

## **Advisory Committee to the Director Record of the Conference Call March 4, 2009**

The Centers for Disease Control and Prevention held a conference call of the Advisory Committee to the Director on March 4, 2009, to receive and discuss the report and recommendations of its National Biosurveillance Advisory Subcommittee Dr. Eduardo Sanchez, Advisory Committee to the Director Chair, called the roll. The following attendance included the required quorum of 13 members:

Nick Baird	Mary Kelly	Brad Perkins
Vivian Berryhill	Debra Lappin	Eduardo Sanchez
Nisha Botchway	Jonathan Lord	Jon Seffrin
Larry Brilliant	Kenneth Mandl	Daniel Sosin
Suzanne Delbanco	Tom Nelson	Cass Wheeler
Linda Dillman	Priscilla Patin	
Gayle Hickman		

Dr. Sanchez related the apologies of Acting CDC Director Richard Besser and Acting Chief of Staff, Joseph Henderson, who were in Washington, D.C., discussing the DHHS component of the stimulus package. They had conveyed to him a real sense of interagency collaboration/partnership across DHHS agencies and their great appreciation of the CDC staff's support to their acting duties.

### **Background**

Dr. Dan Sosin, CDC's Coordinating Office for Terrorism Preparedness and Response, summarized the Advisory Committee to the Director's creation of a National Biosurveillance Advisory Subcommittee in May 2008. The formation of the National Biosurveillance Advisory Subcommittee was based on the Presidential Directive 21 (October 2007) which called for the creation of a national epidemiology surveillance system with representation by state/local governments, public health authorities and relevant private sector entities, to ensure the federal government's national surveillance capabilities goal.

During the meeting of this subcommittee on August 11, 2008, its members formed several task forces to scope biosurveillance content areas and develop recommendations. The task forces' ~33 members reported back on December 15th with recommendations. On the basis of those recommendations, on January 9, 2009, the National Biosurveillance Advisory Subcommittee's Steering Committee selected five cross-cutting themes and developed recommendations for an interim report, which was presented to the full subcommittee on January 30. The full subcommittee supported those five priority areas, and on February 18, the steering committee finalized the interim report with recommendations, as presented to the Advisory Committee to the Director during this call.

### **NBAS Presentation**

National Biosurveillance Advisory Subcommittee Chair Dr. Larry Brilliant noted the subcommittee's four-year term, but initial haste in action, given that a new administration would need its guidance in only six months. To develop responsive recommendations on the critical issues to developing a biosurveillance capability, many task forces met weekly. The task forces, their chairs and members, and their areas focus were outlined. Other than scenario planning performed with assistance from an external consulting group, all work was done by the volunteer



members. The National Biosurveillance Advisory Subcommittee and its task forces will continue and report on a more routine cycle.

The National Biosurveillance Advisory Subcommittee reached agreement for the following categories.

- 1. Organization:** The strategic goals and priorities of all federal investments in biosurveillance should be defined by the Executive Branch, rather than by each agency independently, to ensure that no important aspect is missed. **Recommendation:** The Executive Branch must define the strategic goals and priorities of federal investments in biosurveillance activities and technologies, and implement a plan to achieve, fund and periodically assess progress towards these goals. To accomplish this task, the White House should establish an interagency biosurveillance coordination committee (“the committee”).
  - The White House should establish this committee and a representative from the Executive Office of the President—perhaps from the National Security Council or the Office of Science and Technology—should chair it. This committee should include representatives from all federal agencies with a substantive stake in biosurveillance issues, including the Health and Human Services/Assistant Secretary for Preparedness and Response, National Institute for Allergies and Infectious Diseases, CDC, Food and Drug Agency, Department of Homeland Security, U.S. Department of Agriculture, Department of Defense, and Office of the Director of National Intelligence.
  - The committee should define the strategic goals and priorities of the national biosurveillance enterprise, particularly in the context of detecting and responding to catastrophic health events, and, in collaboration with federal, state, and local health officials, clearly delineate the specific biosurveillance responsibilities of particular federal and state agencies or parties.
  - The committee should consider the critical roles that state and local health agencies serve in contributing to the national biosurveillance enterprise and assess whether the current federal and state allocation of public health resources is adequate to sustain a viable enterprise view of the national security threats the country confronts and how a more sustainable and coherent approach might be structured and funded.
  - The committee should ensure that federally funded biosurveillance programs are subject to objective performance assessments. The effectiveness of different biosurveillance approaches should be examined in light of actual experiences, exercises, and simulations. This information should be shared widely in government and the private sector.
  - To assess the costs, approaches, and effectiveness of biosurveillance systems, the biosurveillance program itself must be well defined with clear criteria to evaluate core activities to achieving the program strategy, goals, and objectives. To that end, the committee should recommend that Congress assign a budget activity line for all federally appropriated biosurveillance activities. Performance measurement and evaluation of biosurveillance appropriations could then be tracked and reported to Office of Management and Budget. The committee should recommend that Office of Management and Budget conduct a cross-agency budget analysis and review of biosurveillance programs to ensure that critical programs are adequately funded, to eliminate redundant activities, and to ensure that top priorities are being met.
  - The committee should consider initiating or leading an interagency review of food safety biosurveillance that engages the appropriate agencies and private sector actors. Food safety is exceedingly complex scientifically, organizationally, and politically and involves issues of human, animal, and plant health. The subcommittee recognizes that food safety requires urgent review and improvement.
  - The National Biosurveillance Advisory Subcommittee is happy to serve the proposed interagency biosurveillance coordination committee in any way possible.



