Arizona BioSense Workgroup

Exploratory Analysis Subgroup

September 24th, 2015

Introductions

- Sara Imholte – Electronic Disease Surveillance Program Manager
- Krystal Collier – Project Specialist, Syndromic Surveillance
- Stanley Kotey – Epidemiologist/ Informatician

Project Update

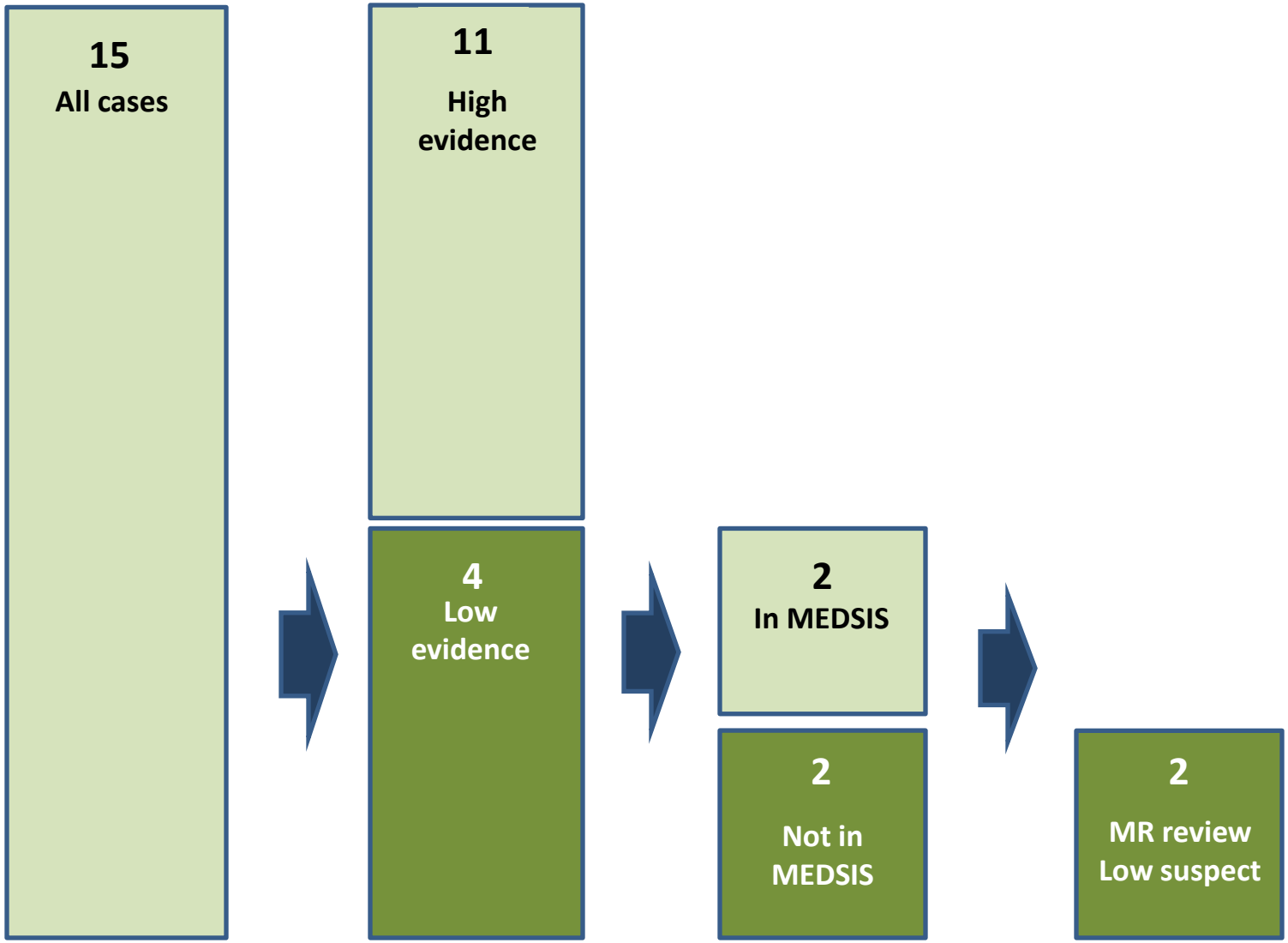
Arboviral Syndromic Surveillance

Summary – Morbidities Flagged

Morbidity	Maricopa	Pima	***Total***
Chikungunya	0 (0%)	0 (0%)	***0 (0%)***
Dengue	0 (0%)	0 (0%)	***0 (0%)***
SLE	**1 (12.5%)**	0 (0%)	***1 (6.7%)***
WNV	**7 (87.5%)**	**7 (100%)**	***14 (93.3%)***
Overall	***8 (53.3%)***	***7 (46.7%)***	***15 (100%)***

High Evidence Cases

Low Evidence Cases



BioSense Record Review

- 11/15 BioSense records had a high degree of evidence (diagnosis or compatible symptoms with mention of morbidity)
- Most records checked (10/15) were already in MEDSIS
  - Would BioSense catch it first if we ran it everyday?

