

**Active Duty – U.S. Army
Noise Induced Hearing Injury
Surveillance
Calendar Years 2009-2013**

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**Active Duty – U. S. Army
Noise Induced Hearing Injury Surveillance
Annual Calendar Year 2009-2013**

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**Active Duty – U.S. Army
Noise Induced Hearing Injury Surveillance
Annual Calendar Year 2009-2013**

EXECUTIVE SUMMARY

PURPOSE:

The Department of Defense (DOD) Hearing Conservation Working Group, the Armed Forces Health Surveillance Center (AFHSC), the Army Institute of Public Health of the U.S. Army Public Health Command, and the DOD Hearing Center of Excellence collaborated to develop new DOD and individual Services' Noise-Induced Hearing Injury (NIHI) surveillance data summaries. The purposes of these NIHI data summaries are as follows:

- To present and summarize available Army medical surveillance data for use in NIHI prevention program and policy planning, including—
 - Defining the relative impact of NIHI among U.S. Army Active Duty personnel in the total Army and at individual Army installations.
 - Providing Army 5-year injury rates and trends.
 - Identifying demographics most closely associated with NIHI incidence.
- To monitor progress-based metrics for reducing the NIHI morbidity burden over time.

CONCLUSIONS:

This Army NIHI surveillance annual summary for calendar years 2009–2013 shows incident case rates for sensorineural hearing loss, significant threshold shift, tinnitus, and Noise-Induced Hearing Loss. The intention is to monitor the morbidity burden of NIHI and to share this information with DOD, Department of Veterans Affairs, and civilian healthcare communities in order to better plan the provision of clinical and preventive services based on factual numbers.

RECOMMENDATIONS:

Commanders and Preventive Medicine assets at multiple levels should use NIHI data summaries and trends to maintain situational awareness of the progress of NIHI prevention operations.

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REFERENCES:

References are listed in Appendix A.

AUTHORITY:

Under Army Regulation 40-5, Section 2-19, the U.S. Army Public Health Command is responsible for providing support for Army preventive medicine assets to include review and interpretation of surveillance data and identification and characterization of health problems as a foundation for injury prevention planning and policy efforts.

Under Department of Defense (DOD) Instruction 6055.12, Hearing Conservation Program, Enclosure 2, Section 3 requires the heads of the DOD components to annually evaluate the effectiveness of their Hearing Conservation Programs (HCPs).

Under DOD Directive 6490-02E, Comprehensive Health Surveillance, 2012, Section 1. paragraph c. establishes the Armed Forces Health Surveillance Center (AFHSC) as the single source for DOD-level health surveillance information.

Under DOD Directive 6200.04, Force Health Protection, Section 4.3.1.2, requires DOD components to promote and improve the health of the force through programs on injury prevention.

BACKGROUND:

The World Health Organization (WHO) describes public health surveillance as “the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice” (WHO, 2013). By definition, surveillance systems include the capacity for data collection and analysis, as well as the timely dissemination of information to persons or groups of persons who can undertake effective prevention and control interventions related to specific health outcomes.

A public health approach to injury prevention in the military first involves utilizing data to define the magnitude and scope of injuries. Ongoing analysis of surveillance data is essential for monitoring injury trends and detecting unexpected changes in injury occurrence. The AFHSC operates the Defense Medical Surveillance System (DMSS); which is the central repository of all inpatient and outpatient medical encounters used for disease and injury surveillance of U.S. military personnel.

Starting in 2010, the DOD Hearing Conservation Working Group, the Army Institute of Public Health (AIPH), and the Hearing Center of Excellence collaborated with AFHSC to develop new DOD and individual Services' NIHI surveillance capabilities. Multidisciplinary subject matter experts at AIPH and AFHSC collaborated to develop the new DOD and Army NIHI data tables.

The new recurring data summaries are intended to provide a non-punitive means to track hearing health indicators for commanders and occupational health and preventive medicine assets at multiple levels for their situational awareness and to inform their hearing loss prevention programs' progress. The intention is also to monitor the morbidity burden of NIHI and to share this information with DOD, Department of Veterans Affairs (VA), and civilian healthcare communities in order for them to better plan the provision of clinical and preventive services based on factual numbers.

Background and published references for the selection of the NIHI code groups coming under surveillance from the DMSS can be found on AFHSC's web page under the surveillance case definitions tab at <http://www.afhsc.mil/caseSurveillanceDefs>.

Because of this collaboration, surveillance systems at the AFHSC and the AIPH will continue to provide recurring data summaries that should be utilized by public health personnel and Commanders to identify hearing injury occurrences and to be alerted to emerging injury problems. Military, VA, and Civilian Health Systems planners can also use these data to track the incidence and prevalence of hearing health indicators to establish resource requirements for providing future years' hearing services from Military, VA, and Civilian Health Systems.

METHODS:

Data Delivery

The aggregated Army NIHI data received at AIPH provided by AFHSC are in the same format as the data summaries for DOD and the other Services. Army data summaries are for Army data only. Transmission of annual NIHI data from AFHSC to AIPH and the other Services' surveillance hubs occurs in April of the following year.

The AFHSC's DMSS data processing takes into account the following variables:

- Population: U.S. Army, Navy, Marines, and Air Force. Active component only.
- Surveillance period: Annual, covering a 5-year "moving window".
- Data source: Inpatient, outpatient, and Theater Medical Data Store records.

- Denominator Adjustments: For reporting purposes AFHSC makes denominator adjustments to “person year” to exclude time lost to follow up (either from deployment, separation from service, retirement, demobilization, or death); usually expressed as “rate per 1,000 person years”.

Data Description

The relative burden of NIHI presented in this data summary is characterized by two indicators: (1) the total number of incident cases for each major diagnosis group (allows a person to be counted in more than one group) and (2) the number of individuals with one of a particular diagnosis from any of the major diagnosis groups (allows a person to only be counted only once).

Appendix B shows the 13 NIHI International Classification of Diseases-9th Revision (ICD-9) diagnostic codes in 4 diagnostic groups that comprise the NIHI case definition for AFHSC surveillance. These code groups include sensorineural hearing loss (SNHL), significant threshold shift (STS), noise-induced hearing loss (NIHL) and tinnitus. Appendix B also presents Current Procedural Terminology (CPT) codes and DOD occupation codes used in this data summary.

Appendix C provides annual Army data from 2009–2013 with data at the summary level by diagnostic group and at the installation level (stratified by Defense Medical Information System ID) for each diagnostic group. An Army detail data table characterizes those with any NIHI by occupation using DOD Occupation codes listed in Appendix B, as well as by sex, age, and deployment association. Individual Services occupation codes were combined to create the DOD military occupation codes based on those occupations across the Services that had the most closely associated work activities. The DOD consolidated codes are shown in the appendix. An NIHI diagnosis was considered to be deployment associated if the diagnosis occurred during a deployment period or within 180 days of deployment.

Incident Cases

The NIHI data are presented as “incident cases”, meaning NEW cases only per reporting period (calendar year (CY)). A lifetime incidence rule was applied, and cases were censored (not counted again) after receiving an initial NIHI diagnosis. Service members (SMs) with more than one NIHI subgroup diagnosis were counted in EACH subgroup, but only once (lifetime) per subgroup in the Army diagnostic summary data table and installation level data tables. In the Army detail data table, SMs with more than one NIHI sub-group diagnosis were counted ONCE with the first qualifying diagnosis in order to avoid double counting of individuals when summarizing data for total NIHI. Therefore, the numbers in these two data tables will not match.

Statistical Analysis

Statistical analysis was performed only on selected data from Appendix C. Each diagnosis group (SNHL, STS, NIHL, and Tinnitus) was analyzed using a regression model to determine the trend of incidence rates from 2007 to the current year. Statistical significance of a trend was defined using an alpha = 0.05.

RESULTS:

Overall

Analysis is provided for data from the Army Diagnostic Summary data table and Army Detail data table in Appendix C. No aggregate analysis was performed with the installation level data. Installation level data are provided for review by program managers as an aid to communication with unit commanders on their installation for their situational awareness and coordination of prevention activities planning and execution. No analysis was done on audiogram data.

Army Diagnostic Summary

Overall, STS was the most common NIHI diagnosis in the Army with a 2013 incidence rate around 17 per 1000 p-yrs. Tinnitus and SNHL had slightly lower incidence rates of approximately 16 and 14 per 1000 p-yrs, respectively. NIHL incidence is much lower with less than 2 cases per 1000 p-yrs.

The incidence rate for all four NIHIs decreased from 2012 to 2013. This reduction averaged over the four injury types was approximately 15% or 1.5 injuries per 1,000 person-years.

