Georgia Department of Public Health

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

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November 22, 2013

Janet D. Cragan, MD, MPH
National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention
1600 Clifton Road, Mail Stop E-88
Atlanta, GA 30333

Dear Dr. Cragan:

This letter is in reference to current birth defects and fetal death surveillance activities being undertaken here in Georgia. The purpose of this letter is to set forth a partnership between the Georgia Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD), and more specifically, the Metropolitan Atlanta Congenital Defects Program (MACDP), with respect to the collection of public health surveillance data for birth defects and fetal deaths.

Legal authority for the DPH to collect health information is provided in Chapter 31 of the Official Code of Georgia (O.C.G.A.). O.C.G.A. § 31-12-2 allows DPH "…to declare certain diseases, injuries, and conditions to be diseases requiring notice and to require the reporting thereof … in a manner and at such times as may be prescribed." This authority also provides that "any person, including, but not limited to, practitioners of the healing arts, submitting in good faith reports or data…in compliance with the provisions of this Code section shall not be liable for any civil damages therefor." Georgia Code Chapter 31-10 and DPH Regulation 290-1-3 specifies the scope and authority of the Georgia vital records program, which requires the reporting of all fetal deaths.

Under these authorities, DPH has deemed birth defects (i.e., congenital defects, including fetal alcohol syndrome, developmental disabilities, and muscular dystrophy) and fetal deaths (i.e., stillbirths) to be notifiable conditions in Georgia. To track birth defects and fetal deaths in Georgia and learn about how they can be prevented and controlled, DPH supports and conducts public health surveillance for birth defects and fetal deaths in partnership with the Metropolitan Atlanta Congenital Defects Program (MACDP) in the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD). DPH herein requests the staff

of MACDP to act with DPH in the collection of public health surveillance data related to birth defects and fetal deaths, as more fully described below.

As many types of birth defects are not usually detected at birth, simple examination of hospital records of children's births is not sufficient to provide adequate ascertainment of birth defects. Reports for individuals who have birth defects are needed from sources that include, but are not limited to, hospitals, clinics, private practitioners' offices, diagnostic imaging facilities, pregnancy termination centers, and laboratories. Reports are needed for children and products of conception with congenital defects and for women pregnant with fetuses affected by congenital defects. For effective surveillance, access is needed to the medical records of individuals known or likely to have congenital defects so that cases can be identified and pertinent information can be abstracted. Pertinent information includes personal identifiers, demographics, clinical signs and symptoms, detailed defect diagnoses, screening/diagnostic test results, medical care received, and types of treatment and intervention. Similarly, access is also needed to the medical records of women whose pregnancies resulted in a stillbirth and to all medical reports related to the evaluation of the fetus and placenta in the event of a stillbirth. Accordingly, pursuant to this letter, DPH has requested that the MACDP staff undertake the collection of this birth defect and fetal death surveillance data. Providers who enable MACDP staff access to medical records of their patients with birth defects or fetal deaths will be considered by DPH to be complying with the reporting requirement set forth in O.C.G.A. § 31-12-2 and Georgia Code Chapter 31-10 and DPH Regulation 290-1-3.

This letter, and the partnership between DPH and the MACDP staff to conduct birth defect and fetal death surveillance in Georgia, is valid through December 31, 2018. Please contact me if you have any questions.

Sincerely,

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