Public Health 101 Series



Introduction to Public Health Surveillance

> Instructor name Title Organization

Note: This slide set is in the public domain and may be customized as needed by the user for informational or educational purposes. Permission from the Centers for Disease Control and Prevention is not required, but citation of the source is appreciated.

Center for Surveillance, Epidemiology, and Laboratory Services Division of Scientific Education and Professional Development



Course Topics

Introduction to Public Health Surveillance

- 1. A Public Health Approach
- 2. What is Public Health Surveillance?
- 3. Public Health Surveillance Role and Uses
- 4. Public Health Surveillance Legal Basis
- 5. Public Health Surveillance Types and Attributes
- 6. Public Health Surveillance Process

Learning Objectives

By the end of this session, you will be able to

- define public health surveillance
- describe the goal of public health surveillance
- describe the uses of a public health surveillance system
- recognize the legal basis for public health surveillance in the United States
- compare active and passive public health surveillance
- identify sources of data commonly used for public health surveillance
- describe the public health surveillance process

Topic 1 A Public Health Approach

 \sum



A Public Health Approach

 $\mathcal{\Sigma}$



Public Health Core Sciences

 \bigcirc



Topic 2 What is Public Health Surveillance?

 $\mathcal{\Sigma}$



Public Health Surveillance Defined



The ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control

Adapted from: Thacker SB, Birkhead GS. Surveillance. In: Gregg, MB, ed. Field epidemiology. Oxford, England: Oxford University Press; 2008.

Public Health Surveillance Keywords

systematic ongoing collection analysis interpretation dissemination health-related data linked to public health practice

Goal of Public Health Surveillance

Provide information that can be used for health

action by public health personnel, government

leaders, and the public to guide public health

policy and programs

Smith PF, Hadler JL, Stanbury M, et al. Blueprint version 2.0: updating public health surveillance for the 21st century. J Public Health Manag Pract 2013;19:231–9.



Public Health Surveillance is the _____, ____ collection, analysis, and interpretation of healthrelated data.

- A. systemic, short-term
- B. ongoing, systemic
- C. ongoing, systematic
 - D. methodical, ongoing



What is the goal of public health surveillance?

A. To give public health personnel policies to regulate

B. To provide information to be used for public health action

C. To guide Congress in enacting public health laws

D. To keep the public aware of new diseases

Topic 3 Public Health Surveillance Role and Uses



Uses of Public Health Surveillance

- Identify patients and their contacts for treatment and intervention
- Detect epidemics, health problems, changes in health behaviors
- Estimate magnitude and scope of health problems
- Measure trends and characterize disease
- Monitor changes in infectious and environmental agents
- Assess effectiveness of programs and control measures
- Develop hypotheses and stimulate research

Public Health Headlines

Whooping Cough Kills Five in California; State Declares an Epidemic

New CDC Report Shows Adult Obesity Growing or Holding Steady in All States

Increase Seen in Deaths from Pneumonia and Flu

> Number of Rare *E. Coli* Cases In U.S. Rose Last Year

Percentage of New Yorkers Lighting Up is Down to 14% The New Hork Eimes

Number of Rare *E. Coli* Cases In U.S. Rose Last Year

By WILLIAM NEUMAN

Federal officials said on Tuesday that a national monitoring system for food-borne illness detected an increasing number of sicknesses last year from a group of rare E. coli bacteria related to the little-known and highly toxic strain that has been ravaging Germany.

For the first time, the group of rare E. coli strains was collectively identified as the cause of more illnesses in the United States than the more common form of the pathogen, probably because more laboratories have begun to test for their presence, said officials at the Centers for Disease Control and Prevention, which on Tuesday released 2010 results from its nationwide tracking system for food-borne diseases.

Neuman W. Number of Rare *E. Coli* Cases In U.S. Rose Last Year. *The New York Times*. June 7, 2011. http://www.nytimes.com. Accessed July 8, 2014.



Identify the surveillance uses that can be linked to the New York Times E. coli article.