- 2. Global Threats:** With the United States now a signatory to the International Health Regulations of 2005, new reporting obligations are in place. The U.S. national biosurveillance system/enterprise (yet to be named) must encompass and enable detection of all global health threats that would pertain to biosurveillance. **Recommendation:** The U.S. national biosurveillance enterprise must encompass and enable detection and awareness of global health threats
- In today's "flat" and richly interconnected world, the United States has compelling security, economic, development and humanitarian interests in global health security. Improving international biosurveillance capabilities should be a priority for U.S. national and homeland security and for U.S. foreign policy. Moreover, the revised International Health Regulations obligates the United States to participate in global disease surveillance activities.
  - The Executive Office of the President representative to the interagency biosurveillance coordination committee should lead coordination of U.S. government policy on global biosurveillance, along with a lead federal agency designated by the President. The designated lead agency would coordinate global biosurveillance policy and programs, and should improve communication across U.S. federal agencies and key donor organizations.
  - The Executive Office of the President representative to the interagency biosurveillance coordination committee along with the lead agency on global health should craft, coordinate and implement bilateral and support multilateral initiatives that strengthen core capacities in global biosurveillance and response to public health emergencies in order to support the effective and sustainable implementation of the International Health Regulations of 2005.
- 3. Workforce:** The workforce of the 20th century is not equipped to deal with the health challenges of the 21st century. **Recommendation:** The federal government must make a sustained commitment towards ensuring adequate funding to hire and retain highly competent personnel to run biosurveillance programs at all levels of government.
- Federal public health preparedness funding allocated to state and local health departments and schools of public health beginning in 2002 has greatly enhanced biosurveillance capacity for both emergencies and for important nonemergency public health conditions. A trained corps of epidemiologists and laboratory personnel has been created that is our current biosurveillance capacity. It is critical to maintain rather than allow further erosion of the public health preparedness funding that supports this added capacity since 2002 until the objectives and funding needs of a more integrated national biosurveillance enterprise have been defined.
  - National leadership should undertake a sustained effort to recruit, hire, and retain highly competent and properly trained personnel to plan, evaluate, design, and execute biosurveillance programs at all levels of government. Consideration should be given to establishing tuition-for-service programs and to attracting technical experts to government with intergovernmental personnel assignments and other mechanisms.
  - To improve interagency cooperation and data sharing, and to enrich civil servants' understanding of the resources available across the government, agencies that are a part of the National Biosurveillance Information System (NBIS) should establish career tracks that ensure that appropriately skilled and senior civil servants perform interagency service and participation in NBIS. Individuals who rotate through the NBIS should see the assignment as a growth opportunity rather than as a diversion from their career path.
- 4. Electronic Records:** The current interest in electronic records provides an opportunity to aid better communication between clinical medicine and public health. With funds from the American Recovery and Reinvestment Act of 2009 to develop a national electronic record



system/nationwide health information technology, we need to consider what “hooks,” transparent and expandable, could provide aggregate information to a national biosurveillance system. The National Biosurveillance Advisory Subcommittee was advised by leading surveillance experts that, if electronic clinical medical records and political records systems are built without up-front consideration of how they can link to a national biosurveillance system, a retrofit will be almost impossible. **Recommendation:** Government investments in electronic health records and electronic laboratory data should be leveraged to better serve biosurveillance and public health missions.

