US MARINE CORPS ACTIVE DUTY EYE INJURY SUMMARY CALENDAR YEAR 2019

Approved for public release, distribution unlimited

2019



INTRODUCTION: In 2010 the Armed Forces Health Surveillance Branch (AFHSB) and Tri-Service Vision Conservation and Readiness Program (TSVCRP) of the Army Public Health Center (APHC) began development of an Annual Active Duty Military Eye Injury Summary that would detail cause and type of injury along with demographics of eye injuries (Age, Gender, Rank, Occupational Group).

The first edition of the summary and annual summarys back through calendar year 2000, were produced in the spring of 2011. An analysis of years 2000-2010 was published in the May 2011 Medical Surveillance Monthly Report (MSMR). The AFHSB also developed a Case Definition for Eye Injuries that details the code set and methodology used to develop the summarys. Both the MSMR Article and Case Definition for Eye Injuries are available on the AFHSC website: https://health.mil/afhsb

This summary contains detailed data, along with a set of summary tables detailing Ambulatory and Hospitalization rates (per 1000 person-years) for Injury Group, Cause of Injury and Occupational Group. Summary tables for Deployment-Associated Eye Injuries detailing frequency of Eye Injuries by Type of Injury and Occupational Group are also provided. Occupational Group data is for Enlisted members only. Deployment-Associated Eye Injuries are presented without regard to Ambulatory or Hospitalized status.

As one of the underlying goals of the summary is to make eye injury surveillance data accessible and useable, individual annual eye injury summarys for all years and all services (Combined DoD, Army, Navy, Air Force, Marine Corps and Coast Guard) are posted on the APHC public website.

For questions or additional information regarding the summarys please contact the TSVCRP:

By Email: <u>usarmy.apg.medcom-phc.mbx.dcpm-tri-service-optometry@mail.mil</u> Telephone: 410-436-1002 FAX: 410-436-4117

Additional program information and educational materials can be found on the APHC Public Website at: http://phc.amedd.army.mil/Pages/default.aspx

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- 2) All diagrams by Injury Group
- 3) All diagrams by Cause of Injury
- 4) All diagrams by Occupational Group
- 5) Deployment-Associated Eye Injury diagrams (by Injury and Occupational Group)
- 6) 2019 Marine Corps Eye Injury complete statistics



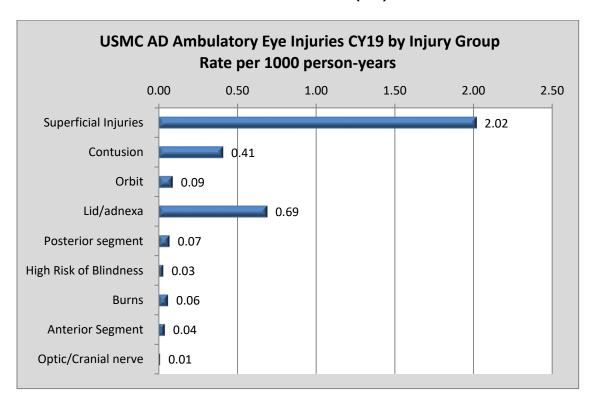
INJURY CODE GROUP DETAILS: The following code groupings were used to develop the summary. ICD-10 coding has been included since 2016. This report represents the combination of both ICD-9 and ICD-10 codes. Additional details may be found in the AFHSB Case Definition available at: https://health.mil/afhsb

