Arizona BioSense Workgroup Meeting

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Electronic Disease Surveillance Program
February 14th, 2017

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

- Welcome and Attendance
- Updates
  - Onboarding
    - On hold during transition
  - Production Data Quality
  - BioSense Grantee Meeting February 6th-8th, 2017, Atlanta, GA
    - Highlights
  - Community of Practice:
    - Steering Committee working with ISDS on New ISDS Website Configuration
      - Website Coming March 15, 2017-Mark your Calendars!
      - Webinar: Tour of the new ISDS website, healthsurveillance.org
        - » Includes Knowledge Repository
  - New ADHS Health Services Portal (HSP) User Agreement Notice
    - Send in signed agreement prior to 03/09/2017
- Charter
  - **Objective 2**
    - Collaborate with the ADHS BioSense team to determine training needs, conduct trainings, review training and guidance materials, and disseminate training materials to relevant users.
  - **Deliverable 2**
    - Determine the best methods to train users on the BioSense Platform based on the evaluation of needs. Report the number of users trained for use of the BioSense ESSENCE and/or back end analysis.
      - **Training**
        - » ISDS Webinar Recording available:
          - Webinar: ESSENCE Training: Using queries

- NSSP Community of Practice Web Portal
  - New NSSP Success Stories Template
    - Charter Year 1 Deliverable 2 continued

- **Objective 3**
  - Assist ADHS and local health department users adapt to the NSSP transition. Continue to develop new and advance existing use cases which will include maintaining updates for current protocols.
- **Deliverable 3**
  - Define new use cases for Arizona and any revisions for existing use cases. Report the number of use cases for routine analysis and event/outbreak analysis.
    - Decision to create sub-jurisdiction (county) "locker" views similar to legacy system
      - Need BioSense Liaisons to Review Zip Code lists to create "locker" view
        - View visible in tools like Adminer Webquery tool and RStudio Professional tool for back end data access
      - Pilot process with Maricopa County
    - Protocols
      - Update Existing Programs:
        - Production Data Quality Programs
          - In Progress
        - Arboviral Syndromic Surveillance
          - New ESSENCE Dashboards and DRAFT protocol shared
          - Future Plans for Evaluation of project from Summer 2015-end of 2016
        - Heat Related Illness
          - In Progress
          - AZ request to NSSP for more weather stations ESSENCE- coming soon

- Questions
- Other items

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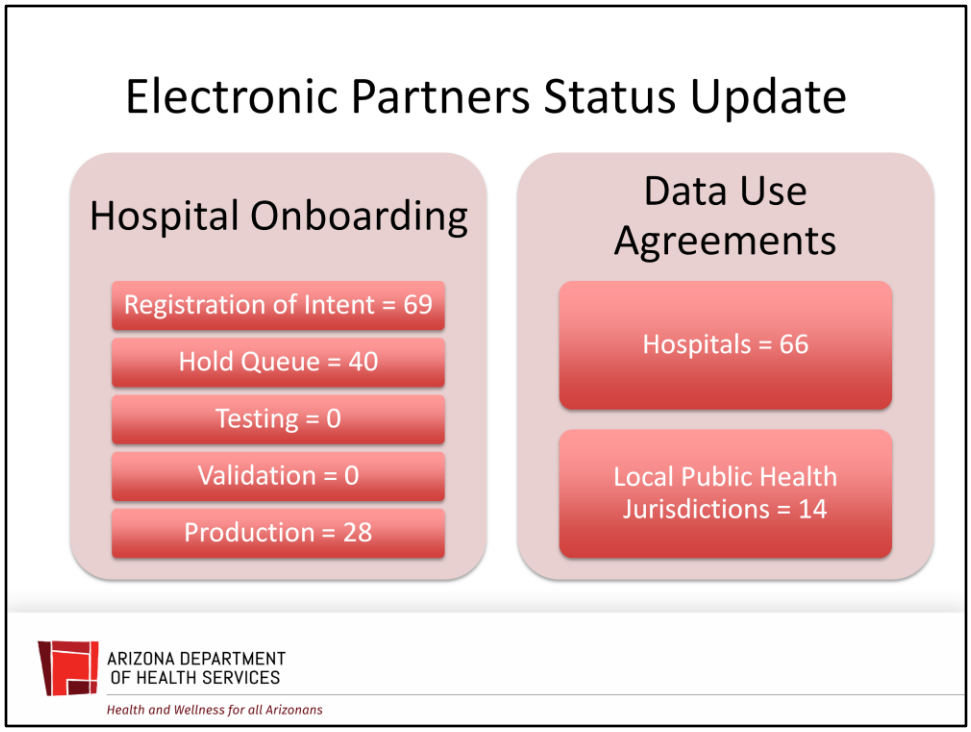
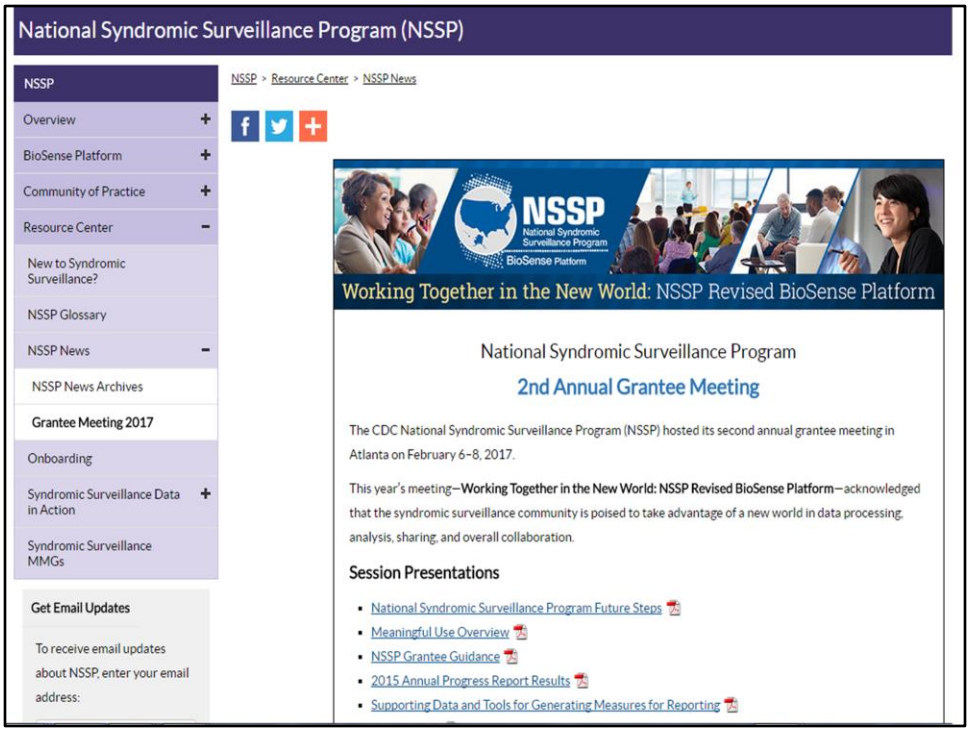


