Executive Board Conference Call
November 7, 2008

Present:	Pat McConnon	Beverly Christner	Jeffery Engel
	Martha Stanbury	Sara Huston	Michael Landen
	Perry Smith	Duc Vugia	Steve Ostroff
	Tom Safranek	Melvin Kohn	
Absent:	Patty Quinlisk		
Guest:	Dan Sosin	Richard Hopkins	Bela Matyas

Agenda

CSTE Board Meeting Dates

- Jan. 28-30, Atlanta (Wednesday, Thursday and Friday)
- March 2-4, Washington, D.C.

Action Item:

- None required

Membership Vote Status Update

- As of today, 33 states have voted. The deadline for states to vote is Nov. 7, 2008.
- As of today, the consensus of the membership is to allow Mel Kohn to continue his terms as President Elect, President and Past President.

BioSense Letter (attached)

- A draft CSTE letter written by Perry Smith to Les Lenert providing feedback on the presentation by Barry Rhodes to the EB in Buffalo and the BioSense Strategic plan.

Action Item:

- If the Executive Board has any comments, you may forward them to Perry Smith.

National Surveillance Template (attached)

- Tabled until Next Executive Conference Call

Action Item:

- None required

National Biosurveillance Strategy for Human Health (Dan Sosin)

Enhancing Nationwide Biosurveillance for Human Health
Biosurveillance Coordination Unit

National Priority

- Homeland Security Presidential Directives 9 and 10
  - Create new biological threat awareness capacity
  - Establish an integrated warning system
- Pandemic and All-Hazards Preparedness Act of 2006
- Homeland Security Presidential Directive 21 mandates the need to "*establish an operational national…[bio]surveillance system for human health"* and a "*Federal Advisory Committee … to ensure that the Federal Government is meeting the goal of enabling State and local government public health surveillance capabilities*"
  - Biosurveillance Coordination Unit (BCU) formed to lead interagency efforts

Nationwide Interest

- All-source, relevant, accurate, timely, and actionable information for government, healthcare, business, and personal decision-making around health emergencies
- Improve horizontal and vertical information sharing
- Enhanced capability through shared responsibility
- Integrate related initiatives and set priorities for limited resources

Scope of Biosurveillance

- **"**active data-gathering with appropriate analysis and interpretation of biosphere data that might relate to disease activity and threats to human or animal health—whether infectious, toxic, metabolic, or otherwise, and regardless or intentional or natural origin—in order to achieve early warning of health threats, early detection of health event, and overall situational awareness of disease activity" (HSPD-21, paragraph 2 a)

Functional Requirements

- Case detection
- Cluster detection
- Signal validation
- Event characterization
- Notification and communication
- Quality control/Quality improvement

Gaps

- Healthcare situation awareness
- Skilled workforce capacity
- Expanded digital data resources

- Effective information sharing
- Health intelligence

Planning Principles

- Build on current capabilities and relationships
- Respect multi-organizational and multidisciplinary perspectives
- Assure value for stakeholders
- Ensure protection of rights and authorities

Achieving the Priority

- National Biosurveillance Strategy for Human Health
- National Biosurveillance Advisory Subcommittee (NBAS)
- CDC's biosurveillance priorities and an operational plan

Priorities

- Electronic Health Information Exchange
    - Create nationwide capability for health information exchange
    - Strengthen surveillance processes and notifiable disease reporting mechanisms
    - Strengthen biosurveillance communications in healthcare
    - Address health information privacy, security and use considerations
    - Establish a governance body to guide electronic health information exchange
- Electronic Laboratory Information Exchange
    - Ensure the electronic management and exchange of laboratory test orders, specimens and results information
    - Ensure usable laboratory information is electronically combined with clinical and epidemiological data
    - Create a governance structure for electronic laboratory information exchange
    - Ensure interoperability and collaboration across human health-relevant laboratory domains
- Unstructured Data
    - Define and evaluate options for the use and management of unstructured data
    - Develop the capacity to collect and utilize unstructured data for biosurveillance purposes
    - Promote implementation and use of information products and technologies that utilize unstructured data most effectively
- Integrated Biosurveillance Information
    - Define requirements for multi-level situation awareness monitoring and reporting
    - Establish a nationwide capability for integrated biosurveillance information management and exchange
    - Create a collaborative environment for the sharing of situation awareness information and health intelligence

    - Provide technical assistance and support state and local health departments to integrate biosurveillance information products and processes
- Global Disease Detection and Collaboration
    - Strengthen partnerships and leverage resources of U.S. Government (USG) and Non-USG partners
    - Adopt a risk-based approach to focus efforts in areas of greatest vulnerability, need and impact
    - Build in-country public health facilities and expertise in support of IHR2005
    - Support efforts to connect the worldwide "network of networks" to foster more rapid information sharing and earlier detection
- Biosurveillance Workforce of the Future
    - Assess current biosurveillance workforce capability, identify gaps and articulate needs
    - Ensure a competent biosurveillance workforce
    - Develop competitive strategies to recruit and retain an effective biosurveillance workforce
    - Establish a governance body for biosurveillance workforce

National Biosurveillance Advisory Subcommittee:
Purpose

- **"**To ensure that the Federal Government is meeting the goal of enabling state and local government public health surveillance capabilities" (HSPD-21)
- To review, research, guide and endorse the National Biosurveillance Strategy for Human Health on an annual basis
- To serve as an innovative engine for advancing nationwide biosurveillance capability

National Biosurveillance Advisory Subcommittee

- Created by the Advisory Committee to the CDC Director on May 1, 2008
- Comprised of 33 prominent public and private biosurveillance stakeholders and contributors
- Independent advisors for the development of the next generation biosurveillance capability
- Chaired by Dr. Larry Brilliant, Exec. Dir., Google.org
- Supported by Federal agencies: HHS– ASPR,CDC, FDA; DHS; DoD; VA; USDA; and EPA

Biosurveillance for Human Health: CDC Priorities

- Create a real-time, nationwide healthcare system data resource: *BioSense*
- Build global capacity for detection and control of infectious diseases: *GDD*
- Establish fused information products for health intelligence: *BioPHusion*
- Assure electronic laboratory information exchange: *LRN*

Looking Ahead

- Extend outreach on National Biosurveillance Strategy for Human Health (2008 version) with annual updates
- Address annual assessments and recommendations of the independent Federal Advisory Committee: ACD/NBAS
- Operationalize the strategy
    - Map global efforts to strategy and track progress
    - Establish governance
    - Support full stakeholder contributions

Action Items:

- Pat will distribute the Biosurveillance documents to State Epidemiologists and schedule a Webinar with Dan Sosin to provide the State Epidemiologists with an overview.
- Dan Sosin has asked CSTE to review the Biosurveillance documents and provide comments and recommendations. Pat will collate the comments and recommendations into one document and forward to Dan Sosin.
- Feedback is due back to CDC, Dan Sosin no later than Nov. 26.