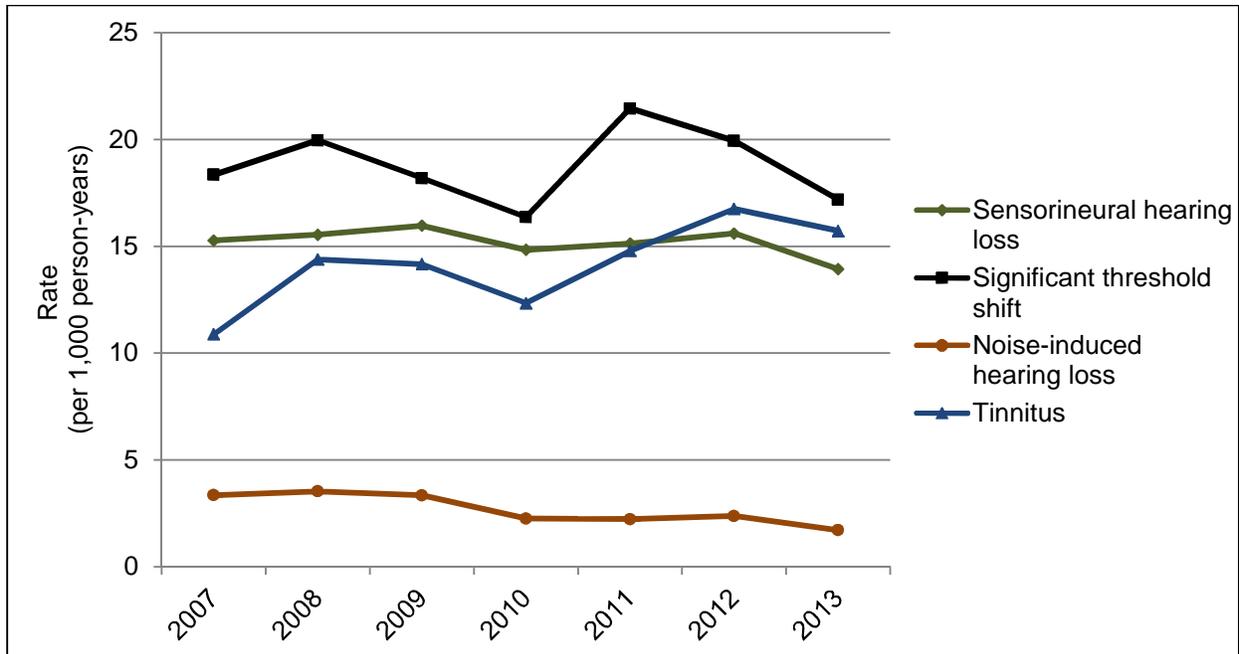


Figure 1. U.S. Army Noise-Induced Hearing Injuries

- The SNHL rate was relatively stable between 2007 and 2013, however the largest dropped occurred from 2012 to 2013. 2013's rate was also the lowest in the time frame shown. Regression results indicated a downward trend however this was not statistically significant ($p=.228$).
- The STS rate showed substantial decline from 2008 to 2010 and from 2011 to 2013, however these reductions were masked by the sharp increase from 2010 to 2011. Regression results indicated a stable (flat), non-significant trend through the time frame shown ($p=.975$).
- The NIHL rate had a statistically significant downward trend between 2007 and 2013 ($p=.005$). 2013's NIHL rate was the lowest reported rate during the time frame shown. The NIHL data have to be viewed with some skepticism. Clinicians have been reported to often use the broader SNHL diagnosis instead of the more specific NIHL diagnosis. So the incident cases of SNHL may be the more important performance indicator rather than NIHL.
- The tinnitus rate tended to follow the same general pattern as STS, however the reduction from 2012 to 2013 was the first since 2009 to 2010. 2012 and 2013's rates are the highest in the time frame shown. Regression analysis indicated a statistically significant increasing trend through the time frame shown ($p=.042$).

Within the four diagnosis types, STS injuries accounted for the highest proportion (35-40%) of injuries from 2009 to 2013. SNHL and Tinnitus injuries consistently accounted for a slightly lower percent of injuries than STS.

Table 1. Proportion of Total Army Diagnoses Counts by NIHL

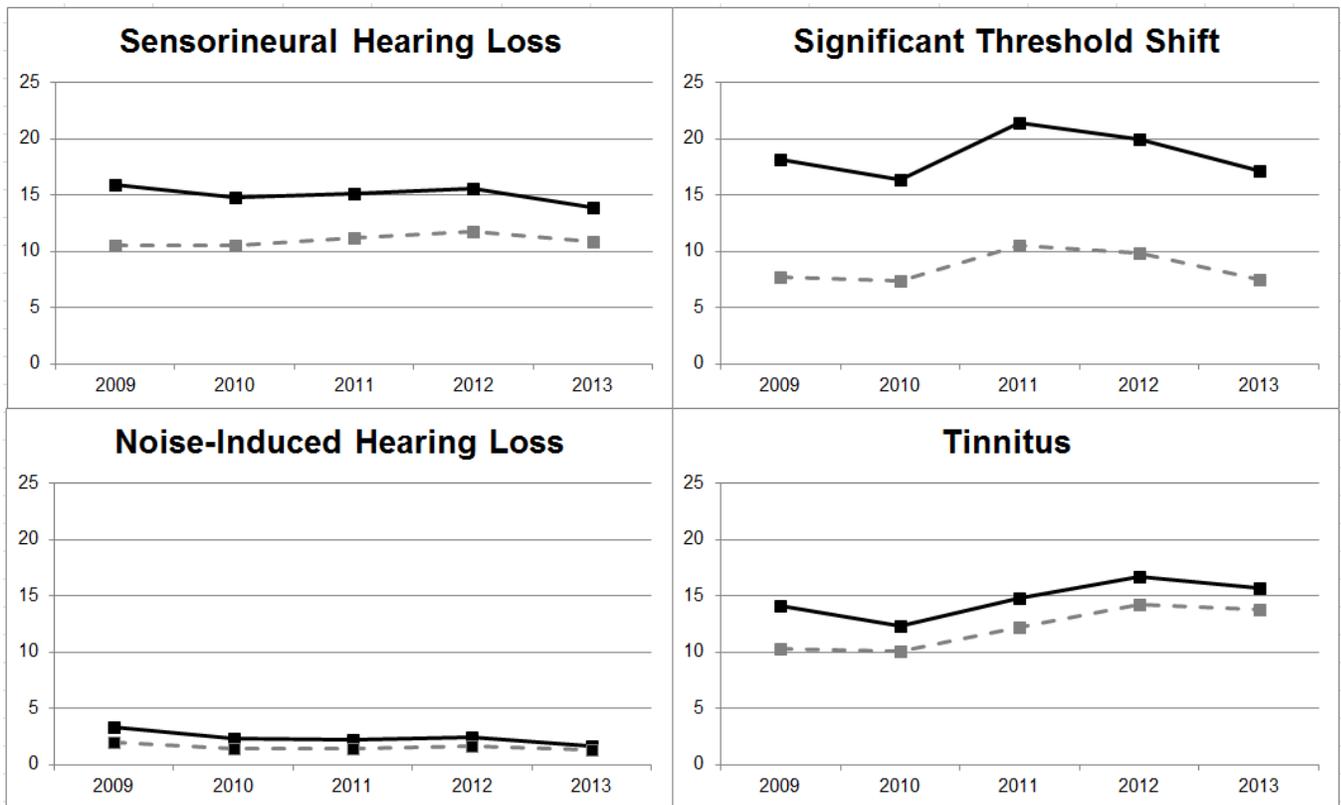
	2009	2010	2011	2012	2013
SNHL	30.5%	32.0%	28.0%	28.3%	28.5%
STS	35.2%	35.7%	39.8%	36.1%	35.0%
NIHL	6.6%	5.1%	4.3%	4.5%	3.7%
Tinnitus	27.6%	27.2%	27.9%	31.0%	32.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

By count, the comparison of Army to DOD by NIHL diagnosis indicates that the Army owns the majority (or almost the majority) of these diagnoses. In fact, Army STS diagnoses account for the largest majority of DOD diagnoses with approximately 77-90% through the 5 years. The Army, however, only accounts for approximately 43-53% of the DOD tinnitus diagnoses. The Army's noise exposure burden are greater than the other Services based on the overall numbers of people exposed in training activities and deployment (combat) exposures (with larger number of people). In addition the size of the Army is larger than those of the other Services, noting that a comparison of totals between the DOD Services will be highly dependent on the size of the Service and is not advisable.

Table 2. Army Diagnoses Counts as a Percent of DOD Diagnoses Counts

	2009	2010	2011	2012	2013
SNHL	58.6%	55.0%	52.8%	51.3%	48.4%
STS	90.6%	85.8%	78.5%	77.2%	85.2%
NIHL	64.5%	62.6%	62.6%	57.5%	50.5%
Tinnitus	53.0%	48.2%	47.6%	46.0%	43.5%

Compared to DOD, Army incidence rates for each diagnosis were higher. Linear trend patterns for DOD mirrored those of the Army. Differences in rates are independent of population size. The similarity between Army and DOD trends is likely due to Army containing a majority of all DOD cases. It would be interesting and of more use to compare Army's rates to all other DOD Services to get a more accurate picture of Army's trend against their counterparts.