Onboarding is currently on hold during the transition to the new environment of the BioSense Platform.

Data Quality for Production Facilities

There has been a drop in late January and early February for the Banner Health/Cerner facilities. ADHS is working with both partners to get the data back to the expected daily volume and to resend backed data. We are hoping this will be resolved this week. There was also a drop in early February for the Carondelet Health Network/Cerner facilities. Both partners have worked together to fill the historic data during this time. If you have questions at any time about interpreting the syndromic data, please contact syndromicsurveillance@azdhs.gov.



https://www.cdc.gov/nssp/events/grantee-meeting-2017.html

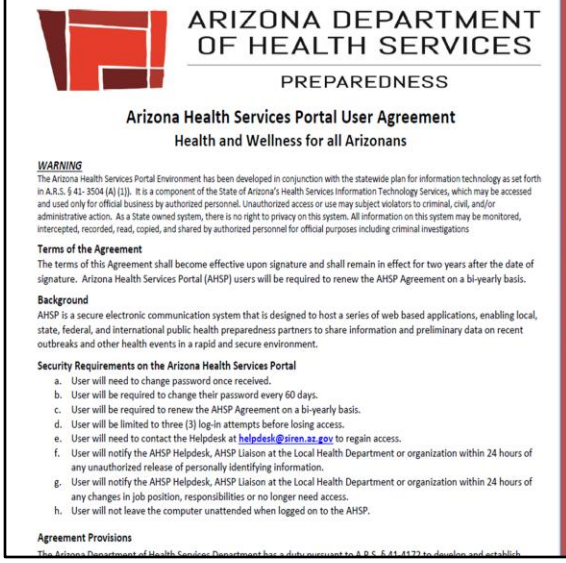
Tour of the new ISDS Website, healthsurveillance.org

- **Date & Time**
  - Monday, March 3, 2017 at 1:00 - 2:30 pm ET
- **Presenter**
  - Mark Krumm, Director of Communications, ISDS
- **Description**
  - Join ISDS Communications director Mark Krumm as he walks us through the new ISDS website at healthsurveillance.org. Learn how users can navigate through the new website and how members can share valuable resources and discussions in dedicated workgroups. Join us to also hear about our new knowledge repository scheduled for release in March. Time will be allocated for questions and answers so that users can get real time answers.
- **Register**

We will be migrating information from our closed "Arizona BioSense Workgroup and Exploratory Analysis Subgroup" group on the current ISDS Community Forum to the new ISDS Website. ISDS will invite the Community of Practice (CoP) to the new website on it's release date March 15, 2017. One of the goals of this new website is to make it easier to connect with people in the Syndromic Surveillance CoP. Part of our efforts to do this is to encourage partners to not only to become members (Membership to the new website is free, yes FREE!) on the new website but also to create a profile. By completing your profile on the new website, it will make it easier for other members of the CoP to connect with you on areas of interest, collaborate to share code for example or best practices to resolve a data quality issue.

http://www.healthsurveillance.org/group/NSSPSC

HSP User Agreement Updated



ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Arizona Health Services Portal User Agreement

Health and Wellness for all Arizonans

WARNING

The Arizona Health Services Portal Environment has been developed in conjunction with the statewide plan for information technology as set forth in A.R.S. § 41- 3504 (A) (1)). It is a component of the State of Arizona's Health Services Information Technology Services, which may be accessed and used only for official business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. As a State owned system, there is no right to privacy on this system. All information on this system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations

Terms of the Agreement

The terms of this Agreement shall become effective upon signature and shall remain in effect for two years after the date of signature. Arizona Health Services Portal (AHSP) users will be required to renew the AHSP Agreement on a bi-yearly basis.

Background

AHSP is a secure electronic communication system that is designed to host a series of web based applications, enabling local, state, federal, and international public health preparedness partners to share information and preliminary data on recent outbreaks and other health events in a rapid and secure environment.

