Communicable Disease Branch Data Release Policy
October 16, 2017

The Communicable Disease Branch (CDB) provides surveillance data for a variety of public health uses including 1) data for health department operations/needs, 2) data for various research/reports, 3) data for evaluation of public health programs/initiatives and 4) data for grant applications. We release data to support public health by disease investigation and program planning. Data released should be accurate and useful, but also must protect the identification of individuals. The CDB holds a unique public trust of confidential medical information; this trust must not be compromised.

When data are released, they should be prepared with minimal protected health information (PHI) to satisfy the request; this generally provides the most useful information with the best protection. The privacy of the patient and potential for identification must be considered carefully and in accordance with guidance outlined in The Model State Public Health Privacy Act.

This policy is designed to protect against the indirect identification of a person with a communicable disease within small population groups. This guideline limits data release of small case numbers occurring in small populations. Each ad hoc data table generated must be evaluated for compliance with the Data Release Policy before release. The following guidelines should be used when preparing data for general release. Release of data for research is managed through a Data Use Agreement and is not covered by these guidelines.

Data release guidelines

Internal data release (release to state staff or staff of the LHD of the owning county for the case):
All surveillance data may be released to CDB staff working with the disease or to LHD staff in the LHD owning the cases covered by the data; no suppression is required. For example, a county may request all details of HIV cases diagnosed in their county, or a table with full breakdown by race and age group. If LHD staff are planning to release data following review, and released data requires suppression, it may be useful to provide both an unsuppressed table (labeled “internal only”) and a table suppressed for public release as described below.

External data release (release of aggregate data to anyone other than state staff or LHD staff of the owning jurisdiction):
All data may be released at the state and county levels if otherwise unstratified. If data are stratified (e.g. state by age or county by age), data will be suppressed for any cell for which the cell denominator (i.e. population denominator) is less than 500, and for additional cells as needed to prevent discovery of the suppressed cells by subtracting from row or column totals. Counts of 1-4 should be displayed as <5; zeros should be displayed. An “other” category grouping small populations may be used in the table to help avoid suppression. Higher denominators for suppression may be necessary if other publicly-available information, such as press reports, may increase the likelihood of identification, or if other conditions increasing the likelihood or stigma of identification are present. If both numerator and denominator are small, rates may be unstable.

In this case, include a footnote stating: “Please use caution when interpreting numbers less than 5, and rates and trends based on these numbers”. Discussion with experts with local knowledge will help determine the importance of changes in rates based on small case numbers.

Data release for out of jurisdiction cases:
Surveillance information may be released to authorized surveillance staff of other state health departments for the necessary follow-up or investigation of a patient within their jurisdiction. Staff must verify that the person calling is authorized to accept such information.