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## Syndromic Surveillance in Maine

Early identification of a significant public health event affords faster response and intervention and leads to the prevention of disease morbidity. Syndromic surveillance is a strategy for identifying public health events at the earliest possible stage. Detectable events include emerging infectious diseases, seasonal trends (influenza, ticks, etc.), disease outbreaks, and environmental exposures, either naturally occurring or as a result of human activities and acts of bioterrorism.

Maine Center for Disease Control and Prevention (MECDC) is strengthening current surveillance capabilities by conducting syndromic surveillance using emergency department data. Hospital participation is entirely voluntary. **This enhanced surveillance activity does not replace Maine’s reportable disease system.**

MECDC utilizes the Early Aberration Reporting System (EARS) to conduct syndromic surveillance. EARS is a tool designed by federal CDC and used by epidemiologists to analyze and visualize public health surveillance data to assist in early identification of disease outbreaks, environmental exposures and bioterrorism events. EARS analyzes data from emergency departments based on chief complaint or related field, and uses the information to determine if there is an increase in a particular syndrome that was defined by MECDC. The information obtained from EARS will help MECDC respond to emerging events. In some cases this may lead to interaction with hospital staff, especially Infection Preventionists.

The transfer of syndromic surveillance health information data from the hospital to MECDC occurs on a regular basis (daily – at a minimum). The data must meet Health Level 7 (HL7) messaging requirements and travel via a predetermined secure transport mechanism. A summary of the expected data elements are as follows.

Minimum requirements:		The following data elements are requested, if available:
Facility identifier	Facility name	Medical record number
Facility/visit type	Report date/time	Country of residence
Unique patient identifier	Age	Date of onset
Age units	Gender	Patient class
Town of residence	Zip code of residence	Triage notes
State of residence	County of residence	Clinical impression
Race	Ethnicity	Initial temperature
Unique visiting ID	Visit date/time	Initial pulse oximetry
Chief complaint/reason for visit	Diagnosis/injury code	
Diagnosis type	Discharge disposition	
Disposition date and time		

Technical assistance for the transfer of this data from the hospital to MECDC is available along with detailed descriptions of each data element.

MECDC will protect and preserve the confidentiality of all data submitted by the hospital and limit access to confidential data. The information will be used for the sole purpose of disease surveillance, investigation, and control activities.

For more information please contact [ears@maine.gov](mailto:ears@maine.gov) or Amy Robbins at (207) 287-3332 or [amy.robbins@maine.gov](mailto:amy.robbins@maine.gov).