Data Needs for High Consequence Public Health Emergencies

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High consequence public health emergencies - Challenges

- Need for rapid, accurate, comparable data at local, state and fed levels
- Huge volume of data – stress on systems
- Onboarding new reporting sources (e.g., POC tests in provider offices)
- Information that is difficult for public health to get
  - Outcome – hospitalization, death
  - Treatment
  - Race/ethnicity
  - Occupation
- Need to quickly answer key epidemiologic questions
  - Threat – clinical spectrum, transmission properties
  - Response – effectiveness of countermeasures and interventions
- Need to focus proactively on equity

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What is needed to effectively respond

- Partnership between fed, state and local level at ALL phases critical
- Data systems must be fortified, robust, tested, able to handle large volumes
- Keep primary data points aggregated at federal level as simple as possible
- Standardize and clarify definitions of data points
  - Cases, hospitalizations, deaths
  - Use epidemiologically meaningful data (e.g., dates)
- Develop and implement best practices for collection of race/ethnicity and SOGI data by front line providers, labs and public health practitioners
- What are the key questions?
  - Need for simple but rigorous epi studies

Preparedness – if you build and connect it, it will get used

- Anticipate and prepare ahead of time – be strategic and forward-thinking
- Connect systems and improve person matching
  - Vital registries
  - Immunization registries
  - Lab data, WGS
- Connect public health surveillance systems with electronic health record data
  - eCR
  - HIE – ability to query aggregate data repositories
- Develop and use standard data definitions , questions, question packets and formats (travel, occupation, hospitalization, exposure, transmission to contacts) ACROSS jurisdictions
- Make data public in formats that are easy to access and understand