Legend: Solid line represents Army, dashed line represents DOD

Figure 2. NIHI Incident Rate Comparison by Diagnosis: Army versus DOD

Army Demographic Detail

- DOD Military Occupation Code Groups Data

The Army occupation groups with the highest 2013 NIHI counts (proportion of total injuries in parenthesis) and rates were infantry, gun crew and seaman (31%); service, transport, and supply (11%); communications and intelligence specialists (11%); electrical/mechanical equipment repairers (10%); and functional support and administration (9%). The incidence rate of the infantry, gun crew and seaman occupation group is double that of most of the officer occupation groups and 1.4 to

2.0 times the rate of the other enlisted groups. Army counts typically represented 40-70% of the total DOD counts for these occupation groups in 2013.

- Army Gender Groups Comparisons Data

The comparison of male to female Soldiers by counts and rates of NIHI are consistent with multiple studies. Males consistently have higher rates than females. Males accounted for approximately 90% of the NIHIs through the 5-year span, but this may be a function of the Army being predominantly male. It would be useful to compare these proportions with the overall gender distribution of the Army. Army counts typically represented about 50% of the overall DOD counts for each gender.

- Army Age Groups Comparisons Data

The comparison of age groups shows that the <20-year (yr)-old age group had the lowest rate of incident cases, and consistently accounted for less than 5% of the total number of NIHI cases. The 20–24-yr old age group consistently accounted for approximately 30% of the total number of NIHI cases through the 5 years. Overall, however, the highest incidence rates were in the 40+ age group whose 2013 rate (58 per 1000 p-yrs) was nearly double the other age groups over 20 and four times that of the under 20 group. Army counts typically represented about 45-60% of the overall DOD counts for each age group.

- Deployment Data

The deployment association data are limited. Separate post-deployment NIHI and comorbidities studies are ongoing at the AIPH (See Appendix A).

SUMMARY AND CONCLUSIONS:

The AFHSC and AIPH will continue to provide the data summaries to support NIHI prevention coordination and planning by Army preventive medicine assets and unit commanders at multiple levels. The counts and rates of NIHI “incident cases” are the principle prevention performance metrics. Incident cases are important because they represent cases that might have been prevented if prevention strategies and operations plans were effective.

Increasing rates of NIHI incident cases across time indicate the need to modify and adjust prevention strategies, plans, and activities. Decreases in NIHI rates across time or stabilization at low levels are positive prevention performance indicators. Program managers and preventive medicine assets should use these numbers along with professional judgment to determine the actual (meaningful) scope of problems, impact of interventions, etc.

Installations with large Table of Organization and Equipment troop unit concentrations that show zero or very low NIHI rates appear to be unrealistic especially compared to other installations with similar troop numbers and unit types. This raises questions about the quality of input (coding accuracy and coding guidance). The low rates may be an instance of under reporting NIHI. We are currently investigating the source(s) of these discrepancies. This may also explain why installation totals do not equal total on the summary pages.

The strengths of these data were the following: (1) the data received from AFHSC DMSS consisted of all medical encounters of Active Duty U.S. military personnel occurring in fixed (i.e., not temporary) military and Civilian medical treatment facilities; (2) all medical encounters were subject to standardized and routine recordkeeping and coding; (3) the data collected came from a large patient population (approximately 1.3 million Active Duty personnel have access to Military Health System (MHS) care); and (4) the data captured care received both within and outside the MHS (purchased care).

The limitations of the data included: (1) data on the troops deployed and receiving care in the theater of operations were limited in DMSS; (2) Guard and Reserve troop data are not included in the present data summaries, so prevalence of NIHI in these populations is unknown and the cost and reduced readiness burdens of NIHI in the Guard and Reserve are likewise unknown; (3) there is inability to assess exact causes of NIHI using medical data (i.e., exposure information is not available and cause-coding is not required in the medical data); (4) where the diagnoses were correct, the person entering the ICD-9-Clinical Modification (ICD-9-CM) code(s) may misclassify the ICD-9-CM code(s); (5) the aggregation of NIHI ICD-9-CM codes blurs the distinction of different clinical outcomes tied to different exposures (e.g., steady noise vs. impulse noise of weapons firing or exposure to explosives during war operations).

Counts and rates of NIHI during the surveillance period were influenced by deployment. The incident cases of SNHL, STS, and tinnitus may be attributed to deployment-related noise and blast exposures. For the 5-year period of 2009-2013, the Army deployed the greatest number of troops compared to the other Services. Some Soldiers were deployed multiple times.

The incident cases of STS declined between 2011 and 2013. The negative slope coincides with the drawdown of deployed troops during this period. For the Army, the changes in hearing thresholds may tie to pre- and post-deployment hearing tests. Pre-deployment monitoring audiometry has been mandated in the Army since September 2006. At that same time many Soldiers also started receiving post-deployment hearing tests which became mandatory in January 2009.

The increasing incident rates of tinnitus could be due to the deployment exposures during this time period. Increasing rates of tinnitus in troop cohorts returning from deployment have been observed in separate studies of deployment related NIHI since

2005. Tinnitus and hearing loss are the VA's number one and number two Service-related compensable disorders. These two together amount to over \$1 billion per annum in VA compensation costs. The compensation costs do not include the additional costs of hearing services like periodic hearing exams, hearing aids dispensed along with recurring hearing aid batteries supply, and hearing-aid maintenance and aural rehabilitation therapy.

The NIHL results have to be viewed critically. Clinicians as first examiners of Soldier hearing-loss cases are reported to often use the broader SNHL diagnosis instead of the more specific NIHL diagnosis associated with etiology of noise exposure. The first provider to see a case of NIHL should document and code the NIHL in addition to SNHL.

While the Army's proportion of DOD NIHL counts is largely due to its large population size in relation to the other Services, it is unclear why the incidence rates are also greater. Potential explanations include better and more thorough identification, reporting, and documentation; differentially increased risk experienced by Army SMs compared to SMs in other components; or actual increased rate of exposure. Further investigation to determine the cause of the differences is a work in progress.

High counts and rates among the infantry, gun crew, and seaman occupation codes are likely due to higher exposures to impulse noise which can be more damaging than steady noise. Preventive measures include targeted health threat briefings, appropriate hearing protection device fittings and monitoring audiometry for changes in hearing. The Army combat arms occupation group counts and rates can serve as potential useful benchmarks for evaluating effectiveness of new hearing protective devices such as linear/non-linear earplugs and Tactical Communication and Protection Systems in comparison with future years' data.

The higher rates of the 20–24 year group vs. the <20 age group indicates that the earliest years of service mark a critical period for emphasizing to Soldiers the importance of taking personal action to prevent losing their hearing. Higher rates among Service members 40 years of age and older may be partially due to longer exposure than junior Service members as well as presbycusis in the older cohort.

RECOMMENDATIONS:

Interpretation of surveillance data should provide situational awareness and help to identify and characterize hearing health problems as a foundation for NIHL prevention planning and execution at all levels.

Preventive medicine assets at all levels should periodically review the data tables comparing their installation rates with the total Army and DOD rates. The demographic

details tables should be used to characterized the units on individual installations as to relative risk of NIHI from noise exposure types.

Future years' data can be compared to earlier years' data to help evaluate progress of HCPs in reducing NIHI. Observed future data trends may indicate a need for changes in preventative measures coordination, planning and execution. As changes in operations plans are executed, the data should be monitored to see if those changes lead to decrease in NIHI rates over time (year-to-year comparison).

Annual, pre- and post-deployment monitoring audiometry needs to continue for all troops with appropriate referrals for anyone showing significant shifts in hearing or tinnitus symptoms related to individual deployments.

The low rates of NIHI in the <20-yr-old age group would indicate that new accessions should be fitted with hearing protection, trained in HP use and noise-hazard situations they will encounter, and taught hearing protective behaviors to prevent NIHI. This process should be accomplished at the time of Basic Training entry.

Clinicians need to improve documentation of NIHI and hearing profiles in medical records and encourage precision coding of the ICD-9 data into healthcare databases at the point of service delivery.

