



Ministry
of Defence

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[REDACTED]
[REDACTED]

Date: 31st March 2014

Dear [REDACTED]

Thank you for your email of 3rd March 2014 where you clarified your request for information as below:

- *The number of UK Armed Forces men who sustained an injury in Afghanistan from 2007 onwards and have subsequently been prescribed male sex hormones (as identified by the British National Formulary, the list previously provided under Section 16).*
- *The number of UK Armed Forces men who sustained an injury in Afghanistan from 2001 onwards and have subsequently been prescribed male sex hormones from 2007 onwards (as identified by the British National Formulary, the list previously provided under Section 16).*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000.

A search for the information has now been completed within the Ministry of Defence, and I can confirm that the information in scope of your request is held. The information you requested is enclosed.

Between 1st January 2007 and 31st January 2014 **42** UK Armed Forces men sustained an injury in Afghanistan and had subsequently been prescribed male sex hormones.^{1,2}

Between 7th October 2001 and 31st December 2006 **fewer than 5** men sustained an injury in Afghanistan and had subsequently been prescribed a male sex hormone.^{1,2}

¹ As identified by the British National Formulary, the list previously provided under Section 16.

² As recorded within DMICP between 1st January 2007 until 4th March 2014.

Due to the small numbers involved and the potential release of disclosive information, we are unable to disclose the exact number of men injured between 7th October 2001 and 31st December 2006 and subsequently prescribed male sex hormone from 2007³ as it falls under section 40(2) of the data protection act. Section 40 is an absolute exemption. There is therefore no requirement to consider the public interest in making a decision to withhold the information.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

It is not possible to link data on prescriptions to the medical condition the drug was prescribed for. For those males prescribed 'HRT' there may be no link between their injury in Afghanistan and the subsequent prescription. HRT may be used as replacement therapy in castrated adults and in those who are hypogonadal due to either pituitary or testicular disease.

Injuries

The term 'injury' is a generic term which includes both battle and non-battle injuries:

- A **Battle Injury** includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire.
- A **Non-Battle Injury** is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc.

The number of injured personnel are sourced from Defence Statistics four main casualty reporting systems (the Notification of Casualty (NOTICAS) system, field hospital admissions data, Aeromedical Evacuation data and the Joint Theatre Trauma Registry) and have been merged to determine the total number of personnel injured on Operations in Afghanistan. It does not include personnel who attend a UK or Coalition Medical Field Hospital Facility but who are not admitted. These figures also do not include those who are seen in primary health care.

NOTICAS

NOTICAS is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff in theatre judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury to inform what the individual's next of kin are told.

Field Hospital Admissions

The EpiNATO J97 returns are used to identify field hospital admissions for UK personnel treated at the UK field hospital as well as those treated at coalition medical facilities in Iraq and Afghanistan.

Defence Statistics also received information on admissions at the UK Field Hospital from the electronic Operational Emergency Department Attendance Register (OpEDAR).

³ As recorded within DMICP between 1st January 2007 until 4th March 2014

Aeromedical Evacuations

Aeromedical Evacuation is the medically supervised movement of patients to and between medical facilities by air transportation. The RAF Aeromedical Evacuation Service provides the worldwide patient air movement capability for Defence 24 hours a day, 365 days a year. Patients are risk assessed prior to flight, and when necessary, trained medical teams are provided to deliver care in the air.

Joint Theatre Trauma Registry (JTTR)

The Joint Theatre Trauma Registry (JTTR) commenced during 2003 to improve the care of the seriously injured patient from the point of injury to the point of discharge from hospital treatment.

Male sex hormones

Data on prescriptions for male sex hormones (as identified by the British National Formulary section 6.4.2) are coded and have been sourced from Defence Medical Information Capability Programme (DMICP), the electronic data warehouse. This includes prescriptions for:

- Testosterone undecanoate 40mg capsules (Restandol Testocaps)
- Testosterone 30mg MR mucoadhesive buccal tablets (Striant SR)
- Testosterone Enantate injection 250mg/ml
- Testosterone undecanoate injection 250mg/ml (Nebido)
- Testosterone propionate 30mg/phenylpropionate 60mg/isocaproate 60mg/decanoate 100mg/ml injection (Sustanon 250)
- Testosterone propionate 50mg/ml injection (Virormone)
- Testosterone 100mg implant
- Testosterone gel 50mg/5g tube (Testim)
- Testosterone gel 50mg/5g sachet (Testogel)
- Testosterone 2% gel (Tostran)
- Mesterolone 25mg tablets (Pro-Viron)

DMICP roll out began in 2007. By 2010, DMICP was in place for the UK and the majority of Germany. Rollout to other overseas locations commences in November 2011 and is ongoing. Historical data was uplifted from legacy systems and the completeness of this data is unknown. Therefore the numbers presented as above should be treated as a minimum. Data extracted for male sex hormone includes personnel from 1st January 2007 until 4th March 2014.

Please note that if a male sex hormone has been entered as free text only in a patient medical record it will not be included in figures presented as this information is not available in the data warehouse.

Personnel included in this response comprise male UK Armed Forces patients with a record of an injury, who have had male sex hormones prescribed after the date of injury. Any patients who have been injured and prescribed male sex hormones prior to the date of injury have been excluded.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope you find this information useful

Yours sincerely,

Defence Statistics Health Head (B1)