Security Requirements on the Arizona Health Services Portal

a. User will need to change password once received.
b. User will be required to change their password every 60 days.
c. User will be required to renew the AHSP Agreement on a bi-yearly basis.
d. User will be limited to three (3) log-in attempts before losing access.
e. User will need to contact the Helpdesk at helpdesk@siren.az.gov to regain access.
f. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any unauthorized release of personally identifying information.
g. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any changes in job position, responsibilities or no longer need access.
h. User will not leave the computer unattended when logged on to the AHSP.

Agreement Provisions

Please read and sign the new HSP User Agreement. You may scan and email or fax the signed copy to: Teresa Marin at (helpdesk@siren.az.gov or Fax: 602-364-3681.

The Arizona BioSense Workgroup and Exploratory Analysis Subgroup do utilize the Health Services Portal. In order to access our information, workgroup/subgroup members will need to sign an updated HSP User Agreement.

Please keep in mind that if we don't receive the new signed user agreement by **March 9, 2017**, your HSP account will be suspended and you will no longer have access to HSP, MEDSIS or PRISM applications.

Charter 2016-2017

Workgroup Year 2 Objectives and Deliverables

Objective: Continue to increase awareness among acute care facilities (hospitals) about how BioSense data is used.

Deliverable: Implement a process to provide outreach to acute care facilities regarding updates, use, onboarding, etc. at a state and/or local level. Report on the use of the decided process(es).

Objective: Collaborate with the ADHS BioSense team to determine training needs, conduct trainings, review training and guidance materials, and disseminate training materials to relevant users.

Deliverable: Determine the best methods to train users on the BioSense Platform based on the evaluation of needs. Report the number of users trained for use of the BioSense ESSENCE and/or back end analysis.

Objective: Assist ADHS and local health department users adapt to the NSSP transition. Continue to develop new and advance existing use cases which will include maintaining updates for current protocols.

Deliverable: Define new use cases for Arizona and any revisions for existing use cases. Report the number of use cases for routine analysis and event/outbreak analysis.

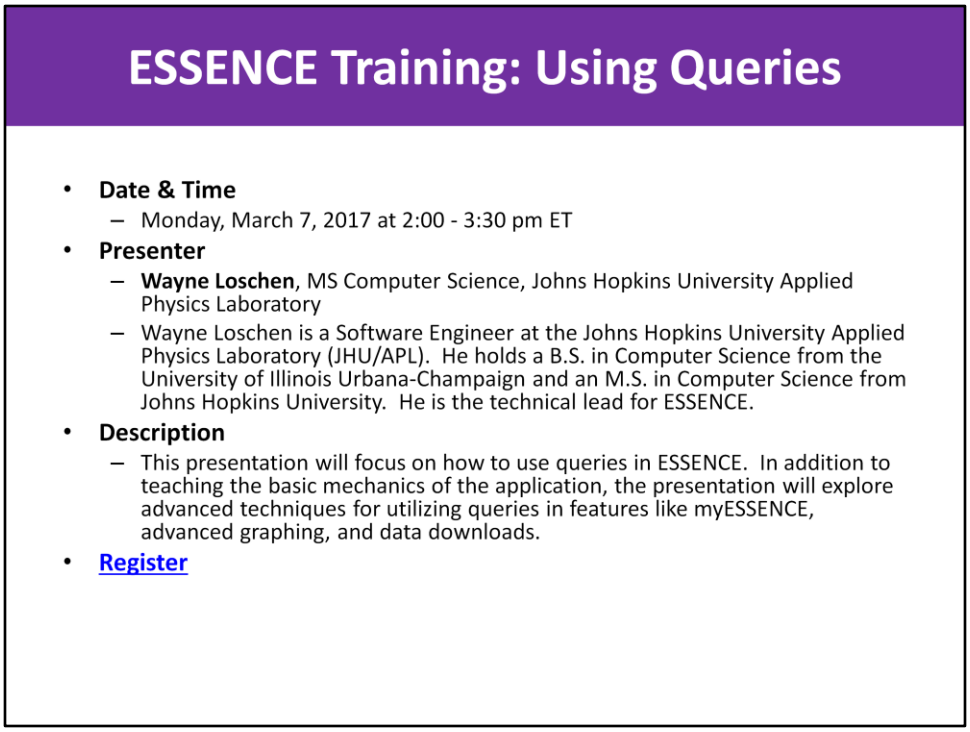
Objective: Evaluate Arizona's syndromic surveillance use cases and validate BioSense data.

Deliverable: Present to workgroup results of evaluation.

