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Executive Director
Council of State and Territorial Epidemiologists
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Dear Mr. McConnon:

Thank you for your letter to Secretary Thompson and to me regarding the Council of State and Territorial Epidemiologists' (CSTE) position statement entitled "Collaborative Planning for Developing and Implementation of Bioterrorism-related Surveillance Systems for Public Health." Secretary Thompson has asked me to respond directly to you on this issue.

BioSense is part of the multidepartment BioSurveillance initiative included in the President's fiscal year 2005 budget request. It is intended to provide health data and analyses to local, state, and federal public health partners in an effort to detect, monitor, and manage potential bioterrorism threats and disease outbreaks. BioSense is being developed to also support and enhance regional early detection systems by facilitating the delivery of data from multi-jurisdictional health data aggregators (such as national clinical testing labs).

BioSense data and analyses are presented using strong security and are accessible to public health users who have been preapproved by the named BioSense administrator at the local and/or state levels. Through the Centers for Disease Control and Prevention's (CDC) BioIntelligence Center, BioSense data are monitored so that critical analyses can be easily accessible to the appropriate jurisdictions. These data are intended to support state and local health departments in both understanding the analyses they receive or generate from local systems and in comparing analytical results with other detection sources. In other words, BioSense can be considered a complement to current public health early detection activities.

CDC recognizes the importance and value of receiving input from its public health partners across all areas of public health activities, especially those related to early event detection and BioSense. We are working hard to provide multiple venues for input from our partners. Over the last several years, two multi-partner working groups have focused on the delineation of syndromes appropriate for early detection. Likewise, CDC held a series of "webinars" during the BioSense system design phase and received valuable feedback from public health partners that is reflective in the system development. At the 2004 Public Health Information Network conference, CDC conducted heavily attended roundtable discussions around the functional requirements for early event detection as well as requirement discussions for several other

important preparedness initiatives. We have also planned for the next version of the high-level requirements that will be vetted at jointly sponsored (CDC, the Association of State and Territorial Health Officials, and the National Association of County and City Health Officials) regional meetings to be held this fall.

Additional collaborations include a BioSense Electronic Laboratory Orders Working Group which was established with the short-term goal of developing approaches for using laboratory orders data in BioSense and other early detection systems. Also, CDC has initiated the development of working groups to help refine the framework for early event data prioritization for use in early event detection systems, influenza monitoring, and providing ongoing input to optimize the application of science and technology in the area of data analytics.

As with all of our critical partners in public health, CSTE will continue to be an invited participant in all of these settings. We agree that the advancement of early event detection must be considerate of the broad public health needs while continuing to support the needs for information systems vital in optimizing public health preparedness and response.

We look forward to CSTE's ongoing participation in these activities and appreciate your interest in this matter.

Sincerely,


Julie Louise Gerberding, M.D., M.P.H.
Director