

**Infectious Disease Informatics September 2006
Breakout Group 2**

Question: What are the biggest shortcomings in the current response?

Lack of surveillance systems. The few that exist are not tied together. They function independently. There is a need for more collaboration.

Funding sources do not typically come to CUPHD. The focus is not on smaller counties.

It is harder to detect outbreaks in rural areas.

State data is behind two to three years. This slows down community planning, makes it hard to integrate local, state and federal information. The large commitment of resources and planning required is very difficult with old data and lack of funding.

There is a problem integrating. Only four counties have filed an animal disaster plan.

Statistical modeling. Availability, quality and integration data lacking. Need major resources to integrate and evaluate. Like to see all of the data come in for evaluation and have a way to put value on the data.

Does the EMR help with syndromic surveillance data? Not yet. Some required reportable diseases come in 24 hours; others may not come to CUPHD. There are many gaps. Might not be aware of avian influenza until a diagnosis is made. PHD is not linked with vet med here in town.

Carle Foundation submits Patient Advisory Nurse data to CUPHD. Labs directly report data to county health departments. Even internally, communication makes it difficult to know what cases/diagnoses are within, for example, the entire CFH and CCA entity.

Can a translator be developed to have systems talk to each other? Big challenge--all of the hard work is being done with different databases. There are two solutions: leave as is and build an interface or rebuild the system. Canada has a centralized database that providers all enter data into and is accessible to researchers. Get agreement on standardization, like law enforcement has for entering criminal data.

Cautionary note from sociological perspective: data is entered on crimes that are easily solved but not those that are more difficult to solve, i.e. rapes. Does sampling work?

How do you sell, for example, that NCSA would be a good repository for this data given individual interests?

Integration would be nice, but will the Internet be reliable or shut down from overuse? The Internet was very useful in shutting down SARS--informal networks, not something

formal. This is a success story, done by a few people accidentally. What will continue to function?

Katrina shut down HP's marketing for two weeks. Do these models contain infrastructure that could be compromised?

After seeing the SARS situation, there is concern about the situation in this country. Other countries stopped cars, checked temps, etc. In the U.S. would people allow this? Are we resistant to this? Are there civil and individual rights issues?

Looking at social networks, the people less affected by quarantine would be the teenagers. They will all be on MySpace.

Can public health force you to take Tamiflu or be quarantined? Local HD does not have the authority to enforce quarantine. State has authority but it is unclear how they will impose it. State has said each county will be on their own, because influenza would be widespread not isolated like Katrina.

The models run have assumed that there will be some unified interventions. Is this perhaps not true?

Federal government has said that if there is a flu pandemic, local communities will be on their own. Federal government is not promising any help to locals.

Local HD is not empowered. CUPHD does not have the authority at the local level to impose quarantine. Local HD is asking for permission to implement and not wait for state.

Who can close schools? State? Local, if local disaster declared? Would schools close based on strong suggestion? Would there be a loss of state funding?

Tamiflu distribution. There is a local plan but is there enough? Local plans are based on federal guidelines, which are based on risk factors.

Is there a level of herd immunity for influenza? No one knows—only speculation. Waves based on ongoing mutations. Modeling comes into play when dealing with waves of infections.

What would you like in the future?

Can a translator be developed to have systems talk to each other?

Modeling should stay continually contacted with reality during an epidemic. There needs to be an electronic pipeline and it needs enough bandwidth to communicate during crisis.

There must be a method to identify susceptible individuals. Door to door? Distribution centers? Use GPS systems?