



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

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Patrick J. McConnon, M.P.H.
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Mr. McConnon:

Thank you for your letter regarding the Council of State and Territorial Epidemiologists (CSTE) position statement entitled "Support and Enhancement of the National Healthcare Safety Network (NHSN)." The Centers for Disease Control and Prevention (CDC) strongly supports working with CSTE to improve NHSN, and we look forward to collaborating with CSTE on these issues. Expanding and improving NHSN is a CDC priority.

With respect to financial support, as you know, NHSN receives funding from several budgetary lines, including the Emerging Infectious Disease (EID) line. The EID budget line provides critical support to programs across the Coordinating Center for Infectious Diseases (CCID). As CDC has not received its fiscal year 2009 Congressional appropriation, we cannot make a determination at present what resources will be available for the EID line or the NHSN.

The increasing availability of healthcare data in electronic form and recent advances in information technology provide new opportunities to accelerate the transition from manual healthcare-associated infections (HAI) case finding and reporting to computer-based algorithmic case detection and electronic reporting to NHSN. Accelerating the pace of this transition will reduce data collection burden on hospitals, streamline the processes of case finding and reporting, and enhance the extent of HAI coverage using NHSN.

CDC recognizes the need to promote the development of well-defined messaging systems at healthcare organizations to improve their ability to transfer data. In an effort to foster this development, CDC is focusing on standards-based solutions for conveying healthcare data and validation processes to confirm that the data received at CDC accurately reflect the data transmitted by healthcare facilities, including HL7 Clinical Document Architecture (CDA) solutions. CSTE and other partners are important collaborators in the development of these systems.

Future plans regarding NHSN messaging systems include use of microbiology results, admit-discharge transfer (ADT) administrative data, and pharmacy messages to populate the NHSN database and to algorithmically detect bloodstream and other infections. CDC also plans to

enable data reported via CDA documents to be imported into NHSN. An integral component of supporting data transfer is the further development of case definitions. CDC looks forward to opportunities to work with CSTE and other partners in this process.

The development of methods for data validation is an important step in ensuring that data submitted to NHSN continue to be of high quality. CDC is working with states within the scope of our current resources to develop new data validation methods and welcomes the involvement of CSTE in the process.

NHSN currently includes online training for individuals registering for NHSN. CDC will soon begin implementation of new interactive training modules with a pilot group. The new training modules will enable tracking of usage, include quizzes to assess knowledge, and enable users to obtain continuing education credit for completing training. CDC recognizes the need to consider additional training mechanisms in the future, including "train the trainer" sessions.

CDC is establishing a NHSN steering group governance charter. The governance system includes representatives from state health departments. It is anticipated that prioritization of NHSN change requests would fall under this group's activities.

Again, we thank you for your letter and your support of NHSN. Investing in tracking and surveillance activities, such as those provided by NHSN, is integral to the mission of CDC. We look forward to the opportunity to work with CSTE to strengthen and expand the NHSN surveillance system and to continue to monitor the impact of HAI, monitor trends, and increase the effectiveness of prevention efforts.

Sincerely,


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