospitalization by major diagnostic category, pregnant-with-delivery vs. not pregnant, US Armed Forces women, 1997-1999

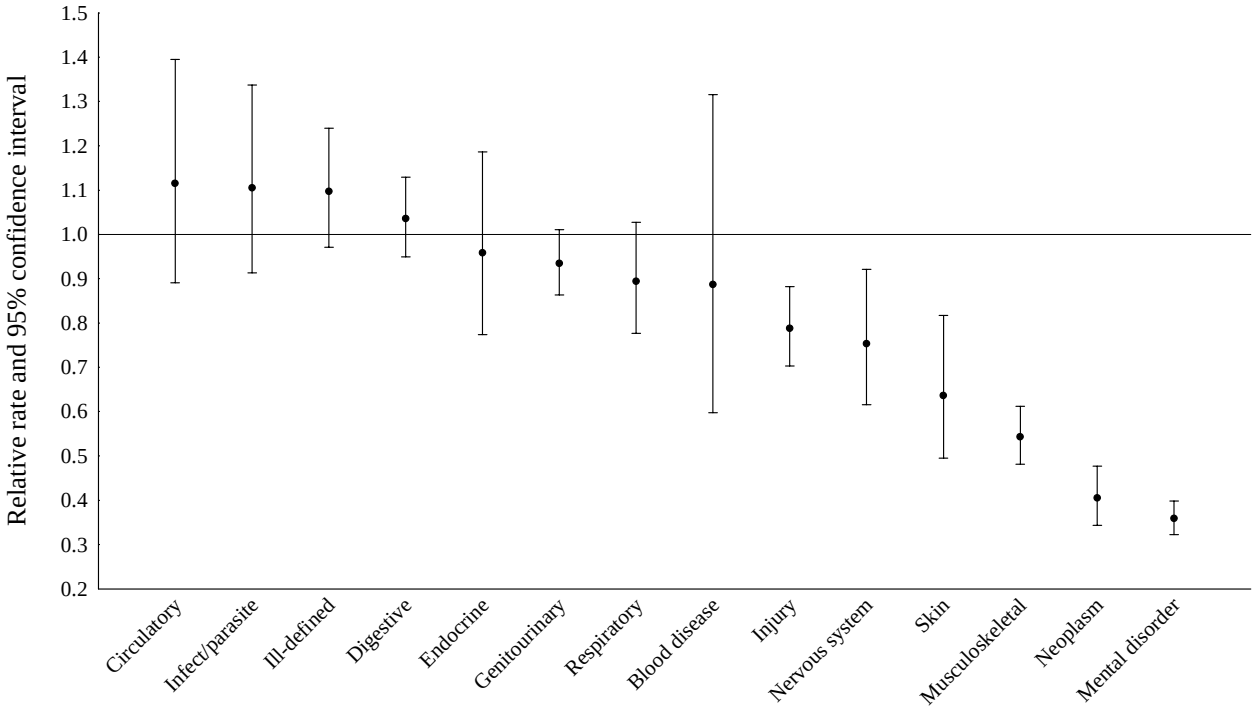

Table 2. Hospitalizations of women by pregnancy/delivery status and major diagnostic category, US Armed Forces, 1997-1999

	Pregnant-with-delivery		Not pregnant			
Category	N	Rate per 100 person-years	N	Rate per 100 person-years	Rate difference	Deficit/ excess hospitalizations
Mental disorder	368	0.46	5,242	1.27	-0.82	-659
Musculoskeletal	291	0.36	2,738	0.67	-0.30	-245
Neoplasm	155	0.19	1,956	0.48	-0.28	-228
Injury	343	0.43	2,224	0.54	-0.11	-93
Genitourinary	737	0.91	4,028	0.98	-0.06	-52
Skin	69	0.09	554	0.13	-0.05	-40
Nervous system	109	0.14	739	0.18	-0.04	-36
Respiratory	232	0.29	1,326	0.32	-0.03	-28
Endocrine	100	0.12	533	0.13	-0.01	-4
Blood	29	0.04	167	0.04	0.00	-4
Circulatory	93	0.12	426	0.10	0.01	10
Infectious & parasitic	129	0.16	596	0.14	0.02	12
Digestive	610	0.76	3,009	0.73	0.03	21
Ill-defined conditions	313	0.39	1,457	0.35	0.03	28
Total	**3,578**	**4.44**	**24,995**	**6.08**	**-1.64**	**-1,317**

Pregnancy status (and, where available, information on delivery outcome) was ascertained from pregnancy-related diagnoses that were reported during hospitalizations or ambulatory visits during the 3-year study period. Follow-up time for pregnant women included time before and during their pregnancies plus time after their deliveries until diagnoses of a second pregnancy or the end of the study period.

Using the primary diagnosis field, both hospitalizations and ambulatory visits (excluding those for pregnancy, perinatal, congenital anomalies, and V-codes) were grouped into major diagnostic categories. For each diagnostic category, rates of hospitalizations and ambulatory visits (per 100 person-years) and relative rates (pregnant-with-delivery versus not pregnant) with 95% confidence intervals were calculated. Numbers of excess or deficit hospitalizations and ambulatory visits were computed for each diagnostic category. Excess or deficit encounters were estimated as the differences between "observed" and "expected" encounters in the pregnant-with-delivery group. The expected number of encounters in each diagnostic category in each clinical setting was calculated by multiplying the corresponding rate in the not pregnant group by the person-years of follow-up in the pregnant-with-delivery group. All data for the study were taken from the Defense Medical Surveillance System.

Results. During the study period, 293,725 women served on active duty in the US Armed Forces. Of these, 68,199 (23.2%) had at least one clinical diagnosis of pregnancy. Of women who were pregnant during the study period, 33,448 (49.0%) had a known delivery outcome (i.e., outcomes of their pregnancies were documented in hospitalization and/or ambulatory clinic records). Women who were pregnant and delivered were more likely than those who were not pregnant to be young (i.e., ages 22-34), to be black or hispanic, to have a lower educational attainment, and to be married (data not shown).

During the study period, women who delivered babies had lower rates of hospitalizations (relative rate: 0.73) and ambulatory visits (relative rate: 0.89) than their non-pregnant counterparts. Overall, the pregnant-with-delivery group had 1,317 fewer hospitalizations and 56,981 fewer ambulatory visits than would be expected based on the not pregnant group's experience.

