DRAFT MINUTES
***Epi-X* Editorial Board Meeting**
October 30, 2001
9:00 a.m. - 4:30 p.m.

Participants

CDC: Carol Pertowski, MD; John Ward, MD; Demetri Vacalis, PhD; David Callahan, MD; Terry Chorba, MD, MPH, MA; Brenda Garza, Amanda Evanson, Robbie Justice, Dennis Probst, Felix Bondar, Susan Boyer, Patricia Griffin, MD; Roy Campbell, MD, MPH; Richard Kellogg, MS; David Bray; Claire Broome, MD

External: Fred Pilkington, PhD; Donna Knutson, MEd; Steven Wiersma, MD, MPH; Michael Ascher, MD; Alana Knudson-Buresh PhD; Gail Hansen, MPH, DVM; Jeffrey Yund, MD.

Members of the Board were invited to attend the Epidemiology Grand Rounds, "Inhalational Anthrax, Florida 2001," which started at 9:00 a.m. Fred Pilkington, Alana Knudson-Buresh, Steve Wiersma and Gail Hanson attended.

John Ward called the next session of the meeting to order at 10:50 a.m. He spoke about the importance of the Editorial Board and thanked the members for their input and guidance since the last meeting in November 2000. He mentioned to members that the use of *Epi-X* has changed somewhat since the events of September 11, 2001. The system was originally designed for the report of disease outbreaks, but is now being used for the dissemination of information related to ongoing investigations of bioterrorism (BT) events as well. John then turned the floor over to Carol Pertowski.

Carol Pertowski expressed her thanks to the Board for taking the time to come to the meeting. She reviewed the *Epi-X* Editorial Board binder contents and meeting agenda. The major items of discussion were to update the Board members on activities and receive feedback on site improvements and to review *Epi-X* policies and receive feedback on policy improvements.

UPDATE ON *EPI-X* ACTIVITIES AND FEEDBACK ON SITE IMPROVEMENTS

The State of *Epi-X*

Since last year, the *Epi-X* user base has broadened. In addition to state epidemiologists, there are users from CDC, public health agencies, poison control centers, health officers, laboratory

directors, state public health veterinarians and the military. The future placement of international public health officials on *Epi-X* is under consideration.

Since the inception of *Epi-X*, there have been approximately 1400 applications, with 624 registered users on the system as of October 26, 2001. Since December 1, 2000, there have been over 230 reports posted on *Epi-X*. Of the 230 reports, nearly all were about infectious diseases. In the last month, however, reports about BT events have been the primary postings.

Carol discussed a new feature to the *Epi-X* system known as the *Forum*. The *Forum* was launched on June 9, 2001, to allow access to *Epi-X* by persons who do not have the public health responsibilities which allow access to the main Web site. Users of the *Forum* can participate in moderated conferences about specific topics for a predetermined period of time.

Carol concluded by touching briefly on the system goals for the coming year. These goals include: increased backup capabilities, improved system stability, updated software and improved security.

Carol then turned the floor over to David Callahan who discussed the test on October 10 of the *Epi-X* alert system, known as the Dialogic system. During the test of the Dialogic system, a response rate of 79% was achieved. A handful of remediable problems were identified: the system can be relentless--calling some users too much; the call list needs to be prioritized; user education on how to respond to an alert is needed. The comment was made that the Dialogic notification message needs to be more specific, so respondents know what actions were required to respond to a message. The next test of the system will be after the beginning of calendar year 2002. David mentioned that he would like to perform tests quarterly. Board members suggested twice a year.

User Experiences

The floor was turned over to Michael Ascher who discussed feedback he had received regarding *Epi-X*. Comments included:

- The system is slow to respond at times.
- The URL sent with the e-mail notification message doesn't always work--at times it fails to take the user straight to the report cited by the URL.
- There should be more user instruction included with the e-mail notification messages.

Steve Wiersma suggested that there is a need for a mechanism that could aid in the broader dissemination of information from *Epi-X*. On those reports that could be widely circulated, an "E-mail This Report" button, which would automatically forward the report to a predetermined group of users, would be very helpful.

Gail Hansen discussed the Kansas experience with *Epi-X* and the importance of the use of *Epi-X* in conjunction with her state's Health Alert Network (HAN).

Expanding the Capacity of *Epi-X*

Carol introduced the next agenda item, expanding the capacity of *Epi-X* and improving state level secure communication systems. David Callahan presented the current status of the projects. CDC has a goal to implement several secure systems on a state/local level. There has been an allocation of $360,000 in grant money from CDC to develop systems in the states of Florida and Kansas, and in Chicago, Illinois. Goals for these new sites for the year include: the planning of a secure data network (policies, training, customization and interoperability with CDC) and the launch of a prototype at one or more of the sites. John Ward added to the presentation by saying that the *Epi-X* team gets many questions about using *Epi-X* code, the development of *Epi-X* systems on the state level and how states can better communicate with the CDC. CDC has supplied specifications for the systems to the states. *Epi-X* is helping states determine their needs and how to meet them.