- A. Measure trends of a particular disease
- B. Estimate the magnitude of the problem
- C. Monitor changes in infectious and environmental agents
- D. Assess effectiveness of programs and control measures
- E. All of the above

Topic 4 Public Health Surveillance Legal Basis



Legal Authority for Conducting Public Health Surveillance



States have authority based on the U.S. Constitution

- General welfare clause
- Interstate commerce clause



CDC responds when

- disease or condition has interstate
 implications
- invited by a state

State-Based Notifiable Disease Surveillance Systems

- Mandated by state law or regulation
- Health care providers, hospitals, and laboratories are required to report cases to the local health department (LHD)
- The LHD is usually responsible for case investigation
 and action
- The LHD forwards the disease report to the state health department
- The state health department assists the LHD as needed



The purpose and legal basis for public health surveillance is granted by which U.S. document?

A. Bill of Rights

B. Declaration of Independence

C. U.S. Constitution

D. 1812 Treaty of Public Health



CDC must be invited by a state before conducting public health surveillance.



B. False

Topic 5 Public Health Surveillance Types and Attributes



Types of Public Health Surveillance

 \bigcirc

Passive Surveillance	Active Surveillance
Diseases are reported by health care providers	 Health agencies contact health providers seeking reports
 Simple and inexpensive Limited by incompleteness of reporting and variability of quality 	 Ensures more complete reporting of conditions Used in conjunction with specific epidemiologic investigation

Other Types of Public Health Surveillance

Sentinel Surveillance

Reporting of health events by health professionals who are selected to represent a geographic area or a specific reporting group

Can be active or passive

Syndromic Surveillance

Focuses on one or more symptoms rather than a physician-diagnosed or laboratory-confirmed disease

Surveillance System Attributes

 \bigcirc

Attribute	Question It Answers
Usefulness	How useful is the system in accomplishing its objectives?
Data quality	How reliable are the available data? How complete and accurate are data fields in the reports received by the system?
Timeliness	How quickly are reports received?
Flexibility	How quickly can the system adapt to changes?
Simplicity	How easy is the system's operation?

Surveillance System Attributes

Attribute	Question It Answers		
Stability	Does the surveillance system work well? Does it break down often?		
Sensitivity	How well does it capture the intended cases?		
Predictive value positive	How many of the reported cases meet the case definition?		
Representativeness	How good is the system at representing the population under surveillance?		
Acceptability	How easy is the system's operation?		



The New York State Department of Health contacts the health providers in District A every Friday to obtain the number of patients examined with Influenza. What type of surveillance is this?

A. Passive



Topic 6 Public Health Surveillance Process



Surveillance Process



Before collecting data, decide on the overarching goal of the system

Data Sources for Public Health Surveillance

- Reported diseases or syndromes
- Electronic health records (e.g., hospital discharge data)
- Vital records (e.g., birth and death certificates)
- Registries (e.g., cancer, immunization)
- Surveys (e.g., National Health and Nutrition Examination Survey [NHANES])

Nationally Notifiable Disease Surveillance System (NNDSS)



Many diseases on a state list are also nationally notifiable

Internationally Notifiable Diseases

Reporting to WHO is required for cases of



- Smallpox
- Poliomyelitis (wild type)
- Human influenza caused by any new subtype
- Severe acute respiratory syndrome (SARS)

Surveillance Data Analysis



- Who will analyze the data?
- What methodology will they use?
- How often will they analyze the data?

Patients Hospitalized with West Nile Virus Infection, by Week, New York, 1999



Nash D, Mostashari F, Fine A, et al. Outbreak of West Nile virus infection in the New York City area in 1999. N Engl J Med. 2001;344:1807–14.

Surveillance Data Analysis by Place

Laboratory-Confirmed WNV Human Cases — August–September 1999



Map Courtesy of the New York City Department of Health and Mental Hygiene

Data Analysis by Person Do you notice any patterns in the rates?