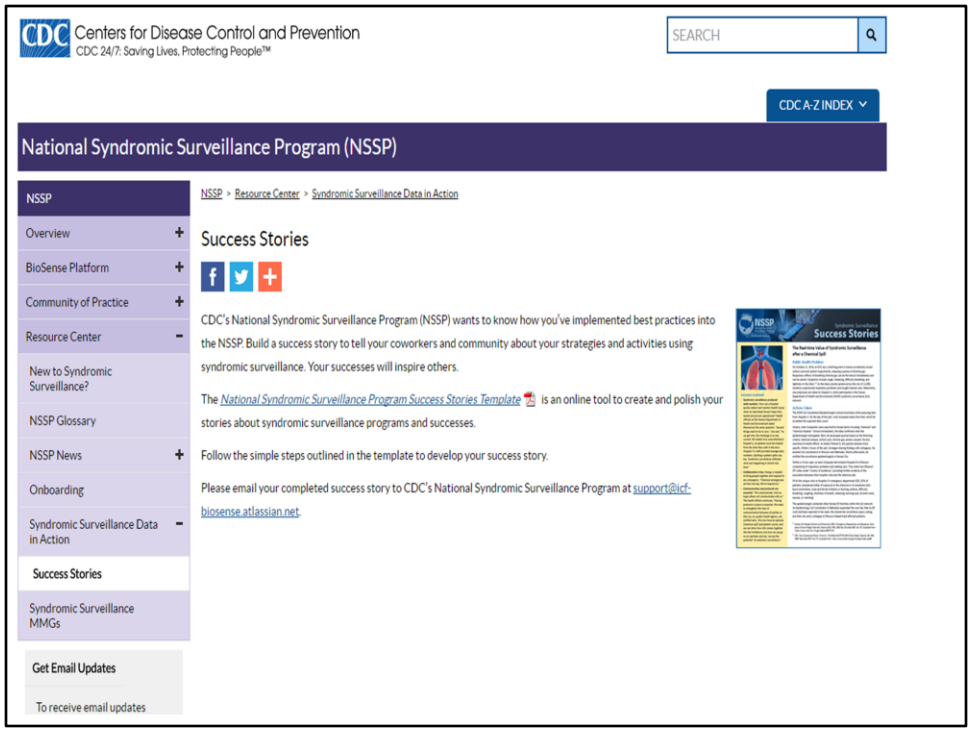
Charter 2016-2017

Objective 2: Collaborate with the ADHS BioSense team to determine training needs, conduct trainings, review training and guidance materials, and disseminate training materials to relevant users.

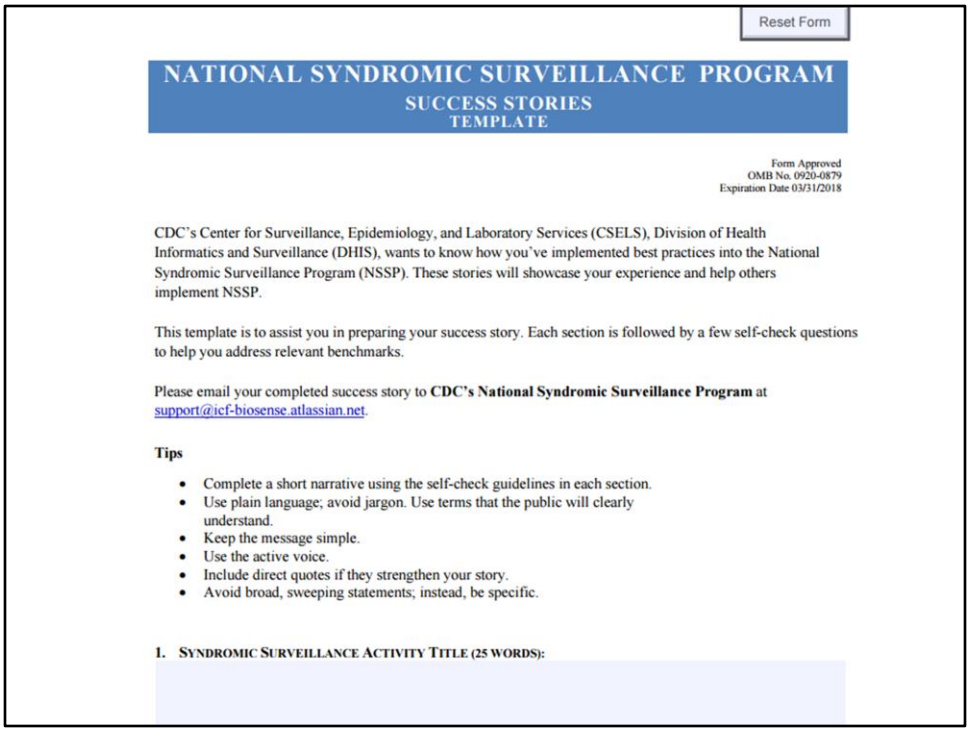
Deliverable 2: Determine the best methods to train users on the BioSense Platform based on the evaluation of needs. Report the number of users trained for use of the BioSense ESSENCE and/or back end analysis.



http://www.syndromic.org/events/isds-webinars/upcoming-recent/1093-essence-training-using-queries



https://www.cdc.gov/nssp/success-stories.html



Reset Form

NATIONAL SYNDROMIC SURVEILLANCE PROGRAM
SUCCESS STORIES
TEMPLATE

Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2018

CDC's Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Division of Health Informatics and Surveillance (DHIS), wants to know how you've implemented best practices into the National Syndromic Surveillance Program (NSSP). These stories will showcase your experience and help others implement NSSP.

This template is to assist you in preparing your success story. Each section is followed by a few self-check questions to help you address relevant benchmarks.

