06-EC-03

Committee: Executive Committee

Title: Coordinated state, federal and local public health surveillance using BioSense for situational awareness.

Statement of the Problem:
Public health preparedness needs collaboration at all levels to be as successful as possible. The national approach to enhancing public health surveillance to more rapidly and sensitively detect and characterize possible public health emergencies must include interagency coordination, a plan for data protection, and an evaluation plan. BioSense is a very large national investment in surveillance and situational awareness, and deserves thoughtful development in full partnership with state and local health departments as well as clinical facilities.

As BioSense deployment moves forward it should include input from state epidemiologists and other interested state and local public health entities, as requested in a position statement from CSTE in 2004 (04-EC-04) and in the letter sent from CSTE to Dr. Gerberding dated September 5, 2005. Progress has been made since this letter was sent. CDC is including local and state public health in the dialogue with hospitals. A meeting was held at CDC on May 23-24, 2006 which included state and local public health representatives as well as hospital BioSense participants. A useful dialogue took place and CDC was receptive to the comments of the participants. An evaluation plan was suggested by CSTE. CDC has been proposed an evaluation to be conducted by several contractors. Contracts for this evaluation were put in place in May, 2006.

At this time there are ~32 hospitals transmitting data to BioSense and to state and local health departments, with plans to have 350 hospitals on board by the end of 2006. A number of issues remain to be resolved:

- States need a procedure manual that spells out how BioSense will be deployed in a state and details of what happens after deployment
- A metadata file that describes the data specifications in detail is needed by state and local health departments
- The stated purpose of the current BioSense is situational awareness, although subsets of the collected data can also be used for early event detection. CDC is planning to collect more data than is needed for situational awareness. This large dataset has potential utility for a number of public health surveillance activities but its collection also raises questions about how much data are necessary and does this large dataset meet the minimal dataset requirement of HIPAA.
- It is unclear how or how much data will be shared with the Department of Homeland Security or other federal programs (the National Biosurveillance Integration System).
- Ongoing maintenance costs to hospitals after BioSense deployment have not been spelled out
- Biosense is a highly visible surveillance initiative. If it is to be successful, it is critical that it be effectively integrated into the local, state, and federal public health electronic reporting, investigation and response systems and that it adhere to accepted privacy practices. Failure to attend to and achieve those two goals can damage public health surveillance and the overall public health system.

Statement of the desired actions to be taken:
1. A letter of response by CDC to the CSTE letter dated September 5, 2005.
2. CSTE requests that CDC collaborate with CSTE and state and local health departments in the following ways:
    a. CDC should work with CSTE and other state and local organizations to develop a clear mission and plan of desired outcomes for BioSense.
    b. CDC should work with participating state and local public health, hospitals and CSTE to develop mutually agreed upon protocols for rapid response when statistical anomalies (aberrations) as noted by the CDC, state or local health

departments are determined to be events that may be of urgent public health consequence. The workload needed to respond to such anomalies should be evaluated in the event additional resources may be required.

c. CDC should engage CSTE in dialogue about issues surrounding confidentiality and transmission of the minimum dataset required by BioSense.
d. The results of the BioSense evaluation projects should be used to inform the character of the program as it is rolled out. Ongoing evaluation should continue after the roll out. CSTE and its members should be involved in helping develop the evaluation tools and in the ongoing evaluation of the program. The evaluation should assess epidemiologic as well as informatics aspects of the project.
e. CDC should clarify what data will be shared with the Department of Homeland Security or other federal programs.

3. CSTE requests that BioSense data be made available in the following ways:
   a. We understand that data raw data are currently available to be sent from hospitals to state and local health departments. We would like CDC to also consider making raw data available for download from the CDC web site for use by state and local health departments. Further discussions of the feasibility of this should take place.
   b. State and local health departments should have access to standardized metadata and a BioSense procedure manual.
4. BioSense should use and support existing local or state electronic data exchange initiatives and mechanisms when those mechanisms can reasonably meet the technical information requirements for Biosense data. Healthcare data system development and support should integrate BioSense with electronic notifiable conditions reporting, build healthcare infrastructure (such as use of standardized vocabularies), and result in simultaneous electronic dataflow of fully identified case data to state and/or local health agencies, as required by state laws, for state notifiable conditions and de-identified case data for BioSense.

Public Health Impact:

1. Evaluation and accountability for enhanced public health surveillance funding
2. More efficient use of public funding for surveillance for bioterrorism and other public health emergencies
3. More effective surveillance with decreased morbidity and mortality from real-time monitoring of possible public health emergencies
4. Prioritization of surveillance funding to projects and initiatives with positive public health outcomes, or with a reasonable expectation of such.

Coordination

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