APPENDIX A REFERENCES

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**APPENDIX B
INJURY DIAGNOSIS CODES (ICD-9-CM CODES)
CATEGORIZATION BY DIAGNOSTIC GROUPS,
CURRENT PROCEDURE TERMINOLOGY (CPT) CODES
AND DOD OCCUPATION CODES
USED IN THESE DATA SUMMARIES**

ICD-9 Codes:

	Category	Code	Code Description
SNHL	Sensorineural hearing loss	38910	SENSORINEURAL HEARING LOSS UNSPECIFIED
SNHL	Sensorineural hearing loss	38911	SENSORY HEARING LOSS
SNHL	Sensorineural hearing loss	38915	SENSORINEURAL HEARING LOSS, UNILATERAL
SNHL	Sensorineural hearing loss	38916	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
SNHL	Sensorineural hearing loss	38917	SENSORY HEARING LOSS, UNILATERAL
SNHL	Sensorineural hearing loss	38918	SENSORINEURAL HEARING LOSS, BILATERAL
NIHL	Noise-induced hearing loss	38810	NOISE EFFECTS ON INNER EAR UNSPECIFIED
NIHL	Noise-induced hearing loss	38811	ACOUSTIC TRAUMA (EXPLOSIVE) TO EAR
NIHL	Noise-induced hearing loss	38812	NOISE-INDUCED HEARING LOSS
SHIFT	Significant threshold shift	79415	NONSPECIFIC ABNORMAL AUDITORY FUNCTION STUDIES
TINN	Tinnitus	38830	TINNITUS UNSPECIFIED
TINN	Tinnitus	38831	SUBJECTIVE TINNITUS
TINN	Tinnitus	38832	OBJECTIVE TINNITUS

CPT Codes Used in the Data Summaries:

AUDIO	CPT codes	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY
AUDIO	CPT codes	92555	SPEECH AUDIOMETRY THRESHOLD;
AUDIO	CPT codes	92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION
AUDIO	CPT codes	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION
AUDIO	CPT codes	92559	AUDIOMETRIC TESTING OF GROUPS

DOD Occupation Codes Used in Data Summary

NEW DOD Code	DOD CODE TITLE
10	<i>Infantry, Gun Crew, and Seaman</i>
11	<i>Electronic Equipment Repairers</i>
12	<i>Communications and Intelligence Specialists</i>
13	<i>Health Care Specialists</i>
14	<i>Other Technical and Allied Specialists</i>
15	<i>Functional Support and Admin</i>
16	<i>Electrical/Mechanical Equipment Repairers</i>
17	<i>Craftswork & Construction</i>
18	<i>Service, Transport & Supply</i>
19	<i>Students & Trainees (Enlisted)</i>
21	<i>General/Flag. Officers & Executives</i>
22	<i>Tactical Operations Officers</i>
23	<i>Intelligence Officers</i>
24	<i>Engineering & Maintenance Officers</i>
25	<i>Scientists & Professionals</i>
26	<i>Health Care Officers</i>
27	<i>Administrators</i>
28	<i>Supply & Logistics Officers</i>
29	<i>Students, Trainees & Other Officers</i>

**APPENDIX C
TOTAL ARMY ANNUAL DATA DETAILS**

**UPDATED ANNUALLY IN MAY OF THE YEAR FOLLOWING
THE LAST YEAR CITED IN THE DATA SUMMARY**

US Army Noise-Induced Hearing Injuries, by diagnosis, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
Sensorineural hearing loss	8,269	15.96	7,838	14.84	8,015	15.13	8,019	15.60	6,891	13.92
Significant threshold shift	9,553	18.19	8,730	16.37	11,405	21.45	10,235	19.94	8,459	17.18
Noise-induced hearing loss	1,797	3.35	1,241	2.26	1,232	2.22	1,283	2.37	892	1.71
Tinnitus	7,492	14.17	6,660	12.34	8,004	14.79	8,792	16.76	7,925	15.72

US Armed Forces(DoD) Noise-Induced Hearing Injuries, Active Component, by diagnosis, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
Sensorineural hearing loss	14,117	10.48	14,259	10.50	15,172	11.22	15,627	11.77	14,228	10.90
Significant threshold shift	10,544	7.65	10,175	7.34	14,532	10.55	13,255	9.83	9,932	7.50
Noise-induced hearing loss	2,787	2.02	1,981	1.42	1,969	1.41	2,232	1.63	1,766	1.31
Tinnitus	14,144	10.33	13,807	10.02	16,807	12.25	19,117	14.21	18,226	13.81

1. A person can be counted in more than one diagnosis type, but only once (life-time) for each. Rate is provided per 1,000 person-years.
2. Includes only data through the last available full quarter

Source: Defense Medical Surveillance System (DMSS) as of 21-NOV-2014
 Prepared by Armed Forces Health Surveillance Center (AFHSC) as of 03-DEC-2014

US Army SENSORINEURAL HEARING LOSS diagnoses, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
NORTHERN										
<i>Aberdeen Proving Ground, MD</i>	11	8.32	13	10.77	24	21.61	15	19.26	6	7.62
<i>Fort Belvoir, VA</i>	36	19.15	30	13.93	24	9.15	27	8.58	31	9.89
<i>Fort Bragg, NC</i>	472	10.02	404	8.29	488	10.20	488	10.38	440	9.74
<i>Fort Detrick, MD</i>	15	20.74	10	13.33	13	14.69	19	23.50	13	16.47
<i>Fort Dix, NJ</i>	1	12.99	4	27.23	14	53.18	13	45.19	12	41.18
<i>Fort Drum, NY</i>	243	14.09	206	11.63	282	15.28	441	25.45	309	18.88
<i>Fort Eustis, VA</i>	106	17.51	39	6.34	31	5.48	24	4.86	20	3.98
<i>Fort George G Meade, MD</i>	70	24.15	43	14.47	32	11.03	43	14.20	31	10.13
<i>Fort Knox, KY</i>	78	9.84	195	18.07	176	17.01	248	29.00	184	22.14
<i>Fort Lee, VA</i>	38	6.18	56	8.59	53	7.77	50	7.56	44	6.41
<i>Fort Myer, VA</i>	25	14.73	13	7.73	10	5.48	20	10.33	31	15.05
<i>Fort Monmouth, NJ</i>	3	7.80	1	3.04	2	10.13	1	12.26	0	0.00
<i>Walter Reed AMC, DC</i>	43	16.38	30	12.06	13	8.38	1	225.60	0	0.00
<i>West Point USMA, NY</i>	30	22.74	16	12.49	15	10.88	17	11.53	12	8.37
SOUTHERN										
<i>Fort Benning, GA</i>	509	24.77	447	22.01	339	15.76	298	13.40	333	15.17
<i>Fort Campbell, KY</i>	399	12.86	393	12.71	588	18.15	803	26.37	383	13.32
<i>Fort Gordon, GA</i>	103	11.52	82	9.24	85	10.74	93	12.58	84	10.92
<i>Fort Hood, TX</i>	630	12.22	549	12.04	476	10.51	500	11.59	495	12.65
<i>Fort Jackson, SC</i>	254	23.89	169	17.65	145	17.61	100	11.51	124	13.00
<i>Fort McPherson, GA</i>	27	17.44	29	19.98	19	35.14	0	0.00	0	0.00
<i>Fort Polk, LA</i>	196	23.77	237	27.43	242	28.56	244	31.06	138	17.92
<i>Fort Rucker, AL</i>	108	27.98	79	21.83	61	17.32	33	9.41	34	10.25
<i>Fort Sam Houston, TX</i>	109	14.74	89	11.44	105	13.69	73	8.99	115	13.99
<i>Fort Sill, OK</i>	158	14.97	192	14.58	103	8.70	95	8.54	73	6.57
<i>Fort Stewart, GA</i>	336	20.44	192	11.28	264	14.65	222	12.81	196	11.86
<i>Redstone Arsenal, AL</i>	12	11.12	12	9.85	14	13.34	13	19.78	14	21.39
WESTERN										
<i>Fort Bliss, TX</i>	470	25.83	483	24.05	528	22.01	449	16.96	420	16.52
<i>Fort Carson, CO</i>	309	15.97	300	12.98	351	13.89	486	19.93	466	19.65
<i>Fort Huachuca, AZ</i>	27	5.92	32	6.29	32	6.53	28	6.65	20	4.88
<i>Fort Irwin, CA</i>	50	12.48	39	9.17	61	14.32	50	12.46	50	13.36
<i>Fort Leavenworth, KS</i>	34	11.87	53	17.07	47	15.27	32	10.12	49	15.12
<i>Fort Leonard Wood, MO</i>	240	22.23	284	27.23	290	28.36	236	25.04	221	22.14
<i>Fort Lewis, WA</i>	552	18.71	410	13.48	490	16.13	529	16.47	516	16.70
<i>Fort Richardson, AK</i>	113	14.65	298	42.38	163	24.58	99	14.42	77	11.69
<i>Fort Riley, KS</i>	355	23.21	438	24.78	442	24.65	429	24.23	418	25.58
<i>Fort Wainwright, AK</i>	68	14.82	79	18.24	98	15.84	119	20.06	117	20.06
PACIFIC										
<i>Camp Carroll</i>	5	6.70	5	7.25	6	8.86	4	6.21	2	2.92
<i>Camp Casey</i>	40	6.78	15	2.68	23	4.42	23	4.69	38	7.68
<i>Camp Humphreys</i>	12	7.59	14	7.70	17	5.68	15	5.26	16	4.99
<i>Camp Long</i>	1	14.96	0	0.00	1	60.36	0	0.00	0	0.00
<i>Camp Stanley/Red Cloud</i>	2	5.06	0	0.00	1	9.55	1	10.65	0	0.00
<i>Japan</i>	13	18.34	10	14.55	6	8.29	1	1.43	5	7.00
<i>Schofield Barracks-Wheeler AAF</i>	568	37.65	503	33.28	563	34.93	463	30.29	384	26.03
<i>USA Hawaii</i>	5	24.31	5	21.72	5	19.93	4	15.62	5	19.64
<i>Yongsan Garrison</i>	30	8.36	44	11.75	47	10.24	26	7.62	22	5.94
EUROPEAN										
<i>Ansbach</i>	10	5.68	1	0.64	7	5.40	11	7.57	2	1.50
<i>Baden-Wuerttemberg</i>	55	9.93	47	10.79	55	12.33	24	7.85	17	16.10
<i>Bamberg</i>	24	11.51	54	24.85	79	22.39	54	18.60	20	12.41
<i>BeNeLux</i>	7	9.51	4	6.75	2	3.30	8	14.70	1	1.92
<i>Grafenwoehr</i>	17	5.44	33	14.38	32	13.41	33	15.94	18	10.06
<i>Kaiserslautern</i>	1	7.26	1	7.68	1	7.49	0	0.00	1	6.76
<i>Schweinfurt</i>	16	4.17	50	16.67	61	17.14	51	17.79	17	16.82
<i>Stuttgart</i>	1	6.07	2	27.73	1	5.57	2	11.72	1	6.57
<i>Vicenza</i>	87	35.68	18	7.29	50	18.99	35	14.92	22	9.97
<i>Wiesbaden</i>	12	7.62	17	10.30	21	11.33	17	9.10	17	8.30

