



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 7<sup>TH</sup> INFANTRY DIVISION AND FORT CARSON  
Fort Carson, Colorado 80913-5000

AFCZ-FC-SGN (40)

19 December 2001

MEMORANDUM THRU Chief Of Staff, 7<sup>th</sup> Infantry Division and Fort Carson

For See Distribution

SUBJECT: Disease and Non-Battle Injury Surveillance – Memorandum of Instruction

1. PURPOSE: To provide instruction on Disease Non-Battle Injury (DNBI) Surveillance for all Fort Carson units.

2. SCOPE: Applies to all units assigned or attached to units at Fort Carson, Colorado.

3. REFERENCES:

A. Chairman of the Joint Chief of Staff Memorandum, 4 December 1998, Deployment Health Surveillance

B. DOD Directive 6490.2: Joint Medical Surveillance, 30 August 1997

C. DOD Instruction 6490.3 Implementation and Application of Joint Medical Surveillance, 7 August 1997

4. BACKGROUND:

A. DNBI surveillance provides two essential elements of information for commanders: health status of the command and early warning of chemical and biological warfare agent use. Health status of the command information allows identification of and countermeasures to various health threats to our fighting force such as seasonal infectious diseases, environmental hazards, and occupational injuries. Early warning of chemical and biological warfare agent use is only possible when DNBI surveillance is collected, analyzed, and reported routinely throughout the installation.

B. In December 1998, the Joint Chiefs of Staff issued a directive to the unified commands to, “ensure DNBI surveillance data is collected and analyzed using the form and instructions at Enclosure C.” Most units do not conduct DNBI surveillance during garrison operations but will be expected to do so upon deployment “for 30 continuous days or greater to a land-based location outside of the United States.” By instituting the DNBI surveillance program in garrison, units will be better prepared for the transition to deployment.

5. Responsibilities.

A. Major Subordinate Command (MSC) Commanders and Separate Battalion Commanders with a battalion aid station will:

(1) Ensure that each battalion aid station submits a weekly DNBI report to the Division Surgeon either via the automated process or via fax. (see enclosures)

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(2) Ensure that a single POC is designated for DNBI tracking.

B. Commander, USAMEDDAC will:

(1) Ensure TMC # 9 submits a weekly DNBI report to the Division Surgeon either via the automated process or via fax. (see enclosures)

(2) Ensure a single POC is designated for DNBI tracking.

C. 7<sup>th</sup> ID Surgeon will:

(1) Collect all DNBI reports from unit aid stations and TMC #9 and prepare consolidated reports upon request.

(2) Analyze DNBI reports for trends and indicators of command importance.

(3) Provide overall supervision of the DNBI Surveillance Program.

## 5. PROCEDURES.

A. Each BAS will maintain a written log with each entry including a name, last 4 SSN, initial visit or follow-up, diagnosis, # days of profile, and # days of quarters. To ensure patient confidentiality the log book will be formatted to code the diagnosis, profile and quarters blocks (see enclosure 1). The Weekly Sick Call Summary Sheet (enclosure 2) will be completed based on these entries. The Weekly DNBI Report provides a synopsis report for the unit (enclosure 3). This report will be submitted NLT 1200 hrs each Monday or the first work day of the week. The first report will be due on 4 February 2002.

B. The specific procedures for filling out the DNBI forms are articulated in Enclosure 4 with category definitions explained in Enclosure 5.

C. The DNBI form can be completed via an excel spreadsheet link provided in the Division Surgeon's folder of MS Outlook and emailed as an attachment (surgeon section, in MS Outlook Global), or faxed to 524-2077.

6. The point of contact is the undersigned at 526-3904.

KENT L. BRADLEY  
LTC, MC  
7<sup>th</sup> ID Surgeon

Enclosures

1. Sample log book entry
2. Weekly Sick Call Summary Sheet
3. Weekly DNBI Report
4. DNBI Form Instructions

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## 5. Case Definitions

Distribution:

Cdr, 3BCT

Cdr, 3<sup>rd</sup> ACR

Cdr, 10<sup>th</sup> SFG

Cdr, 43<sup>rd</sup> ASG

Cdr, USA MEDDAC

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