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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

**17 November 1998**

**MEMORANDUM FOR:** SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE

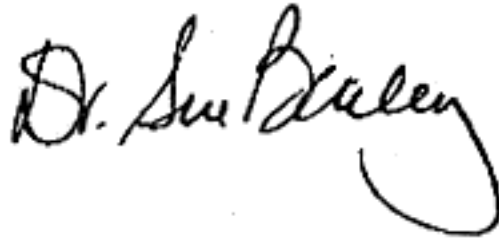
**SUBJECT:** Policy for National Surveillance for Birth Defects Among Department of Defense (DoD) Health Care Beneficiaries

The Department of Defense shall conduct surveillance for major birth defects among DoD beneficiary infants born in both military and civilian medical facilities and provide incidence rates of newly diagnosed cases for births and fetal demises. This will be accomplished by establishing surveillance for birth defects among DoD health care beneficiaries through a scientifically sound, cost-effective hybrid birth defects registry. This surveillance system will:

- Determine those birth defects that are most common within this population;
- Provide information regarding increases, if any, in the incidence of specific malformations;
- Compare rates stratified by beneficiary status (military or dependent) and among active-duty personnel, by occupation;
- Identify geographical or military service-related areas of reproductive concern for cluster analysis;
- Identify any correlation of rates of defects with changing trends in cultural, social, and environmental factors; and
- Provide a data repository that future investigators and policy makers might use to study militarily important birth defects hypotheses.

The Naval Health Research Center, San Diego will continue to maintain the surveillance database, provide professional guidance and direction, and will issue periodic and special reports to the ASD(HA). The TRICARE Management Activity will provide funds for FY 99 and FY 00 and OSD(HA) will include this mission in the annual Medical Program Guidance issued for the Navy for out-years funding in the FY 01 - 05 POM submission.

This policy is effective immediately.



Dr. Sue Bailey

**HA Policy 99-006**

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**National Surveillance for Birth Defects  
Department of Defense (DoD) Health Care Beneficiaries**

**Background: Birth Defects**

- Every year in the United States, more than 150,000 infants are born with serious birth defects.
- Birth defects have become the leading cause of infant mortality, the sixth leading cause of potential life lost, and the basis for 25-30% of pediatric admissions.
- Annually, more than \$8.0 billion is spent to treat conditions resulting from birth defects.

**Discussion: Birth Defect Registries**

- A good registry is composed of several elements: standard, accurate, and precise diagnostic criteria; a structured classification scheme; a population-based approach; and a catchment area with a large number of cases.
- When data are gathered with these criteria, they can be used to monitor the distribution and trends of morbidity and mortality, to make comparisons with other birth defects registries, and to conduct epidemiological research.
- Different methods are employed to create and to maintain registries.
- The two primary approaches are termed active (some use the term intensive) and passive.
- In the *active* identification system, trained personnel examine multiple data sources in hospitals, clinics, and other medical facilities and look for individuals who meet a case definition.

- Passive systems are not only less expensive, but they also more easily capture data for large populations. Such systems, however, are weakened by lags in reporting time, lack of control over the quality of data, and case underreporting.
- A hybrid of the two methods is becoming more popular. A hybrid system combines aspects of the active and passive systems, relying on passive collection for the majority of data while using active techniques to perform quality control and to gather data from specially identified sources.
- Much of the information needed to conduct a DoD birth defects registry is already collected. When various data sets, such as insurance billing, hospital discharge codes, and demographic information, are linked, a composite registry can be created.
- With the addition of data gathering at selected sites, the integrity of the data can be validated.
- Thus, creating a hybrid registry is not only a scientifically sound but also a cost-effective approach for a DoD-wide birth defect registry.
- Optimization of current DoD passive surveillance methods will capture at least 85% of birth defects that an active surveillance system would capture.

### **Outcome: National Surveillance for Birth Defects Among DoD Health Care Beneficiaries**

- Funding this proposal will establish surveillance for major birth defects among DoD beneficiary infants and provide incidence rates of newly diagnosed cases for births and fetal demises between January 1, 1999 and June 30, 2003 and accomplish the following objectives:
- Determine those birth defects that are most common within this population;
- Provide information regarding increases, if any, in the incidence of specific malformations;
- Compare rates stratified by beneficiary status (military or dependent) and among active-duty personnel, by occupation;
- Identify geographical or military service-related areas of reproductive concern for cluster analysis;
- Identify any correlation of rates of defects with changing trends in cultural, social, and environmental factors; and
- Provide a data repository that future investigators and policy makers might use to study militarily important birth defects hypotheses.

Last update: 12/18/1998