1. Rate is provided per 1,000 person-years.

US Army SIGNIFICANT THRESHOLD SHIFT diagnoses, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
NORTHERN										
<i>Aberdeen Proving Ground, MD</i>	11	8.12	37	30.22	56	49.62	24	30.43	25	31.68
<i>Fort Belvoir, VA</i>	2	1.00	1	0.44	9	3.24	3	0.91	3	0.92
<i>Fort Bragg, NC</i>	1,393	29.54	906	18.73	1,234	26.14	1,089	23.55	563	12.64
<i>Fort Detrick, MD</i>	6	7.85	1	1.27	0	0.00	1	1.18	0	0.00
<i>Fort Dix, NJ</i>	0	0.00	1	6.28	6	21.49	4	13.13	1	3.15
<i>Fort Drum, NY</i>	8	0.44	9	0.49	13	0.68	326	18.14	8	0.47
<i>Fort Eustis, VA</i>	4	0.64	3	0.47	2	0.34	2	0.40	1	0.20
<i>Fort George G Meade, MD</i>	86	29.71	67	22.69	33	11.36	1	0.32	34	10.86
<i>Fort Knox, KY</i>	25	3.07	23	2.12	16	1.52	10	1.13	7	0.81
<i>Fort Lee, VA</i>	7	1.12	141	21.41	206	30.43	185	28.56	143	21.31
<i>Fort Myer, VA</i>	9	5.13	14	8.09	9	4.82	19	9.67	1	0.48
<i>Fort Monmouth, NJ</i>	0	0.00	1	2.97	0	0.00	0	0.00	0	0.00
<i>Walter Reed AMC, DC</i>	2	0.72	2	0.76	2	1.22	0	0.00	0	0.00
<i>West Point USMA, NY</i>	0	0.00	0	0.00	1	0.70	1	0.66	0	0.00
SOUTHERN										
<i>Fort Benning, GA</i>	154	7.22	39	1.85	9	0.41	22	0.97	29	1.29
<i>Fort Campbell, KY</i>	173	5.36	234	7.31	683	20.47	736	23.59	484	16.53
<i>Fort Gordon, GA</i>	9	0.98	0	0.00	138	17.06	22	2.93	5	0.64
<i>Fort Hood, TX</i>	4,014	85.93	3,249	79.88	1,372	33.58	1,167	29.15	1,491	40.40
<i>Fort Jackson, SC</i>	11	1.01	2	0.20	5	0.59	1	0.11	1	0.10
<i>Fort McPherson, GA</i>	4	2.46	0	0.00	3	5.19	0	0.00	0	0.00
<i>Fort Polk, LA</i>	5	0.57	6	0.66	3	0.34	0	0.00	1	0.12
<i>Fort Rucker, AL</i>	305	78.15	101	28.07	14	3.94	0	0.00	5	1.48
<i>Fort Sam Houston, TX</i>	107	14.09	131	16.54	127	16.36	206	25.11	139	16.86
<i>Fort Sill, OK</i>	7	0.65	4	0.30	3	0.25	3	0.27	3	0.27
<i>Fort Stewart, GA</i>	598	37.87	663	40.45	791	45.78	608	36.53	1,269	81.48
<i>Redstone Arsenal, AL</i>	1	0.88	1	0.79	2	1.81	1	1.41	3	4.28
WESTERN										
<i>Fort Bliss, TX</i>	606	33.22	442	21.85	1,734	73.45	1,528	60.55	1,579	66.17
<i>Fort Carson, CO</i>	15	0.74	32	1.34	152	5.82	563	22.45	2	0.08
<i>Fort Huachuca, AZ</i>	4	0.85	6	1.16	23	4.64	23	5.40	21	5.09
<i>Fort Irwin, CA</i>	4	0.98	5	1.16	5	1.16	9	2.21	82	21.78
<i>Fort Leavenworth, KS</i>	13	4.34	3	0.93	8	2.51	4	1.23	1	0.30
<i>Fort Leonard Wood, MO</i>	18	1.61	14	1.30	12	1.12	21	2.15	1	0.10
<i>Fort Lewis, WA</i>	1,279	45.09	1,856	64.07	3,692	133.84	2,766	99.04	1,422	53.08
<i>Fort Richardson, AK</i>	1	0.12	2	0.27	88	12.56	58	8.16	50	7.45
<i>Fort Riley, KS</i>	2	0.12	2	0.11	36	1.89	4	0.21	2	0.12
<i>Fort Wainwright, AK</i>	2	0.42	7	1.56	12	1.87	7	1.13	160	26.91
PACIFIC										
<i>Camp Carroll</i>	1	1.31	3	4.28	5	7.26	4	6.20	2	2.94
<i>Camp Casey</i>	35	5.85	4	0.71	3	0.57	3	0.61	2	0.40
<i>Camp Humphreys</i>	2	1.24	1	0.54	2	0.66	170	60.81	132	42.56
<i>Camp Long</i>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<i>Camp Stanley/Red Cloud</i>	2	5.00	0	0.00	0	0.00	1	10.38	8	189.13
<i>Japan</i>	3	4.05	1	1.40	0	0.00	48	69.55	6	8.69
<i>Schofield Barracks-Wheeler AAF</i>	3	0.18	93	5.72	67	3.89	10	0.61	1	0.06
<i>USA Hawaii</i>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<i>Yongsan Garrison</i>	3	0.81	28	7.34	21	4.52	49	14.26	26	7.12
EUROPEAN										
<i>Ansbach</i>	2	1.11	11	6.89	1	0.77	0	0.00	5	3.77
<i>Baden-Wuerttemberg</i>	9	1.58	6	1.34	1	0.22	2	0.63	5	4.53
<i>Bamberg</i>	1	0.48	0	0.00	2	0.55	3	1.00	8	4.83
<i>BeNeLux</i>	0	0.00	0	0.00	0	0.00	1	1.81	0	0.00
<i>Grafenwoehr</i>	6	1.87	2	0.85	1	0.41	15	7.12	106	60.59
<i>Kaiserslautern</i>	0	0.00	0	0.00	1	7.27	0	0.00	0	0.00
<i>Schweinfurt</i>	1	0.26	3	0.98	0	0.00	9	3.05	7	6.70
<i>Stuttgart</i>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<i>Vicenza</i>	134	55.25	117	47.74	151	59.85	65	28.27	59	27.44
<i>Wiesbaden</i>	1	0.62	10	5.94	1	0.53	1	0.53	4	1.93

