



BioSense 2.0 Project Summary

A report for the
Council of State and Territorial
Epidemiologists (CSTE) Executive Board

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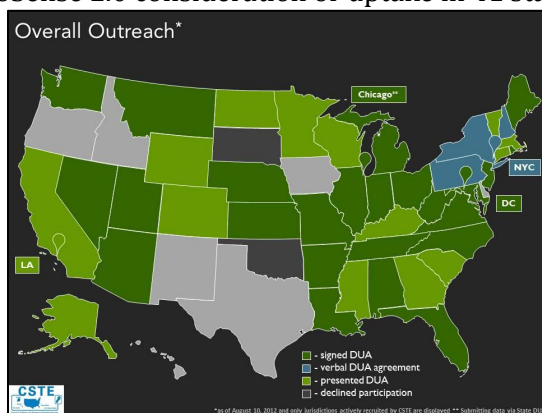
Introduction

BioSense 2.0 is a CDC-led effort to create a user-driven, nationwide syndromic surveillance system. State and local health departments can use BioSense 2.0 to collect, store, and share electronic data from emergency departments and urgent care centers. CSTE joined this effort in June 2011 to:

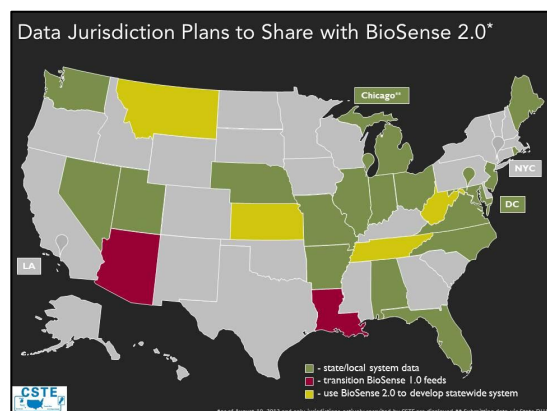
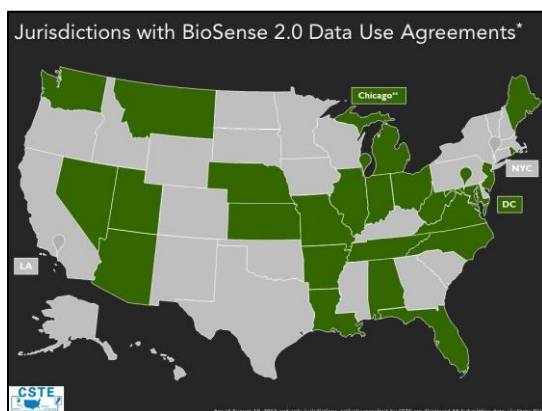
- Engage CSTE members and inform them about the redesigned BioSense
- Encourage members to provide technical expertise and recommendations for BioSense 2.0
- Support development of and provide CSTE member participation in BioSense Governance

Member Outreach

CSTE has acted on behalf of the BioSense 2.0 Team by sharing information about BioSense 2.0 with epidemiologists in 50 States, the District of Columbia, eight territories, and five large urban areas. CSTE began outreach in June 2011, conducted a series of webinars that fall, and initiated formal recruitment activities in October 2011. Overall, CSTE's tailored efforts helped spark formal BioSense 2.0 consideration or uptake in 41 states, D.C., Los Angeles, New York City, and Chicago.