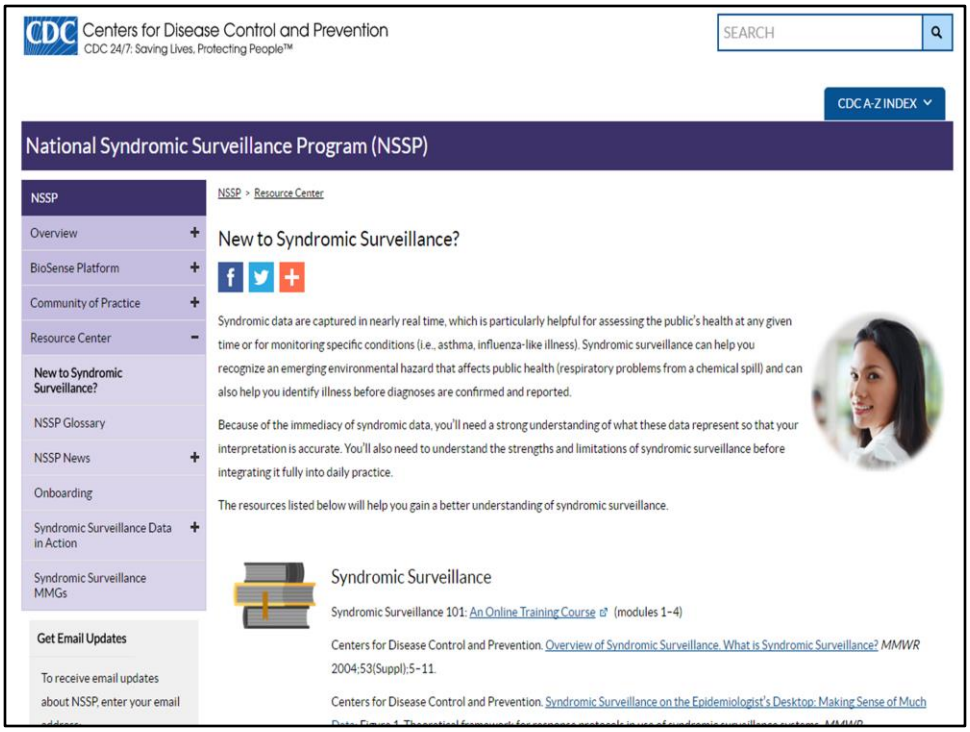
Please email your completed success story to **CDC's National Syndromic Surveillance Program** at support@icf-biosense.atlassian.net.

Tips

- Complete a short narrative using the self-check guidelines in each section.
- Use plain language; avoid jargon. Use terms that the public will clearly understand.
- Keep the message simple.
- Use the active voice.
- Include direct quotes if they strengthen your story.
- Avoid broad, sweeping statements; instead, be specific.

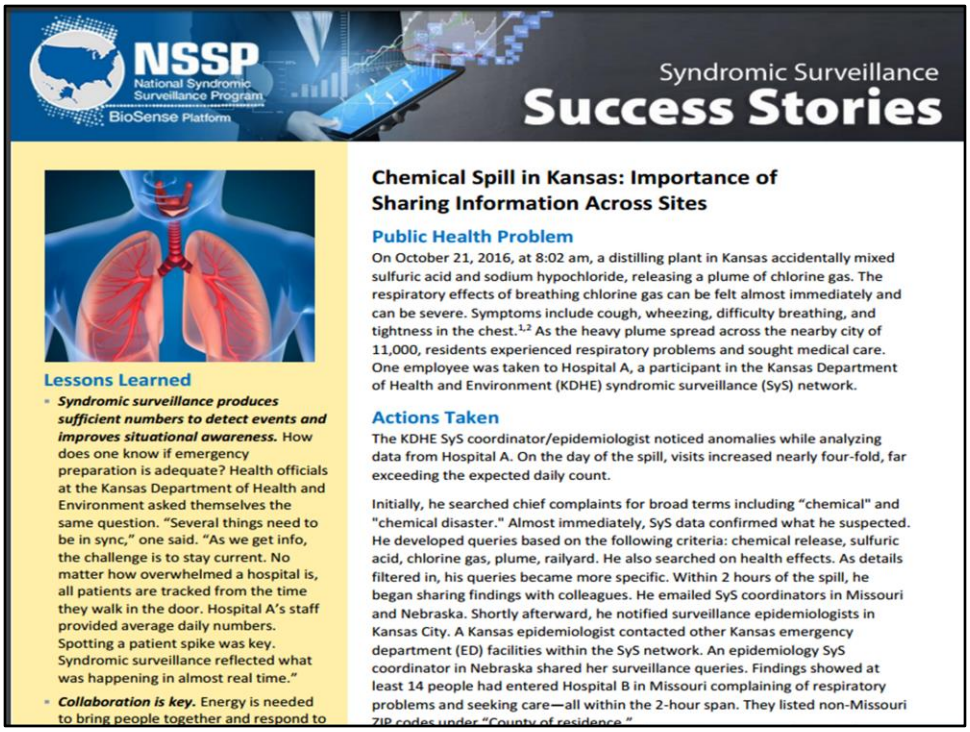
1. SYNDROMIC SURVEILLANCE ACTIVITY TITLE (25 WORDS):

https://www.cdc.gov/nssp/documents/forms/nssp-success-stories-template-20170201.pdf



https://www.cdc.gov/nssp/new-users.html

https://www.syndromicsurveillance.org/



NSSP
National Syndromic Surveillance Program
BioSense Platform

Syndromic Surveillance
Success Stories

Lessons Learned

- ***Syndromic surveillance produces sufficient numbers to detect events and improves situational awareness.*** How does one know if emergency preparation is adequate? Health officials at the Kansas Department of Health and Environment asked themselves the same question. "Several things need to be in sync," one said. "As we get info, the challenge is to stay current. No matter how overwhelmed a hospital is, all patients are tracked from the time they walk in the door. Hospital A's staff provided average daily numbers. Spotting a patient spike was key. Syndromic surveillance reflected what was happening in almost real time."
- ***Collaboration is key.*** Energy is needed to bring people together and respond to