1. Rate is provided per 1,000 person-years.

US Army Noise-Induced HEARING LOSS diagnoses, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
NORTHERN										
<i>Aberdeen Proving Ground, MD</i>	0	0.00	0	0.00	3	2.51	0	0.00	3	3.50
<i>Fort Belvoir, VA</i>	3	1.51	4	1.75	2	0.71	3	0.90	0	0.00
<i>Fort Bragg, NC</i>	252	5.26	327	6.57	354	7.22	267	5.51	272	5.83
<i>Fort Detrick, MD</i>	0	0.00	0	0.00	1	1.06	0	0.00	1	1.18
<i>Fort Dix, NJ</i>	2	23.79	1	6.17	3	10.38	1	3.09	0	0.00
<i>Fort Drum, NY</i>	29	1.61	11	0.59	19	0.99	3	0.16	3	0.17
<i>Fort Eustis, VA</i>	14	2.23	40	6.28	12	2.05	11	2.14	2	0.38
<i>Fort George G Meade, MD</i>	3	1.00	3	0.97	0	0.00	7	2.20	6	1.86
<i>Fort Knox, KY</i>	5	0.60	8	0.71	10	0.92	6	0.66	2	0.23
<i>Fort Lee, VA</i>	9	1.43	27	4.05	8	1.14	11	1.61	1	0.14
<i>Fort Myer, VA</i>	2	1.17	0	0.00	0	0.00	1	0.50	4	1.87
<i>Fort Monmouth, NJ</i>	0	0.00	1	2.96	0	0.00	1	11.91	0	0.00
<i>Walter Reed AMC, DC</i>	0	0.00	0	0.00	2	1.20	0	0.00	0	0.00
<i>West Point USMA, NY</i>	6	4.38	2	1.50	3	2.08	0	0.00	0	0.00
SOUTHERN										
<i>Fort Benning, GA</i>	59	2.76	37	1.75	27	1.20	48	2.07	14	0.61
<i>Fort Campbell, KY</i>	265	8.31	216	6.79	11	0.33	12	0.37	14	0.46
<i>Fort Gordon, GA</i>	2	0.22	1	0.11	0	0.00	2	0.26	0	0.00
<i>Fort Hood, TX</i>	266	5.01	87	1.85	27	0.57	8	0.18	4	0.10
<i>Fort Jackson, SC</i>	35	3.22	19	1.93	18	2.12	9	1.01	3	0.31
<i>Fort McPherson, GA</i>	1	0.62	3	1.95	0	0.00	0	0.00	0	0.00
<i>Fort Polk, LA</i>	11	1.26	58	6.36	175	19.45	184	22.20	32	3.92
<i>Fort Rucker, AL</i>	3	0.73	2	0.52	0	0.00	0	0.00	0	0.00
<i>Fort Sam Houston, TX</i>	2	0.26	3	0.37	3	0.37	7	0.81	11	1.26
<i>Fort Sill, OK</i>	64	5.89	43	3.17	5	0.41	3	0.26	0	0.00
<i>Fort Stewart, GA</i>	7	0.41	4	0.22	9	0.48	4	0.22	4	0.23
<i>Redstone Arsenal, AL</i>	2	1.78	1	0.79	0	0.00	2	2.75	0	0.00
WESTERN										
<i>Fort Bliss, TX</i>	103	5.44	29	1.37	24	0.95	13	0.46	31	1.15
<i>Fort Carson, CO</i>	51	2.53	44	1.82	102	3.86	340	13.29	182	7.30
<i>Fort Huachuca, AZ</i>	1	0.21	1	0.19	0	0.00	2	0.46	3	0.70
<i>Fort Irwin, CA</i>	19	4.62	8	1.82	5	1.13	1	0.24	2	0.51
<i>Fort Leavenworth, KS</i>	7	2.33	7	2.14	9	2.77	8	2.39	13	3.77
<i>Fort Leonard Wood, MO</i>	279	25.58	31	2.90	144	13.51	31	3.13	15	1.43
<i>Fort Lewis, WA</i>	10	0.32	4	0.12	8	0.25	20	0.59	3	0.09
<i>Fort Richardson, AK</i>	17	2.12	14	1.88	3	0.42	8	1.10	16	2.29
<i>Fort Riley, KS</i>	48	2.96	7	0.37	11	0.58	19	1.00	1	0.06
<i>Fort Wainwright, AK</i>	10	2.10	9	1.99	12	1.85	32	5.10	92	15.04
PACIFIC										
<i>Camp Carroll</i>	0	0.00	0	0.00	0	0.00	0	0.00	1	1.41
<i>Camp Casey</i>	0	0.00	2	0.35	7	1.31	2	0.40	0	0.00
<i>Camp Humphreys</i>	2	1.24	2	1.08	5	1.63	0	0.00	0	0.00
<i>Camp Long</i>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<i>Camp Stanley/Red Cloud</i>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<i>Japan</i>	0	0.00	0	0.00	0	0.00	0	0.00	1	1.35
<i>Schofield Barracks-Wheeler AAF</i>	23	1.41	14	0.86	21	1.20	25	1.50	31	1.95
<i>USA Hawaii</i>	3	12.72	3	11.51	1	3.57	2	7.13	3	10.65
<i>Yongsan Garrison</i>	0	0.00	8	2.07	11	2.31	4	1.12	0	0.00
EUROPEAN										
<i>Ansbach</i>	0	0.00	0	0.00	1	0.76	0	0.00	0	0.00
<i>Baden-Wuerttemberg</i>	5	0.88	4	0.89	1	0.21	6	1.85	0	0.00
<i>Bamberg</i>	3	1.41	1	0.44	5	1.35	0	0.00	2	1.18
<i>BeNeLux</i>	1	1.31	1	1.63	0	0.00	1	1.73	1	1.79
<i>Grafenwoehr</i>	1	0.31	0	0.00	2	0.81	2	0.92	0	0.00
<i>Kaiserslautern</i>	0	0.00	0	0.00	0	0.00	1	7.72	0	0.00
<i>Schweinfurt</i>	0	0.00	2	0.65	1	0.27	0	0.00	0	0.00
<i>Stuttgart</i>	0	0.00	0	0.00	1	5.25	0	0.00	1	6.21
<i>Vicenza</i>	16	6.29	3	1.16	7	2.53	4	1.62	3	1.29
<i>Wiesbaden</i>	1	0.62	2	1.17	0	0.00	2	1.03	0	0.00

