Birth Defects Surveillance in New York State

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Congenital Malformations Registry Background



- •Established October, 1982
- •Recognition of the environment as a potential etiologic factor for birth defects (Love Canal)
- •Reporting to the Registry is mandated by Public Health Law State Sanitary Code 22.3

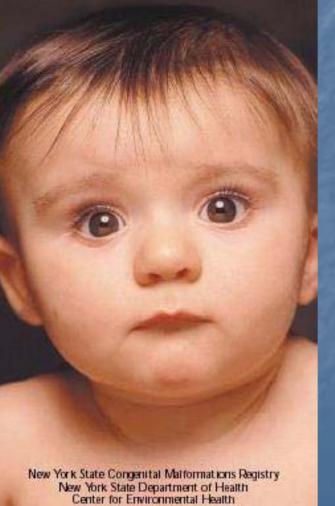
Congenital Malformations Registry Background

Population Coverage: Statewide approximately 260,000 to 300,000 births annually

Designed for surveillance, research & to provide data to health programs to aid in the development of needs assessment

Full time staff - 8 Grant Funded positions - 9

Striving for Healthy Births



Congenital Malformations Registry Case Definition

Children diagnosed up to 2 years of age who were born or reside in New York State with a major congenital malformation, chromosomal anomaly or persistent metabolic defect.

*List of reportable ICD-9-CM codes available on NYSDOH Public WebSite: www.health.state.ny.us

Congenital Malformations Registry Surveillance System Recording Malformations

1983-1991: Only ICD codes were included in the

CMR database

1992-1998: ICD codes & CDC modified version of

the British Pediatric Association (B PA)

codes

1998-present: Reported ICD codes, BPA codes and malformation narratives

Confidential Case Report Form 2002



Congenital Malformations Registry Confidential Case Report

New York State Department of Health Bureau of Environmental and Occupational Epidemiology

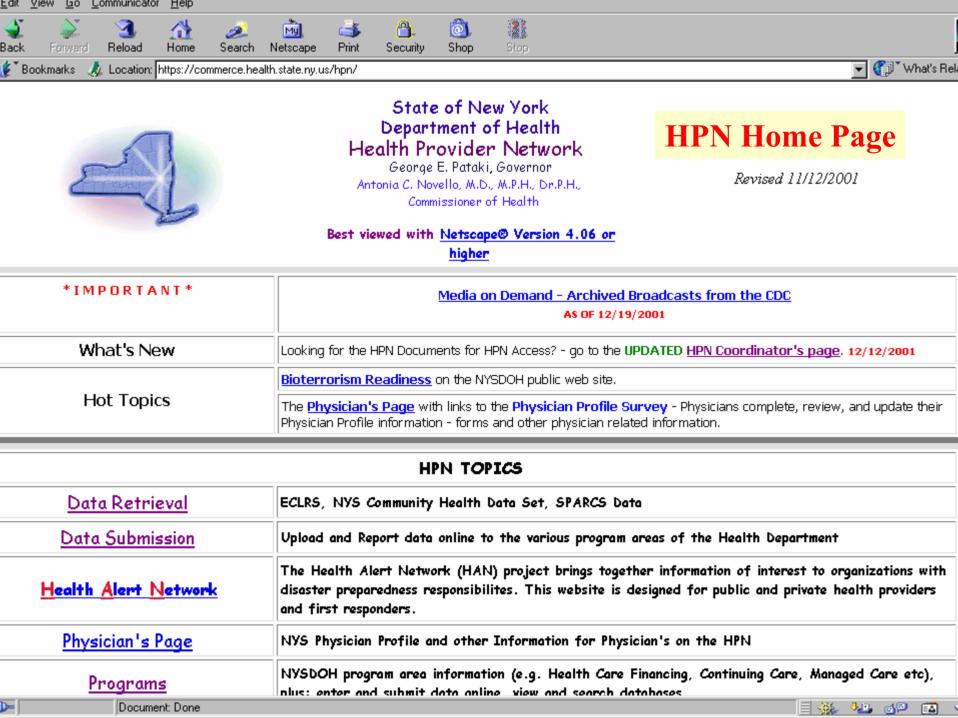
	Ion PFI No.			Medical Record Number		
Child's Name Las	st		First M.I.		(DOH USE ONLY)	
f child has been identified by another name	ne(s), enter the name(s)					
Address Street			City		State	Zip Code
Date of Birth (month/day/year)	Birth Status	Birthweight (grams)		Sex		
//	□Live □Still			□ Male	☐ Female ☐ Undesignated	
Race	Americ	can Indian/	955		2.000	Hispanic
☐ White ☐ Black or African	American	n Eskimo	☐ Asian/Pacifi	c Islander	Unknown	□Yes □
			If a multiple birth,	Second Second Second Second		
Single Twin Triple			□1st □2		Committee of the Commit	
	is facility: Hospital			⊃ity	State	Zip Code
□Yes □No						
Date of Discharge (month/day/year)	Deceased	If deceased, o	date of death (month/o	lay/year)	Foster/Adopted	
''	□Yes □No	/	''	[□Foster □A	dopted No
2)						
9)						
10)						
10)						
		First	N	u.		Maiden Name
2arent's Information Mother's Name Last		First				Maiden Name
Parent's Information Mother's Name Last		First	N Social Securi M.	ity Number		Malden Name