- The President has initiated an intense effort to establish electronic health records nationwide as a key component of health reform and of economic recovery investments. The American Recovery and Reinvestment Act (H.R. 1) of 2009 has allocated \$2 billion for developing a nationwide health information technology infrastructure that not only improves health care quality and efficiency, but also “improves public health activities and facilitates the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks.” Priorities for state grants under this section should include establishing electronic laboratory reporting to public health agencies and nationwide electronic death surveillance. Establishing these surveillance capacities would greatly improve situational awareness during large-scale public health emergencies and routine public health practice.
- The act also provides for an estimated \$29 Billion in Medicare and Medicaid incentives to providers who demonstrate “meaningful use” of qualified e systems. Clinical care data provide the highest quality, most specific inputs for biosurveillance of populations, but most commercial electronic health records are not oriented towards data sharing between public health agencies and clinical care providers. The criteria for qualifying electronic health records and meaningful use should include functionality and use that improves prevention and enables communication between clinicians and public health officials.
- Widespread use of increasingly electronic clinical data for public purposes (whether in research, quality measurement, or biosurveillance) will require a policy foundation and sound network architecture for information sharing that can earn and keep the public’s trust. This framework would also help to better define and facilitate data sharing between federal, state, and local officials. The federal government must lead an open and transparent process to develop these policies, or endorse an existing set of principles such as the Connecting for Health Common Framework.

**5. Innovations—New Methods—New Technologies:** There are new databases, technologies in genomic epidemiology and computer sciences. Our children know more about the use of social networks than do we adults. **Recommendation:** The federal government must make strategic investments in new technologies to strengthen U.S. biosurveillance capabilities.

- The national biosurveillance enterprise should support and encourage innovative ideas, technologies, and applications. Next generation biosurveillance technologies, including genomics-based and digital innovations could transform the way we recognize, assess, communicate, and respond to risks to individual and population health.
- Innovation in biosurveillance technologies and approaches would be furthered by continuous benchmarking of performance against specific objectives such as earliest possible detection of pathogen or disease events; rapid agent-identification with potential to obtain forensic data; prediction and projections of temporal-spatial progression of disease outbreaks and bioterror attacks, etc.
- Many issues related to data sharing, intellectual property, and federal contracting and regulatory issues have high impact on the likelihood, cost, and ease of designing innovative technology



platforms and approaches to biosurveillance. The committee should be cognizant of potential barriers to innovation and suggest efforts to minimize or remove them.

- The federal government should make strategic investments to develop rapid, point-of-care clinical diagnostic tests that can be used to quickly identify ill-persons and to help isolate contagious persons from those who are well. Clinical diagnostic tests could have important strategic value in managing an epidemic, particularly if there were shortages of vital medicines or supplies.

Dr. Brilliant asked the Advisory Committee to the Director to receive this report and its five recommendations, and to approve its forwarding to the acting CDC Director for appropriate attention at the federal level.

### **Discussion and Motion**

Dr. Brilliant and the National Biosurveillance Advisory Subcommittee were thanked for their excellent work and report.

- Dr. Sanchez offered a few friendly edits: 1) where the report discusses the five areas of focus, include the development of new technologies in the initial list; 2) the paragraph with “the recommendations that follow are results of intense study ...” concludes with “revealed opportunities ... in five major categories,” but only lists four; 3) make the reference consistent to the “interagency committee” or “the committee.”
- Dr. Botchway asked if the National Biosurveillance Advisory Subcommittee wanted to stress organization as the top priority recommendation. Dr. Brilliant reported the committee’s decision to against that, to avoid drawing attention from the other recommendations.

Dr. Lord moved to accept the report with the minor corrections included, and to forward it to the CDC director, asking that CDC and DHHS formally communicate the National Biosurveillance Advisory Subcommittee’s findings and recommendations to the appropriate federal levels and policy makers. Dr. Seffrin seconded the motion. With all in favor and no abstentions, the vote passed unanimously.

### **Public Comment and Adjournment**

Public comment was solicited, and none was forthcoming.

Ms. Berryhill moved to adjourn the meeting. The motion was seconded and unanimously approved. Dr. Sanchez particularly thanked Ms. Gayle Hickman for her work to facilitate the call and thanked the Advisory Committee to the Director members for their attendance.

### **Next Meeting**

The Advisory Committee to the Director members agreed to cancel the March 18th conference call and reschedule the discussion of Ethics Subcommittee issues and the CDC budget structure and process for the April 30 meeting. In addition, an organizational review under way at CDC, an update of recent CDC activities, and the ongoing work in the stimulus package will be discussed. Dr. Perkins will share information from the Ethics Subcommittee’s last meeting with the Advisory Committee to the Director, as a pre-read in advance of the next meeting. Discussion of the social determinants of health and a resulting Advisory Committee to the Director vote were anticipated.



