Evaluating Usefulness of Maine’s Syndromic Surveillance System for Hospitals, 2012
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BACKGROUND
• Maine has conducted syndromic surveillance since 2007 using the Early Aberration Reporting System (EARS)
• Objectives for conducting syndromic surveillance in Maine:
  • Detect health events earlier in the disease continuum
  • Detect beginning of disease seasons
  • Verify outbreaks and monitor trends
  • Supplement traditional surveillance
• Objective: assess the system’s usefulness and acceptability among emergency departments (EDs) who currently submit data and identify areas for improvement

METHODS
• Developed survey to measure usefulness and acceptability among hospital partners who submit ED data
• 24 of 37 EDs collect/submit syndromic surveillance data
• 9/16 (56%) respondents completed survey or required questions
• 16 respondents completed survey or required questions
• 89% participation rate: 14 by internet, 2 by phone
• 9/16 (56%) reported “Public health importance of events” as factor influencing decision to submit syndromic data
• 3 responses to factors that limit ability to send data
  • “Lack of information technology (IT) support” (n=2)
  • “Have to manually enter data/lack of electronic health records (EHR)” (n=1)
• 14 (88%) respondents find weekly report/tables useful
• 9 (56%) share weekly report/tables with other staff
• 9 (56%) would not find it useful to be able to directly log on to a site to view syndromic surveillance data
• 10 (63%) share syndromic surveillance data with others in their facility
• Syndromes reported least useful were Heat, narrow (n=10), Heat, broad (n=9), CO (n=7), and “Other” (n=7)

RESULTS
• 30-day line graphs for each syndrome
• State profile line graphs
• 10-day chart by syndrome
• State profile chart
• County profiles
• Control charts

DESIRED PRESENTATION OF SYNDROMIC DATA

MOST USEFUL SYNDROMES

SUGGESTED SYNDROMES TO ADD

CONCLUSIONS
• Extremely difficult getting responses with internet survey, in future would administer to all participants by phone, feasible with small N, staff turnover still an issue
• Most hospitals share weekly report with other staff
• Person who receives report is not necessarily who ends up using the information, so this person was not always able to answer the survey questions
• Environmental health syndromes (Heat x2, Carbon monoxide) not useful for respondents, but Maine CDC Environmental Health Program uses this as data source

NEXT STEPS
• Evaluate ILI syndrome (most useful) for accuracy
• Possibly change reports/reporting process to submitters
• Contribute to BioSense 2.0
• Add a rabies exposure syndrome

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