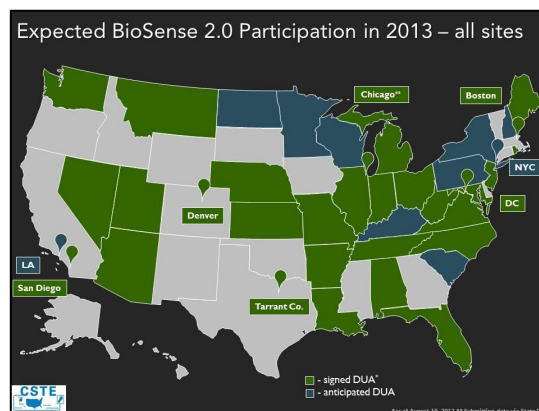
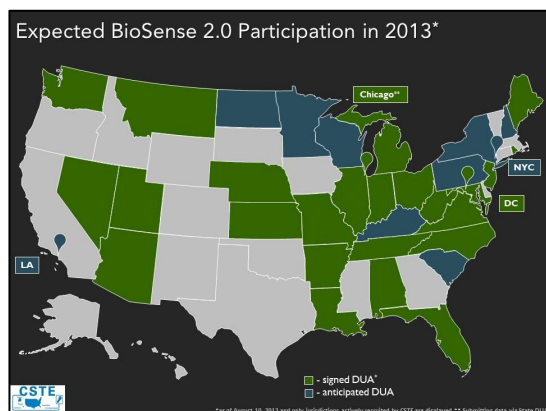


As of August 2012, 24 states and the District of Columbia have signed the BioSense 2.0 Data Use Agreement. For comparison, BioSense 1.0 had established DUAs with 6 states. Of these 24 jurisdictions, 19 plan to share data from their state or local system with BioSense 2.0; four states plan to use BioSense 2.0 to build statewide syndromic surveillance capacity; and two states plan to transition data from BioSense 1.0 to BioSense 2.0.



Lessons Learned

Overall, CSTE members were supportive of CDC's goal of developing a user-driven, nationwide syndromic surveillance system. Having CSTE conduct the first-line education and outreach for the BioSense Team helped mobilize the CSTE membership and encouraged states to examine the BioSense 2.0 system carefully. With 24 states and D.C. committed to participate in BioSense 2.0, CSTE members were responsive to these outreach efforts. The CSTE National Office anticipates that more jurisdictions will join BioSense in the coming months, given both jurisdictional funding and continued CDC support.



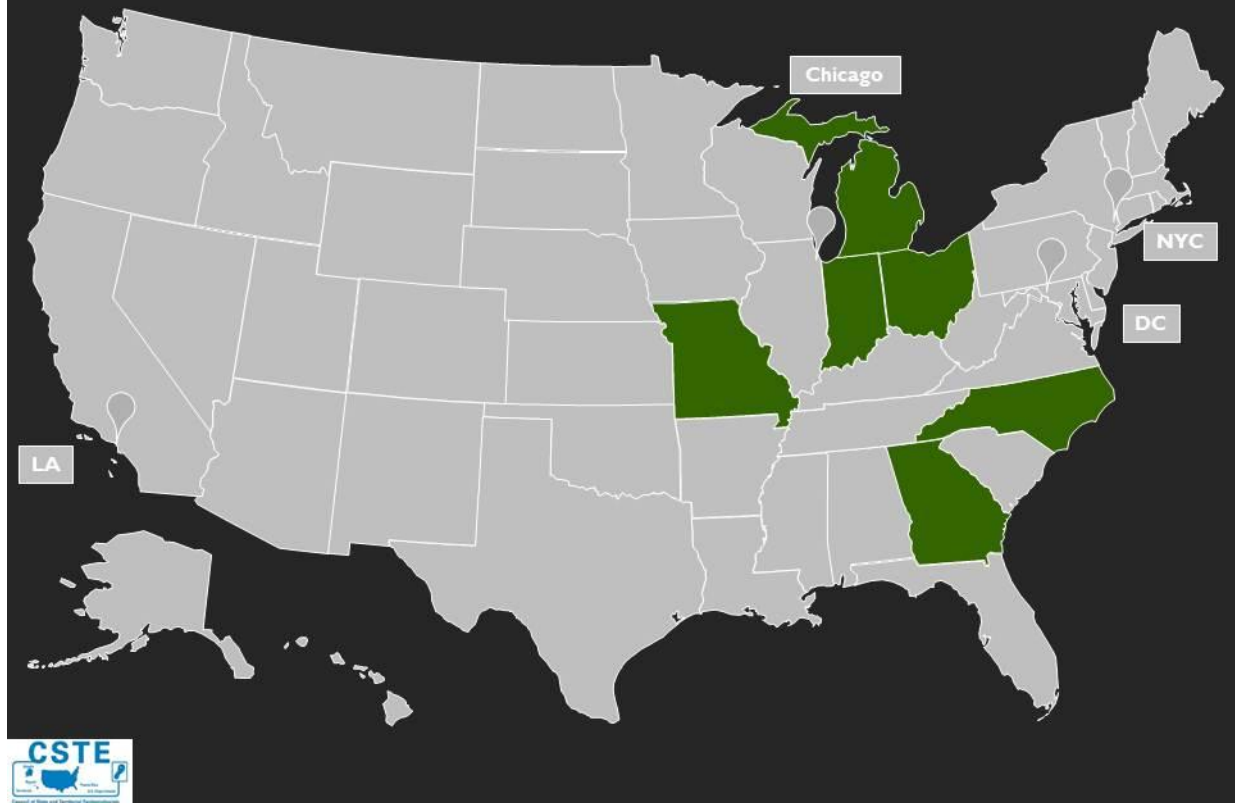
CSTE National Office Staff routinely acted as a liaison between CDC and jurisdictions. By sharing aggregated state feedback with CDC, for example, CSTE was able to help CDC tailor messaging and webinar content. Having a full-time CSTE staff member dedicated to the BioSense 2.0 project was key to CSTE's achievements. This Analyst, contracted for a year, helped CSTE focus and launch BioSense 2.0 outreach activities, while giving CSTE members, CDC, and partner associations a single point of contact. These outreach activities also utilized existing CSTE forums like the CSTE Surveillance/Informatics Subcommittee calls and the Annual Conference to engage members and spark dialogue.

