May 10, 2002

The Honorable Tom Davis
Chairman
Subcommittee on Technology and Procurement Policy
Committee on Government Reform
2157 Rayburn House Office Building
Washington, DC 205 15-6143

Dear Honorable Davis:

I am writing in reply to your follow-up questions on the hearing to discuss the response and information dissemination capabilities of the nation's public health systems to a bioterrorism threat or incident.

Your first question was, how are states managing the new CDC initiatives while continuing to use the existing surveillance systems? For states that rely on old CDC-produced proprietary software for surveillance activities, the main challenge has been to assure that the concept of building one integrated system would reach all the decision-makers at the CDC program level who are often responsible for new versions of the software. While some programs have been very supportive of integration and NEDSS, others have been more slow and reluctant to embrace those principles. As I indicated in my hearing testimony, institutional memories may be hard to change. CSTE has been actively involved in the efforts to have all programs at the CDC accept and support the new NEDSS standards. Another challenge has been that the long-promised NEDSS-based software that the CDC is designing for state-based surveillance (to replace old CDC-produced systems) has not been completed yet. This has forced some states to operate with old, inadequate, non-integrated software.

Other states chose in the past to develop their own surveillance applications, rather than relying on products delivered by the CDC. Since NEDSS is an open architecture based on commercially available standards, the integration of these existing state-based applications with other NEDSS tools is possible, to the extent that all these applications share some common architecture. To this purpose, some states are redesigning some components of their applications. Other applications, particularly older ones, need to be totally rebuilt. While this may be a painful process, most states recognize the importance of having, after years of confusion, some standards to look at when designing and deploying public health applications. Some limited

funds have been available for states that need to redesign their systems to make them NEDSS-compliant, but the amount of funding is well below what is needed. The current fiscal constraints that many states are facing make it even more important that part of the NEDSS funds be directed to states that need to modify their existing systems to align them with the new NEDSS architecture. Failure to do so may result in an incomplete integration of these system, thus undermining the whole NEDSS project at the national level.

Your second question was whether HAN and Epi-X were used effectively during the anthrax events. My answer to that question is that there is ample space for improvement. Both projects provided independently some good information and features: for example, the HAN used broadcast fax technology that enabled state public health departments to receive faxed information in a timely fashion. Also, HAN produced some excellent educational satellite sessions to address training issues, as they arose. Epi X provided a good forum for discussion and an alert system based on pagers and automated voice messages that was also helpful. What was missing was a coherent plan to use these resources in an integrated fashion. For example, it would have been helpful for state and local officials to have a biref (i.e., a few hours) preview of the CDC recommendations and guidelines before they were made public, to allow some study and preparation for field questions expected from the public and the media. Since these guidelines were transmitted by HAN through fax, they became in essence public knowledge immediately after they were received by public health agencies. Posting them a few hours earlier on a secure Epi X forum would have avoided this problem. Another problem is that some CDC staff did not feel comfortable sharing information in secure Epi X forum, since they were not sure that this information could remain confidential and not be subject to freedom of information requests. In summary, I think that Epi X has not been seen as an helpful tool that could be integrated in the HAN project and provide some strengths to its process, as it should be.

Your final question deals with what a reasonable timeframe could be to provide an adequate information technology infrastructure to local health departments. The answer to this question is not easy, and will probably vary from state to state and from locality to locality. In my state (Kansas), the HAN project has provided high-speed Internet connections to all local health departments where such service is offered, but there are parts of the state where only dial-up Internet service is available. This limitation is a problem that is beyond what public health agencies alone can solve, and is a reflection of more general issues of how information and telecommunication technologies are deployed in our communities. A reasonable goal could be to provide high speed Internet access within one year to all local health departments where this service is available, and dial-up to all others, with the plan to upgrade them when service coverage reaches their areas.

In addition, I would like to stress once again that focusing only on advanced technologies may be misleading. For some health departments, it is far more important to secure more basic resources than the most recent, fastest computer technology. For these agencies, the problems are more what to do when the only nurse is out sick or on vacation, or how to assure that the clinic is open every day, or sometime even how to pay for the phone bill if they have to have a dedicated phone line to connect to the Internet! Strengthening basic capacity in all local health departments is at

least as important as assuring the deployment of these technologies.

I hope that this addresses your questions. If you would like further information please do not hesitate to contact me at 785, 296-6536 or gpezzino@kdhe.state.ks.us. I would like to thank you again for the opportunity to participate in your committee's important and timely review.

Sincerely,

Gianfranco Pezzino, MD, MPH
President Elect, CSTE

Cc: Marcia Mabee