

NSSP UPDATE



JuO\2018

People

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COMMUNITY OF PRACTICE UPDATES

Trending Topics

Looking for help reviewing and validating a syndrome? Join the monthly [Syndrome Definition Committee](#) calls on the first Wednesday of the month at 1:00 PM ET—or, post your questions on the forums. View the discussion on an [Enterovirus A71 Syndrome Definition](#) being developed by the Tri-County Health Department. Come join our conversations!

Stay connected—To receive notifications when new topics, posts, and threads are added to the forums, enroll for *Instant Updates* or the *Weekly Forum Digests*. You can find enrollment information on the NEW [Forums and Blogs Frequently Asked Questions page](#).

You may also enroll for the emailed weekly group newsletter for any group to which you belong. Group newsletters are automatically sent to your inbox on Monday morning and include updates on recent activities (such as forum posts and group news items) and information about upcoming calls. Enrollment instructions are on the [Group and Connections Frequently Asked Questions page](#).

Workgroup and Committee Updates

To learn about CoP chapters, committees, and workgroups, check out the groups [here](#). Registration is required to log in.

- **[Syndrome Definition Committee](#)**—The Syndrome Definition Committee (SDC) has released the [Suicide-related V1 syndrome definition](#). The query is available as a Chief Complaint/Discharge Diagnosis (CC/DD) category in NSSP–ESSENCE and [Syndrome Definition Library](#). The project started as a way to involve the community in creating and validating a new syndrome definition and resulted in a new CC/DD category. The SDC Committee welcomes feedback on this new syndrome and asks that you please post feedback on the dedicated SDC forums. Next steps involve documenting this CC/DD category creation process so that it can be repeated for future syndromes and other subjects.

The Syndrome Definition Library reviewers are getting bored! Any and all syndromes are welcome in the Knowledge Repository. There's no better way to refine a syndrome and get feedback. [Submit your syndrome here](#). (You must be signed in to submit a syndrome.)

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- **Message Guide Workgroup**—The HL7 Ballot of the *Implementation Guide for Syndromic Surveillance*, Release 1, closed May 7, 2018. More than 220 comments were received on the guide. The Message Guide Workgroup meets weekly on Tuesday at 2:00 PM ET to review, discuss, and improve the guide.

If you want to join the Message Guide Workgroup, please visit the [Message Guide Workgroup page](#) to get access to the working documents and call-in information.

Implementation Guide Development Schedule	
Time Frame	Activity
2015	Version 2.0 Final RELEASE*
2016	Erratum and Clarification Documents Released for Version 2.0
2017 Summer	Version 2.2 Working Draft Released for Community Comment and Consensus
2017 Winter	Version 2.3 to be Released for Review and Community Comment
2018 March	Version .09
2018 Spring	HL7 Balloting; Guide Balloted is Implementation Guide for Syndromic Surveillance Release 1.0 Standard for Trial Use (STU) HL7 Version 2.5.1 **
2018 Fall	Anticipated Completion of HL7 Balloting and Release of <i>HL7 2.5.1 Implementation Guide for Syndromic Surveillance for Trial Use Version 1</i>

* Version 2.0 is currently being used; subsequent versions are working drafts only.

** Added April 2, 2018.

NSSP Community of Practice Call

Please join the monthly NSSP Community of Practice (CoP) Call. This call is powered by community members who are willing to share guidance, resources, and technical assistance. The NSSP CoP Call includes an open forum for discussion and questions.

The next call will be held **July 17, 2018, 3:00–4:30 PM ET**. Two topics will be discussed: “All Traffic-related Syndromes and Surveillance” and “Syndromic Surveillance (SyS) for Outbreak Surveillance and Support.” Click [here](#) to register for the entire call series.

To access [slides](#) and [recordings](#) from previous calls, visit the [NSSP Community of Practice Group Page](#).



CMS Changes Program Name

The Centers for Medicare & Medicaid Services (CMS) changed the name of the Electronic Health Records (EHR) Incentive Programs to Promoting Interoperability (PI) Programs. This name change better reflects the program’s intent and dedication to improving interoperability and patients’ access to health information. CMS plans to streamline program content, and details are forthcoming. For more information, visit the [CMS website](#).