Relative to the not pregnant group, hospitalization rates were lower in the pregnant-with-delivery group in 10 of the 14 major diagnostic categories examined. The pregnant-with-delivery group had statistically significantly lower hospitalization rates for mental disorders, neoplasms, musculoskeletal disorders, skin disorders, nervous system disorders, and injuries (figure 2). Mental disorders (deficit: -659 hospitalizations), musculoskeletal disorders (deficit: -245 hospitalizations), and neoplasms (deficit: -228 hospitalizations) accounted for the largest deficits of hospitalizations among the pregnant-with-delivery group. In contrast, no diagnostic categories had statistically significantly higher hospitalization rates in the pregnant-with-delivery group, and no categories accounted for more than 28 excess hospitalizations (table 2).

Relative to the not pregnant group, ambulatory visit rates were lower in the pregnant-with-delivery group in 9 of the 14 major diagnostic categories. The pregnant-with-delivery group had statistically significantly lower ambulatory visit rates for mental disorders, neoplasms, musculoskeletal disorders, skin disorders, nervous system disorders, injuries, and respiratory disorders (figure 3). Musculoskeletal disorders (deficit: -37,895 visits), mental disorders (deficit: -15,523 visits), and injuries (deficit: -12,992 visits) accounted for the largest deficits of ambulatory visits in the pregnant-with-delivery group. Conversely, ambulatory visit rates were statistically significantly higher in the pregnant-with-delivery group for genitourinary disorders; signs, symptoms, and ill-defined conditions; digestive disorders; endocrine disorders; and infectious and parasitic illnesses. Genitourinary disorders (excess: 10,582 visits) and "signs, symptoms, and ill-defined conditions" (excess: 10,022 visits) accounted for the largest excesses of ambulatory visits in the pregnant-with-delivery group (table 3).

Editorial comment. Results of this analysis suggest that women who are pregnant and have babies while on active duty have less morbidity in general (for conditions not directly related to pregnancy) than their non-pregnant counterparts. In the outpatient setting, however, genitourinary disorders and signs, symptoms, and ill-defined conditions accounted for more than 10,000 excess clinic visits each in the pregnant-with-delivery group. The most common 3-digit level diagnoses in these groups were "other

Figure 3. Relative rates of ambulatory visits by major diagnostic category, pregnant-with-delivery vs. not pregnant, US Armed Forces women, 1997-1999

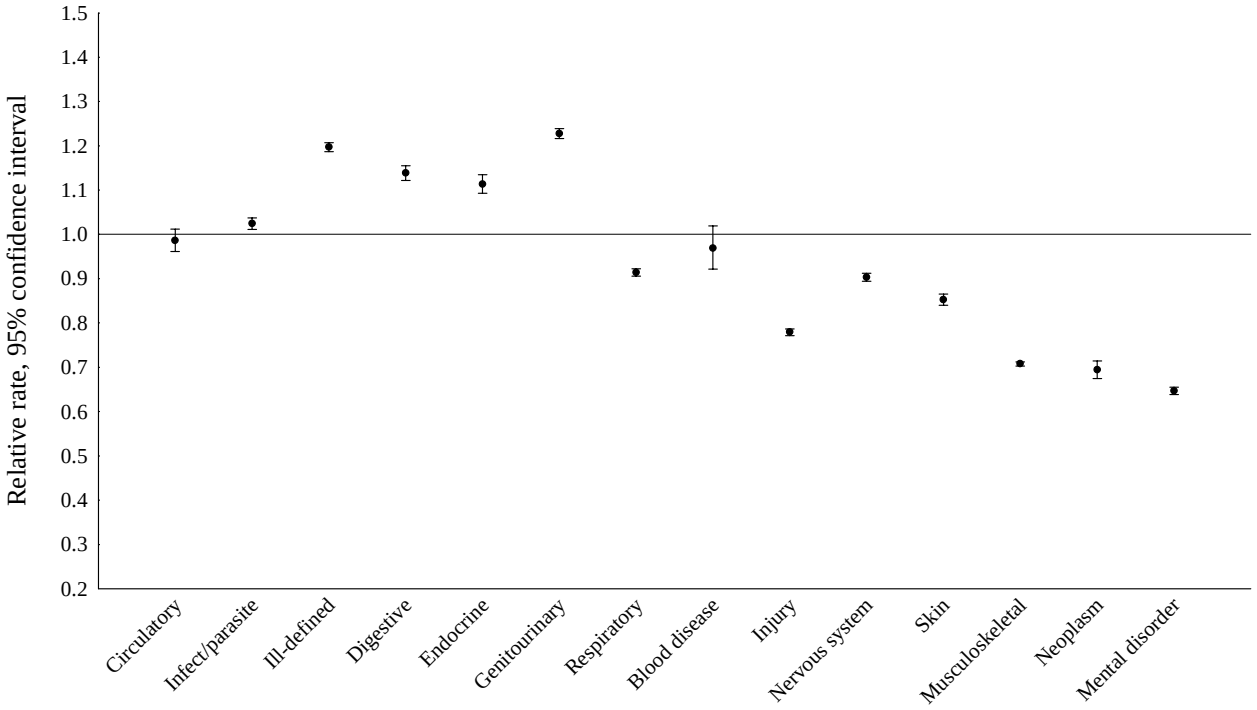

Table 3. Ambulatory visits of women by pregnancy/delivery status and major diagnostic category, US Armed Forces, 1997-1999

	Pregnant-with-delivery		Not pregnant			
Category	N	Rate per 100 person-years	N	Rate per 100 person-years	Rate difference	Deficit/ excess ambulatory visits
Musculoskeletal disease	91,693	113.83	661,660	160.87	-47.04	-37,895
Mental disorder	28,420	35.28	224,369	54.55	-19.27	-15,523
Injury	45,804	56.86	300,206	72.99	-16.13	-12,992
Respiratory disease	56,378	69.99	315,001	76.59	-6.60	-5,316
Nervous system disease	42,837	53.18	242,210	58.89	-5.71	-4,600
Skin disease	20,058	24.90	120,124	29.21	-4.31	-3,469
Neoplasm	5,338	6.63	39,256	9.54	-2.92	-2,350
Circulatory disease	7,010	8.70	36,291	8.82	-0.12	-98
Blood disease	1,831	2.27	9,647	2.35	-0.07	-58
Infectious & parasitic disea	27,798	34.51	138,596	33.70	0.81	654
Endocrine disease	13,342	16.56	61,184	14.88	1.69	1,359
Digestive disease	22,232	27.60	99,712	24.24	3.36	2,703
Ill-defined conditions	60,941	75.65	259,989	63.21	12.44	10,022
Genitourinary disease	57,058	70.83	237,299	57.69	13.14	10,582
Total	**480,740**	**596.79**	**2,745,544**	**667.53**	**-70.74**	**-56,981**

disorders of the urethra and urinary tract"(ICD-9-CM: 599) and "other symptoms involving the abdomen and pelvis" (ICD-9-CM: 789). Of note, there were excess hospitalizations for signs, symptoms, and ill-defined conditions but a deficit of hospitalizations for genitourinary disorders in the pregnant-with-delivery group.

