



Department of Defense

DIRECTIVE

NUMBER 6490.02E

October 21, 2004

Certified Current as of April 23, 2007

USD(P&R)

SUBJECT: Comprehensive Health Surveillance

- References:
- (a) DoD Directive 6490.2, "Joint Medical Surveillance," August 30, 1997 (hereby canceled)
 - (b) DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002
 - (c) DoD Directive 1404.10, "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," April 10, 1992
 - (d) DoD Instruction 3020.37, "Continuation of Essential DoD Contractor Services During Crises," November 6, 1990
 - (e) through (j), see enclosure 1

1. PURPOSE

This Directive reissues reference (a) to:

- 1.1. Establish policy and assign responsibility for routine, comprehensive health surveillance of all military Service members during active Federal service.
- 1.2. Designate the Secretary of the Army as the DoD Executive Agent for the Defense Medical Surveillance System and the Department of Defense Serum Repository in accordance with reference (b).

2. APPLICABILITY AND SCOPE

This Directive:

- 2.1. Applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components").

2.2. Encompasses all aspects of comprehensive military health surveillance and documentation, to include longitudinal individual health monitoring, epidemic and outbreak detection and response, deployment health surveillance, monitoring of environmental and occupational health hazards, assessment of disease and injury prevention and control, and healthcare system evaluation and planning.

3. DEFINITIONS

3.1. Comprehensive Military Health Surveillance. Health surveillance conducted throughout Service members' military careers, across all duty locations, and encompassing risk, intervention, and outcome data. Such surveillance is essential to the evaluation, planning, and implementation of public health practice and prevention and must be closely integrated with the timely dissemination of information to those who can act upon it.

3.2. Health Surveillance. The regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury. It includes occupational and environmental health surveillance and medical surveillance.

3.3. Medical Surveillance. The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation, and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance.

3.4. Occupational and Environmental Health Surveillance. The regular or repeated collection, analysis, archiving, interpretation, and dissemination of occupational and environmental health-related data for monitoring the health of, or potential health hazard impact on, a population and individual personnel, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury when determined necessary.

4. POLICY

It is DoD policy that:

4.1. Comprehensive military health surveillance is an important element of Force Health Protection programs to maintain, protect, and restore the physical and mental health of Service members throughout their military service.

4.2. The DoD Components shall conduct comprehensive, continuous, and consistent military health surveillance to implement early intervention and control strategies, using joint technologies, practices, and procedures in a manner consistent across the Military Services.

4.3. Commanders shall provide their personnel with appropriate medical support and training, equipment, and supplies to implement unit and individual surveillance and countermeasures. Service members shall be made aware of significant health threats and corresponding countermeasures, and once deployed shall be provided updates to health threats and countermeasures based upon need and situations encountered.

4.4. Health surveillance systems shall be continuously in effect throughout each Service member's career, capturing data about individual health status, instances of disease and injury, medical interventions such as immunizations, treatments, and preventive medications, and exposures to potential and actual health hazards associated with occupation, deployment, and lifestyle.

4.5. Medical and occupational and environmental health surveillance systems shall encompass periods before, during, and after deployment to:

4.5.1. Monitor environmental, occupational, and other health threats, and diverse stressors.

4.5.2. Assess disease and non-battle injuries, stress-induced casualties, and combat casualties, including those produced by chemical, biological, radiological, nuclear, or explosive weapons; and

4.5.3. Reinforce command-directed and individual preventive countermeasures and the provision of optimal medical care during and after deployment.

4.6. Medical and personnel information systems shall be designed, integrated, and utilized so as to be compatible with military health surveillance objectives.

4.7. Health surveillance activities shall be prioritized based upon the greatest beneficial impact on commanders' Force Health Protection planning, response, and decision-making.

4.8. Timeliness in the collection and analysis of surveillance data is crucial to guiding actions that benefit the health of the Force.

4.9. Commanders shall be kept informed about the findings of surveillance pertaining to the health of the force they command, and associated health threats, stressors, risk factors, and available countermeasures.

4.10. Applicable health surveillance activities shall include Emergency-Essential DoD civilian personnel under DoD Directive 1404.10 (reference (c)) and essential contractor personnel under DoD Instruction 3020.27 (reference (d)) directly supporting deployed forces.