Medical Record Review

- 5/5 reviewed were Low suspect (no category for not a case)
  - Example: Instructed by PCP to come to the ED to be tested for “West Nile”, patient’s words

Medical Record Review

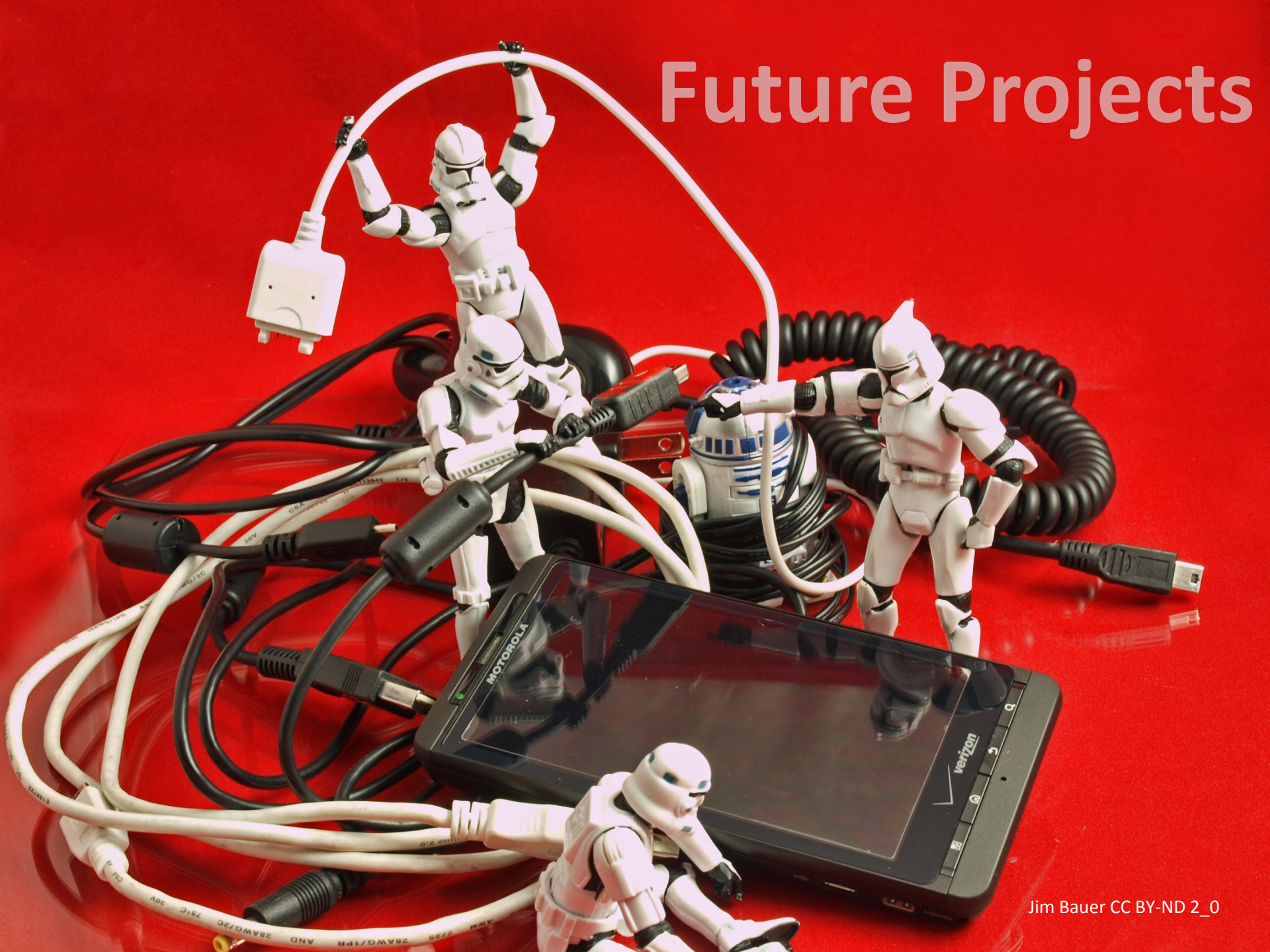
- 2/5 reviewed appear to have miscoding of diagnosis
  - Patients:
    - Lupus (also abbreviated SLE) case was miscoded for St. Louis Encephalitis (SLE)
    - Patient with hip surgery, no mention of WNV
  - Should we add not a case category?
  - What should we do when we identify potential miscoding?

Additional Questions

- Do we have the right criteria for each step?
  - Syndrome search
  - High vs. low degree of evidence
  - When to conduct medical record review
- How many end up confirmed/probable cases?
- Haw many confirmed/probable cases do we miss?
  - Their providers are not in the syndromic feed
  - Their visit was in the database but not flagged

Discussion

Future Projects



Upcoming Meetings

October 6, 1:00 – 2:00, AZ BioSense Workgroup

October 22, 1:00 – 2:00, Exploratory Analysis Subgroup