2001-SUR-02 **COMMITTEE**: Surveillance

Title:

Implementation of Integrated Communications Systems, including *Epidemic Information Exchange (Epi-X)*

Statement of the Problem:

Epidemiologists at the federal, state, and local levels are primarily responsible for responding to outbreaks and other emerging health events including bioterrorism threats and acts. A secure, rapid communication system is critical for public health officials to address health threats that cross jurisdictional boundaries. CSTE has endorsed the development and use of *The Epidemic Information Exchange (Epi-X)* as a single, secure Web-based system for territorial, state and CDC programs to report, discuss, and notify others of provisional information about outbreaks and other health events and to curtail the growth of topic and program specific communication systems (CSTE, 2000-4). Since its official launch in December 2000, *Epi-X* has posted nearly 100 reports of outbreaks and Epi-Aid Requests. *Epi-X* currently serves as the platform of a national communication system, but further development of state-level communications systems is needed. To strengthen the performance of *Epi-X* and further simplify communication among federal, state, territorial and local health officials, a coordinated approach should be developed for communication systems between state and local health departments and for integration of existent and proposed Web-based communication systems.

Several state and local health departments have expressed an interest in having secure Web-based systems for communications between state and local health departments.

Objectives to be obtained:

1. CSTE strongly encourages the continued development of *Epi-X* be coordinated with the electronic infrastructure development supported by the Health Alert Network (HAN), the integration of surveillance efforts supported by the National Electronic Disease Surveillance System (NEDSS), and other related CDC communication efforts. Funding across these systems should not only be allowed, but encouraged, to insure rapid implementation and coordination.

2. CSTE endorses the continued growth and use of *Epi-X* as a single secure system for territorial, state, and CDC programs to report, discuss, and notify others routinely or urgently of provisional information about outbreaks and other acute health events. CSTE encourages CDC to continue to seek user input and to improve the appearance and function of *Epi-X*.

3. CSTE recognizes the need to assure the security of Web-based communication. CSTE encourages CDC to recognize the diversity of computer systems and expertise at state health departments and to consider usability when developing approaches to security.

4. CSTE recommends that state and territorial epidemiologists use *Epi-X* as the preferred method of secure electronic dissemination of reports of outbreaks and other acute health events.

5. CSTE encourages CDC programs to use *Epi-X* for dissemination of reports of outbreaks to state and territorial health departments. CSTE recommends that CDC incorporate new subject-specific list serves requiring secure communications in *Epi-X* and migrate existing subject-specific list serves requiring secure communications to the *Epi-X* Web site.

6. CSTE encourages CDC to facilitate the use of *Epi-X* through the dissemination of instructions for posting reports and using the resource features of the site.

7. CSTE encourages CDC to expand the use of *Epi-X* for communication between local and state health departments. At the request of state health departments, CDC should provide technical assistance to speed the development of communication systems between state and local health departments. Expansion of *Epi-X* should assure multi-directional communication among health departments.

Fiscal impact:

By coordinating funding between Epi-X, HAN, and NEDSS, available fiscal resources will be maximized.

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