4.11. Surveillance data collected on individual Service members during their careers shall be provided to the Department of Veterans Affairs upon their separation or retirement from the military.

4.12. There shall be a Department of Defense Serum Repository for medical surveillance for clinical diagnosis and epidemiologic studies. The repository shall be used for the identification, prevention, and control of diseases associated with military service.

4.13. The serum repository operated pursuant to paragraph 4.12. and other systems of records containing health surveillance information shall comply with the DoD Privacy Program wider DoD Directive 5400.11 and DoD 5400.1 1 -R (references (e) and (f)) and, when applicable, the DoD Health Information Privacy Regulation (reference (g)).

4.14. The DoD Components shall implement the medical tracking system for members deployed overseas consistent with 10 U.S.C. 1074f (reference (h)).

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and DoD Directive 5136.1 (reference (i)) shall:

5.1.1. Exercise overall responsibility for comprehensive health surveillance, shall issue Instructions as necessary to implement the policies of this Directive, and shall monitor the implementation of this Directive and implementing Instructions.

5.1.2. Ensure effective surveillance activities throughout the Department of Defense.

5.1.3. Establish a Joint Preventive Medicine Policy Group to provide advice and make recommendations on policy related to health surveillance, disease and injury prevention, and health promotion.

5.2. The Assistant Secretary of Defense for Reserve Affairs, under the USD(P&R) shall ensure that policies for health surveillance for the Ready Reserve are consistent with the policies established for the active component.

5.3. The Under Secretary of Defense for Intelligence shall:

5.3.1. Ensure that the Director, Defense Intelligence Agency, through the Armed Forces Medical Intelligence Center, under DoD Directive 6420.1 (reference (j)), shall provide information for use in health threat assessments and environmental health risk assessments for health surveillance purposes.

5.3.2. Provide, through the National Geospatial Agency, environmental assessments for use in planning health surveillance activities.

5.4. The Under Secretary of Defense for Acquisition, Technology and Logistics shall ensure that Environment, Safety, and Occupational/Environmental Health program activities efficiently address requirements for comprehensive health surveillance.

5.5. The Secretary of the Army shall:

5.5.1. Serve as Executive Agent for the Defense Medical Surveillance System and the Department of Defense Serum Repository in accordance with reference (b), and shall provide supporting work force at the U.S. Army Center for Health Promotion and Preventive Medicine. Funding shall be provided through the centralized Defense Health Program.

5.5.2. Provide for the assembling and archiving of all DoD deployment occupational and environmental health surveillance data and reports.

5.6. The Secretaries of the Military Departments shall:

5.6.1. Implement programs and procedures to ensure compliance with this Directive and implementing Instructions; and

5.6.2. Evaluate and recommend changes or improvements to the overall health surveillance program to the Secretary of Defense through the ASD(HA).

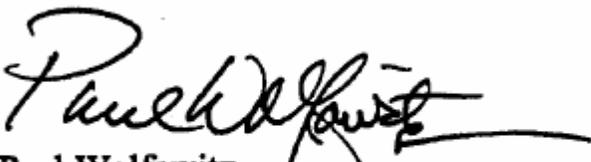
5.6.3. Implement programs and procedures to assemble and archive garrison occupational and environmental health surveillance data and reports.

5.7. The Chairman of the Joint Chiefs of Staff, in consultation with the Commanders of the Combatant Commands and the Chiefs of Staff of the Military Services, shall monitor the implementation of the policies of this Directive and implementing Instructions.

5.8. The Commanders of the Combatant Commands, with the coordination of the Chairman of the Joints Chiefs of Staff, shall ensure that the policies of this Directive and implementing Instructions are executed during all operations.

6. EFFECTIVE DATE

This Directive is effective immediately.



Paul Wolfowitz
Deputy Secretary of Defense

Enclosures -1

E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Directive 5400.11, "DoD Privacy Program," *May 8, 2007*
- (f) DoD 5400.11-R, "Department of Defense Privacy Program," *May 14, 2007*
- (g) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January *24*, 2003
- (h) Section 1074f of title 10, United States Code
- (i) DoD Directive 5136.1, "Assistant Secretary of Defense for Health Affairs (ASD(HA)),"
May 27, 1994
- (j) DoD Directive 6420.1, "Armed Forces Medical Intelligence Center (AFMIC),"
October 9, 2004