NSSP UPDATE

Welcome to *NSSP Update*

NSSP Update provides monthly news about the National Syndromic Surveillance Program (NSSP). NSSP embodies collaboration, particularly in the development of its BioSense Platform, a secure cloud-based computing environment that hosts standardized, shared tools to rapidly collect, evaluate, store, and share data. *NSSP Update* will keep you in touch with the latest advancement in the platform's development.

If a colleague forwarded this issue to you, we encourage you to subscribe at this link to ensure that you receive future issues.

Milestone Met: First User Group Ready for Production

On July 15, 2016, Phase II sites successfully completed the 4-week transition. Representatives from each site signed off, formalizing their readiness to move from a staging to production environment. The "Go-Live" date for these sites is August 3, 2016.

Phase III Group 1 Sites Begin Transition

On July 18, 2016, Phase III Group 1 sites began the 4-week transition to the BioSense Platform. The NSSP Team kicked off the transition with a webinar on July 19, 2016, to discuss the schedule and orient users to the operations of Adminer.

Your Design. Your Future.
Collaboration and Data Sharing Can Improve Health Picture

Consider this. Imagine a national Opioid Overdose Dashboard that capitalizes on the combined power of national, state, and local expertise. Imagine dashboard users collaborating with each other to develop incisive queries and smart analyses that improve understanding of the problem's spread and strengthen intervention actions. And what if code could be shared immediately and run at different levels of data access to show a national, state, or local health picture?

NSSP's BioSense Platform is working to make this your reality—and to help you think creatively about syndromic surveillance. The BioSense Platform offers valuable immediate and long-term benefits to users. Foremost is the Platform's responsive design process. The NSSP Team is committed to seeking user input and collaborating on solutions that satisfy users' changing needs and preferences.

Immediate benefits to users—
- Access to raw messages, processed views, and calculated field views; ability to filter views with reasons and view exceptions with reasons.
- Access to clean facility lists containing metadata, including a look-up table.

- Ability to share data and control what details are shared (e.g., individual or aggregate details to specific users or organizational groups).
- Access to robust tools, servers, and processes (e.g., newest generation AWS servers, ESSENCE, R-Studio Professional, latest R language, and new analysis tools distributed across more servers).

Long-term benefits to users—

Importantly, the long-term data-sharing capabilities of the BioSense Platform present exceptional opportunities for collaboration among users. Syndromic surveillance, to be effective, needs not only to be timely, but also to have appropriate *context*. Collaboration and data sharing across boundaries, geographic or jurisdictional, will vastly improve our national situational awareness. Many immediate benefits of NSSP's BioSense Platform overlap with its long-term benefits. Several stand-out overlapping benefits are:

- Access to data at reduced administrative costs with fewer technical barriers.
- Ability to contribute to development of the BioSense Platform, including shared development of tools like ESSENCE.

UPCOMING EVENTS

August 3, 2016	"Go-Live" date for Phase II participants
August 9, 2016	Webinar: Phase III Group 2 Transition Kick-off
August 11, 2016	Phase III Group 1 Production Sign-off
September 1, 2016	Phase III Group 2 Production Sign-off

TECHNICAL ASSISTANCE UPDATES

- July 19, 2016   Webinar: Phase III Group 1 Transition Kick-off

- July 27, 2016   Webinar: BioSense Platform Onboarding Update

- The NSSP Team took note of suggestions made during User Acceptance Testing. Users asked that the *BioSense Platform Quick Start Guide* be separated into individual guides for each tool. The NSSP team implemented the recommendations and will provide individual guides to the next group of sites in queue to transition.

PHASE III SCHEDULE AND UPDATE: TRANSITION TO ESSENCE

The Phase 3 Transition Schedule to ESSENCE and the activities involved are shown below. Every 4 weeks, nine sites will transition. The NSSP team will conduct two webinars with each set of sites. The first webinar will orient system users to the transition plan and Adminer (an SQL tool for viewing MS SQL data in the BioSense Platform Archive). The second webinar will introduce the Access & Management Center and ESSENCE.