- 1) Superficial: ICD-9: all 918 series codes (superficial injury of eye and adnexa) and all 930 series codes (foreign body on external eye). ICD-10: S00.2xx series codes (abrasions, blisters, bites, and injury to the conjunctiva, eyelid, or periocular area)
- 2) Contusion: ICD-9: all 921 series codes (contusion of eye and adnexa). ICD-10: S00.1xx series codes (contusion of the eyelids) and S05.1xx series (contusion of the eyeball and orbital tissues)
- 3) Orbit: ICD-9: All 802 series codes (fracture of face bones), 870.3 and 870.4 (penetrating wound of orbit without and with foreign body) and 376.32 (orbital hemorrhage). ICD-10: S02.3xx/S02.9xx series codes (fracture of orbital floor) and S05.4xx series (penetrating wound of orbit)
- **4)** Lid/adnexa: ICD-9: all 870 series codes (open wound of ocular adnexa) with the exception of 870.3 and 870.4 (see orbit above). ICD-10: S01.1xx series codes (laceration, puncture, and bite of the eyelid or periocular area)
- 5) Posterior segment: ICD-9: 362.81 (retinal hemorrhage), all 361.0x series codes (retinal detachment with retinal defect), 363.61 (choroidal hemorrhage, unspecified), 363.63 (choroidal rupture), 379.23 (vitreous hemorrhage), 360.00 and 360.01 (purulent and acute endophthalmitis). ICD-10: H31.3xx series codes (choroidal hemorrhage/rupture), H33.0xx series (retinal detachments), H35.6x series (retinal hemorrhage), H43.1x series (vitreous hemorrhage), H44.00x series (purulent enophthalmitis)
- **6) High risk of blindness**: ICD-9: all 871 series codes (open wound of eyeball). ICD-10: S05.xxx series codes (ocular laceration, penetrating wound, and avulsion of the eye)
- 7) Burns: ICD-9: all 940 series codes (burn confined to eye and adnexa) as well as all 940.x2 codes (burns to eye with other parts of face, head and neck). ICD-10: S05.xxx series codes (ocular laceration, penetrating wound, and avulsion of the eye)
- 8) Anterior segment: ICD-9: 364.41 (hyphema), 366.21 and 366.22 (localized and total traumatic cataract), and 364.76 (iridodialysis). ICD-10: H21.xxx series codes (hyphema and iridodialysis) and H26.1xx series (traumatic cataract)
- 9) Optic/cranial nerve: ICD-9: 950.0 (optic nerve injury), 950.1 (injury to optic chiasm), 950.9 (injury to optic nerve and pathways, unspecified), 951.0 (injury to oculomotor nerve), 951.1 (injury to trochlear nerve) and 951.3 (injury to abducens nerve). ICD-10: S04.xxx series codes (injury of the optic, oculomotor, trochlear, and abducent nerves)

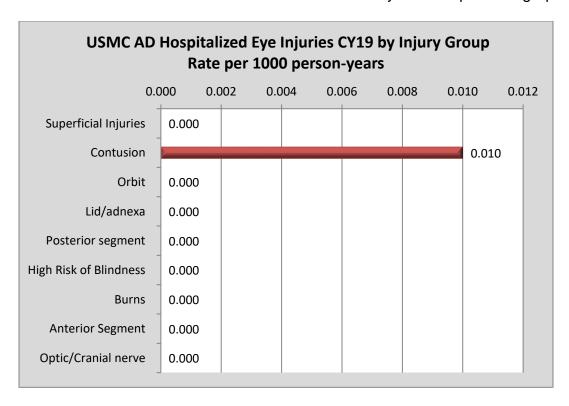
DETAILS FOR TOTAL NUMBERS: Because patients may have been coded with more than one injury group or cause of injury, the sum of cases by injury group and the sum of cases by causes of injury will be greater than the total number of patients.

Disclaimer for Report: *Medical data from Military Treatment Facilities that were using MHS GENESIS before October 1, 2019 are not available in the Defense Medical Surveillance System (DMSS) database. This includes NH Oak Harbor, NH Bremerton, AFMS Fairchild, Madigan AMC, Travis AFB, Presidio of Monterey AB, NAS Lemoore, and Mountain Home AFB. MHS Genesis data were included on and after October 1, 2019. Therefore, individuals who sought care at one of these facilities before October 1, 2019 were not included in the study population as we did not capture their medical encounters. Use of ICD-9-CM E-codes for "cause of injury" was incomplete for theater healthcare records and therefore omitted in this report.