Demographics for Persons Hospitalized for WNV and Population Rates of Infection

			Rate of Infection per
Characteristic	No. of Patients (%)	Population at Risk	Million Population
Age (years)			
0–19	2 (3)	2,324,081	0.9
20–29	1 (2)	1,553,981	0.6
30–39	3 (5)	1,549,111	1.9
40–49	1 (2)	1,177,190	0.8
50–59	9 (15)	867,331	10.4
60-69	12 (22)	814.838	16.0
70–79	18 (31)	534,785	33.7
≥80	12 (20)	281,054	42.7
Age category (years)			
≥50	52 (88)	2,498,008	20.8
<50	7 (12)	6,604,363	1.1
Sex			
Male	31 (53)	4,289,988	7.2
Female	28 (47)	4,812,383	5.8
Race			
White	41 (69)	5,983,901	6.9
Nonwhite	9 (15)	3,118,470	2.9
Unknown	9 (15)		
Borough or county of residence	e		
New York City			
Brooklyn (Kings)	3 (5)	2,300,664	1.3
Bronx	9 (15)	1,203,789	7.5
Manhattan	1 (2)	1,487,536	0.7
Queens	32 (54)	1,951,599	16.4
Staten Island (Richmond)	0	379,999	0.0
New York State			
Nassau	6 (10)	1,287,348	4.7
Westchester	8 (14)	847,866	9.1

Nash D, Mostashari F, Fine A, et al. Outbreak of West Nile virus infection in the New York City area in 1999. N Engl 37 J Med. 2001;344:1807–14.

Surveillance Data Interpretation



Data interpretation is closely coupled with data analysis The New York Times

Number of Rare *E. Coli* Cases In U.S. Rose Last Year

By WILLIAM NEUMAN

Federal officials said on Tuesday that a national monitoring system for food-borne illness detected an increasing number of sicknesses last year from a group of rare E. coli bacteria related to the little-known and highly toxic strain that has been ravaging Germany.

For the first time, the group of rare E. coli strains was collectively identified as the cause of more illnesses in the United States than the more common form of the pathogen, <u>probably</u> <u>because more laboratories have begun to test for their presence</u>, said officials at the Centers for Disease Control and Prevention, which on Tuesday released 2010 results from its nationwide tracking system for food-borne diseases.

Neuman, W. Rare E. Coli Cases Rose In the U.S. Last Year. *New York Times* June 7, 2011. http://www.nytimes.com. Accessed July 9, 2014.

Data Dissemination



- Health agency newsletters, bulletins, or alerts
- Surveillance summaries and reports
- Medical and epidemiologic journal articles
- Press releases and social media

Data Dissemination Target Audiences

- Public health practitioners
- Clinicians and other health care providers
- Policy and other decision makers
- Community organizations
- The general public

Surveillance Link to Action



Public health surveillance should always have a link to action

Link to Action

Monitor trends and patterns in disease, risk factors, and agents

Pertussis (Whooping Cough) Cases, by Year — United States, 1922–2000



Source: Centers for Disease Control and Prevention (CDC). National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the US Public Health Service. Atlanta, GA: US Department of Health and Human Services, CDC. Available at: http://www.cdc.gov/pertussis/images/incidence-graph.jpg.



Choose the option that is NOT a part of the public health surveillance process.

A. Data dissemination

B. Data storage

C. Link to action

D. Data collection



In data interpretation, by identifying the _____, ____, and _____, you can more easily determine how and why the health event occurred.

- A. disease, risk, occurrence
- B. person, protocol, risk
- C. person, place, time
- D. risk, protocol, disease



Choose the option that is NOT a source of data used for public health surveillance.

- A. Administrative data systems
- B. Vital records
- C. Newspaper articles
 - D. Disease notifications

Public Health Surveillance-Based Action

- Describe the burden of or potential for disease
- Monitor trends and patterns in disease, risk factors, and agents
- Detect sudden changes in disease occurrence and distribution
- Provide data for programs, policies, and priorities
- Evaluate prevention and control efforts

"The reason for collecting, analyzing, and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

-William Foege, 1976



Photo: Kay Hinton, Emory University

Foege WH, Hogan RC, Newton LH. Surveillance projects for selected diseases. Int J Epidemiol 1976;5:29–37.