If your site anticipates a schedule conflict, please contact http://support.syndromicsurveillance.org.

BioSense Platform Quick Start Guides will be available to help you navigate the platform tools to conduct routine syndromic surveillance or review data. During the transition, the NSSP Team will schedule conference calls to answer questions and share information.

Phase 3 Transition Schedule (updated 5/4/2016)	Week 29 18-Jul—22-Jul	30 25-Jul—29-Jul	31 1-Aug—5-Aug	32 8-Aug—12-Aug	33 15-Aug—19-Aug	34 22-Aug—26-Aug	35 29-Aug—2-Sep	36 5-Sep—9-Sep	37 12-Sep—16-Sep	38 19-Sep—23-Sep	39 26-Sep—30-Sep	40 3-Oct—7-Oct	41 10-Oct—14-Oct	42 17-Oct—21-Oct	43 24-Oct—28-Oct	44 31-Oct—4-Nov	45 7-Nov—11-Nov	46 14-Nov—18-Nov	47 21-Nov—25-Nov	48 28-Nov—2-Dec	49 5-Dec—9-Dec	50 12-Dec—16-Dec	51 19-Dec—23-Dec	52 26-Dec—30-Dec
Illinois (includes Cook) / Massachusetts / Kentucky / Arizona / Mississippi / Arkansas / West Virginia / Kansas / Houston, TX	█	█	█	█																				
Nevada / Utah / New Mexico / Denver Public Health / Riverside, CA / Idaho / North Dakota / Montana / Alaska					█	█	█	█																
Stanislaus, CA / Linn County, IA / Santa Clara, CA / Nevada, CA / Florida / Ohio / Pennsylvania / New York / North Carolina								█	█	█	█													
Georgia / New York City / New Jersey / Indiana / Tarrant County TX / Missouri / Louisiana / Maryland / Washington											█	█	█	█										
Oklahoma / Minnesota / Connecticut / South Carolina / Oregon / Maine / Nebraska / New Hampshire / Rhode Island															█	█	█	█						
Boston Public Health Commission / County of Sacramento, CA / District of Columbia / Delaware / San Diego, CA / Hawaii / Vermont / South Dakota / San Mateo, CA																		█	█	█	█			

Weekly Transition Activities (updated 4/29/2016)

Week 1	Weeks 2 and 3	Week 4
• CDC presents transition plan and conducts orientation to Adminer • Users access Adminer to view new BioSense Platform Archive • Users confirm accuracy of Master Facility Table	• CDC leads orientation to the Access & Management Center (AMC) and ESSENCE • Users set up accounts and data access via AMC • Users learn ESSENCE functionality and use it to visualize syndromic surveillance data	• Sites transition to production (new) data flow • CDC begins converting legacy data from BioSense 2.0 front-end application to BioSense Platform Archive and into ESSENCE

ONBOARDING

Quarterly Onboarding Submittals

Thanks to site administrators who submitted a list of facilities they plan to onboard this quarter. We've kicked off our new approach to onboarding and are working with sites to bring their facilities onboard quickly. If you have facilities to onboard between now and September 2016, please submit a ticket to the service desk.

Webinar: BioSense Platform Onboarding Update

On July 27, 2016, the NSSP Onboarding Team held a webinar about recent enhancements to the onboarding process. The enhancements included improved planning (e.g., quarterly review of site requirements, onboarding prioritization guidelines, quarterly assessment of data representativeness, 90- and 180-day onboarding forecasts); improved documentation and data validation; checklists to help sites track activities; and comprehensive support (e.g., new online resources, feed monitoring and alerts). At the same time, the Onboarding Team acknowledged the challenges that sites face—such as the requirements that require manual, repetitive processes and the training of facilities and vendors. Sites not only train facilities about onboarding, they also explain syndromic messaging requirements. The

Onboarding Team presented how to ease some of the burden of onboarding through planning and by using the new tools. View the webinar.