1. Rate is provided per 1,000 person-years.

US Army TINNITUS diagnoses, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
NORTHERN										
<i>Aberdeen Proving Ground, MD</i>	12	8.86	19	15.35	13	11.29	9	11.11	11	13.56
<i>Fort Belvoir, VA</i>	46	23.95	52	23.52	34	12.64	38	11.83	70	21.97
<i>Fort Bragg, NC</i>	648	13.63	455	9.23	622	12.83	693	14.55	764	16.74
<i>Fort Detrick, MD</i>	20	26.84	9	11.76	15	16.65	14	16.92	16	19.88
<i>Fort Dix, NJ</i>	0	0.00	0	0.00	4	14.57	9	28.99	7	21.27
<i>Fort Drum, NY</i>	143	8.06	272	14.97	139	7.35	292	16.33	222	13.12
<i>Fort Eustis, VA</i>	84	13.56	78	12.45	53	9.23	59	11.81	53	10.45
<i>Fort George G Meade, MD</i>	64	21.70	44	14.57	51	17.27	57	18.51	55	17.68
<i>Fort Knox, VA</i>	104	12.89	201	18.35	230	21.92	367	42.60	253	30.27
<i>Fort Lee, KY</i>	56	8.99	76	11.51	75	10.87	90	13.49	90	13.07
<i>Fort Myer, VA</i>	17	9.92	10	5.87	9	4.85	20	10.21	27	12.97
<i>Fort Monmouth, NJ</i>	4	10.20	2	5.99	1	4.95	1	11.98	0	0.00
<i>Walter Reed AMC, DC</i>	34	12.58	26	10.21	12	7.52	0	0.00	0	0.00
<i>West Point USMA, NY</i>	20	14.87	18	13.79	17	12.14	19	12.72	16	11.01
SOUTHERN										
<i>Fort Benning, GA</i>	362	17.38	238	11.51	245	11.20	269	11.91	257	11.54
<i>Fort Campbell, KY</i>	495	15.72	377	11.98	827	25.09	1,068	34.54	672	23.07
<i>Fort Gordon, GA</i>	54	5.92	45	4.96	65	8.02	69	9.10	72	9.15
<i>Fort Hood, TX</i>	701	13.35	568	12.23	464	10.05	552	12.57	370	9.27
<i>Fort Jackson, SC</i>	72	6.67	78	8.01	52	6.19	75	8.48	69	7.13
<i>Fort McPherson, GA</i>	21	13.20	32	21.35	20	35.87	0	0.00	0	0.00
<i>Fort Polk, LA</i>	233	27.48	198	22.37	344	39.69	301	37.74	177	22.57
<i>Fort Rucker, AL</i>	102	25.52	102	27.32	97	26.83	52	14.40	91	26.83
<i>Fort Sam Houston, TX</i>	117	15.53	122	15.41	168	21.57	196	23.86	156	18.74
<i>Fort Sill, OK</i>	225	21.12	186	13.94	142	11.84	120	10.67	82	7.28
<i>Fort Stewart, GA</i>	329	19.59	177	10.15	340	18.50	308	17.50	307	18.32
<i>Redstone Arsenal, AL</i>	21	19.09	19	15.40	20	18.61	17	24.85	26	38.85
WESTERN										
<i>Fort Bliss, TX</i>	323	17.32	514	24.97	599	24.44	515	19.08	553	21.37
<i>Fort Carson, CO</i>	359	18.33	360	15.37	443	17.33	370	14.94	337	13.90
<i>Fort Huachuca, AZ</i>	43	9.32	35	6.80	46	9.31	51	11.97	55	13.29
<i>Fort Irwin, CA</i>	64	15.79	58	13.50	92	21.29	82	20.21	87	23.03
<i>Fort Leavenworth, KS</i>	45	15.23	51	15.99	60	18.98	47	14.50	55	16.55
<i>Fort Leonard Wood, MO</i>	83	7.48	75	6.97	82	7.70	116	11.85	91	8.85
<i>Fort Lewis, WA</i>	516	17.10	324	10.41	550	17.72	630	19.25	732	23.33
<i>Fort Richardson, AK</i>	101	12.83	141	19.49	185	27.13	122	17.39	133	19.88
<i>Fort Riley, KS</i>	132	8.16	92	4.95	79	4.18	101	5.41	140	8.16
<i>Fort Wainwright, AK</i>	60	12.85	62	14.02	95	15.04	141	23.29	112	18.95
PACIFIC										
<i>Camp Carroll</i>	4	5.31	3	4.30	5	7.27	2	3.07	9	13.10
<i>Camp Casey</i>	16	2.67	9	1.58	13	2.45	10	2.01	51	10.13
<i>Camp Humphreys</i>	4	2.49	3	1.63	11	3.61	12	4.13	30	9.21
<i>Camp Long</i>	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<i>Camp Stanley/Red Cloud</i>	2	5.04	0	0.00	1	9.47	2	21.27	1	24.11
<i>Japan</i>	11	15.06	12	17.06	3	4.07	5	6.97	9	12.44
<i>Schofield Barracks-Wheeler AAF</i>	342	21.52	198	12.47	241	14.14	336	20.84	276	17.98
<i>USA Hawaii</i>	7	30.71	6	24.15	7	26.45	8	30.67	10	38.17
<i>Yongsan Garrison</i>	26	7.11	18	4.71	27	5.75	25	7.15	40	10.63
EUROPEAN										
<i>Ansbach</i>	11	6.18	1	0.63	6	4.60	18	12.29	8	5.94
<i>Baden-Wuerttemberg</i>	39	6.93	47	10.60	37	8.11	35	11.09	26	23.78
<i>Bamberg</i>	20	9.52	30	13.57	86	23.91	58	19.51	28	16.95
<i>BeNeLux</i>	6	7.94	13	21.64	8	13.15	11	20.04	5	9.39
<i>Grafenwoehr</i>	40	12.61	28	12.02	32	13.24	36	17.12	41	22.57
<i>Kaiserslautern</i>	0	0.00	2	15.19	0	0.00	2	15.80	2	13.65
<i>Schweinfurt</i>	12	3.11	43	14.18	38	10.49	44	14.97	27	25.92
<i>Stuttgart</i>	1	5.94	0	0.00	3	16.24	3	17.39	3	19.57
<i>Vicenza</i>	29	11.53	21	8.20	70	25.88	37	15.52	20	8.87
<i>Wiesbaden</i>	18	11.28	25	14.96	24	12.77	20	10.55	33	15.93

1. Rate is provided per 1,000 person-years.

ARMY Regional Totals Counts & Rates , 2009-2013

US ARMY SENSORINEURAL HEARING LOSS diagnoses										
	2009		2010		2011		2012		2013	
	Count	Rate ¹								
NORTHERN	1,171	1.20	1,060	1.03	1,177	1.16	1,407	1.47	1,133	1.21
SOUTHERN	2,841	1.65	2,470	1.47	2,441	1.47	2,474	1.54	1,989	1.29
WESTERN	2,218	1.90	2,416	1.92	2,502	1.88	2,457	1.83	2,354	1.81
PACIFIC	676	2.39	596	2.10	669	2.18	537	1.91	472	1.66
EUROPEAN	230	1.07	227	1.24	309	1.50	235	1.35	116	0.98

US ARMY SIGNIFICANT THRESHOLD SHIFT diagnoses										
	2009		2010		2011		2012		2013	
	Count	Rate ¹								
NORTHERN	1,553	1.56	1,206	1.16	1,587	1.55	1,665	1.73	786	0.84
SOUTHERN	5,388	3.17	4,430	2.67	3,150	1.92	2,766	1.74	3,430	2.24
WESTERN	1,944	1.63	2,369	1.86	5,762	4.34	4,983	3.78	3,320	2.63
PACIFIC	49	0.16	130	0.44	98	0.31	285	0.98	177	0.61
EUROPEAN	154	0.71	149	0.80	158	0.75	96	0.54	194	1.62

US ARMY NOISE-INDUCED HEARING LOSS diagnoses										
	2009		2010		2011		2012		2013	
	Count	Rate ¹								
NORTHERN	325	0.32	424	0.40	417	0.40	311	0.31	294	0.30
SOUTHERN	717	0.40	474	0.27	275	0.16	279	0.17	82	0.05
WESTERN	545	0.45	154	0.12	318	0.23	474	0.33	358	0.26
PACIFIC	28	0.09	29	0.10	45	0.14	33	0.11	36	0.12
EUROPEAN	27	0.12	13	0.07	18	0.08	16	0.09	7	0.06

US ARMY TINNITUS diagnoses										
	2009		2010		2011		2012		2013	
	Count	Rate ¹								
NORTHERN	1,252	1.27	1,262	1.21	1,275	1.23	1,668	1.71	1,584	1.67
SOUTHERN	2,732	1.56	2,142	1.25	2,784	1.64	3,027	1.85	2,279	1.45
WESTERN	1,726	1.44	1,712	1.33	2,231	1.64	2,175	1.58	2,295	1.73
PACIFIC	412	1.41	249	0.85	308	0.97	400	1.37	426	1.46
EUROPEAN	176	0.81	210	1.13	304	1.45	264	1.49	193	1.59

US Army Noise-Induced Hearing Injuries, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
Occupation (Army)										
<i>Infantry, Gun Crew, and Seaman</i>	5,519	54.18	4,902	46.80	5,913	56.57	5,762	58.05	4,722	50.31
<i>Electronic Equipment Repairers</i>	667	26.63	688	23.87	752	29.20	697	29.64	594	27.31
<i>Communications and Intelligence Specialists</i>	1,702	37.08	1,506	32.60	1,882	38.94	1,720	35.20	1,626	33.87
<i>Health Care Specialists</i>	797	24.07	844	23.76	997	30.11	1,018	30.38	867	26.01
<i>Other Technical and Allied Specialists</i>	478	31.20	464	28.97	584	37.07	541	36.00	421	29.98
<i>Functional Support and Admin</i>	1,597	26.11	1,404	23.52	1,716	29.77	1,524	27.77	1,384	26.02
<i>Electrical/Mechanical Equip. Repairers</i>	1,848	33.64	1,528	29.25	1,856	33.71	1,969	37.40	1,582	31.54
<i>Craftwork & Construction</i>	419	38.69	396	35.26	513	44.92	462	42.99	293	28.95
<i>Service, Transport & Supply</i>	2,047	33.20	1,859	31.32	2,243	38.66	2,090	40.46	1,608	34.66
<i>Students & Trainees</i>	130	45.57	125	37.80	56	19.69	61	24.89	80	27.28
<i>General/Flag. Off. & Executives</i>	21	111.68	17	87.70	18	96.59	11	57.45	21	107.25
<i>Tactical Operations Officers</i>	842	31.68	819	30.33	829	30.25	792	28.51	692	25.33
<i>Intelligence Officers</i>	182	32.92	154	26.21	191	31.91	146	23.77	158	26.23
<i>Engineering & Maintenance Officers</i>	368	30.24	389	31.07	392	30.83	363	27.95	304	23.39
<i>Scientists & Professionals</i>	215	38.89	161	29.17	172	32.05	162	28.59	174	30.86
<i>Health Care Officers</i>	337	24.65	352	25.17	374	26.19	345	23.78	307	21.17
<i>Administrators</i>	187	30.96	194	30.96	201	31.48	187	28.25	141	21.08
<i>Supply & Logistics Officers</i>	218	26.93	300	35.47	290	33.84	268	31.11	292	34.74
<i>Students, Trainees & Other Officers</i>	68	31.14	58	26.83	67	22.87	34	17.77	39	18.32
By Diagnosis										
<i>DoD - SNHL</i>	9,492	7.29	9,823	7.51	10,050	7.74	10,165	8.02	9,293	7.47
<i>DoD - STS</i>	8,960	6.88	8,633	6.60	12,592	9.70	11,403	8.99	8,495	6.83
<i>DoD - NIHL</i>	1,605	1.23	1,114	0.85	1,055	0.81	1,228	0.97	920	0.74
<i>DoD - TINN</i>	8,035	6.17	8,390	6.41	9,675	7.45	11,051	8.72	10,631	8.54
<i>Army - SNHL</i>	5,307	10.77	5,095	10.21	4,785	9.64	4,608	9.66	3,910	8.54
<i>Army - STS</i>	8,131	16.50	7,409	14.84	9,902	19.95	8,795	18.44	7,225	15.79
<i>Army - NIHL</i>	970	1.97	635	1.27	645	1.30	684	1.43	393	0.86
<i>Army - TINN</i>	3,234	6.56	3,021	6.05	3,714	7.48	4,065	8.52	3,777	8.25
Sex (Army)										
<i>Male</i>	16,270	38.48	14,889	34.78	17,420	40.99	16,690	40.89	13,901	35.54
<i>Female</i>	1,372	19.65	1,271	17.89	1,626	22.80	1,462	21.24	1,404	21.12
Age (Army)										
<i><20</i>	691	19.75	519	14.32	754	21.00	626	19.08	536	15.95
<i>20-24</i>	5,187	31.74	4,706	28.78	5,760	35.69	5,648	36.81	4,670	32.23
<i>25-29</i>	4,052	33.48	3,813	30.71	4,456	35.94	4,326	36.42	3,564	32.17
<i>30-34</i>	2,380	33.42	2,124	28.85	2,644	35.27	2,549	34.02	2,115	28.79
<i>35-39</i>	2,317	40.26	2,064	36.62	2,220	41.09	1,963	38.51	1,732	35.86
<i>>=40</i>	3,015	67.85	2,934	64.90	3,212	69.78	3,040	66.02	2,688	57.64
Deployment Association² (Army)										
COUNTS ONLY										
<i>OIF-associated</i>	4,670		3,082		2,151		681		157	
<i>OEF-associated</i>	822		1,763		2,320		3,287		2,593	
<i>Not Deployment Associated</i>	12,150		11,315		14,575		14,184		12,555	