The largest morbidity deficits were for musculoskeletal disorders, mental disorders, and injuries. The finding regarding musculoskeletal disorders in particular must be interpreted cautiously. During pregnancy, many anatomic, physiologic, and hormonal changes affect the musculoskeletal systems of women.[3,4] Some musculoskeletal conditions (e.g., low back pain, sacroiliac joint pain, carpal tunnel syndrome, pelvic pain, leg cramps) are so common during pregnancy[3,4,5] that they may not be diagnosed and reported as distinct musculoskeletal disorders.

Other factors should be considered when interpreting the overall findings. First, relatively healthier women may "self-select" to become pregnant and to have babies. For example, women who are seriously sick or injured may be less likely to get pregnant than their healthy counterparts; and women who are recuperating or rehabilitating from serious illnesses or injuries may delay having children until they regain their full health. Second, female servicemembers who are pregnant may receive non-pregnancy-related care from obstetrical staffs. For example, during prenatal visits, acute minor illnesses and injuries may be treated, but not documented in automated clinic records. Third, during pregnancies and after deliveries, female servicemembers are likely to take extended periods of leave. While on leave, women may be relatively protected from many illness and injury risks. Fourth, during their pregnancies, female servicemembers are excused from training and duty activities that may present risks of musculoskeletal disorders and injuries. Finally, women may adopt healthier and safer lifestyles during pregnancies (e.g., abstain from alcohol).

Additional analyses are required to fully characterize the effects of pregnancy, delivery, and postpartum recovery on morbidity that is not directly related to pregnancy. It appears, however, that healthy, fully employed women may experience less overall morbidity than their counterparts before, during, and after their pregnancies and deliveries.

Analysis and report by Karen E. Campbell, MS, Analysis Group, Army Medical Surveillance Activity.

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Human Immunodeficiency Virus, Type 1, Antibody Screening among Soldiers and Civilian Applicants for Military Service, 1985-2001

Since 1986, all members of the active and reserve components of the US Armed Forces have been periodically screened for antibodies to human immunodeficiency virus, type 1 (HIV-1). In addition, since October 1985, all civilian applicants for US military service have been screened for antibodies to HIV-1 during preinduction medical examinations at Military Entrance Processing Stations (MEPS). This report summarizes prevalences and trends of new diagnoses of HIV-1 among routinely screened soldiers and civilian applicants for service.

Methods: For active, reserve, and National Guard soldiers, new diagnoses of HIV-1 infections were summarized based on each confirmed case's earliest positive test that exactly matched identifying information on a contemporaneous personnel file. For calendar-year-specific seroprevalence calculations, denominators were the numbers of soldiers in each component who were tested at least once during specified calendar years. Annual HIV-1 infection prevalences among civilian applicants for service were calculated by dividing the number of applicants with first positive HIV-1 tests by the number of applicants tested each calendar year.

Active duty soldiers: Between January 2000 and June 2001, 60 active duty soldiers were newly diagnosed with HIV-1 infections during routine screening. During calendar year 2000, there were fewer cases (n=41) and a lower overall rate (0.15 per 1000) of new diagnoses than in any year since routine testing began (table 1). Of the 2,647 active duty soldiers diagnosed with HIV-1 infections since routine testing began, 274 (10.4%) remain on active duty (table 1).

Army Reserve: Between January 2000 and June 2001, 16 soldiers (12 males, 4 females) of the U.S. Army Reserve were diagnosed with HIV-1 infections during routine testing. During 2000, the overall prevalence (0.28 per 1000 tested) continued a long trend of relative stability in the Army Reserve (table 2).

Army National Guard: Between January 2000 and June 2001, 16 soldiers (13 males, 3 females) of the Army National Guard were diagnosed with HIV-1 infections during routine testing. During 2000, there were fewer cases (n=11) and a lower overall rate (0.15 per 1000) of new diagnoses among National Guard soldiers than in any year since routine testing began (table 3).

Civilian applicants for military service: Since October 1985, 4,590 civilian applicants for military service have been diagnosed with HIV-1 infections during preinduction medical examinations. Between January 2000 and June 2001, 162 applicants (129 males, 33 females) were diagnosed with HIV-1 infections. During 2000, the overall prevalence (0.30 per 1000 tested) was remarkably similar to the prevalences of the prior 4 years (table 4); prevalences among male and female applicants were very similar and remarkably stable (figure 4); and the prevalence among black nonhispanic applicants continued a 3-year trend of gradual increase (figure 5).

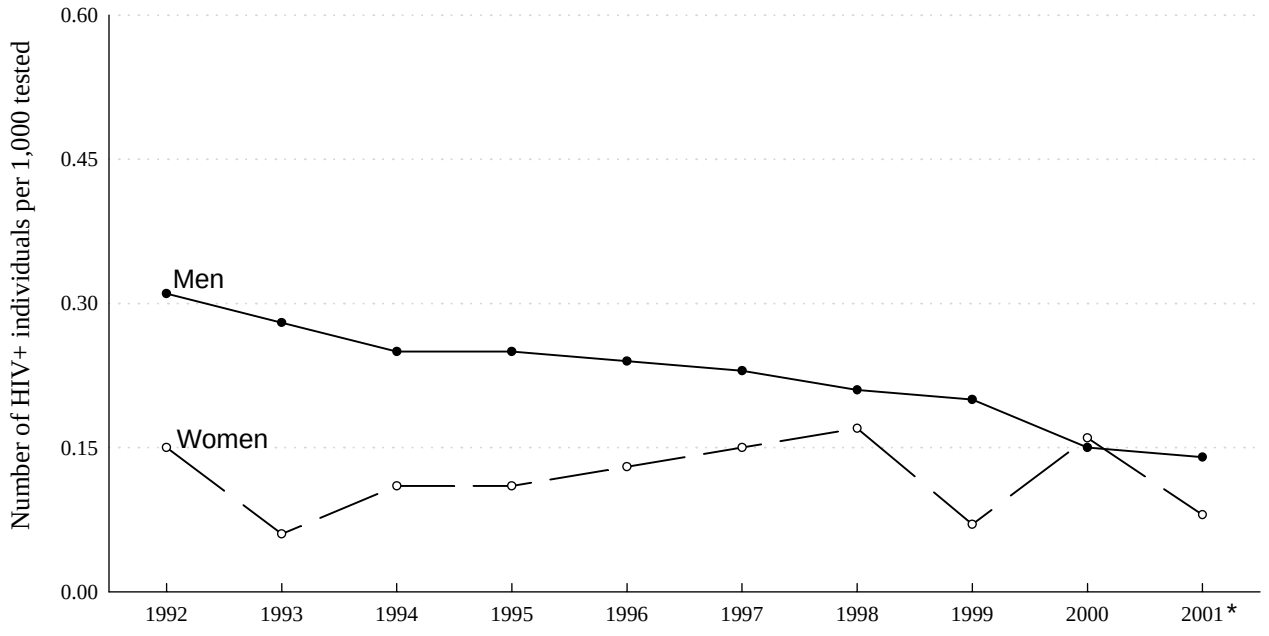
Analyses by Vince Desborough, Army Medical Surveillance Activity.