Recommendations

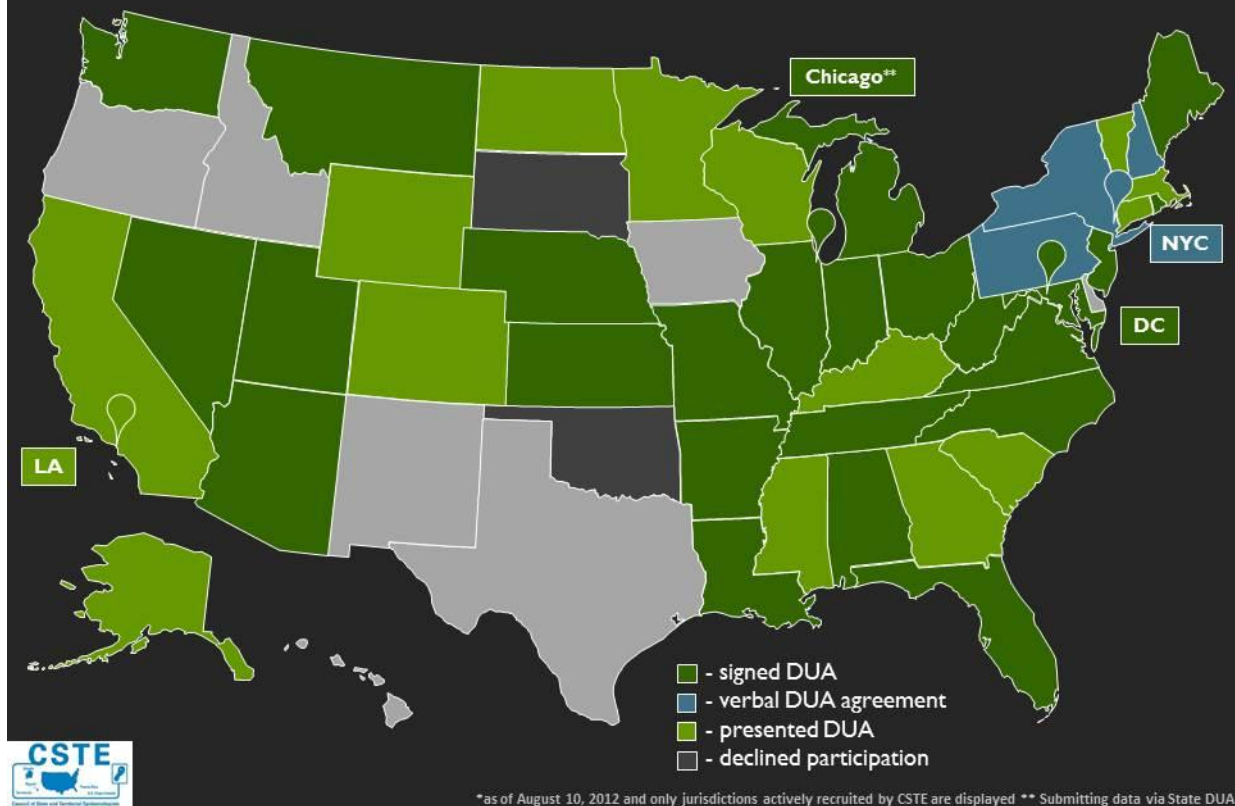
CSTE encourages CDC to work with partner associations and the BioSense Governance Group to document current features and create user-driven system development plans. CSTE members noted discrepancies in the BioSense Team's messages and requested clear articulation of the features and benefits of joining BioSense 2.0.

