National Syndromic Surveillance Program

Supporting Statement Section B
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National Syndromic Surveillance Program - Request for Revision

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B. Statistical Design and Data Collection Procedures

There are no statistical methods used for onboarding, registration, or data sharing permissions information collection. Information for onboarding and registration consists of administrative data that are not summarized statistically (**Statement A**). Although onboarding and registration data may be used to identify numbers of sites and users of the BioSense Platform, these activities do not involve any complex statistical methods.

B1. Respondent Universe and Sampling Methods

The respondent universe for participating sites has not changed and consists of state, local, and territorial public health departments. Currently, there are 58 sites participating from state and local public health departments. There are no participating sites from territorial health departments. Participation is completely voluntary.

The respondent universe for registration information collection has not changed and consists of potential users of the BioSense Platform from participating state, local, and territorial public health departments. There are 1679 current users from state and local public health departments. There are no users from territorial public health departments. No sampling is used and registration is completely voluntary.

B2. Procedures for the Collection of Information

Data are no longer collected to recruit state, local, and territorial public health departments since interested health departments approach the NSSP program to participate. All onboarding data, registration data, and data sharing permissions are collected from state and local public health departments through modules on the BioSense Platform Access Management Center (AMC).

B3. Methods to Maximize Response Rates and Deal with No response

CDC, the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologist (CSTE), the National Association of County and City Health Officials (NACCHO) and other stakeholders collaborate to reach out and provide information to the public health community about the opportunity to participate in NSSP.

B4. Tests of Procedures or Methods to be Undertaken

No pilot testing of data collection procedures or methods will be undertaken.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

In planning and developing NSSP and the BioSense Platform, CDC has engaged with individuals and organizations outside of the agency in a variety of ways. The primary group with which CDC consults is an expert group of individuals from public health associations, including ASTHO and the Council for State and Territorial Epidemiologists (CSTE); federal agencies, including the VA and DoD; state and local public health departments; and healthcare. The names, affiliations, and contact information for that group are in Attachment 7. That group, including CDC, meets monthly to discuss issues related to availability, quality, security, sharing, use, and reporting of data. As a source of information on data elements for syndromic surveillance, CDC makes use of ISDS recommendations to the healthcare and public health communities through the meaningful use initiative on use of electronic health records for syndromic surveillance (http://www.syndromic.org/resources/meaningful-use/meaningful-use-resources). CDC collaborates with ISDS to improve electronic data exchange specifications for syndromic surveillance data from EHRs. CDC also participates in monthly conference calls with the community of practice in addition to consulting with stakeholders at annual meetings of ISDS and CSTE.