

**DECISION MEMORANDUM  
ON  
LEAD POISONING REPORTING IN DISEASE REPORTING SYSTEM INTERNET**

**ISSUE:**

- DHA requires lead poisoning in children reporting for every MTF regardless of local civilian public health requirements. Disease Reporting System internet (DRSi) will be the reporting platform until MHS Genesis (MHSG) capabilities support this function. This is part of the corrective action plan sent to the U.S. Government Accountability Office (GAO) with an original completion date of September 30, 2022, Tab B.
- The Armed Forces Reportable Medical Events (AFRME) Work Group, subordinate to the Public Health Work Group, is undecided about releasing an updated lead poisoning case definition to align DRSi reporting with current requirements or waiting to revise the 2020 AFRME guidelines that are available on health.mil.

**BACKGROUND:**

- Section 703 of the National Defense Authorization Act for Fiscal Year 2020 requires the Secretary of Defense to establish “clinical practice guidelines” for Department of Defense health care providers on screening, testing, and reporting of blood lead levels in children, reflecting the Centers for Disease Control and Prevention’s (CDC’s) recommendations
- GAO reviewed DoD’s lead level screening and testing children practices. GAO recommended DHA develop a plan, with timeframes, to implement a process to oversee the extent to which MTFs are adhering to DHA’s guidelines related to pediatric lead screening, testing, treating, and reporting to ensure consistent implementation of these processes across all MTFs.

**DISCUSSION:**

- In June 2022, the AFRME Work Group agreed that the lead poisoning case definition is out of date and requires revision. September 30, 2022 was the projected timeframe was for DRSi implementation. The AFRME Work Group requests additional time to revise the 2020 AFRME Guidelines.
  - The current DoD blood lead reference value of 5 micrograms per deciliter is outdated and not consistent with the 2021 CDC recommendations of 3.5 micrograms per deciliter.
  - DHA clinical guidelines for lead reporting updated the DoD blood lead reference value. The current AFRME lead poisoning case definition is outdated.
- Tab C is the updated lead case definition consistent with current CDC and DHA clinical guidelines. It can be published as a supplement to the 2020 AFRME guidelines. The alternative is to wait for the complete revision of the 2020 AFRME guidelines.
- The timeline to update and approve the AFRME Guidelines is 90 days at a minimum. However, the timeline to publish Tab C and make DRSi reporting available for every MTF is 3 weeks.

**OPTIONS:**

- **Approve lead reporting in DRSi using updated blood lead reference values and publish the updated lead case definition as an AFRME Guidelines supplement, pending the AFRME revision.**

- **Disapprove DRSi reporting and require approval of updated AFRME Guidelines prior to authorizing lead reporting in DRSi using updated blood lead reference values and extend GAO corrective action plan timeframe by 3 months.**

**RECOMMENDATION:**

- **That the Director, DHA Public Health approve lead reporting in DRSi without waiting for an update of the Armed Forces Reportable Medical Events Guidelines.**

**DIRECTOR, DHA PUBLIC HEALTH DECISION:**

Approve: \_\_\_\_\_ Date: \_\_\_\_\_

Disapprove: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date \_\_\_\_\_