Table 1. Rates of new diagnoses of HIV-1 infections, Army Active Duty, 1985-2001

Year	Total HIV tests	Total persons tested	Males tested	Females tested	Total newly identified HIV +	Newly identified HIV + males	Newly identified HIV + females	Total rate per 1000 tested	Male rate per 1000 tested	Female rate per 1000 tested	HIV + currently on active duty (by year of diagnosis)
1985/86	390,645	365,740	327,169	38,571	927	883	44	2.53	2.70	1.14	10
1987	462,827	351,629	315,278	36,351	393	378	15	1.12	1.20	0.41	3
1988	446,922	381,102	334,977	46,125	195	188	7	0.51	0.56	0.15	3
1989	488,781	406,015	357,273	48,742	168	162	6	0.41	0.45	0.12	5
1990	533,675	440,852	385,595	55,257	153	144	9	0.35	0.37	0.16	7
1991	480,348	397,387	347,445	49,942	132	126	6	0.33	0.36	0.12	8
1992	530,958	427,708	374,281	53,427	124	116	8	0.29	0.31	0.15	15
1993	456,711	368,616	319,932	48,684	91	88	3	0.25	0.28	0.06	11
1994	417,944	341,358	294,148	47,210	80	75	5	0.23	0.25	0.11	17
1995	418,771	338,872	291,488	47,384	78	73	5	0.23	0.25	0.11	31
1996	373,913	307,241	261,511	45,730	68	62	6	0.22	0.24	0.13	27
1997	361,518	298,854	252,382	46,472	64	57	7	0.21	0.23	0.15	27
1998	369,284	300,555	252,537	48,018	62	54	8	0.21	0.21	0.17	31
1999	348,375	288,701	242,573	46,128	52	49	3	0.18	0.20	0.07	30
2000	328,246	273,292	228,299	44,993	41	34	7	0.15	0.15	0.16	32
2001*	162,066	149,627	124,284	25,343	19	17	2	0.13	0.14	0.08	17
Total	**6,570,984**	**5,437,549**	**4,709,172**	**728,377**	**2,647**	**2,506**	**141**				**274**

***** through June 2001

Figure 1. Rates of new diagnoses of HIV-1 infections, Army Active Duty, 1992-2001