Chemical Spill in Kansas: Importance of Sharing Information Across Sites

Public Health Problem

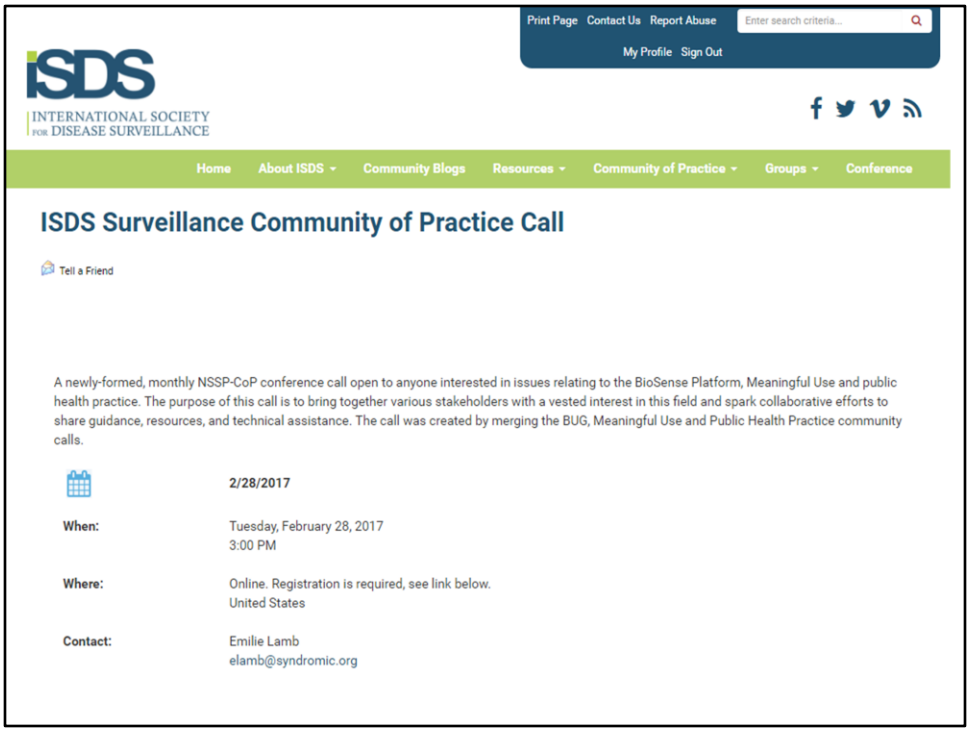
On October 21, 2016, at 8:02 am, a distilling plant in Kansas accidentally mixed sulfuric acid and sodium hypochloride, releasing a plume of chlorine gas. The respiratory effects of breathing chlorine gas can be felt almost immediately and can be severe. Symptoms include cough, wheezing, difficulty breathing, and tightness in the chest.[1,2] As the heavy plume spread across the nearby city of 11,000, residents experienced respiratory problems and sought medical care. One employee was taken to Hospital A, a participant in the Kansas Department of Health and Environment (KDHE) syndromic surveillance (SyS) network.

Actions Taken

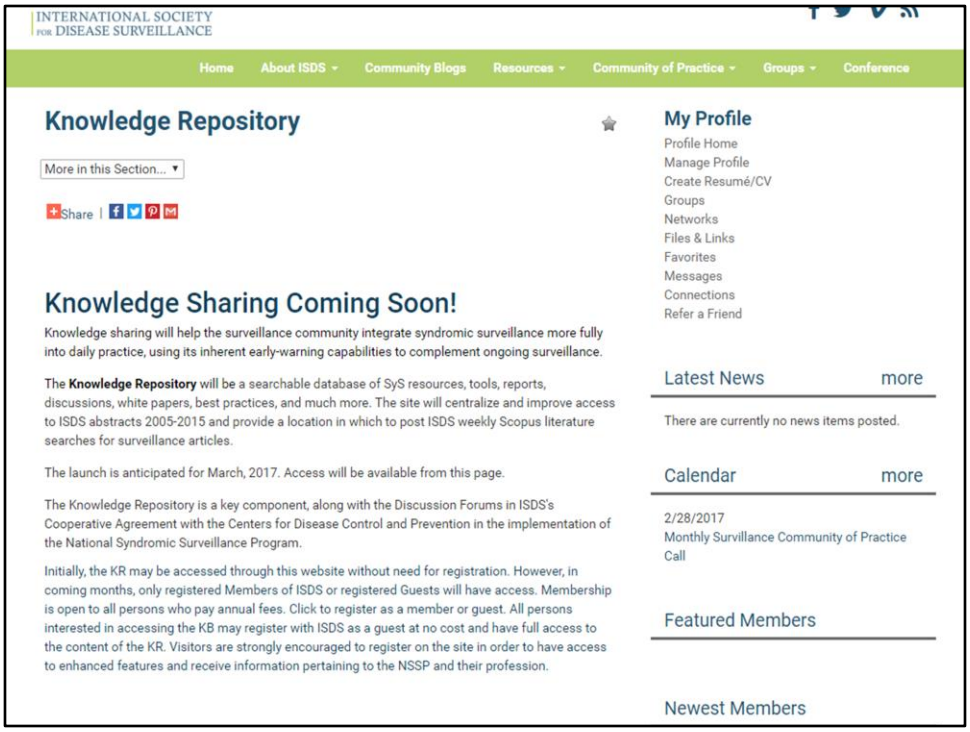
The KDHE SyS coordinator/epidemiologist noticed anomalies while analyzing data from Hospital A. On the day of the spill, visits increased nearly four-fold, far exceeding the expected daily count.