Integration of NSSP with Other CDC Cooperative Agreement Activities

NSSP's cooperative agreement CDC-RFA-OE15-1502 will end on August 31, 2019. Beginning August 1, 2019, NSSP cooperative agreement activities will be integrated into the Health Information Systems Capacity component of CDC's Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement.



Currently, NSSP's cooperative agreement funds 31 sites, including 3 counties. ELC funds 64 public health jurisdictions, 50 states plus the District of Columbia, the 5 largest U.S. cities, and 8 territories and Pacific Island public health jurisdictions. Both the NSSP and ELC provide funding and guidance to state and local partners to increase their timely reporting and response to public health threats.

After an extensive planning and decision-making process, it was determined that the integration of syndromic surveillance activities into the ELC cooperative agreement will best serve the needs of programs and partners. Aligning the two cooperative agreements, specifically incorporating NSSP activities within the ELC's Health Information Systems Capacity, helps meet the shared overarching goals of advancing electronic data exchange and sustaining health information systems to inform public health decision making.

NSSP has begun to work with the ELC program to develop the syndromic surveillance component of the 2019 ELC Health Information Systems funding opportunity announcement. A conference call will be scheduled to provide additional information. The NSSP project officers will provide details when available.

CDC Releases Supplemental Guidance for the 2018 Opioid Overdose Crisis Response on Grants.gov

CDC has received an increase in appropriations under the Fiscal Year 2018 Consolidated Appropriation Act and Accompanying Report to address the opioid overdose epidemic and scale-up prevention activities across the United States. CDC will activate the Cooperative Agreement for Emergency Response: Public Health Crisis Response to award funds to those affected by the opioid overdose epidemic. Supplemental guidance related to funding associated with this cooperative agreement has been posted online and is now available at <https://www.grants.gov/web/grants/view-opportunity.html?oppld=297939>. After navigating to the webpage, select the "Related Documents" tab, then scroll down to file description: Opioid Supplemental Guidance TP18-1802 Opioid Supplemental Guidance.pdf.

CDC will use the Research Electronic Data Capture (REDCap) system to manage the cooperative agreement, workflow, and reporting for this project. If you have questions about the guidance or reporting process, please contact OpioidCrisisNOFO@cdc.gov. REDCap questions may be submitted to DSLRCrisisCoAg@cdc.gov.

UPCOMING EVENTS

July 7	Finish upgrading of servers
July 17	Scheduled vendor patches in staging environment: 6:00–10:00 AM ET
July 17	NSSP Community of Practice Call: 3:00–4:30 PM ET. Topics: “All Traffic-related Syndromes and Surveillance” and “Syndromic Surveillance (SyS) for Outbreak Surveillance and Support.” Click here to register for call series.
July 20	Scheduled vendor patches in production environment: 6:00–10:00 AM ET
August	Finish testing of Master Facility Table (MFT); deploy self-service MFT
August 20–23	Public Health Informatics (PHI) Conference ; Connecting Systems & People to Improve Population Health
January 29– February 1, 2019	17th Annual International Society for Disease Surveillance Conference : Harnessing Data Science to Improve Population Health and Public Health Surveillance; San Diego, California

Note. To access Community of Practice resources, sign in to your healthsurveillance.org account. To create an account, click [here](#).

LAST MONTH'S TECHNICAL ASSISTANCE

June 6	Data Validation Support Call
June 8	Began NSSP Testing of Master Facility Table (MFT) Self-service Module (testing will continue through August)
June 19	Scheduled vendor patches in staging environment
June 21	Scheduled vendor patches in production environment

SPOTLIGHT ON SYNDROMIC SURVEILLANCE PRACTICE

This evaluation compares a current heat syndrome case definition with one that contains inclusion and exclusion keywords. The improved accuracy in heat-related illness surveillance makes this an appealing approach for other states to consider.