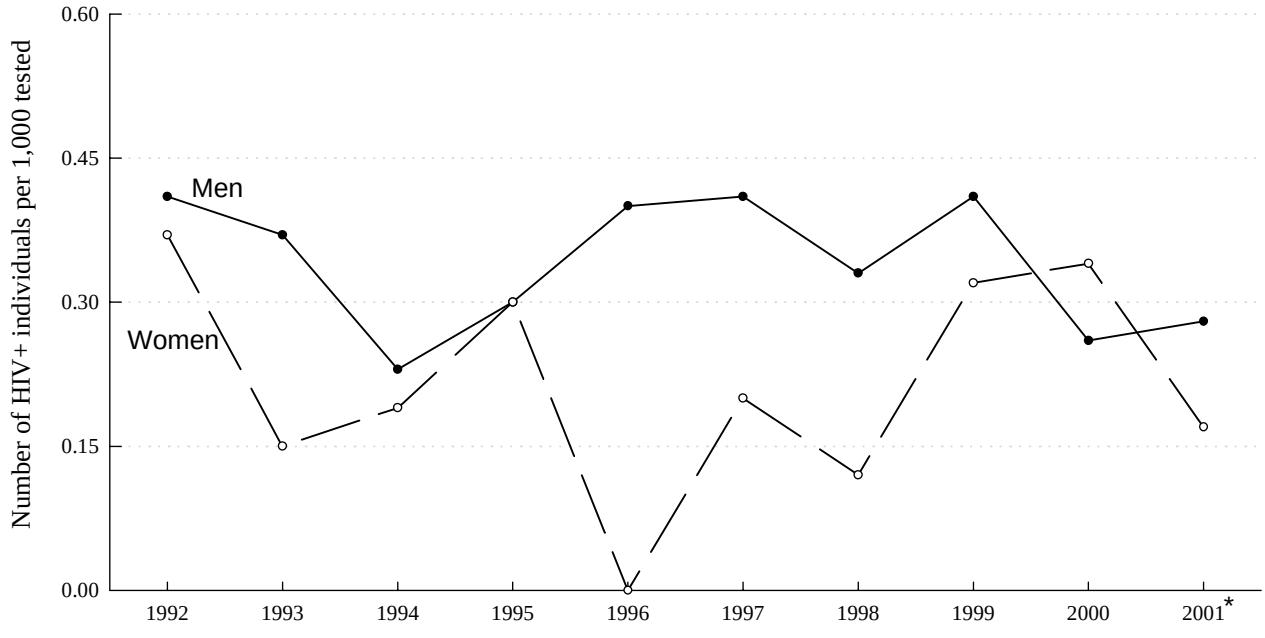
*through June 2001

Table 2. Rates of new diagnoses of HIV-1 infections, Army Reserve, 1985-2001

Year	Total HIV tests	Total persons tested	Males tested	Females tested	Total newly identified HIV +	Newly identified HIV + males	Newly identified HIV + females	Total rate per 1000 tested	Male rate per 1000 tested	Female rate per 1000 tested
1985/86	6,469	6,298	5,397	901	8	7	1	1.27	1.30	1.11
1987	157,946	147,589	120,339	27,250	35	33	2	0.24	0.27	0.07
1988	92,791	87,812	70,698	17,114	77	75	2	0.88	1.06	0.12
1989	172,238	158,223	127,426	30,797	81	76	5	0.51	0.60	0.16
1990	173,814	151,999	121,333	30,666	73	70	3	0.48	0.58	0.10
1991	121,032	110,241	87,959	22,282	61	59	2	0.55	0.67	0.09
1992	182,210	159,905	127,540	32,365	64	52	12	0.40	0.41	0.37
1993	146,303	130,104	103,891	26,213	42	38	4	0.32	0.37	0.15
1994	136,753	122,908	96,917	25,991	27	22	5	0.22	0.23	0.19
1995	104,691	95,677	75,464	20,213	29	23	6	0.30	0.30	0.30
1996	50,244	47,661	37,200	10,461	15	15	0	0.31	0.40	0.00
1997	43,939	41,853	31,839	10,014	15	13	2	0.36	0.41	0.20
1998	37,208	35,733	27,197	8,536	10	9	1	0.28	0.33	0.12
1999	41,323	38,418	29,170	9,248	15	12	3	0.39	0.41	0.32
2000	38,060	35,501	26,615	8,886	10	7	3	0.28	0.26	0.34
2001*	24,868	24,139	18,174	5,965	6	5	1	0.25	0.28	0.17
Total	**1,529,889**	**1,394,061**	**1,107,159**	**286,902**	**568**	**516**	**52**			

***** through June 2001

Figure 2. Rates of new diagnoses of HIV-1 infections, Army Reserve, 1992-2001



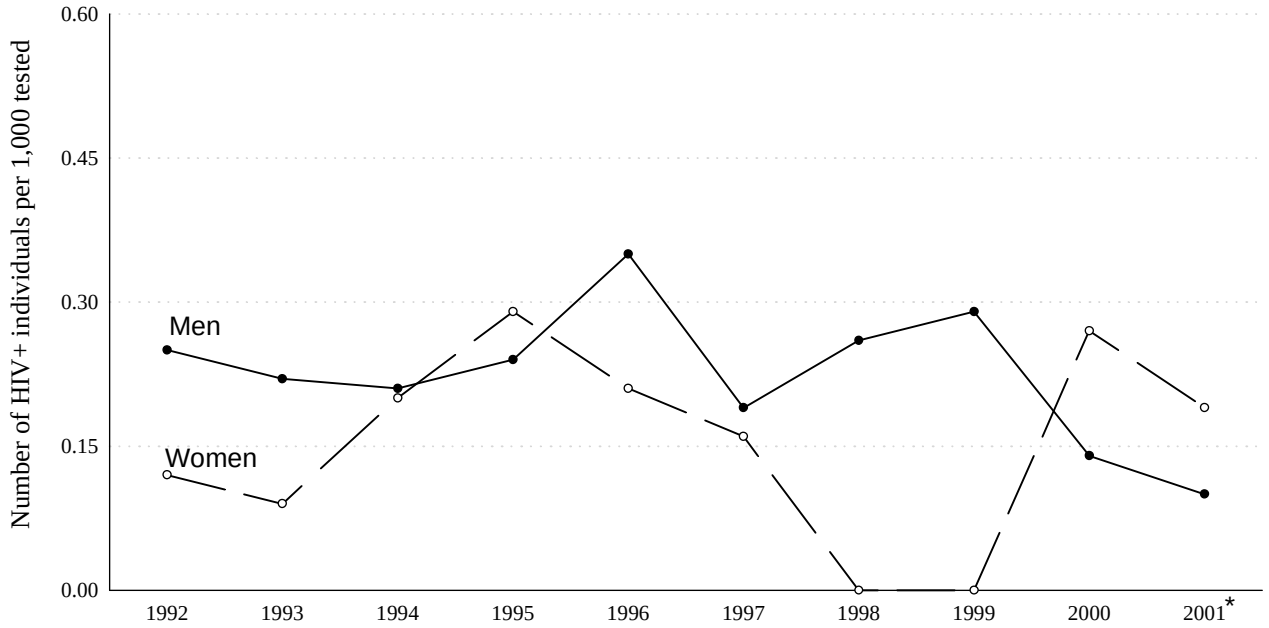
*through June 2001

Table 3. Rates of new diagnoses of HIV-1 infections, Army National Guard, 1985-2001

Year	Total HIV tests	Total persons tested	Males tested	Females tested	Total newly identified HIV +	Newly identified HIV + males	Newly identified HIV + females	Total rate per 1000 tested	Male rate per 1000 tested	Female rate per 1000 tested	HIV + currently on active status Nat'l Guard
1985/86	97,021	95,858	90,925	4,933	32	30	2	0.33	0.33	0.41	1
1987	235,527	227,489	215,663	11,826	39	38	1	0.17	0.18	0.08	0
1988	163,491	157,690	148,323	9,367	48	44	4	0.30	0.30	0.43	2
1989	198,180	189,184	177,868	11,316	72	70	2	0.38	0.39	0.18	2
1990	229,622	213,242	198,176	15,066	66	64	2	0.31	0.32	0.13	0
1991	189,894	177,585	165,914	11,671	57	53	4	0.32	0.32	0.34	2
1992	251,539	236,039	218,728	17,311	56	54	2	0.24	0.25	0.12	0
1993	168,322	159,223	147,500	11,723	34	33	1	0.21	0.22	0.09	2
1994	199,906	186,971	172,246	14,725	39	36	3	0.21	0.21	0.20	5
1995	147,474	140,839	130,458	10,381	34	31	3	0.24	0.24	0.29	7
1996	61,639	58,837	53,965	4,872	20	19	1	0.34	0.35	0.21	0
1997	70,961	67,937	61,579	6,358	13	12	1	0.19	0.19	0.16	1
1998	79,044	75,816	68,725	7,091	18	18	0	0.24	0.26	0.00	5
1999	86,305	81,451	73,635	7,816	21	21	0	0.26	0.29	0.00	11
2000	76,253	72,638	65,115	7,523	11	9	2	0.15	0.14	0.27	7
2001*	46,451	45,065	39,751	5,314	5	4	1	0.11	0.10	0.19	5
Total	**2,301,629**	**2,185,864**	**2,028,571**	**157,293**	**565**	**536**	**29**				**50**

* through June 2001

Figure 3. Rates of new diagnoses of HIV-1 infections, Army National Guard, 1992-2001



*through June 2001

Table 4. Rates of new diagnoses of HIV-1 infections, civilian applicants, 1985-2001