Initially, he searched chief complaints for broad terms including "chemical" and "chemical disaster." Almost immediately, SyS data confirmed what he suspected. He developed queries based on the following criteria: chemical release, sulfuric acid, chlorine gas, plume, railyard. He also searched on health effects. As details filtered in, his queries became more specific. Within 2 hours of the spill, he began sharing findings with colleagues. He emailed SyS coordinators in Missouri and Nebraska. Shortly afterward, he notified surveillance epidemiologists in Kansas City. A Kansas epidemiologist contacted other Kansas emergency department (ED) facilities within the SyS network. An epidemiology SyS coordinator in Nebraska shared her surveillance queries. Findings showed at least 14 people had entered Hospital B in Missouri complaining of respiratory problems and seeking care—all within the 2-hour span. They listed non-Missouri ZIP codes under "County of residence."

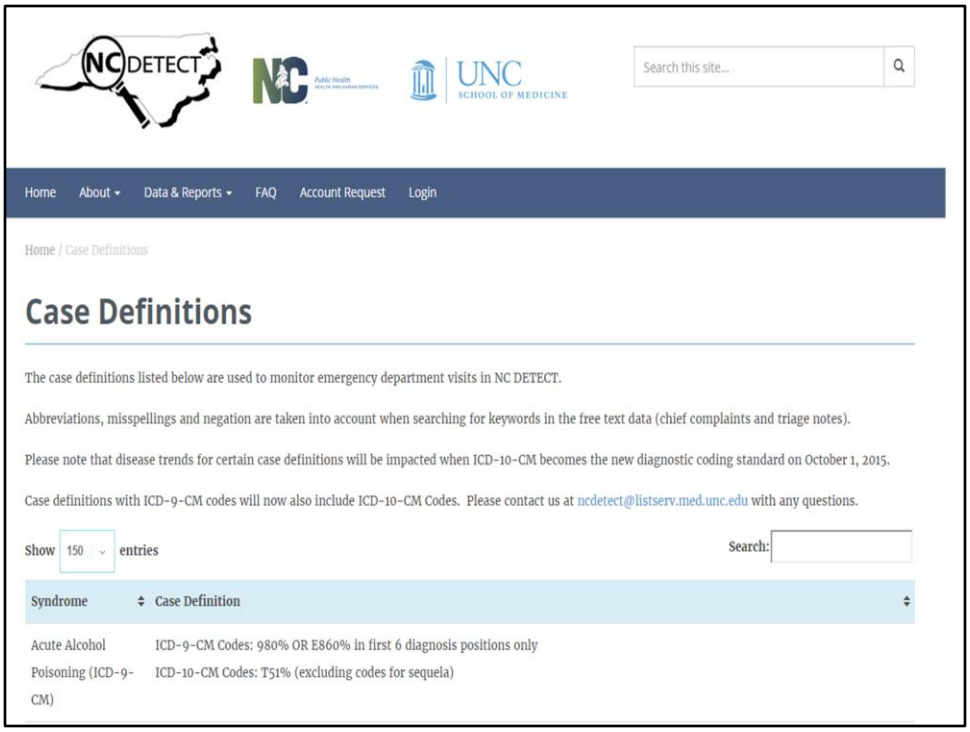
https://www.cdc.gov/nssp/documents/success-story-chemical-spill-20170201.pdf



http://www.healthsurveillance.org/events/EventDetails.aspx?id=927819&group=190174



http://www.healthsurveillance.org/page/knowledgerepository



http://www.syndromic.org/cop/bpug

http://ncdetect.org/case-definitions/

Charter 2016-2017

Objective 3: Assist ADHS and local health department users adapt to the NSSP transition. Continue to develop new and advance existing use cases which will include maintaining updates for current protocols.

Deliverable 3: Define new use cases for Arizona and any revisions for existing use cases. Report the number of use cases for routine analysis and event/outbreak analysis.

The decision made by the workgroup from our survey is to proceed with option 2. The ADHS Syndromic Surveillance Team will work with the CDC NSSP team to create individual county "locker" views for the database tools, Adminer Webquery Tool and RStudio Professional, for AZ authorized users. Keep in mind that there is more data available in ESSENCE than we previously had. Some of the current authorized users may not need to use the database tools because the data may be accessible in ESSENCE. ESSENCE also dedupes the messages to be visualized at the visit level. Line lists can be downloaded from ESSENCE. The database has all of the data received at message level, where multiple messages are sent that make up the entire patient visit (messages for when patient is admitted to the ED, given a diagnosis, discharged and any updates to the visit). Hospital partners do not need to make any changes for their interfaces that would be affected by this decision. The Data Use Agreements will not require changes for either option to be created for Adminer or RStudio Professional.

Reminder

- As “locker” views are created, access to the new tools will be given to new users
- NSSP Quick Start Guides will be available for the new tools to access back end data
  - Adminer Quick Start Guide is available
    - SQL code is used in this tool
  - RStudio Professional Quick Start Guide is coming soon
    - R Group for BioSurveillance is Community of Practice Group that meets monthly, with presentations from jurisdictions on how they use RStudio

