

Syndromic Surveillance Practice Assessment

Introduction: Hello [name of the respondent], as stated in our introductory email regarding this assessment, its purpose is to better understand the most current status and characteristics of syndromic surveillance practice among the 31 National Syndromic Surveillance Program awardees funded by the Centers for Disease Control and Prevention (CDC). This data collection will provide information about your jurisdictional syndromic surveillance system and practices. The information collected will provide CDC with an improved understanding of the challenges encountered in implementing syndromic surveillance activities and potential strategies to address these challenges. These findings will also inform the technical assistance CDC provides to jurisdictions through consultation, technical support, and product development. Do you have any questions before we get started?

[Note: the CDC staff person will try answer any questions the respondent may have about the assessment, if appropriate]

I will now begin the assessment

1. How many years of experience does your jurisdiction have in conducting syndromic surveillance?

__ Number of years

2. I will now mention several data platforms or electronic systems which can be used to conduct syndromic surveillance; please indicate if your program presently uses one or more of these for syndromic surveillance by saying “yes” or “no” after I mention each of the data platforms or electronic systems; you can also say that you do not know the answer to this question.

- CDC/NSSP ESSENCE
- Local ESSENCE Implementation or Version
- Early Aberration Reporting System (EARS)
- EpiCenter
- Real-time Outbreak Disease Surveillance (RODS)
- Locally Developed system
- Other platform or system
- Don't know

[Note: if respondent indicated using other platform or system, probe further to specify; else go to question 3]

Please specify what the other platforms or systems are.

3. I will now mention several data sources which can be used to conduct syndromic surveillance. For example, multiple data sources can be used to augment the analysis and visualization of information when conducting syndromic surveillance. Please indicate if your jurisdiction uses any of these data sources for syndromic surveillance by saying “yes” or “no” after I mention each potential data source; you can also say that you do not know the answer to this question.

- ED data
- Urgent care data
- Reportable disease data
- Poison control data
- School attendance data
- Mortality data
- Other
- Don't know

[Note: if respondent indicated using other data sources, probe further to specify; else go to question 4]

Please specify what the other data sources are.

4. Are there any additional data source(s) your jurisdiction would you like to incorporate into your syndromic surveillance platform/ electronic system to augment the visualization and analysis of syndromic ED data?

- Yes
- No
- Don't know

[Note: if respondent said yes to the question above, probe further to specify the data sources; else go to question 5]

Please specify what the other data sources are.

5. I will now mention several time intervals by which syndromic surveillance data can be received. Please indicate which of these best describes the periodicity by which your jurisdiction receives syndromic surveillance data.

- Mostly in real time
- Mostly in daily batches
- Mostly in batches with periodicity of more than a day
- Other
- Don't know

[Note: if respondent indicated other for the time periodicity, probe further to specify; else go to question 6]

Please specify what the other periodicity of data collection is.

6. I would now like to discuss data quality practices; please indicate whether the following data transmission and data quality checks are routinely conducted in your jurisdiction by saying “yes” or “no” after I mention each activity; you can also say that you do not know the answer to this question.

- Monitoring of data transmission/tracking data interruptions
- Check message level data quality / completeness
- Checking visit level data quality / completeness
- Checking visit level data timeliness
- Other
- Don't know

[Note: if respondent indicated other activities, probe further to specify; else go to question 7]

Please specify what the other data transmission and data quality checks are done.

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7. I would now like to ask you about the activities you conduct as part of your regular syndromic surveillance data platform (ESSENCE and/or other platforms) activities? Please indicate how often you conduct each of the following activities by saying if you conduct the activity **ROUTINELY OR OFTEN, SOMETIMES, DO NOT CONDUCT** this activity presently, or **DO NOT KNOW**.

	Conduct this activity ROUTINELY OR OFTEN	Conduct this activity SOMETIMES	DO NOT CONDUCT this activity presently	DO NOT KNOW
Monitor dashboard for alerts and other information				
Create and/or Monitor syndrome/sub-syndrome alerts				
Run queries on syndromes/sub-syndromes/Chief Complaints				
Share data with other jurisdictions or other entities				
Investigate occurrences, trends, and/or characteristics of diseases or conditions posing a health threat or concern				
Create and/or download batches/pools of data				
Create reports based on queries/findings from the data				

8. I would now like to ask about your current INTER-jurisdictional data sharing relationships; please indicate if you have the following data sharing relationships by saying “yes” or “no” after each type of relationship; you can also say that you do not know the answer to this question.

- Time limited sharing relationships for a particular threat or event.
- Ongoing data sharing relationships for particular syndromes of interest.
- Ongoing data sharing relationships for all syndromes.

- Ongoing data sharing relationships with coordinated analyses and responses (sharing queries, codes, analysis techniques, etc.).
- No current data sharing relationships.
- Other.
- Don't know

[Note: if respondent indicated other as the type of data sharing relationship, probe further to specify; else go to question 8A] **Please specify what other data sharing relationships you currently have.**

8a. [Note: if respondent indicated having any inter-jurisdictional data sharing relationship, probe further to specify the level of data shared; else go to question 8B] **Please indicate the level of data that is being shared by saying “yes” or “no” after each level of data; you can also say that you do not know the answer to this question.**

- Record level data
- Aggregate data
- Don't know

8b. [Note: if respondent indicated no current interjurisdictional data sharing relationships, probe further to specify why; else go to question 9] **Are there any reasons for not being in any data sharing relationships?**

9. I will now mention a series of programs or organizations with which data could potentially be shared; please indicate if syndromic surveillance data in your jurisdiction is shared with any of the following programs or organizations; you can also say that you do not know the answer to this question.

- Infectious disease programs (e.g., VPDs, food and waterborne diseases, hospital acquired infections)

[Note: if respondent say yes to above, probe further to specify; else go to next organizational type]

Please specify these programs

- Non-infectious disease programs (e.g., injury, opioids, asthma, stroke, MCH)

[Note: if respondent says yes to above, probe further to specify; else go to next organizational type]

Please specify these programs

- Other government agencies within your jurisdiction

[Note: if respondent says yes to above, probe further to specify; else go to next organizational type]

Please specify these agencies

- Academia

[Note: if respondent says yes to above, probe further to specify; else go to next organizational type]

Please specify these academic partners

- Other Organizations or entities / Community Partners

[Note: if respondent says yes to above, probe further to specify; else go to question 10]

Please specify these other organizations

- Don't know

10. I would now like to ask about the use of syndromic surveillance data in your jurisdiction. What five syndromes have been most valuable to monitor for public health decision making in your jurisdiction using syndromic surveillance? Please state these in order of priority by first mentioning the syndrome with the highest priority, then the syndrome with the second highest priority, and so on. Please identify these syndromes using commonly used syndrome names for example: ILI, Fever, etc.; you can also say that you do not know the answer to this question.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

- Don't know

11. Please specify what you feel are the most important needs for strengthening syndromic surveillance activities in your jurisdiction for each of the following topical areas that I will mention to you next; you can also say that you do not know for any of the topical areas.

Training and Data Use

Data Sources

Data Flow and Processing

Technical Systems Support

Partnerships and Program Support

12. We have nearly completed the assessment; at this time please share any additional suggestions related to the above as well as to others topics not covered in this assessment.

Closing: Thank you for taking the time to answer these questions. We will hope to provide the results of this assessment to participating jurisdictions in the near future.