NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

06-02

STATEMENT OF POLICY

Biosurveillance

Policy

The National Association of County and City Health Officials (NACCHO) urges increased and sustained federal support for local health departments for the purpose of gathering data to provide situational awareness to augment existing surveillance sources prior to and during a public health emergency.[1] NACCHO supports the following:

- Local health department involvement in the development and implementation of biosurveillance systems.
- Support from the Centers for Disease Control and Prevention (CDC), the Office of the National Coordinator at the Department of Health and Human Services (HHS), and associated federal partners to create and sustain relationships among local health departments, hospitals, healthcare providers, and other data sources such as fire and police departments and emergency medical services to enhance and expand biosurveillance implementation efforts.
- Federal and state governments support for local health department infrastructure, staff, and training for biosurveillance.
- National and state initiatives that leverage existing local relationships and data collection efforts.
- Biosurveillance systems that add value to an evolving public health practice. Clearly defined uses for biosurveillance data must guide the quantity and type of data collected. The intended uses for the data should be clearly defined prior to system implementation.
- An all-hazards systematic approach to requirements definition for biosurveillance to ensure that the methods are supportive of multiple public health practice activities and do not limit data collection solely for preparedness needs. Local and state health departments should work together closely and with federal partners, such as the CDC, to define the best use cases of this data and determine what type of data is most useful. This support must enable local health departments to access useful data in a timely fashion to ensure appropriate response and on-going situational awareness during an event.
- Cooperation to ensure that current initiatives at the local level are complementary to those at national and state levels. Local health department officials should work closely with their state counterparts and federal partners such as the CDC and HHS to ensure proper data collection. Several national committees, including the BioSense 2.0 Governance Group, exist to promote cooperation between state and local health officials regarding syndromic surveillance. National and state efforts to collect biosurveillance data must not disrupt successful local initiatives underway for biosurveillance, health information exchange, and regional health information organizations.

- Protections that ensure the privacy, security, and confidentiality of health data. Stakeholders need to establish protections in dual-use agreements to balance access to important data sources while ensuring proper safeguards are in place to protect the rights of patients. A potential stakeholder relationship can include a hospital sharing line-level data with a local health department. In this situation, a legal document should be drafted and approved by both parties to ensure that the data is safe. Healthcare providers should follow evolving national standards on confidentiality and patient consent when sharing data with local health departments.
- Collaboration among local health departments, federal partners, and lawmakers to draft data-use agreements that address privacy and security concerns. Federal and state entities should continue to partner with local health departments on the creation of a model data-use agreement.
- Federal support from the CDC and Congress to promote ongoing biosurveillance research and collaborative efforts among local health departments and their partners. Relevant partners include the CDC, the International Society for Disease Surveillance, the Council of State and Territorial Epidemiologists, the Association of State and Territorial Health Officials, and the National Biosurveillance Advisory Subcommittee. Coordination and collaboration among these partners is vital to the advancement of biosurveillance techniques.

Justification

Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementing, and evaluating public health practice. Surveillance is closely integrated with the timely dissemination of these data to those responsible for prevention and control, to those who contribute to the surveillance so they can see the impact of their participation, and to the public so they can understand the reasons for public health actions based on the data.[2]

Local health departments are the traditional entry point for routine disease surveillance and investigation, and function as first responders in a public health emergency. As such, local health departments are keenly aware of the information needed to monitor for public health emergencies and mount response and mitigation activities. Many public health systems operate under a federated or decentralized model; however, with current resources technology infrastructure is often centralized. Given this hybrid model of centralized resources and decentralized authority, state and federal public health agencies must ensure that local health departments have timely access to any data about their local community and are actively involved in the definition of data and functional requirements for biosurveillance systems and in the local implementation of such systems.

According to the *National Strategy for Biosurveillance*, biosurveillance is defined as "the process of gathering, integrating, interpreting, and communicating essential information related to all-hazards threats or disease activity affecting human, animal, or plant health to achieve early detection and warning, contribute to overall situational awareness of the health aspects of an incident, and to enable better decision-making at all levels."[3] Such data may supplement traditional surveillance and disease reporting methods.

Biosurveillance offers local health departments the potential for the early identification and monitoring of health threats from natural or intentional causes. Many state and local health departments are at various stages of implementation of biosurveillance systems. Simultaneously, state and local health departments are involved in ongoing traditional disease surveillance, health information exchanges, and regional health information organizations. Biosurveillance initiatives offer the opportunity to leverage these existing initiatives while providing important data to protect the public's health. Building on these existing activities and relationships is key to the success of national initiatives such as BioSense. It is critical that standardization of data collection, analysis and use protocols be established and that data collection efforts are coordinated with existing initiatives to ensure the most judicious use of public health resources.

According to the 2010 NACCHO Informatics Needs Assessment,[4] only 32% of local health departments say all of their staff have adequate levels of physical infrastructure to do their jobs. Sufficient infrastructure, including information technology, is necessary to receive, store, and manage data. Local health departments are also challenged to maintain workforce capacity to implement and maintain information systems.[5]

Local health department staff are the first responders for disease investigation and other response to any public health emergency. Legal barriers such as the Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act can hinder access to biosurveillance data.[5,6]

The BioSense Program provides local, state, and federal partners a timely regional and national picture of trends in disease syndromes and situation awareness. BioSense is in the midst of a redesign that shifts the program's focus to meet the needs of stakeholders and end users in state and local health departments, CDC programs, hospitals, and other federal programs to improve regional and national coverage.

The BioSense 2.0 Governance Group is funded by the CDC and was developed by the Association of State and Territorial Officials (ASTHO). Partner organizations that help guide the group include NACCHO, the Council of State and Territorial Epidemiologists, and the International Society for Disease Surveillance. The purpose of the group is to ensure the development of the BioSense 2.0 system and ensure that it is properly being developed with input from the entire public health community. It is comprised of members from state and local health departments, along with the partner organizations mentioned above, and federal partners.[7]

As most responses to emergencies are locally managed, it is critical that these existing relationships continue to be developed, expanded, and strengthened to ensure rapid response to public health threats. These relationships remain essential even when a state health agency or the CDC maintains a centralized infrastructure, such as the CDC's implementation of BioSense 2.0. Additionally, reliance on biosurveillance data as the only indicator of a public health emergency must be avoided. Electronic biosurveillance systems will not replace astute clinicians and local health department relationships with their clinical communities to detect, monitor, and control public health emergencies.

Dual-use agreements can help to facilitate sharing of data for public health purposes by allowing users to legally share data with other local, state, and federal partners. Dual-use agreements should address the level of aggregate data that will be shared and in what instances should data be shared.[8] Local health departments understand the need for and importance of sharing data, especially during times of emergency (e.g., H1N1 flu outbreak) and mass gatherings (e.g., the Super Bowl, presidential inaugurations).

NACCHO is part of a collaborative partnership between the Association of State and Territorial Health Officers, the CDC, the Council of State and Territorial Epidemiologists, and the Public Health Informatics Institute to establish and build three fellowship programs: the Applied Public Health Informatics Fellowship, the Informatics Training in Place Program, and the Health Systems Integration Program. The programs are designed to provide capacity building opportunities at health departments in informatics and epidemiology. Local health departments benefit from these fellowship programs because they are able to build upon the diverse skill set brought by these fellows and in turn create a strong group of public health workers.[9]

References

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Record of Action

Proposed by NACCHO Biosurveillance Workgroup
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