Year	Total persons tested*	Males tested	Females tested	Total newly identified HIV +*	Newly identified HIV + males	Newly identified HIV + females	Total rate per 1000 tested	Male rate per 1000 tested	Female rate per 1000 tested
1985/86	788,053	679,271	108,782	1,180	1,111	69	1.50	1.64	0.63
1987	550,031	473,800	76,231	747	695	52	1.36	1.47	0.68
1988	499,984	423,607	76,377	558	503	55	1.12	1.19	0.72
1989	497,672	419,067	78,605	507	465	42	1.02	1.11	0.53
1990	404,180	340,208	63,972	311	281	30	0.77	0.83	0.47
1991	376,179	319,349	56,830	274	245	29	0.73	0.77	0.51
1992	334,295	273,371	60,924	148	121	27	0.44	0.44	0.44
1993	307,745	250,420	57,325	132	111	21	0.43	0.44	0.37
1994	276,945	219,988	56,957	103	70	33	0.37	0.32	0.58
1995	217,221	172,197	45,024	105	84	21	0.48	0.49	0.47
1996	295,353	231,534	63,819	88	73	15	0.30	0.32	0.24
1997	290,288	229,590	60,698	88	70	18	0.30	0.30	0.30
1998	286,424	224,429	61,995	91	75	16	0.32	0.33	0.26
1999	308,971	241,991	66,980	96	79	17	0.31	0.33	0.25
2000	330,371	257,581	72,790	100	79	21	0.30	0.31	0.29
2001*	152,191	118,615	33,576	62	50	12	0.41	0.42	0.36
Total	**5,915,903**	**4,875,018**	**1,040,885**	**4,590**	**4,112**	**478**			

***** through June 2001

Figure 4. Rates of new diagnoses of HIV-1 infections, civilian applicants, 1985/86-2001

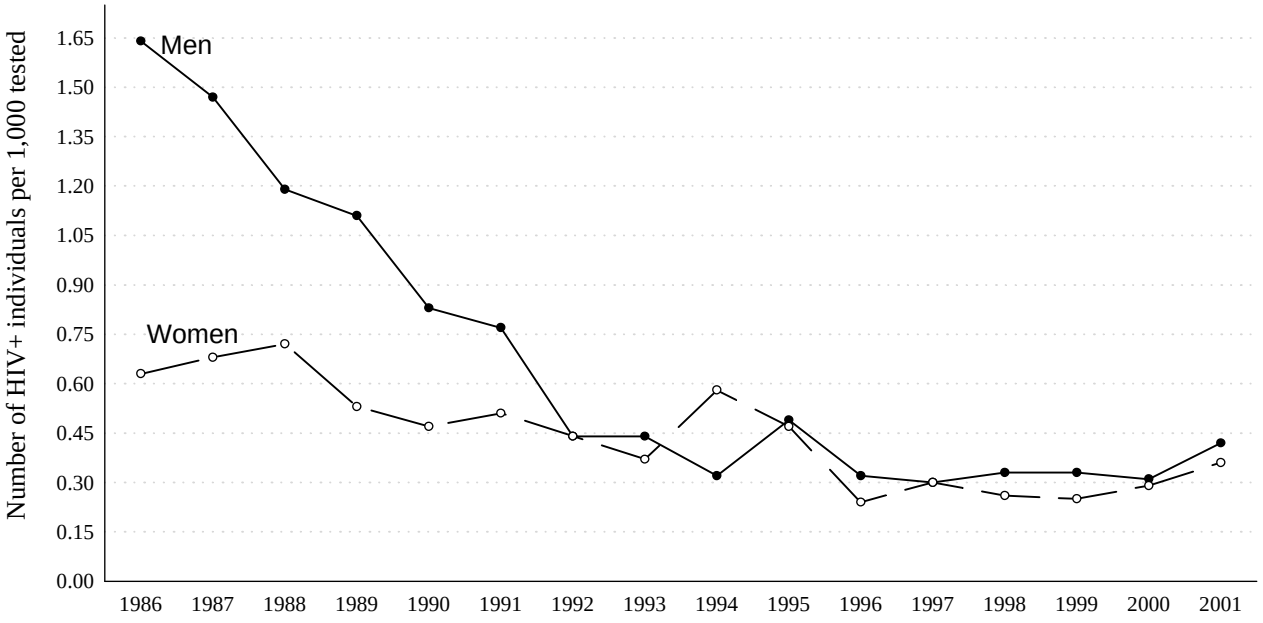


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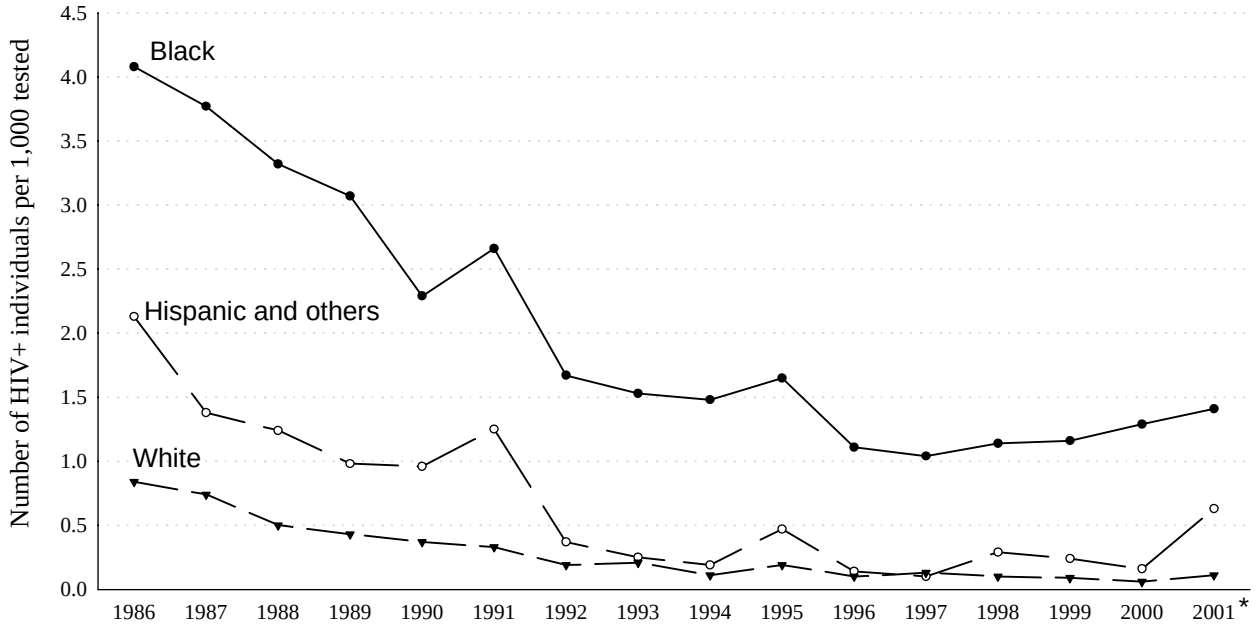
Table 5. Summary of HIV-1 testing, Active Duty, Reserve, and National Guard, US Army, 2000