2011 2011 (2011)

Congenital Malformations Registry Internet Reporting Option

The New York State Department of Health (NYSDOH) has developed the Health Provider Network (HPN) as a secure system for electronically collecting and distributing health related data. NYSDOH uses techniques which ensures that data exchanges between the HPN and providers are done in a secure fashion and also provide security for data on the HPN







New York State Department of Health

💥 Congenital Malformations Registry - Netscape

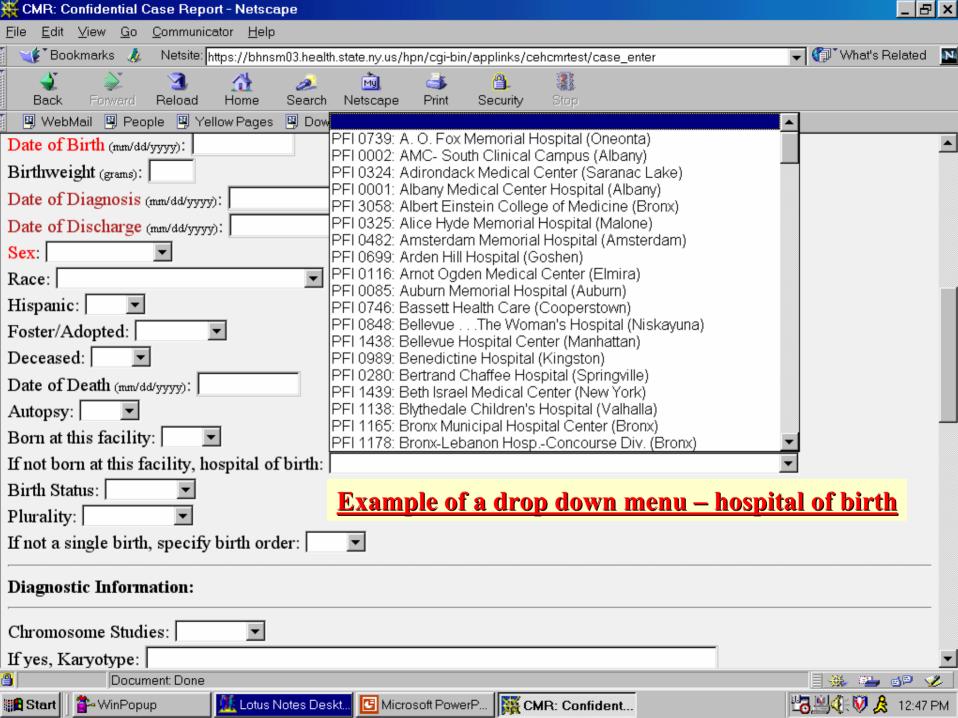
Congenital Malformations Regist

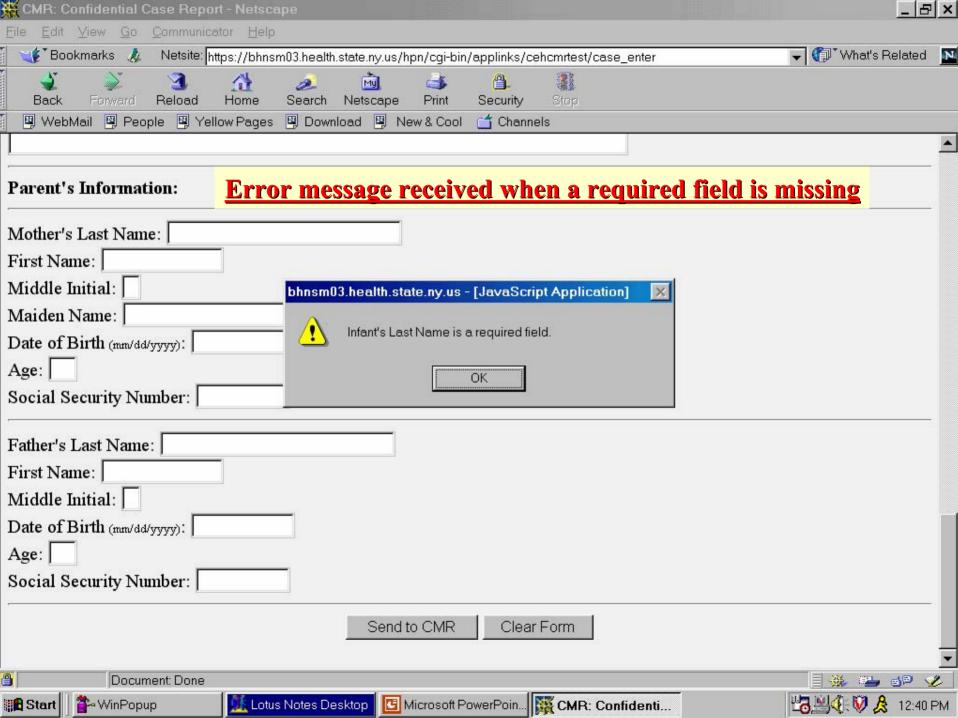
Welcome to New York State's Congenital Malformations Registry on the HPN

CMR Home Page

Select from the tasks below:

- Health Provider Network Reporting System
- Enter confidential case reports
- · Upload case reports data
- · Complete uploaded case reports
- Edit/View unprocessed case reports
- · View/Search all case reports
- View the transaction log