Many states have expressed interest in transitioning their current syndromic surveillance systems to BioSense 2.0. The BioSense 2.0 analytic and visualization features were initially overstated by BioSense technical staff, as many jurisdictions' believed BioSense 2.0 would have enough features to allow them to dismantle state-based systems and realize cost-savings. However, the lack of easy-to-use programs, such as ESSENCE, that help jurisdictions examine line-level syndromic surveillance data remains a major barrier to sustained use. There is tremendous opportunity here as 19 of the 24 states committed to BioSense 2.0 plan to share data from existing syndromic surveillance systems. CSTE encourages CDC to work closely with the BioSense 2.0 Governance group to address the need for line-level data analysis tools. This could not only help states realize the cost-saving promises of BioSense 2.0, but also help attract more jurisdictions and support CDC's goal of creating a nationwide syndromic surveillance system.

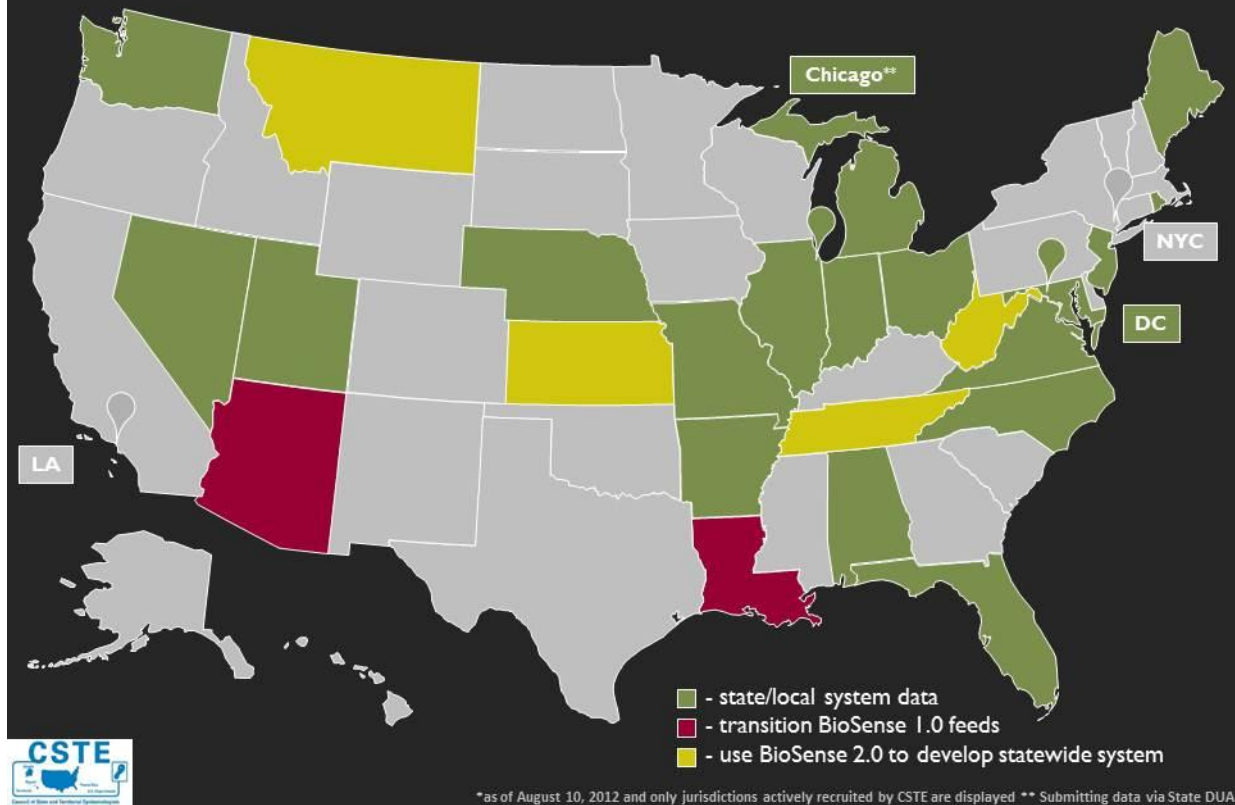
Jurisdictions with BioSense 1.0 Data Use Agreements