[Evaluation of the Components of the North Carolina Syndromic Surveillance System Heat Syndrome Case Definition](#)¹



Extreme outdoor heat is associated with more illness and death than other weather-related exposures.¹ By modifying individual behavior and encouraging communities to make certain changes, many adverse outcomes associated with extreme heat can be prevented. Public health officials use syndromic surveillance to monitor heat trends in near real time so that they can adjust health messaging and activate interventions (such as cooling centers). They also use retrospective data to plan for the future use of healthcare services during extreme heat and to identify subpopulations at greatest risk (e.g., adults aged 65+, infants and children, and people with chronic medical conditions²).

To improve heat-related surveillance in North Carolina, the authors evaluated the state's heat syndrome case definition. North Carolina uses its own syndromic surveillance system, the North Carolina Disease Event Tracking and Epidemiologic Collection Tool, or "NC DETECT," which captures >99% of emergency department visits among affiliated civilian hospitals.¹ They examined the keywords being pulled from chief complaints and triage notes and from heat-related ICD-9-CM codes. Then they added heat-related inclusion and exclusion keywords, calculated positive predictive value and sensitivity, and looked for true positives and false positives.

The addition of inclusion and exclusion criteria improved the system's accuracy substantially. Readers will benefit from the flowcharts that show how cases were identified and validated. After reading the methods and detailed results, readers will appreciate this breakdown of each component of a heat syndrome case definition. This process for refining a syndrome case definition is worth replicating.

¹ Harduar-Morano L, Waller AE. Evaluation of the Components of the North Carolina Syndromic Surveillance System Heat Syndrome Case Definition. *Public Health Reports* [Internet]. 2017 July/August [cited 2018 May 14];132(1 Suppl):40S–47S. Available from: <http://journals.sagepub.com/doi/full/10.1177/0033354917710946>

² CDC. Natural Disasters and Severe Weather: Extreme Heat [online]. 2018. [cited 2018 May 31]. Available from <https://www.cdc.gov/disasters/extremeheat/index.html>

The NSSP Community of Practice encourages its members to share best practices and queries. The Community of Practice Knowledge Repository contains queries for both heat- and cold-related temperatures. The repository includes CSTE's [query for heat-related illness](#) and describes its development in an accompanying [guidance document](#).

CDC Links:

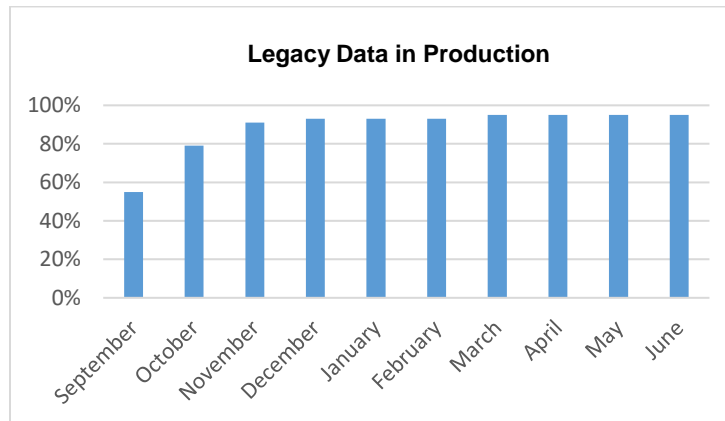
[Resources for Health Professionals](#): Links to partner sites, articles and information on climate change and extreme heat, and exposure to extreme heat in the workplace.

[Share Our Tips!](#) Social media resources to help communities stay safe and healthy in hot weather. Resources include podcasts, public service announcements, videos, and social media graphics.

UPDATES

NSSP Progress Toward Transitioning Legacy Data

NSSP has converted legacy data into the production environment for 95% of the 43 sites that requested legacy migration.



Of the 43 total legacy sites, 41 have data available in production ESSENCE. Of the remaining sites, two are under site review in the staging environment.

Thank you for your continued patience throughout the legacy transition. If you have questions, please contact the [NSSP Service Desk](#).

NSSP Prepares for Pilot Program

NSSP team members and representatives from the Department of Defense (DoD) are discussing the scope of a proposed pilot in which data will be shared between DoD and civilian analysts in Virginia. The pilot is planned for late summer.

