the Epi-X™ exchange a quarterly newsletter vol 3 SUMMER 2004

X-cellent Accomplishments for *Epi-X*

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Epi-X has made major progress in many areas. Let's focus on some of them here.

Increase in Postings

During January–June 2004, a total of 588 reports of all types were posted on *Epi-X*. In 2003, a total of 1,300 reports were posted on *Epi-X*, representing a 30% increase over the 1,000 reports posted in 2002. Similarly, 800 standard reports were posted in 2003, representing a 33% increase over the 600 reports posted in 2002. Of the 1,300 reports posted in 2003; approximately 800 (62%) were standard reports. State-based contributors to *Epi-X* are now posting a greater number of standard reports as a proportion of all categories of reports than ever before.

Variety of Public Health Areas Represented

Epi-X users now represent many more areas of public health than in the past. Since the beginning of 2003, *Epi-X* has added users from city and county health departments, the Food and Drug Administration, the Environmental Protection Agency, the Surgeon General's office, the U.S. Department of Agriculture, the Department of State, the Border Infectious Disease Surveillance (BIDS) Project, and other user groups.

Epi-X users now represent more areas of public health.

Increase in Users

From a tally of approximately 1,100 users at the beginning of 2003, *Epi-X* increased its numbers to approximately 2,000 users by the end of the year. That total continues to increase, and as of July 26, *Epi-X* users numbered approximately 2,600.

Improvements in the Secure Site

In October 2003, several improvements were introduced on the *Epi-X* site—the most anxiously awaited change was "targeting." This feature enables users to target messages and

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Epi-X Alert FAQs

Janet Fath, Ph.D.

The term "alert" has many meanings in public health and in other domains. In this column, we answer some of the frequently asked questions regarding *Epi-X* Alerts.

Q. What is an *Epi-X* Alert?

A. Alerts are reports of urgent events that require immediate attention or prompt action. When an Alert is posted, *Epi-X* users are immediately notified by telephone, pager, and e-mail.

Q. Does an Alert always notify all *Epi-X* users?

A. All *Epi-X* users will be notified for systemwide Alerts. *Epi-X* can, however, target Alerts to those users who most need to know and react to a given event. For instance, an Alert can be targeted to State Epidemiologists or to *Epi-X* users in the state of Nevada.

Q. How do I prepare for an Alert?

A. If you are an *Epi-X* user, you should take four steps to prepare for an Alert.

1. **Understand *Epi-X*'s role in your response to public health events.** *Epi-X* is an up-to-date and reliable source of information contributed by public health officials. You should determine how to use *Epi-X* for communications as part of your office emergency response plan.
2. **Install your digital certificate on all of your computers.** You can access *Epi-X* only if you have your digital certificate installed on your computer, but you can install your digital certificate on multiple computers. *Epi-X* Help Desk staff can provide instructions.

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State-Based Notification Proficiency Testing

Carlos Alonso

In January 2004, *Epi-X* launched a campaign to conduct notification proficiency testing in all 50 states. The purpose of this testing is to

- assist states in establishing goals against which to measure notification success,
- prepare *Epi-X* users to receive and respond to public health emergencies, and
- improve the processes and technology that support *Epi-X* notifications.

Procedure

For each state, the notification proficiency testing process involves the following steps:

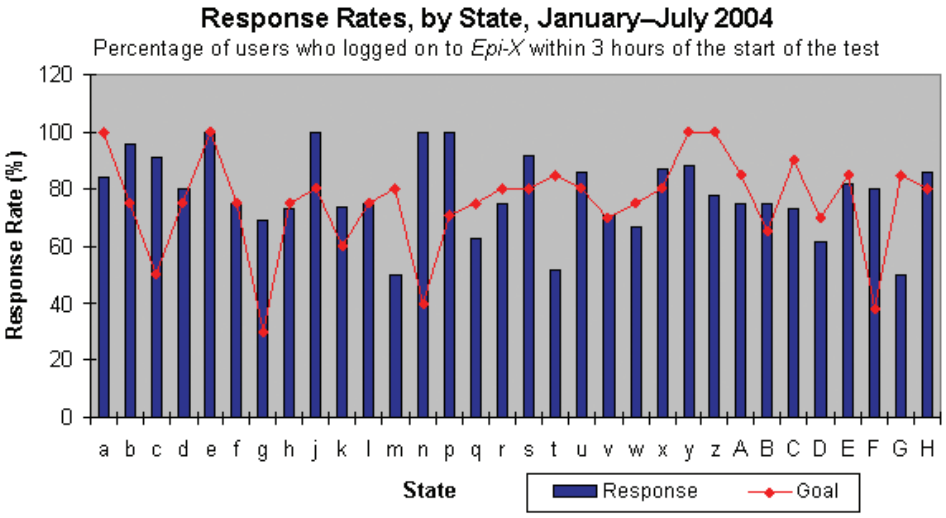
1. Recruiting a facilitator from the state.
2. Establishing goals (e.g., the number of users from the state who respond by logging on to the Web site within 3 hours of the test alert) and discussing testing procedures.
3. Addressing user issues (e.g., access to the Web site or public health role assignment in *Epi-X*).
4. Distributing training information to test participants.
5. Conducting the test by posting a targeted alert.
6. Creating a report card.
7. Debriefing a locally appointed test facilitator.

User Performance

- By July 31, a total of 32 notification proficiency tests had been conducted.
- 495 (54%) of the possible 924 *Epi-X* users participated.
- 18 (58%) of 32 states met or exceeded their response goals.
- 75% of participants successfully logged on to *Epi-X* within 3 hours of the start of the test.
- Users updated their profiles with correct off-hours, mobile, and work telephone numbers.
- New users were added to *Epi-X*, and users who are no longer eligible for access were removed.

System Performance

- E-mail, alpha pager messages were sent immediately after posting the test alert.
- Telephone calls and numeric pager messages were sent in <6 minutes.



Conclusions

As a result of state-based notification proficiency testing, improvements to the notification process, technology, and policies continue to be identified. Examples of suggested improvements are to

- conduct unannounced notification proficiency tests and
- furnish e-mail reminders prompting users to update their profiles and renew their digital certificates.

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Exchanges with the *Epi-X* Community

Jonathan Lynch, *Epi-X* Editor

Joseph Malone, M.D., is the Director for the Department of Defense Global Emerging Infections System.

Q. Can you briefly summarize your overall experience with *Epi-X*?

A. My experience with *Epi-X* began when I was an E.I.S. officer when I was in the state branch in 2001. I was assigned to the state of Missouri, and then later I was acting state epidemiologist in the early part of 2003, and then continuing on in my current role as a public health official working with the Department of Defense. My experience has been uniformly positive, both as a means of acquiring information and as a means of sharing information.

Q. How often do you use *Epi-X*?

A. I get the e-mail notifications of update whenever they come out, which is typically daily or close to that, and I check those headlines (at least) immediately. I would say I log on to *Epi-X* at least 3 times a week or more than that.

Q. Why do you use *Epi-X*?

A. I use it to stay current professionally, along with many other federal, state, and local public health professionals, particularly for those confidential issues that are not yet in the media or are not public knowledge. The information that I am most interested in is information of an official nature coming from CDC and other states and particularly investigations that are preliminary and that may involve reliable sensitive information.

Q. Have you recommended *Epi-X* to others?

A. I have recommended it to those people who have an official duty that gives them the privilege and responsibility to have access to confidential information; these individuals are expected to take the appropriate public health action based upon this information. It is also a way of sharing official contact information.

Q. What is the best thing about *Epi-X*?

A. The best thing is the fact that it is confidential and that you can share preliminary reliable information efficiently without it showing up in the newspaper or a magazine article. So, essentially it is a way of making sure that the audience remains a professional venue and that the people with the need to know information have been notified in a standard manner. Other means of notification may be open for misinterpretation from people with a lack of expertise.