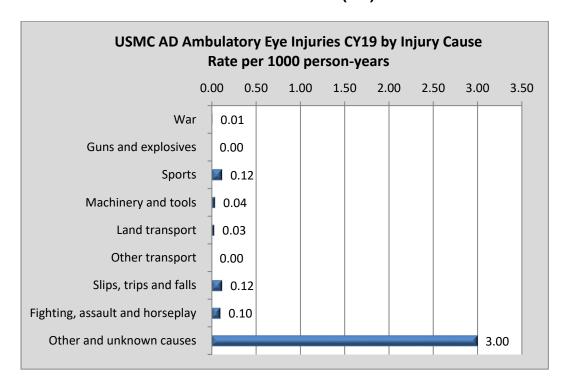




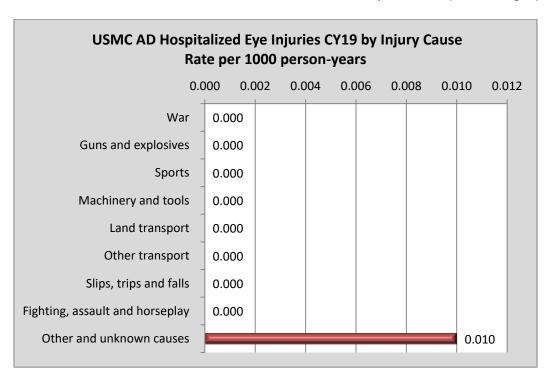
Please note the difference in scale between Ambulatory and Hospitalized graphs



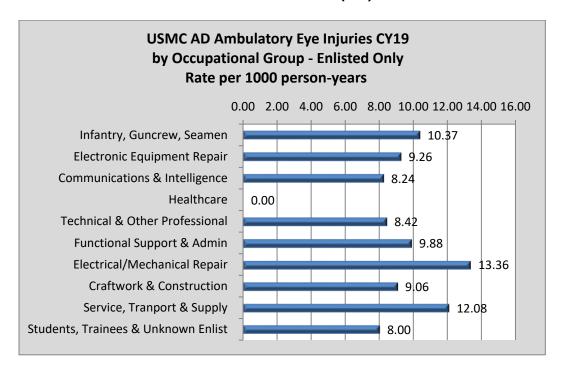




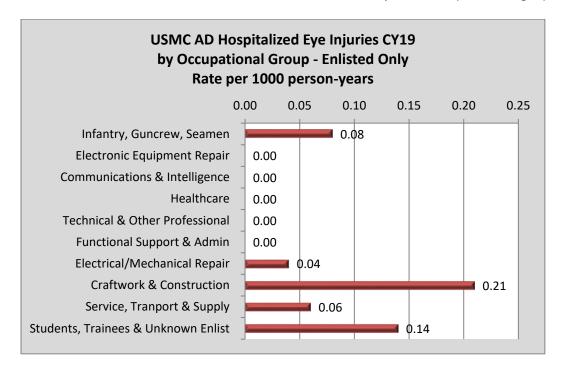
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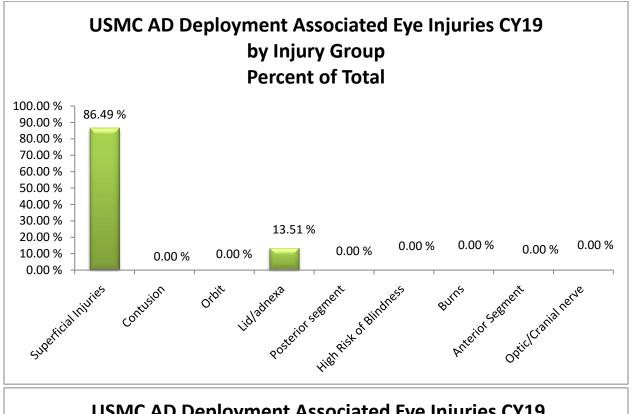


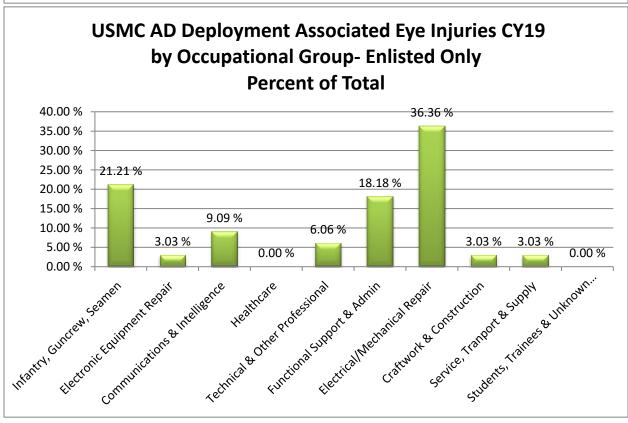


Please note the difference in scale between Ambulatory and Hospitalized graphs











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