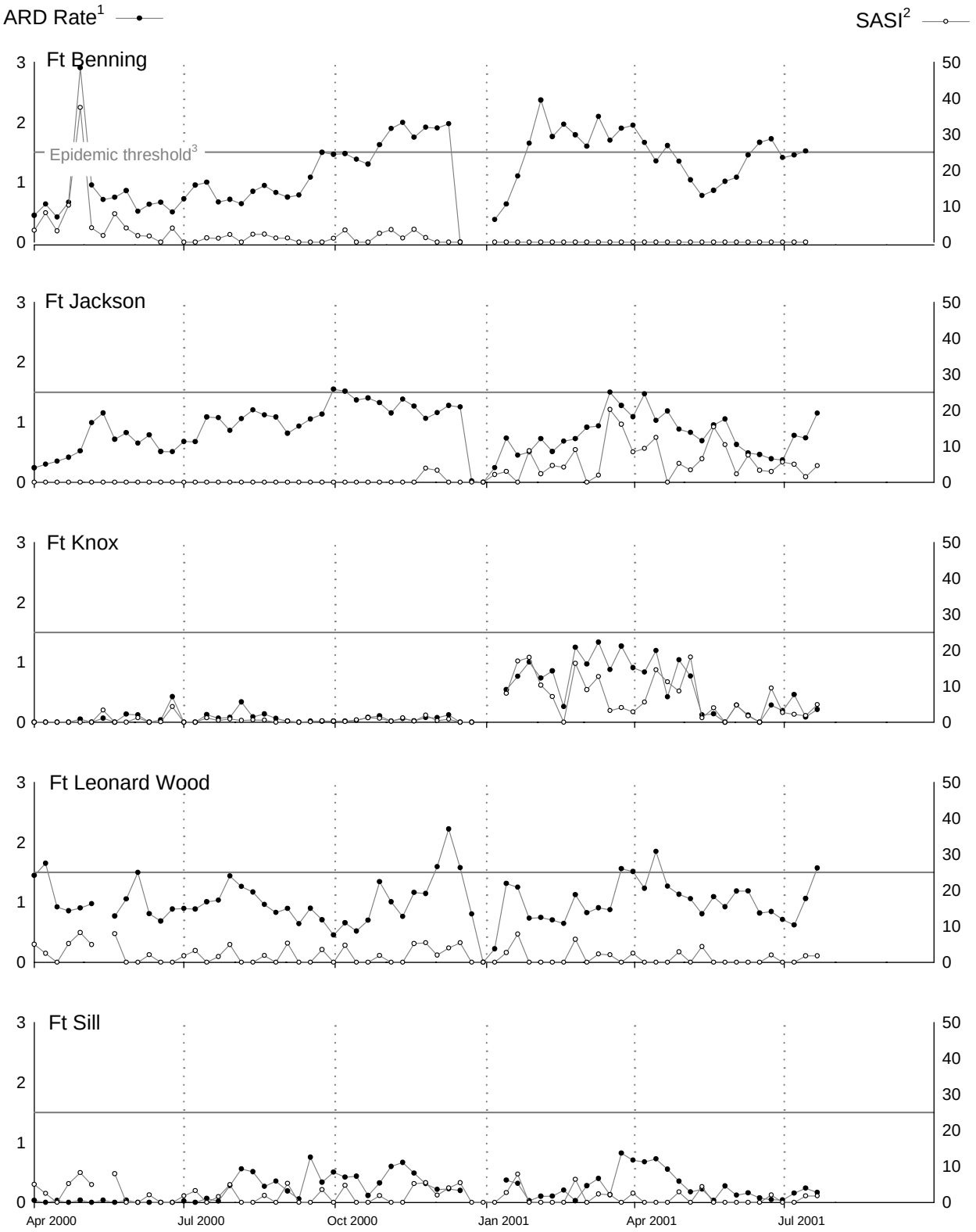
	Active duty	Reserve	National Guard	Total
Force testing	244,021	6,223	9,149	259,393
Physical exam	48,704	2,171	10,842	61,717
Clinical, STD	21,749	285	205	22,239
Other, unknown	13,772	701	1,027	15,500
Total tests	328,246	9,380	21,223	358,849
Total persons tested	273,292	35,501	72,638	381,431
New HIV +	41	10	11	62
HIV + per 1000	0.15	0.28	0.15	0.16

Figure 5. Rates of new diagnoses of HIV-1 infections, civilian applicants, 1985/86-2001



*through June 2001

Acute respiratory disease (ARD) and streptococcal pharyngitis (SASI), Army Basic Training Centers by week through July 2001



[1]ARD rate = cases per 100 trainees per week

[2]SASI (Strep ARD surveillance index) = (ARD rate)(rate of Group A beta-hemolytic strep)

[3]ARD rate >=1.5 or SASI >=25.0 for 2 weeks defines epidemic

Sentinel reportable events for all beneficiaries[1] at US Army medical facilities, cumulative numbers[2] for calendar years through June 30, 2000 and June 30, 2001