- Monthly counts of reports received for 2002
- Yearly counts of reports received for 1998-2002
- CMR additional information requests
- View/Edit CMR hospital contact information
- Contact the CMR.
- CMR Specific Tasks





Congenital Malformations Registry Hospital Discharge Data Linkage

The CMR is a "passive" registry with mandatory hospital reporting

Hospital discharge data linkage has enabled the CMR to become -

PASSIVE AGGRESSIVE



Congenital Malformations Registry Audits Using SPARCS Discharge Data

SPARCS inpatient data monthly subset

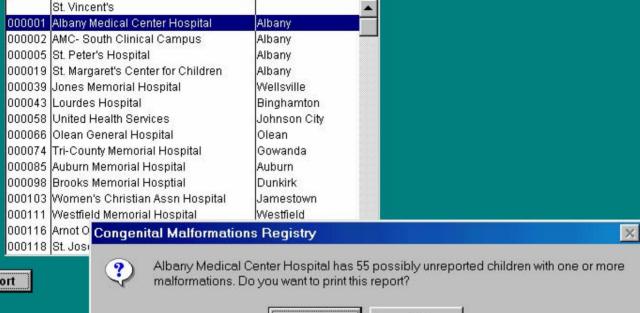
- -current New York State resident
- -age at discharge of 2 years or less
- -diagnosed with major malformation

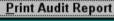
Matching Criteria

- -Hospital Permanent Facility Identifier (PFI)
- -Date of birth
- -Infant's medical record number (substrings)
- -Mother's medical record number (substrings)
- -Infant's patient control number (SPARCS)