Technology Update

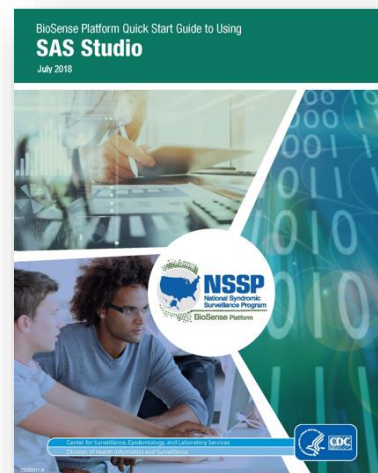
Server Upgrades—In mid-June we began updating the servers. Upgrades were completed by July 7, 2018.

MFT Acceptability Testing—We continue to work on the AMC Master Facility Table (MFT). We are aiming for a version that can be tested for compliance with CDC business requirements while performing essential onboarding tasks. The MFT is one of several modules that site administrators will be able to use via a tab on the Access & Management Center home page. NSSP plans to deliver the first release of the MFT module by late summer. This automated version of the MFT will streamline the onboarding process by letting site administrators enter new facilities themselves, update facility information, and change facility status to reflect production readiness.

RStudio Server Upgrade—We upgraded the RStudio server from 60 to 475 gigabytes of RAM, making considerably more memory available to users.

July

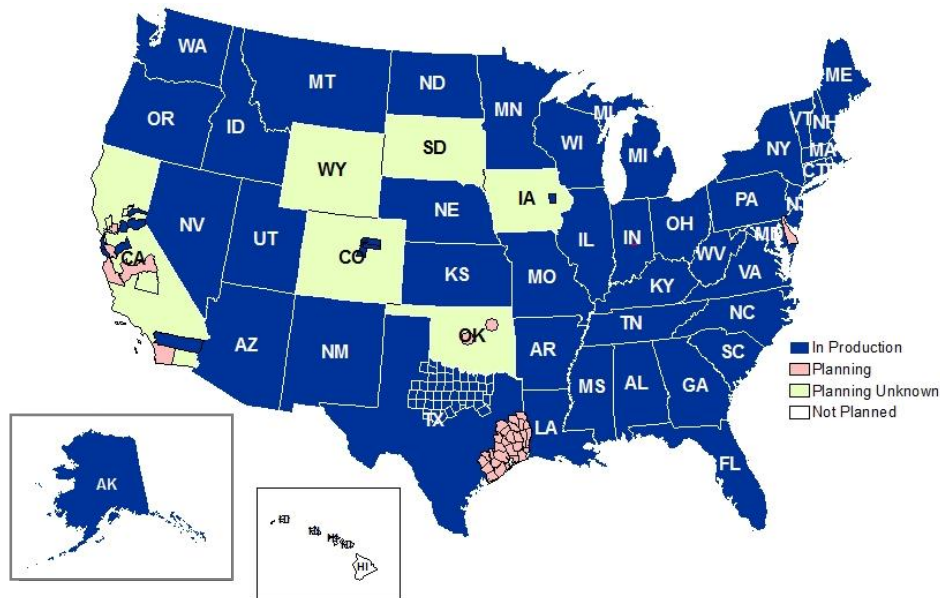
New to NSSP
Resource Center



BioSense Platform Quick Start Guide to Using SAS Studio—SAS Studio is a customizable, Web browser-based interface for advanced analytics and visualization of complex data. SAS Studio is one of an array of user-preferred software tools available on the BioSense Platform. (Available late July 2018.)

NSSP PARTICIPATION

The NSSP is refining its definition of participation. Meanwhile, current estimates show that NSSP receives data from more than 4,000 facilities. Of these, about 2,567 are emergency departments (EDs) that actively submit data, which means that about 60% of all ED visits in the country are being represented (based on American Hospital Association data). At least 55 sites in 45 states, including the District of Columbia, participate in NSSP. Although NSSP is pleased with participation to date, sites with data in production do not always translate into sites with broad ED coverage.



Definitions: NSSP consolidates facilities that provide data under a single data administrative authority called a **site administrator**. These facilities and single-site administrator constitute a **site**.

ONBOARDING UPDATES

Data Validation Support

JULY 2018 MEETING CANCELLED

Conference calls are held the first Wednesday of each month, 3:00–4:00 PM ET, to assist with data validation compliance. For more information, contact the [NSSP Service Desk](#).