Course Summary

During this session, you learned to

- define public health surveillance
- describe the goal of public health surveillance
- describe the uses of public health surveillance system
- recognize the legal basis for public health surveillance in the United States
- compare active and passive public health surveillance
- identify sources of data commonly used for public health surveillance
- describe the public health surveillance process

QUESTIONS?

 \sum

Resources and Additional Reading

- Smith PF, Hadler JL, Stanbury M, et al. Blueprint version 2.0: updating public health surveillance for the 21st century. J Public Health Manag Pract 2013;19:231–9.
- Centers for Disease Control and Prevention. CDC's vision for public health surveillance in the 21st century. Morb Mortal Wkly Rep 2012;61(Suppl, July 27, 2012):1–40.
- Centers for Disease Control and Prevention (CDC). Principles of epidemiology in public health practice [Self-Study Course]. 3rd ed. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. http://www.cdc.gov/osels/scientific_edu/ss1978/SS1978.pdf.
- Lee LM, Teutsch SM, Thacker SB, St. Louis M, Eds. Principles and practice of public health surveillance. 3rd ed. Oxford, England: Oxford University Press; 2010.
- Thacker SB, Birkhead GS. Surveillance. In: Gregg, MB, ed. Field epidemiology. Oxford, England: Oxford University Press; 2008.
- Langmuir AD. The surveillance of communicable diseases of national importance. New Engl J Med 1963;258:182–92.
- Foege WH, Hogan RC, Newton LH. Surveillance projects for selected diseases. Int J Epidemiol 1976;5:29–37.

Resources and Additional Reading

- Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the Guidelines Working Group. MMWR Recommend Rep 2001;50(No. RR-13).
- Centers for Disease Control and Prevention (CDC). Surveillance resource center. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. http://www.cdc.gov/surveillancepractice/.
- Nash D, Mostashari F, Fine A, et al. Outbreak of West Nile virus infection in the New York City area in 1999. N Engl J Med. 2001;344:1807–14.
- Török TJ, Tauxe RV, Wise RP, et al. A large community outbreak of salmonellosis caused by intentional contamination of restaurant salad bars. JAMA 1997;278:389–95.
- Kim M, Berger D, Matte T. Diabetes in New York City: public health burden and disparities. New York: New York City Department of Health and Mental Hygiene; 2006. http://www.nyc.gov/html/doh/downloads/pdf/epi/diabetes_chart_book.pdf.
- Swerdlow DL, Woodruff BA, Brady RC, et al. A waterborne outbreak in Missouri of Escherichia coli O157:H7 associated with bloody diarrhea and death. Ann Intern Med 1992;117:812–9.

BONUS SLIDES

 $\mathcal{\Sigma}$

Link to Action Provide data for programs, policies, and priorities



Kim M, Berger D, Matte T. Diabetes in New York City: public health burden and disparities. New York: New York City Department of Health and Mental Hygiene; 2006. http://www.nyc.gov/html/doh/downloads/pdf/epi/diabetes_chart_book.pdf.

Link to Action Evaluate prevention and control efforts



Swerdlow DL, Woodruff BA, Brady RC, et al. A waterborne outbreak in Missouri of *Escherichia coli* O157:H7 associated with bloody diarrhea and death. Ann Intern Med 1992;117:812–9.

Link to Action Evaluate prevention and control efforts (continued)



Swerdlow DL, Woodruff BA, Brady RC, et al. A waterborne outbreak in Missouri of *Escherichia coli* O157:H7 associated with bloody diarrhea and death. Ann Intern Med 1992;117:812–9. 56

Disclaimers

Links provided in this course to nonfederal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations nor their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred. CDC is not responsible for the content contained at these sites.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, the Public Health Service, or the U.S. Department of Health and Human Services.

The findings and conclusions in this course are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

For more information, please contact the Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333 Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 Visit: http://www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or http://www.cdc.gov/info

The findings and conclusions in this course are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Center for Surveillance, Epidemiology, and Laboratory Services Division of Scientific Education and Professional Development