Audit Of 1998-1999 Births







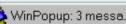


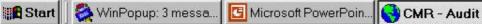










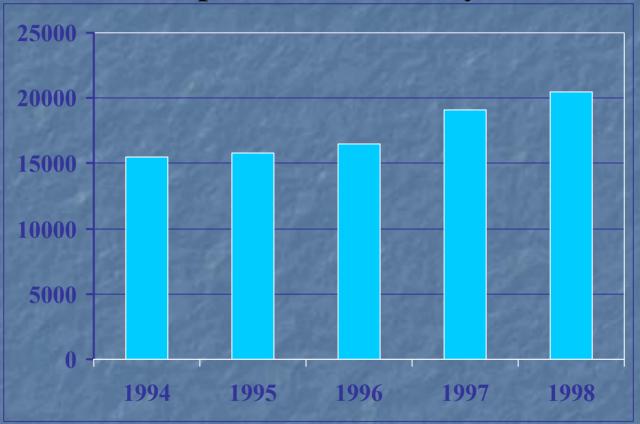




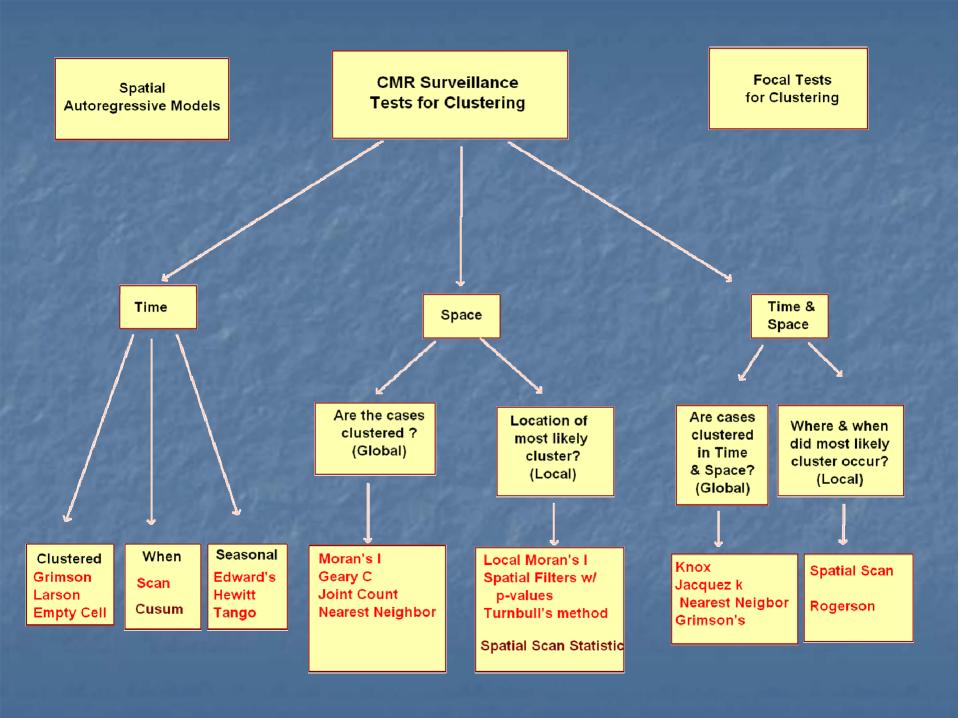


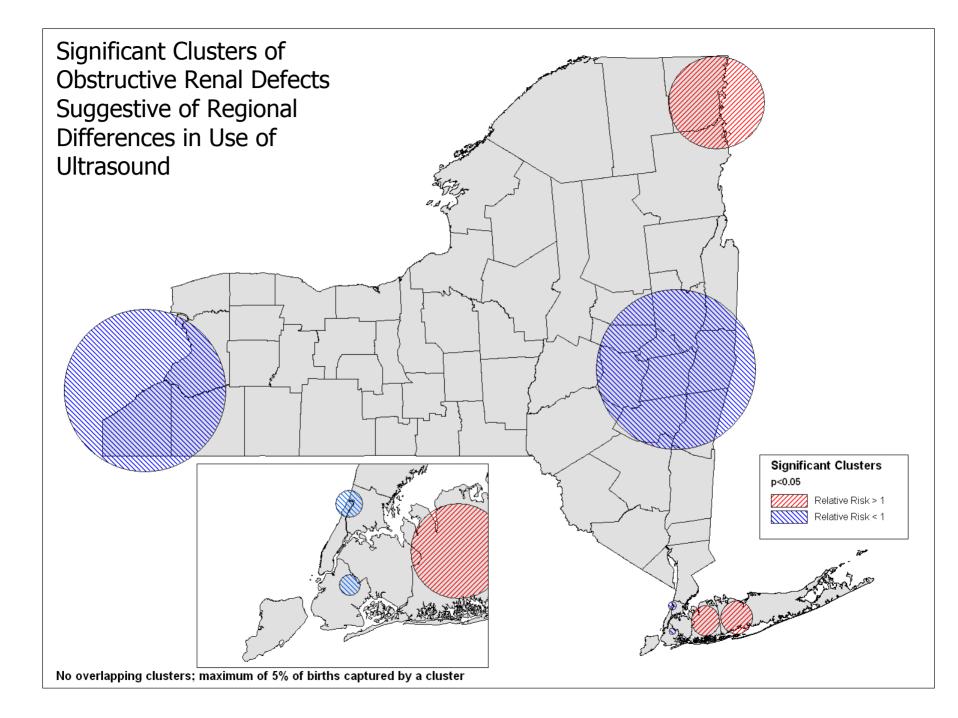
CMR - SPARCS LINK AUDIT RESULTS

New Reports Received by Year



Improved completeness of reporting - approximately 33% of 1996-1997 reports ascertained through monitoring





EPHT Demonstration Project: General Goal

 Link Public Water Supply Monitoring Data with Birth Outcome Data to Identify Unusual Patterns and Trends in Time and Space Regarding Exposure and/or Disease