Steve Wiersma discussed his state's experience with the development of a secure system, Epi-Com. A discussion ensued regarding the difficulties involved in tracking unnamed and unusual disease outbreaks. John Ward commented that epidemiologists need a way to collect unstructured data from outside sources, such as the media and private practitioners. Systems that allows users to post questions or surveillance findings securely, but have the flexibility to allow data sharing, are greatly needed. The problems encountered are not only IT problems but also communication policy problems.

Gail Hansen pointed out that each local health department in her state is not obligated to report to the state level. Each local health department is stand alone and information sharing in the Kansas system must be across a multidirectional playing field. This need for a multidirectional information sharing model may be different from the communication needs of other states.

Mike Ascher discussed some of the informational systems available in California. RIMS is an unattended system that notifies individuals of important logistical problems in their areas, such as road closings or impending floods. He also gave an overview of California's Rapid Health Electronic Alert, Communications and Training System (RHEACT). The RHEACT system is a network of several other systems such as the California state laboratories, California Electronic Laboratory Disease and Alert Reporting (CELDAR) and National Electronic Disease Surveillance System (NEDSS). In the RHEACT system, when a local laboratory submits a request for a testing reagent (botulism, smallpox or other need), this request is reported to CELDAR, which in turn submits it to the state laboratory and then to the main RHEACT system. The system is password protected; no digital certificates are used.

Dr. Roy Campbell joined the meeting via conference call to discuss his experience as a user of the *Epi-X Forum*. Dr. Campbell is the moderator for the West Nile virus (WNV) information exchange on the *Forum*. The WNV group has approximately 100-150 users on the *Forum*. Dr.

Campbell's West Nile group posts data files, large document collections, and other types of information in order to attract users and keep them interested.

The following comments about the use of the *Epi-X Forum* were made by Dr. Campbell and from the floor:

> *Epi-X Forum* took the place of a list serve used last year by the WNV program.
> An advantage of the *Epi-X Forum* over last year's list serve approach is that technical support functions could be shared with *Epi-X* staff.
> At first, the software crashed frequently but the *Epi-X* staff has worked on the stability issues and improvements are visible.
> Bugs worked out as a result of WNV work resulted in a much more stable and user friendly program.
> The improved *Forum* was ready to meet communication needs following the September 11, 2001, attacks and the ongoing anthrax events.
> Setting up the *Forum* can be cumbersome and can zap a lot of personnel power. However, this problem is kept to a minimum by the *Epi-X* staff.
> The ability to manage file attachments to the postings is limited.
> The management of archival materials is at times difficult and labor intensive.

Roy pointed out that a difference between *Epi-X* and the *Forum* is that the moderators are not *Epi-X* staff, but rather the moderators of individual *Forum* conferences. These moderators may be state epidemiologists or some other type of subject matter expert. *Epi-X* staff examine the postings to make sure nothing is posted of an inappropriate nature, but the moderator controls the substantive postings of a given conference.

Carol directed the Board members to the draft *Epi-X Forum* editorial policy in the meeting notebook. Carol asked the Board Members to examine the policy and submit comments. A final version will be prepared and sent to Board members after input is incorporated.

REVIEW OF *EPI-X* POLICIES AND FEEDBACK ON IMPROVEMENTS

Proposed New Policies and Activities

Carol discussed the ongoing collaboration of *Epi-X* with the American Association of Poison Control Centers. Currently, seven states have poison center directors on the *Epi-X* system. It is hoped that the relationship will build a bridge to toxic exposure information. In order to be on *Epi-X*, the poison center director needs to have spoken to the state epidemiologist and both reached an agreement as to what the poison center director's role will be on *Epi-X*.

Jeff Yund (US Navy) was telephoned to discuss the US military preventive medicine program and the entrance of certain military personnel to the *Epi-X* system. Jeff discussed a group of 32

names he submitted as potential users of *Epi-X*. These individuals are from diverse military branches–Army, Navy, Air Force and Coast Guard. Navy personnel are from Navy Environmental and Preventive Medicine units. They are involved in disease reporting, outbreak investigations and any public health information that might effect commands and units in their assigned portion of the world. The Army personnel on the list are the public health and preventive medicine officers for the major Army medical regions in the world. They are stationed in places like Walter Reed Hospital or other large military hospitals. The Air Force individuals reflect the Air Force's preventive medicine and public health organization. The major Air Force bases have a public health officer and a small staff. The Coast Guard doesn't have a far reaching public health staff, but they do have a preventive medicine physicians at Coast Guard headquarters.