Reporting location	Number of reports all events[3]		Food-borne								Vaccine Preventable					
			Campylobacter		Giardia		Salmonella		Shigella		Hepatitis A		Hepatitis B		Varicella	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
NORTH ATLANTIC																
Washington DC Area	95	89	-	1	5	3	5	3	2	2	1	-	1	-	2	1
Aberdeen, MD	9	27	-	-	-	-	-	-	-	-	-	-	-	1	-	-
FT Belvoir, VA	105	94	7	8	1	4	3	6	-	-	-	1	3	-	1	-
FT Bragg, NC	676	736	-	1	-	-	5	7	-	1	-	-	-	-	3	2
FT Drum, NY	130	123	-	2	-	-	-	-	-	-	-	-	-	-	6	-
FT Eustis, VA	116	138	4	-	-	-	-	1	-	-	-	-	1	-	1	1
FT Knox, KY	118	152	-	-	-	3	1	1	-	-	-	-	1	-	4	1
FT Lee, VA	133	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FT Meade, MD	43	33	-	-	-	-	1	1	-	-	-	-	-	-	-	-
West Point, NY	16	17	-	1	-	-	-	1	-	-	-	2	-	-	-	-
GREAT PLAINS																
FT Sam Houston, TX	163	167	-	-	-	2	6	-	1	-	2	-	-	-	1	-
FT Bliss, TX	166	125	-	3	2	2	3	-	5	5	-	-	-	-	2	1
FT Carson, CO	322	371	-	1	-	2	1	1	1	1	-	-	-	1	-	-
FT Hood, TX	848	896	1	1	-	-	-	2	2	5	-	-	1	6	2	2
FT Huachuca, AZ	23	16	-	1	-	-	-	-	-	-	-	-	-	-	-	-
FT Leavenworth, KS	10	17	-	1	1	-	1	2	-	-	-	-	-	-	-	-
FT Leonard Wood, MO	79	121	-	-	-	-	-	-	-	-	-	-	-	-	12	5
FT Polk, LA	138	141	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FT Riley, KS	138	86	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FT Sill, OK	129	168	-	-	-	-	-	-	-	-	-	-	-	1	3	1
SOUTHEAST																
FT Gordon, GA	100	118	-	-	-	-	-	-	-	-	-	1	-	2	1	-
FT Benning, GA	157	257	-	1	1	1	3	4	-	1	-	-	-	-	6	3
FT Campbell, KY	159	416	-	3	2	2	-	5	1	-	-	1	-	-	2	-
FT Jackson, SC	265	112	-	-	-	-	-	-	-	-	-	1	-	5	3	2
FT Rucker, AL	41	45	-	-	-	-	1	2	-	-	-	-	-	-	-	-
FT Stewart, GA	259	257	-	-	-	-	1	5	-	-	-	-	-	3	-	-
WESTERN																
FT Lewis, WA	260	391	3	3	1	1	-	6	-	-	-	-	1	2	-	-
FT Irwin, CA	34	29	-	-	-	-	-	-	-	-	-	2	-	3	1	2
FT Wainwright, AK	40	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER LOCATIONS																
Hawaii	382	448	17	28	6	13	3	13	-	6	1	1	2	1	1	-
Europe	807	718	9	20	1	1	14	21	-	-	-	2	6	6	8	6
Korea	257	35	-	-	-	-	1	2	-	-	-	1	1	-	1	2
Total	**6,218**	**6,519**	**41**	**75**	**20**	**34**	**49**	**83**	**12**	**21**	**4**	**12**	**17**	**31**	**60**	**29**

1. Includes active duty servicemembers, dependents, and retirees.

2. Events reported by July 7, 2000 and 2001.

3. Seventy events specified by Tri-Service Reportable Events, Version 1.0, July 2000.

Note: Completeness and timeliness of reporting vary by facility.

Source: Army Reportable Medical Events System.

(Cont'd) Sentinel reportable events for all beneficiaries[1] at US Army medical facilities, cumulative numbers[2] for calendar years through June 30, 2000 and June 30, 2001

Reporting location	Arthropod-borne				Sexually Transmitted								Environmental			
	Lyme Disease		Malaria		Chlamydia		Gonorrhea		Syphilis[3]		Urethritis[4]		Cold		Heat	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
NORTH ATLANTIC																
Washington DC Area	2	2	-	-	28	38	14	8	1	5	-	-	-	-	-	-
Aberdeen, MD	1	-	-	-	4	15	-	7	2	-	-	-	-	3	-	-
FT Belvoir, VA	-	-	-	-	69	58	9	10	2	1	-	-	-	-	4	1
FT Bragg, NC	1	-	2	3	260	338	139	179	1	-	193	140	-	7	72	56
FT Drum, NY	-	-	-	-	80	96	31	22	-	1	2	-	9	1	1	-
FT Eustis, VA	1	-	-	-	83	99	17	35	-	-	-	-	-	-	5	1
FT Knox, KY	-	-	-	-	79	117	24	27	1	2	-	-	-	-	7	-
FT Lee, VA	-	-	-	-	109	97	24	34	-	-	-	-	-	-	-	-
FT Meade, MD	-	-	-	-	30	25	6	7	-	-	1	-	-	-	-	-
West Point, NY	-	5	-	-	13	7	2	-	-	-	-	-	1	-	-	1
GREAT PLAINS																
FT Sam Houston, TX	-	-	-	-	121	141	19	11	-	-	3	1	-	1	6	7
FT Bliss, TX	-	1	2	1	87	65	27	30	2	1	-	-	-	-	1	2
FT Carson, CO	-	-	1	-	260	283	39	35	-	-	19	42	-	-	-	-
FT Hood, TX	-	-	-	-	472	489	168	178	-	3	171	178	1	-	9	18
FT Huachuca, AZ	-	-	-	-	16	15	6	-	-	-	-	-	-	-	1	-
FT Leavenworth, KS	-	-	-	-	5	8	1	3	-	-	-	-	-	-	-	-
FT Leonard Wood, MO	-	-	-	-	37	76	18	23	-	-	6	5	3	3	3	4
FT Polk, LA	-	-	-	-	124	110	14	27	-	-	-	-	-	-	-	-
FT Riley, KS	-	-	-	-	78	69	36	11	1	-	-	-	22	3	1	2
FT Sill, OK	1	1	-	-	86	88	19	40	-	-	16	33	-	-	-	-
SOUTHEAST																
FT Gordon, GA	-	-	3	1	89	100	6	8	-	-	-	-	-	-	-	2
FT Benning, GA	-	-	1	-	77	155	39	47	3	-	-	1	-	-	24	10
FT Campbell, KY	-	2	3	-	78	335	69	65	1	1	-	-	2	-	-	1
FT Jackson, SC	-	-	-	-	234	67	27	31	-	2	-	-	-	-	-	1
FT Rucker, AL	-	-	-	-	30	33	10	5	-	-	-	-	-	-	-	2
FT Stewart, GA	-	-	-	-	99	86	58	64	-	-	93	91	-	-	8	7
WESTERN																
FT Lewis, WA	-	-	2	-	146	245	24	50	-	-	73	74	-	4	-	-
FT Irwin, CA	-	-	-	-	28	16	5	2	-	-	-	-	-	-	-	2
FT Wainwright, AK	-	-	-	-	35	34	1	-	-	-	-	-	4	11	-	-
OTHER LOCATIONS																
Hawaii	-	-	4	-	259	290	43	38	-	-	-	1	-	-	1	-
Europe	4	2	-	2	610	543	139	94	1	2	-	-	5	11	-	-
Korea	-	-	1	4	212	5	15	14	10	1	6	1	2	-	-	3
Total	**10**	**13**	**19**	**11**	**3,938**	**4,143**	**1,049**	**1,105**	**25**	**19**	**583**	**567**	**49**	**44**	**143**	**120**

3. Primary and secondary.

4. Urethritis, non-gonoccal (NGU).

Note: Completeness and timeliness of reporting vary by facility.

Source: Army Reportable Medical Events System.

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