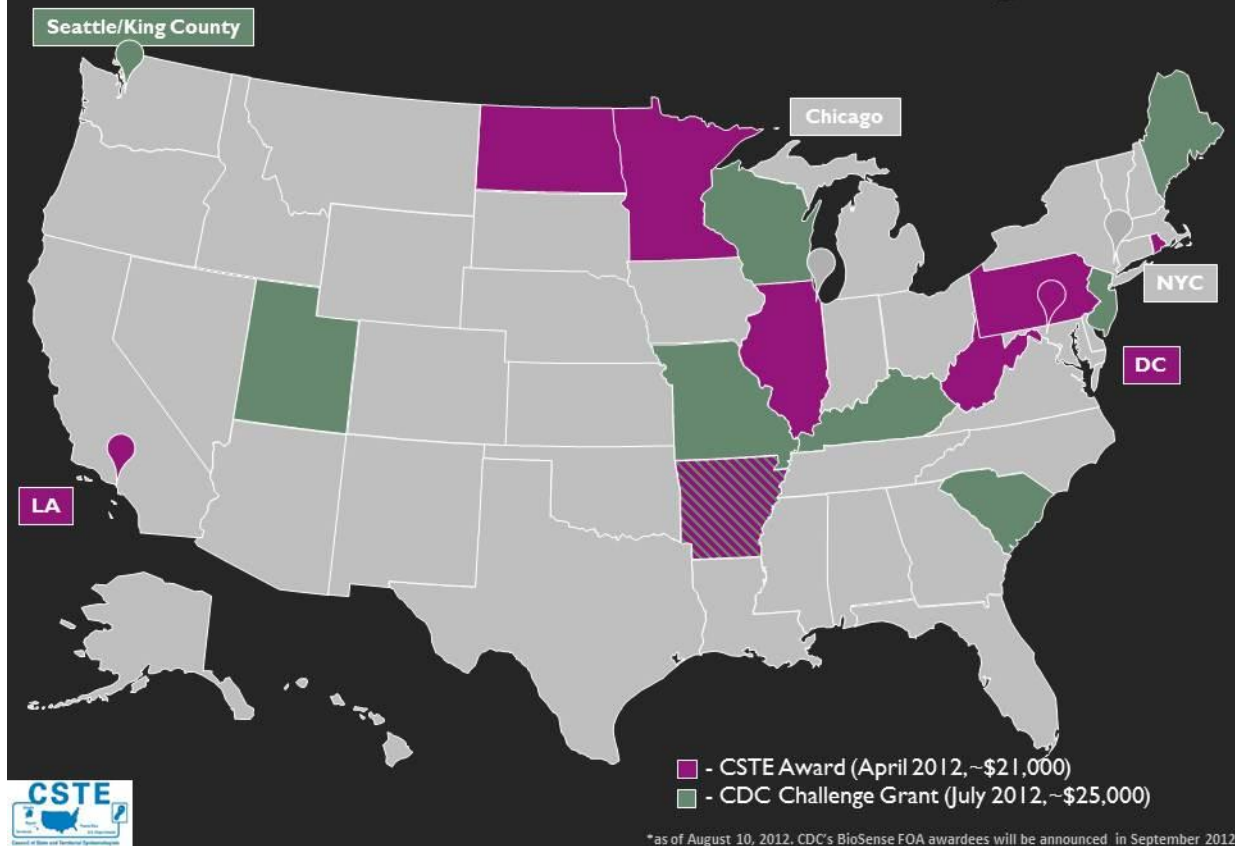
Overall Outreach*



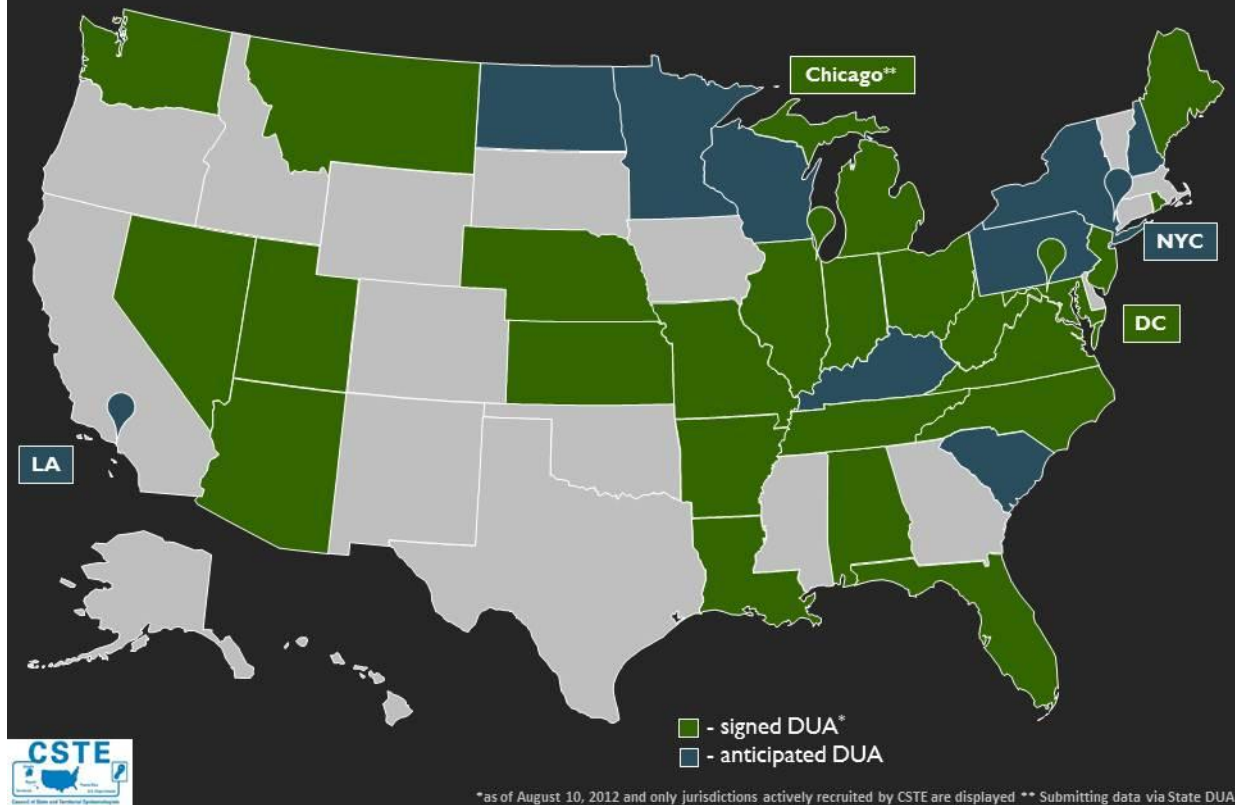
Data Jurisdiction Plans to Share with BioSense 2.0*



Jurisdictions with recent BioSense 2.0 Funding Awards*



Expected BioSense 2.0 Participation in 2013*



Expected BioSense 2.0 Participation in 2013 – all sites

