Session L2

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Vaccine Preventable Disease (VPD) Surveillance
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Summary of Topic:
This session will include four surveillance-related presentations, including validation of VPD death reports, harmonization of National Notifiable Disease Surveillance System (NNDSS) data collection, electronic routing of HL7 result messages from VPD Reference Centers, and enhanced surveillance efforts being implemented in jurisdictions.

Description of Session:
Effective vaccine-preventable disease (VPD) surveillance at national, state and local levels tracks trends in disease over time, monitors progress toward disease reduction/elimination goals, serves to signal the need for public health responses, and helps to identify needed changes in program strategies. CDC and its jurisdictional public health partners are collaborating to modernize and enhance public health surveillance and information systems through a variety of methods.

Validation of Vaccine-Preventable Disease Death Reports: July 2012 – September 2017; presentation by Sandra Roush (NCIRD, CDC)

Accurate ascertainment of cause of death (COD) is necessary to ensure validity of published data. Two U.S. systems collect death data related to VPDs: the National Center for Health Statistics’ (NCHS) National Vital Statistics System and NNDSS. The National Center for Immunization and Respiratory Diseases (NCIRD) and NCHS established protocols in 2012 and 2014 for validation of rare cause VPD death reports. This presentation will describe the results of these validation processes.

NCIRD Data Harmonization: CDC Surveillance Strategy and NNDSS Modernization Initiative (NMI); presentation by Hannah Fast (NCIRD, CDC)

To support national surveillance, NCIRD has been working with partners to develop harmonized HL7 Message Mapping Guides (MMGs) for the nationally notifiable conditions for which NCIRD provides subject matter expertise. This presentation will outline the NCIRD data harmonization process and provide an update for the data harmonization achieved across 11 conditions to date.

Surveillance Shared Services: Laboratory Testing at VPD Reference Centers (RCs) and Electronic Routing of HL7 Result Messages from NCIRD to Submitting Jurisdictions; presentation by jurisdiction staff (e.g., Arizona Department of Health Services)

VPD RCs were established in 2013 to enhance capacity for VPD laboratory testing in a shared service model. Specimens/isolates may currently be submitted from the 53 enrolled public health laboratories (“submitting laboratories”) within “submitting jurisdictions.” Currently, RCs provide results to original “submitting laboratories” by phone, fax, or encrypted email (“paper”). However, RCs provide these results to NCIRD electronically as HL7 ELR 2.5.1 messages. This presentation will detail the successes in routing HL7 messages from NCIRD to “submitting jurisdictions.”
Enhancing VPD Surveillance through the R1 Component of the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement (CoAg); presentation by Holly Vins (NCIRD, CDC)

Fifty-two jurisdictions participate in the Enhanced VPD Surveillance (R1) component of the ELC CoAg and have designated a VPD Surveillance Coordinator to ensure linkages and communication between epidemiology, immunization, laboratory, and informatics partners to support VPD-related surveillance activities. Through the second project year, jurisdictions have continued efforts to enhance surveillance for meningococcal disease, varicella, and acute flaccid myelitis; integrate surveillance information systems; and implement projects addressing mumps outbreaks, varicella second dose assessments, and MMR vaccine coverage evaluations. This presentation will describe jurisdiction efforts conducting enhanced surveillance and discuss the outcomes of these enhanced surveillance projects.