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CDC contracts will seed large biosurveillance networks

By [Nancy Ferris](#)

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The biosurveillance networks funded this month by the Centers for Disease Control and Prevention will cover large areas of two states and a third region covering portions of three states.

CDC is investing \$38 million over five years. More than half the money will go to New York, where the state health department and the New York City health department will work with county health departments and six regional health information networks to establish a network for spotting disease outbreaks or bioterrorism incidents and for tracking cases of contagious diseases.

Lori Evans, deputy New York State health commissioner in charge of the Office of Health Information Technology Transformation, said the Empire State is building a statewide health information network. The CDC grant will support development of a universal public health node on that network, she said.

The statewide health information network, in turn, will link to the Nationwide Health Information Network. The New York eHealth Collaborative is participating in the program to create trial implementations of the NHIN.

Besides collecting public health data from health care providers, Evans said the network will help public health authorities understand better how to reduce the incidence of diseases such as asthma, tuberculosis and influenza. It also will keep authorities informed of hospital bed availability and the status of other resources in the event of an emergency.

CDC awarded the \$20.1 million for New York to Health Research, a nonprofit corporation affiliated with the state health department.

About \$8 million CDC awarded to Science Applications International Corp. will support a project at Inland Northwest Health Services involving hospitals in Washington, Idaho and the Los Angeles

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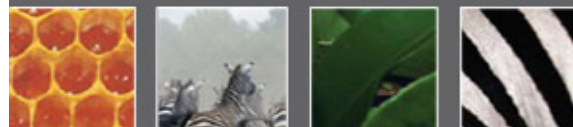


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area, said Jac Davies, director of telehealth regional outreach at the health care system.

Like the New York project, the Inland Northwest Health Services one will involve collecting data on reportable diseases and improving situational awareness for public health authorities. Besides the health departments in Washington and Idaho, the project involves the Spokane regional health district and the University of Washington Center for Public Health Informatics, said David Dobbs, SAIC's project manager.

Inland Northwest Health Services is regarded as a health information technology leader. It will use its established health information exchange for laboratory results and imaging and its e-medical records system to generate and analyze data for public health purposes, Davies said.

The third project, in Indiana, will expand on work already being done by the Regenstrief Institute and the Indiana Health Information Exchange.

Dr. Shaun Grannis, a research scientist at Regenstrief and an assistant professor at Indiana University School of Medicine, said in an e-mail that the HIE now delivers clinical results to around 7,000 doctors in Indiana. This messaging infrastructure can potentially be used by public health to communicate in a variety of ways, he said.

For example, public health alerts could be sent to a target region or specialty such as pediatricians or primary-care physicians. Also, the network could deliver just-in-time, targeted notifiable condition reporting forms to providers at the same time the providers receive the lab results confirming the existence of a disease that public health agencies should know about.

We will be upgrading and expanding the functionality of our automated notifiable disease processor, adding new features of interest to public health, and new operational and usability features, Grannis wrote.

He said Regenstrief also will explore opportunities to add data streams that might help statewide biosurveillance officials better detect unusual disease trends.

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