R Group for BioSurveillance: http://www.syndromic.org/cop/r

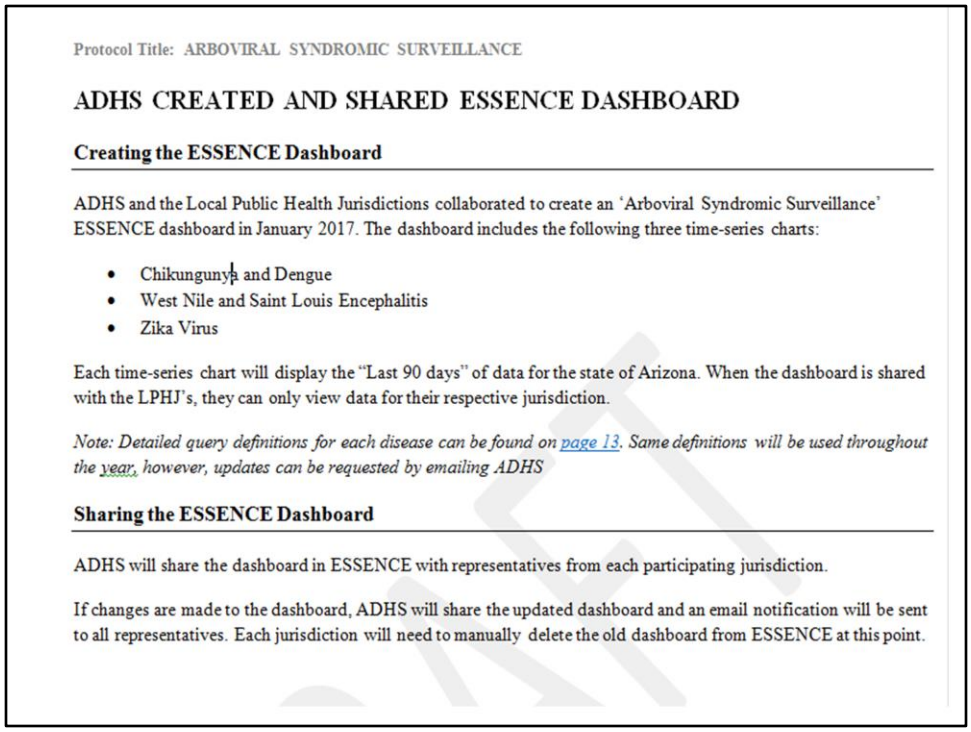
Update Existing Programs

Data Quality Programs

- Code and Reports are in-progress

Exploratory Analysis Subgroup Projects:

- Arboviral Syndromic Surveillance
  - NEW ESSENCE dashboards and DRAFT Protocol Shared
  - Future Plans for Evaluation of project from Summer of 2015 to end of 2016
- Heat Related Illness
  - Exploring options to update project in ESSENCE
  - New weather stations coming soon



Protocol Title: ARBOVIRAL SYNDROMIC SURVEILLANCE

ADHS CREATED AND SHARED ESSENCE DASHBOARD

Creating the ESSENCE Dashboard

ADHS and the Local Public Health Jurisdictions collaborated to create an 'Arboviral Syndromic Surveillance' ESSENCE dashboard in January 2017. The dashboard includes the following three time-series charts:

- Chikungunya and Dengue
- West Nile and Saint Louis Encephalitis
- Zika Virus

Each time-series chart will display the "Last 90 days" of data for the state of Arizona. When the dashboard is shared with the LPHJ's, they can only view data for their respective jurisdiction.

Note: Detailed query definitions for each disease can be found on page 13. Same definitions will be used throughout the year, however, updates can be requested by emailing ADHS

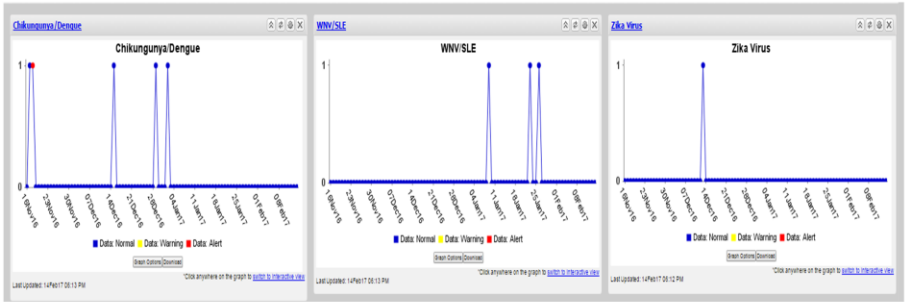
Sharing the ESSENCE Dashboard

ADHS will share the dashboard in ESSENCE with representatives from each participating jurisdiction.

If changes are made to the dashboard, ADHS will share the updated dashboard and an email notification will be sent to all representatives. Each jurisdiction will need to manually delete the old dashboard from ESSENCE at this point.

Big Thank Yous to Rasneet Kumar at the Maricopa Department of Public Health and Kara Tarter at the Arizona Department of Health Services for all their work on the dashboards and the DRAFT Protocol.

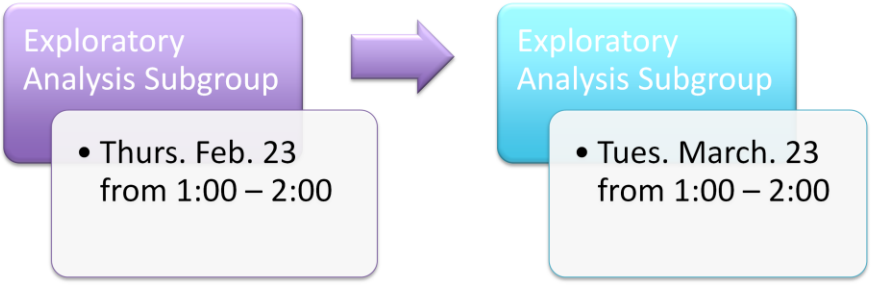
Example of the Dashboard shared with participating counties.



Example of the Dashboard shared with participating counties.


Feedback
Questions

Upcoming Meetings



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THANK YOU

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