Background

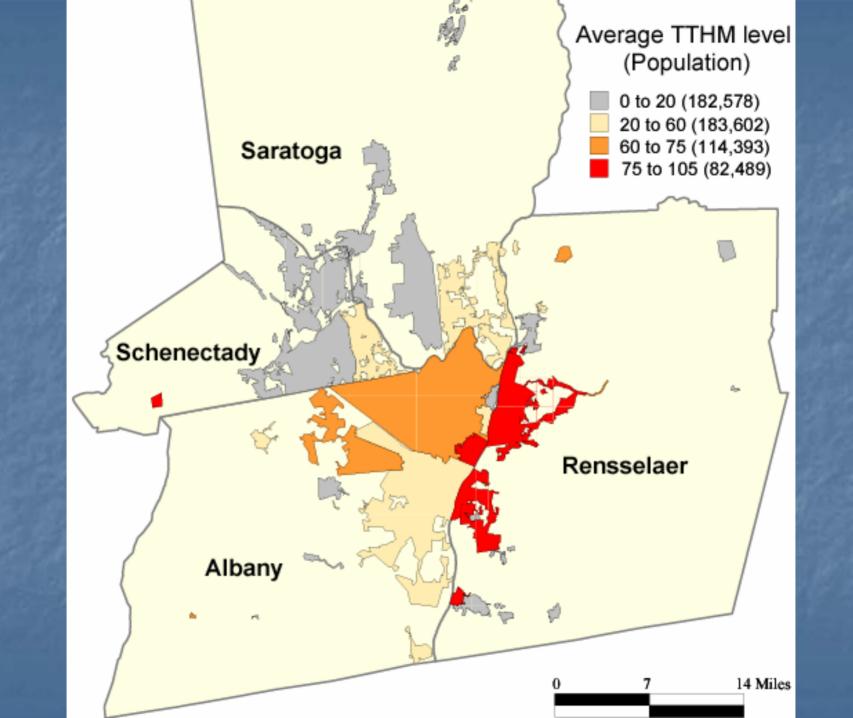
- Disinfection of Public Water Supply through Chlorination Yields Disinfection Byproducts (DBPs)
 - Trihalomethanes (THMs), Haloacetic Acids (HAAs)
 - Depends on Source Water Characteristics Such as Level of Organic Matter
- 82% of Water Supply Systems Serving >= 10,000
 Persons in New York Use Chlorination

Background

- Epidemiological Studies Have Shown Positive though Weak Associations between DBPs and Adverse Birth Outcomes
 - Low Birth Weight
 - Intrauterine Growth Retardation
 - Certain Congenital Malformations
- Limitations
 - Small Sample Size
 - Lack of Measured Contaminant Levels

Environmental Hazard Database

- State Drinking Water Information System (SDWIS)
 - Analytical Results for Total THMs and 5 HAAs
 - Mandated Quarterly Monitoring
 - Some Systems Monitor Monthly
 - Digitized Supply Area Boundaries
 - **■** Includes Systems Serving >= 10,000 Persons
 - Small Systems to be Added Beginning in 2004



Health Outcome Databases

- Congenital Malformations Registry (CMR)
 - Total Defects
 - Selected Major Defects
- Birth Certificates
 - Low Birth Weight
 - Intrauterine Growth Retardation
 - Small for Gestational Age

Data Linkage

- Geocode Maternal Address at Birth from CMR and Birth Certificate Records
 - Longitude and Latitude Determined Using Automated Enterprise Geocoding Engine
- Use Geocoded Address to Assign Each Health Record To Specific Water District
 - Use "Point in Polygon Matching" with GIS

Exposure Assessment

- Assume Water District At Birth Is a Proxy for DBP Exposure Throughout Pregnancy
- Each Pregnancy Will Have 3 or 4 Associated DBP Measurements
 - Measurements Not Evenly Spaced in Time (e.g., two "quarterly" measurements may be taken in the same week March 31 and April 1)
 - Will Evaluate Mean and Maximum DBP Level as Indicators of Average and Peak Exposure
 - First Trimester Measurement Is Most Important for Major Congenital Malformations

Data Visualization and Analysis

- Use Maps, Spatial Statistics and Other Surveillance Methods to Detect Unusual Patterns or Trends in Time and Space for DBPs and/or Birth Outcomes
- Use Spatial Regression Techniques to Assess Associations between DBPs and Birth Outcomes

Current Status

- Finalizing Work Plan
 - Solicit Input from Planning Consortium at Next Meeting (April 30)
- Currently Hiring Project Staff
- Enterprise Geocoding Engine Ready for Testing
- Improving Electronic Reporting of Both Malformation Registry and Water Monitoring Data