1. Rate is provided per 1,000 person-years.

2. The diagnosis occurred during or within 180 days of a deployment.

US Armed Forces Noise-Induced Hearing Injuries, Active Component, 2009-2013

	2009		2010		2011		2012		2013	
	ANNUAL		ANNUAL		ANNUAL		ANNUAL		ANNUAL	
	Count	Rate ¹								
Occupation										
<i>Infantry, Gun Crew, and Seaman</i>	6,973	37.41	6,430	36.01	8,037	46.00	8,326	49.39	7,072	43.60
<i>Electronic Equipment Repairers</i>	1,295	15.24	1,384	14.92	1,692	18.44	1,798	20.16	1,619	17.01
<i>Communications and Intelligence Specialists</i>	2,264	21.99	2,110	20.49	2,780	25.10	2,843	25.05	2,572	23.64
<i>Health Care Specialists</i>	1,372	18.44	1,484	19.12	1,651	21.75	1,797	23.30	1,564	20.19
<i>Other Technical and Allied Specialists</i>	847	23.88	859	23.75	1,033	28.80	1,049	29.78	800	25.48
<i>Functional Support and Admin</i>	2,800	17.14	2,673	16.91	3,141	21.12	3,105	21.87	2,781	20.19
<i>Electrical/Mechanical Equip. Repairers</i>	3,807	17.59	3,902	17.89	4,582	21.01	4,836	23.02	4,209	20.42
<i>Craftwork & Construction</i>	808	21.37	805	21.00	1,140	30.07	1,047	29.06	694	19.76
<i>Service, Transport & Supply</i>	2,937	22.96	3,001	21.98	3,689	27.54	3,571	28.62	2,902	24.13
<i>Students & Trainees</i>	552	8.55	561	9.62	428	7.39	493	8.31	555	9.40
<i>General/Flag. Off. & Executives</i>	90	63.17	79	54.63	112	79.03	110	81.06	92	69.45
<i>Tactical Operations Officers</i>	1,505	20.07	1,644	21.51	1,839	23.75	1,746	22.38	1,564	20.28
<i>Intelligence Officers</i>	297	24.15	268	20.72	328	24.65	310	22.97	280	20.77
<i>Engineering & Maintenance Officers</i>	681	24.27	766	27.12	780	27.92	753	27.25	659	24.26
<i>Scientists & Professionals</i>	329	27.34	281	22.83	295	24.04	294	23.18	333	26.32
<i>Health Care Officers</i>	729	22.46	734	22.43	797	23.92	732	21.76	687	20.25
<i>Administrators</i>	305	22.47	360	26.23	374	27.36	376	27.40	319	23.33
<i>Supply & Logistics Officers</i>	361	20.72	480	26.91	500	28.00	507	28.20	491	27.85
<i>Students, Trainees & Other Officers</i>	140	8.94	139	8.98	174	11.25	154	11.14	146	10.47
By Diagnosis										
<i>DoD - SNHL</i>	9,492	7.29	9,823	7.51	10,050	7.74	10,165	8.02	9,293	7.47
<i>DoD - STS</i>	8,960	6.88	8,633	6.60	12,592	9.70	11,403	8.99	8,495	6.83
<i>DoD - NIHL</i>	1,605	1.23	1,114	0.85	1,055	0.81	1,228	0.97	920	0.74
<i>DoD - TINN</i>	8,035	6.17	8,390	6.41	9,675	7.45	11,051	8.72	10,631	8.54
<i>Army - SNHL</i>	5,307	10.77	5,095	10.21	4,785	9.64	4,608	9.66	3,910	8.54
<i>Army - STS</i>	8,131	16.50	7,409	14.84	9,902	19.95	8,795	18.44	7,225	15.79
<i>Army - NIHL</i>	970	1.97	635	1.27	645	1.30	684	1.43	393	0.86
<i>Army - TINN</i>	3,234	6.56	3,021	6.05	3,714	7.48	4,065	8.52	3,777	8.25
<i>Air Force - SNHL</i>	1,664	5.40	1,666	5.37	1,592	5.16	1,386	4.49	1,315	4.28
<i>Air Force - STS</i>	221	0.72	512	1.65	473	1.53	250	0.81	97	0.32
<i>Air Force - NIHL</i>	193	0.63	145	0.47	118	0.38	138	0.45	142	0.46
<i>Air Force - TINN</i>	2,489	8.07	2,762	8.89	2,722	8.82	3,170	10.27	3,358	10.93
<i>Navy - SNHL</i>	1,256	4.09	1,406	4.60	1,375	4.54	1,435	4.82	1,430	4.79
<i>Navy - STS</i>	87	0.28	149	0.49	908	3.00	631	2.12	414	1.39
<i>Navy - NIHL</i>	250	0.81	197	0.65	161	0.53	284	0.95	309	1.03
<i>Navy - TINN</i>	1,480	4.82	1,531	5.01	1,875	6.19	2,163	7.27	1,948	6.52
<i>Marine Corps - SNHL</i>	1,265	6.51	1,656	8.56	2,298	12.07	2,736	14.80	2,638	14.60
<i>Marine Corps - STS</i>	521	2.68	563	2.91	1,309	6.87	1,727	9.34	759	4.20
<i>Marine Corps - NIHL</i>	192	0.99	137	0.71	131	0.69	122	0.66	76	0.42
<i>Marine Corps - TINN</i>	832	4.28	1,076	5.56	1,364	7.16	1,653	8.94	1,548	8.57
Sex										
<i>Male</i>	25,663	23.12	25,606	23.00	30,453	27.62	30,911	28.77	26,604	25.30
<i>Female</i>	2,429	12.62	2,354	12.07	2,919	14.91	2,936	15.18	2,735	14.18
Age										
<i><20</i>	971	8.81	852	8.11	1,065	10.33	1,025	10.00	1,040	9.98
<i>20-24</i>	7,729	16.77	7,521	16.25	9,617	21.13	9,661	22.15	8,165	19.62
<i>25-29</i>	5,845	19.37	5,952	19.18	7,342	23.34	7,757	24.94	6,526	21.59
<i>30-34</i>	3,503	19.45	3,414	18.55	4,338	23.24	4,579	24.39	3,887	20.49
<i>35-39</i>	3,865	27.08	3,750	26.88	4,111	30.59	4,172	32.36	3,670	29.11
<i>>=40</i>	6,179	57.93	6,471	60.58	6,899	66.07	6,653	65.40	6,051	57.16
Deployment Association² (DoD)										
COUNTS ONLY										
<i>OIF-associated</i>	5,727		3,728		2,646		1,063		449	
<i>OEF-associated</i>	1,253		2,808		3,943		4,894		3,472	
<i>Not Deployment Associated</i>	21,112		21,424		26,783		27,890		25,418	

1. Rate is provided per 1,000 person-years.

2. The diagnosis occurred during or within 180 days of a deployment.