

Public Health Surveillance Needs for the COVID-19 Response

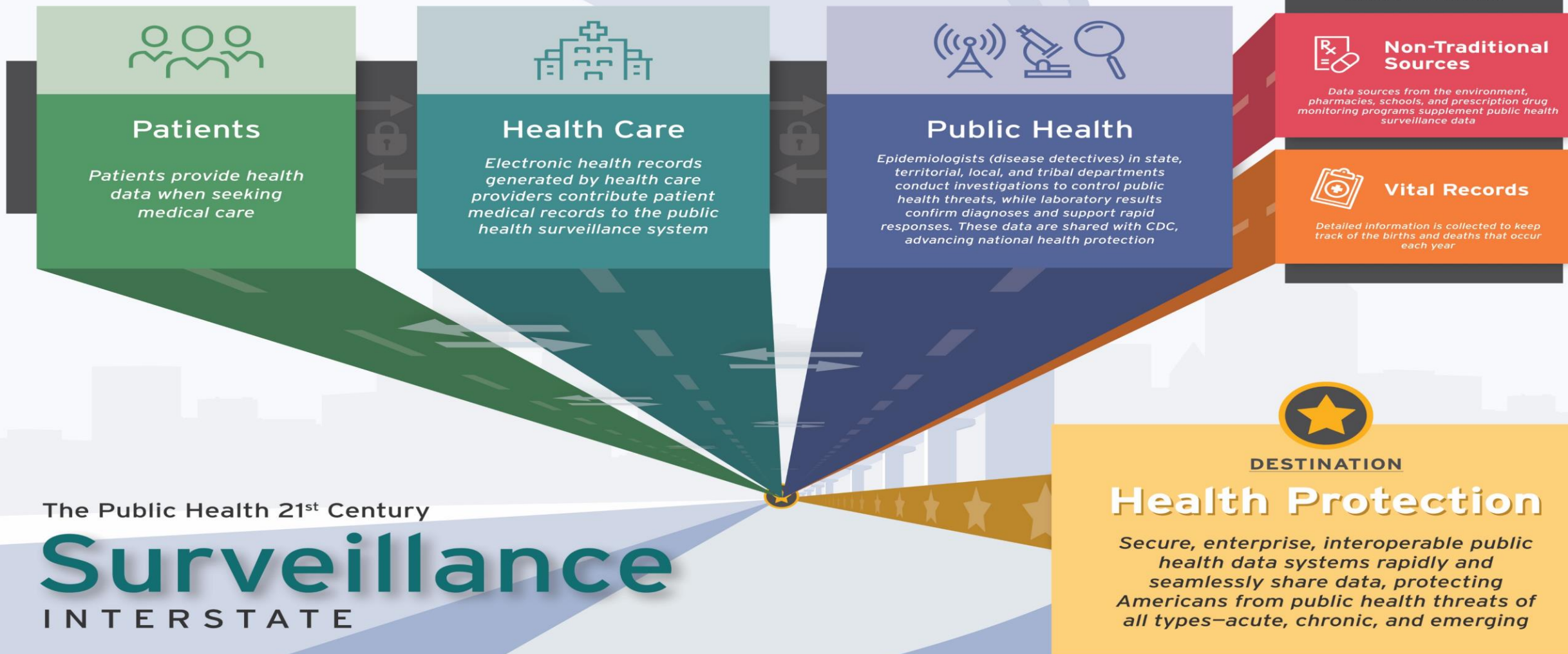
Data: Elemental to Health

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Data moves **securely** and **seamlessly** between three main actors:



- Address core areas to support all phases of the response
 - Electronic Case Reporting (eCR)
 - Laboratory Information Systems
 - Electronic Laboratory Reporting to public health
 - Syndromic Surveillance
 - Electronic Vital Records System

How can ONC help: Immediate needs



- **Challenges:**

- Data not reported or reported with missing critical information = Delays in contacting patients, identifying contacts, identifying those at highest risk, creating policy and evaluating control measures
 - Case reports never made or only made by manual reporting phone calls or faxes!
 - Laboratory reports missing patient address, phone number and demographic information (race and ethnicity)
- Many data requests from many levels

- **Immediate needs:**

- Align requests for data: Ensure reporting goes *first* to state/local public health where the data are acted upon
- Automated reporting of point of care tests with identifiers
- Laboratory:
 - LOINC codes – (specimen types matter and shouldn't be blank)
 - Orders contain complete patient information
 - Complete patient information needs to “travel with” the specimen even if forwarded to other laboratories for testing
 - Ask on Order Entry (AOE) questions to be answered at the time of order
 - Employed in healthcare? Y/N/U, Symptomatic? Y/N/U, Hospitalized? Y/N/U, ICU? Y/N/U, Pregnant? Y/N/U
- STANDARD Public health access to EHRs for individual *and* batch patient look up

How ONC can help: Planning for the fall



- Where do we want public health surveillance to be?
 - Rapid, seamless data sharing from health care *to* and *across* the public health enterprise
 - eCR is the transformation we need
 - Patient locating information
 - Demographic information
 - Co-morbidities
 - Point of care tests
 - Treatments
 - Vaccination