

Dear

As FoodNet Project Coordinators, we would like to express our concerns regarding the NEDSS Foodborne disease Program Area Module currently under development with the intended use as the data entry tool for FoodNet data. Our primary concern is the significant differences in the content and format of the data entry screens from the data that we collect for FoodNet. We feel that this problem has the potential to affect the quality of the entered data as well as affect the timeliness of data entry.

One of the principles of data management is the importance of the correspondence between the data entry screens and the actual data collected. A sufficiently different data entry screen may lead to inefficient and slow data entry, which may further result in missing and/or incorrectly entered data.

During the FoodNet Vision Meeting in March 2004, the Coordinators were shown data screens for the Foodborne PAM, which was near completion at the time. The screens contained numerous items that are not collected as part of FoodNet. We were also informed that the module will not be amenable to manipulation, including deletion or reformatting for better correspondence to the collected data. We are concerned that the Foodborne PAM, will be a cumbersome tool at best, and may even affect the quality of our data.

While none of us has tested the module with actual FoodNet data, we were told that the version that we saw last March was close to the final version. We were also informed that, due to the nature of the database system, significant modifications to the present version will be difficult. Nonetheless, we felt that it was important to voice our concerns earlier rather than later and, perhaps, start a dialogue to explore potential resolutions.

STATE OF COLORADO

Bill Owens, Governor
Douglas H. Benevento, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

To: Microbiology Supervisors

From: Steve Burnite
Allison Daniels
Nicole Haubert
Emerging Infections Program

Date: April 6, 2004

Re: Validation of contents of line lists generated for Emerging Infections Program

As part of our active surveillance for organisms that are included in the Emerging Infections Program (EIP) surveillance project, EIP staff regularly receive line lists or computer printouts from your laboratory. We would like you to confirm that the computer program/query you use to generate the list that you send to us includes all of the possible cases under surveillance for the enteric organisms listed below.

Please confirm that the query or computer program you use to generate your line list includes each organism listed below from any specimen site and place a check mark next to each item that is included in the reports you send to us.

Please fax this form back to CDPHE Attn: Alicia Cronquist at 303-782-0338 by May 1, 2004. Please contact us at 303-692-2700 if you have any questions. Thanks for your assistance with this review

Laboratory name: _____ **Date:** _____

Person completing this form: _____

Enteric Organisms: *isolates from any site (stool, blood, urine, etc)*

Bacteria

- E. coli* 0157:H7 (or any STEC)
- Listeria monocytogenes*
- Salmonella* ssp
- Campylobacter*
- Vibrio* ssp (includes non-cholerae)
- Yersinia enterocolitica*
- Shigella* ssp

Parasites

- Cyclospora cayetanensis*
- Cryptosporidium parvum*

THANK YOU



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June 15, 2004

Dear Participating Laboratory:

Georgia's participation in the Center for Disease Control's Emerging Infections Program (CDC EIP) requires our surveillance officers to conduct audits twice yearly. These audits ensure that the ongoing active surveillance for the EIP organisms (see attachment) is complete. All of the EIP organisms are notifiable by law in Georgia.

CDC has strict requirements for audits. A hospital laboratory can:

1. Provide a computer generated line list of relevant laboratory data along with some description of the programming used to obtain the data, or
2. Provide an electronic database of relevant laboratory data along with some description of the programming used to obtain the data, or
3. Cooperate with a physical visit from the surveillance officer to review the laboratory testing log slips or log books for the appropriate organisms.

Since some laboratories cannot generate the computerized line lists or databases with documentation of programming, our surveillance officers must conduct on-site audits of these labs.

Since the audits are an important component of public health surveillance, the Health Insurance Portability and Accountability Act (HIPAA) does not apply to these data. HIPAA, enacted by Congress in 1996, covers not only health insurance portability but also the privacy and security of health information. HIPAA covered entities (health care providers, health plans, and health care clearinghouses) must comply with HIPAA privacy rules as of April 14, 2003. There has been some misunderstanding about the implications of HIPAA privacy rules for public health-related activities such as disease reporting, surveillance, and investigations, with some mistakenly believing that HIPAA will restrict such activities. In fact, HIPAA contains an exception for public health activities, meaning that covered entities must still fulfill their obligation under law and continue to assist the Division of Public Health with public health-related activities.

The HIPAA Privacy Rule balances the protection of individual health information with the need to protect public health and expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to public health surveillance, investigation, and intervention. The Privacy Rule also protects public health practices. Public health practice often requires the acquisition, use, and exchange of protected health information to perform public health activities such as public health surveillance, program evaluation, terrorism preparedness, outbreak investigations, direct health services, and public health research. This information enables public health authorities to implement mandated activities including identifying, monitoring, and responding to death, disease, and disability among populations.

This letter authorizes the DHR surveillance officers to conduct on-site audits in hospital laboratories for designated EIP organisms. This authority includes having access to data such as confidential medical information that is to be provided by the hospitals and physicians affected by the investigation. This letter and the authority it provides to the listed DHR staff are valid through December 31, 2004 and are not transferable.

DHR surveillance officers:

Tameka Hayes

Jennifer Pharris

Stepy Thomas

Tonya Johnson

Jody Schweitzer

Any health care provider that submits reports or data to DHR in good faith will not be held liable for any civil damages related to such submissions. O.C.G.A. §31-12-2(d). All reports and data pertaining to a notifiable disease are confidential and not open to public inspection. However, DHR can release such information in statistical form for research purposes. O.C.G.A. §31-12-2(a).

Thank you for your participation in the Emerging Infections Program.

Sincerely,

Paul A. Blake, M.D., M.P.H.
State Epidemiologist
Director, Epidemiology Branch
Division of Public Health
Georgia Department of Human Resources