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ABSTRACT

BioSense program redesign

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Objective

The objective of this study is that the Centers for Disease Control and Prevention (CDC) will update the International Society for Disease Surveillance community on the latest activities for the BioSense program redesign (Centers for Disease Control and Prevention, USA).¹

Introduction

The BioSense program's mission is to support and improve public health surveillance infrastructure and human capacity required to monitor (with minimal lag) critical population health indicators of the scope and severity of acute health threats to the public health; and support national, state, and local responses to those threats. This mission is consistent with the 2006 Pandemic All Hazards Preparedness Act (PAHPA), and 2007 Homeland Security Presidential Directive (HSPD-21), both of which call for regional and nationwide public health situational awareness, through an interoperable network of systems, built on existing state and local situational awareness capability.

Methods

With input and guidance from our local, state, and federal surveillance partners, the new Office of Surveillance, Epidemiology and Laboratory Services (OSELS/CDC) is redesigning the BioSense program. The goal of the redesign is a new BioSense that coordinates and links existing surveillance systems to enable rapid and enhanced interchange of information.

Results

BioSense retains its original purpose of early event (or threat) detection and characterization but will expand its utility for: (1) raising public health situation awareness, (2) improving routine public health practice, (3) improving health outcomes and public health, and (4) monitoring health care

quality. BioSense, as an all-hazards and timely electronic surveillance system, will provide a regional (that is, multistate) and national view of multiple health outcomes and syndromes. By integrating local and state-level data into a cohesive 'picture,' BioSense will improve its utility for state and local users.

The user requirements gathering process identified gaps in biosurveillance practices and systems that BioSense can directly address in the redesign, which will result in more effective and timely public health surveillance at the local, state, and national levels (Figure 1).

Conclusions

Activities for the BioSense program redesign process include: (1) an assessment of the business and work flow needs at the local, state, and federal levels; (2) creation and support of existing communities of practice, (3) update and realignment of the BioSense Strategic Plan to complement and



Figure 1 The BioSense Redesign Collaboration Site (https://sites.google.com/site/biosenseredesign).

strengthen existing surveillance systems and meet its enhanced and broadened mission; and (4) establishment of a governance structure that will allow public health stakeholders to drive the new direction for BioSense. The new charter and governance structure is supported by a joint steering committee (or the Technical Expert Panel) with a balanced representation of local and state stakeholders and CDC. Under this new governance structure, CDC and its partners will work collaboratively to resolve problems and establish design requirements as set forth by the public health community.

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Reference

1 Kass-Hout TA. BioSense Program: Going Forward. [Internet] *Eighth Annual International Society for Disease Surveillance (ISDS) Conference*, Miami, FL, USA, 2009. Available from: http://syndromic.org/conference/2009/presentations/plenaries/KassHout.pdf.

www.eht-journal.org page 2/2