Jeff answered questions from the Board members regarding the military's list of names. Steve Wiersma wanted to know if the individuals on the military's list would be able to provide a depth of coverage to *Epi-X* (depth referring to the ability of the military personnel on the list to answer or help with an outbreak in a specific locale). According to Jeff, it would be wise to eventually include someone from every military hospital. Jeff sees a three prong plan for military participation on *Epi-X*: first, people at oversight offices; second, individuals on the current list (top preventive and public health officers); and third, a much expanded list that includes individuals from military hospitals and throughout the DOD.

Discussion points on the participation of military individuals on *Epi-X* included the following

Steve Wiersma wanted to know if the military would be too constrained by security considerations to post. Jeff agreed that security issues could be a problem and that some health issues experienced by the military would not be available for posting on *Epi-X*.

Laboratories from the military are becoming members of the Laboratory Response Network (LRN).

Gail Hansen mentioned that she would like to see the military users do more than use *Epi-X* as an informational gathering tool. She would want the military users to post and contribute information. Dr. Yund agreed that the information sharing would need to be bidirectional. But did explain that the first tier of users from the military are policy makers and do not have their fingers on the pulse of outbreak information.

Donna Knutson asked Jeff if the *Epi-X* system could be used to open lines of communication between the VA hospital systems and the states. Currently, the VA hospitals are not required to share any information with the states in which they reside.

Carol then opened the floor to Richard Kellogg (NCID) to discuss the Laboratory Response Network for Bioterrorism (LRN). There has been some discussion about a collaboration and co-

branding between *Epi-X* and the LRN. Richard gave a presentation regarding the LRN, its message and its rolls. Members of the Board received a handout regarding the presentation.

The LRN was initially set up to do front line lab-based biodetection for rapid agent identification and to support the communications needed for surveillance. The LRN works with public health laboratories, independent and hospital laboratories, physician offices and rural health clinical laboratories. The LRN also works with the DOD – USAMRIID/NMRC/AFPIP/FBI/ and other government agencies such as the EPA, FDA, secret service, etc. There are currently about 100 laboratories in the network with more than 300 users. Richard gave the floor to his IT manager, David Bray, for a discussion regarding LRN's IT capabilities and challenges. Discussion regarding the LRN collaboration followed. Discussion points were as follows:

> Steve Wiersma expressed concern that the LRN is duplicating efforts already in place by the states. Richard Kellogg answered that LRN looks to the states for ideas on how to implement laboratory network capabilities.
> Board members wanted to know how *Epi-X* would be used in conjunction with LRN. Discussion ensued on how laboratory data would be extrapolated into information of value for *Epi-X* . Carol added that *Epi-X* desires the collaboration for the purposes of examining the lab data and adding report information to it. The laboratory data may be the first indication that there is an outbreak in a given area.

Patty Griffin presented information that is currently on the foodborne disease list serve. The purpose of the original list serve was to provide a forum where professionals could rapidly discuss outbreaks of foodborne illness. The list serve is limited in that the service focuses only on foodborne outbreaks, so clusters of other health problems, such as acute abdominal pain or diarrhea unrelated to foodborne illness, would not be discussed on the board. A partnership with *Epi-X* would help by providing a mechanism for topics unrelated to the list serve to be posted and discussed.

John Ward opened the floor to Claire Broome who discussed the CDC Information Council (CIC). The CIC is charged with making a policy level examination of the activities of multiple emergency response systems, where those systems are duplicated, and how IT can be used to better emergency response communications. This policy governance, at the level of CDC and ATSDR, was chartered within in the last year by CDC director, Dr. Jeffrey Koplan. A report regarding urgent communication and integration of existing CDC programs is scheduled for release in January 2002.

Fred Pilkington asked if local health departments (LHDs) could gain access to *Epi-X*. Currently, LHDs can gain access to *Epi-X* with the permission of the state epidemiologist. There was concern that state health departments might delay information sent to LHDs and that the information could be incomplete. Hence, access to *Epi-X* would give LHDs a reliable source for important outbreak information. Fred agreed to discuss this matter with the National Association

of County and City Health Officials and to continue to work with *Epi-X* staff on increasing participation of LHDs.

Closing Discussion

Carol asked the Board members to note that their meeting notebooks contained a draft editorial policy for the public *Epi-X* site. Board members were asked to review the policy and send comments to Carol. She thanked the Board members for their participation and brought the meeting to a close at 4:30.