> "My **experience** has been **uniformly positive. . .**"

Q. How do you think we could improve *Epi-X*?

A. It would be helpful if customizable *Epi-X* software could be used as an internal intranet to share information within a state or local government or within another official agency that could easily import or export information in the standard *Epi-X* format. This would allow the state epidemiologist to use discretion as to how to share information with a broader (national) or more regional (intrastate) audience. There are many examples of public health problems as truly limited to a small area of a state, and these local medical problems would be of little interest to CDC or the other states; also there are national issues of interest to state epidemiologists that might not need to be shared with every public health official within the state. Excessive dissemination of information may create confidentiality issues and may waste people's time.

Thank you, Dr. Malone, for speaking with us and sharing your opinions. Although Epi-X *does not have software available for regional* Epi-X*-like systems, some jurisdictions have created their own networks similar to* Epi-X. *Florida's EpiCom is a good example. We are happy to share expertise and experience with any state or regional jurisdiction wishing to use our model.-JL*

Did You Know?

The dates below mark milestones in medicine and public health. What's your medicine and public health I.Q?

1280 – Eyeglasses are invented in Venice.

1300 – Urine examination as a means of diagnosis is first used in medicine.

1304 – A cold wave hits Europe, and the need to heat homes prompts the invention of the chimney.

1340 – Travelers on the road to China during the Mongol Empire return home with ratborne ticks and fleas that bring the "Black Death" to Europe, which kills an estimated third of the population.

1348 – According to doctors at the University of Paris, the plague is caused by "a triple conjunction of Saturn, Jupiter, and Mars in the 40th degree of Aquarius, causing the earth to exhale poisonous vapors."

1375 – The first authorized public dissection of the human body takes place in Montpellier, France. Until then, dissections of humans were considered cruel, immoral, and sacrilegious.

Accomplishments [cont. from pg. 1]

notifications to a selected segment of *Epi-X* users. This major improvement required months of analysis and testing by *Epi-X* staff.

Launch of Notification Proficiency Testing

State-by-state notification proficiency testing is under way to ensure that all key public health officials nationwide can be alerted in the event of a critical public health event. Local facilitators representing the 32 states that have participated thus far expressed many favorable comments about the testing process and believe that the protocols have helped them improve their own state-based notification systems as well. All 50 states should complete testing by November of this year.

As users have become more familiar using *Epi-X* and posting reports, the number of reports and the amount of information contained in these reports has increased substantially. As *Epi-X* continues to gain popularity and improve functionality, input received from our users—readers and contributors—will become even more valuable and important. I look forward to hearing your suggestions and feedback.

Epi-X Alert FAQs [cont. from pg. 1]

3. **Provide complete and accurate contact information in your user profile.** In an emergency, *Epi-X* will attempt to contact you by work telephone, pager, cell phone, home telephone, and e-mail. *Epi-X* can contact you quickly if you provide as many points of contact as possible and enter only direct telephone lines (i.e., no answering services, central answering machines, or general office telephone lines).
4. **Interact with the notification system.** In the event of a notification, you should receive telephone, pager, and home and work e-mail messages. Telephone messages will instruct you to log on to *Epi-X*. Alpha pager and e-mail messages will provide a brief description of the Alert.

Q. How do I respond to an Alert?

A. In the event of an Alert, you should log on to *Epi-X* as soon as possible. If you cannot access *Epi-X*, you can obtain a brief description of the event through your work and home e-mail accounts. As a pubic health event evolves, you should log on to *Epi-X* at https://epix.cdc.gov to read and comment on newly posted reports. If you have posted reports on *Epi-X*, update the reports with current information.

Q. How can I practice for an Alert?

A. In January, *Epi-X* launched a program of notification proficiency testing. By participating in the tests, *Epi-X* users set performance goals, follow the four steps to prepare for an Alert, and participate in a practice Alert. The result of the test is a report card that shows how close participants came to meeting their goals and what improvements can be made. As of July 31, a total of 32 states have participated in proficiency testing. If you have not yet been tested, look for an invitation to participate during the next few months.

Contact *Epi-X*

For assistance with access to and registration on the *Epi-X* site
Epi-X Help Desk Phone
(404) 498-6050 or (877) GET-EPIX
Epi-X Help Desk e-mail
epixhelp@cdc.gov

For help with preparing and posting a report
Jean Michaels Jones
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