As this report highlights, our efforts over the last few years to improve public health surveillance have, indeed, moved us forward. We’ve made progress within a focused, but limited, scope. We’ve also learned some important lessons that will inform our next steps.

**Public health surveillance is always evolving.**
Just in the past 2 decades, we’ve witnessed public health’s evolution from monitoring infectious diseases to tracking the occurrence of many noninfectious conditions, such as injuries, birth defects, chronic conditions, mental illness, illicit drug use, and environmental and occupational exposures to health risks. With this widened surveillance lens, we must be open to new data sources and methods and preserve the essential systems in place.

**Public health surveillance requires connectivity.**
It may take time, but the sum of our efforts are greater than the parts. We must connect data locally, nationally, and globally. We must do things electronically and automated whenever we can. We must also find enterprise-wide solutions at CDC that promote efficiency and reduce reporting burden on partners.

**Public health surveillance relies on continual improvement.**
As the topics of surveillance have evolved, so have the methods of surveillance, spurred by rapid advances in information technology. Given the proliferation of data systems, new tools and technologies, and new workforce needs, we must be open to a new way of doing business.

Our biggest lesson is that the work is not done. We have an obligation to keep our nation safe, healthy, and secure. We must therefore continue our efforts—and commit to doing much more—to improve what we can, where we can, on a continual basis. We can’t afford not to.

> *In public health, we can’t do anything without surveillance.*
> *That’s where public health begins.*

— David Satcher, MD, PhD
Director, CDC, 1993–1998