

Council of State and Territorial Epidemiologists Position Statement

04-EC-04

Committee: Executive Committee

Title: Collaborative Planning for Development and Implementation of Bioterrorism-related Surveillance Systems for Public Health

Statement of the problem:

Currently, the national approach to enhancing surveillance for public health purposes to more rapidly and sensitively detect possible bioterrorism events lacks coordination between federal agencies with an interest in and state and local health departments with a mandate to improve on existing efforts. The result is a potpourri of federal and state surveillance initiatives that lack standardization, may be more costly than necessary, and may be implemented on a large scale without critical review as to whether they are achieving their goals. In addition, without a forum for review and discussion, some successful, low-cost state and locally-initiated systems that could be more widely used, may go unnoticed.

While state health departments are given some guidance and leeway to use federal funding to enhance and develop their own efforts, no focussed mechanism has been established for states to share ideas and experiences with each other and CDC to determine what has or has not worked, and what efforts are feasible and worth expanding. In addition, no mechanism has been established for collaborative planning between state and federal partners for new surveillance efforts. The result has been a sometimes "top-down," non-inclusive and uncritical approach to system design and implementation that does not acknowledge state and local realities and needs, and results in a lack of buy-in to the systems by public health responders. In addition, federal funding for these activities is being diverted from potentially more important state and local preparedness activities.

Public health preparedness requires a collaborative approach. Public health scientists at all levels who are current public health practitioners need to be involved in surveillance system design and implementation to assure that the best, most practical and cost-effective systems are designed, implemented and evaluated.

Statement of the desired action to be taken:

CSTE recommends that:

1. DHHS and CDC form a consultant bioterrorism surveillance initiative steering committee (BSISC) composed of representatives from federal agencies and from multiple state and local health departments responsible for identifying possible bioterrorism events and/or mounting the public health response to them. Representation on the BSISC would be determined by CSTE, NASPHV, ASTHO and NACCHO in consultation with CDC. The initial charge to the BSISC would be to review current federal surveillance initiatives affecting state and local health departments, such as Biowatch, Biosense and the USPS Biohazard Detection System; animal disease surveillance; and novel state-developed surveillance systems for syndromic illness, rash illness, specific organisms, etc, that are currently in use. Following review of these systems, the BSISC would recommend to CDC and DHHS surveillance priorities for funding for continuation, further development and/or implementation and evaluation using public health preparedness funding;
2. Federal bioterrorism surveillance efforts that necessitate state and local health department consequence management will be established or expanded only following input from this steering committee or a similar group with substantial state and local health department representation.

Public Health Impact:

The expected public health impact would be:

- a more transparent environment built on collaboration among organizations with public health and safety responsibilities;
- more efficient use of public funding for surveillance for bioterrorism events;
- more effective surveillance for possible bioterrorism events given available funding, with decreased morbidity and mortality from bioterrorism events.

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