Data Validation Support **Day and Time Change**

Conference calls are held every Wednesday, 3:00 pm–4:00 PM EDT, to assist with data validation compliance. For more information or to download the template for validating data, contact the service desk: http://support.syndromicsurveillance.org.

Onboarding Support **Day and Time Change**

Conference calls are held every Monday, 3:00 pm–4:00 PM EDT, to discuss the process and answer questions in a group forum. Requests received throughout the preceding week will be discussed during this call.

Updated Guide Describes New Approach to Onboarding

As a reminder, the *Onboarding Guide to the BioSense Platform*, version 1.5, details the new approach to onboarding. The guide is available at www.syndromicsurveillance.org/onboarding. Also, you can submit technical questions to the service desk.

MASTER FACILITY TABLE UPDATES

CDC takes steps to make sure facility information is accurate and consistently stored in a Master Facility Table, or MFT. The MFT captures metadata about facilities that will enhance a user's ability to categorize and compare surveillance data on the basis of facility properties—for example, by *patient class*. The MFT is essential for managing data access.

This table shows CDC's progress toward standardizing data in the MFT across facilities that input data to NSSP's BioSense Platform. To check a site's progress, match the accompanying icon to the flow chart.

Schedule for Reviewing Master Facility Table (updated July 19, 2016)

June 2016		July 2016	August 2016
Alabama	Illinois	Nevada	Stanislaus, CA
Tri County, CO	Massachusetts	Utah	Linn County, IA
Marion, IN	Kentucky	New Mexico	Santa Clara, CA
Michigan	Arizona	Denver PH	Nevada, CA
Tennessee	Mississippi	Riverside, CA	Florida
Virginia	Arkansas	Idaho	Ohio
Washington	West Virginia	North Dakota	Pennsylvania
Wisconsin	Kansas	Montana	New York
Department of Defense	Houston, TX	Alaska	North Carolina
Veterans Affairs			

September 2016	October 2016	November 2016
Georgia	Oklahoma	Boston PH Commission
New York City	Minnesota	County of Sacramento, CA
New Jersey	Connecticut	District of Columbia
Indiana	South Carolina	Delaware
Tarrant County, TX	Oregon	San Diego, CA
Missouri	Maine	Hawaii
Louisiana	Nebraska	Vermont
Maryland	New Hampshire	South Dakota
	Rhode Island	San Mateo, CA

Site Visits

FOA CDC-RFA-OE-15-1502

With a shared vision and strategy, CDC's NSSP Project Officers collaborate with their awardees to increase the impact of syndromic surveillance within their community and nationally.

South Region—Kim Raymond, Project Officer

Alabama Department of Public Health; July 12–13, 2016
Ms. Raymond reviewed progress and worked with the AL team to assess the challenges and opportunities associated with their work plan, budget, and operations. AL has made great strides in meeting FOA requirements and is among the first sites to transition to ESSENCE.

AL has improved geographic- and population-based representativeness of its data, with 96% coverage of its 4.8 million population. Of the 94 hospitals in AL, 74 have transitioned to production successfully. Another 13 hospitals are getting ready to onboard. In addition, AL performs detailed data quality assessments twice weekly to ensure high-quality data and accuracy.

Northeast Region—Philip Baptiste, Project Officer

New Hampshire Division of Public Health Services; July 6, 2016
Mr. Baptiste conducted a well-coordinated site visit with the NH team. Together, they reviewed NH's progress and challenges and assessed NH's work plan, performance measures, evaluation results, and success stories.

NH has successfully recruited 100% of hospitals and 25% of health information exchanges (HIE), establishing data use agreements and jurisdictional data-sharing agreements with their facilities and HIEs. Supporting two state-registered NSSP users, NH plans to add additional users after verifying quality assurance for data transmission and storage. NH uses their syndromic data to make public health decisions about the NH Drug Monitoring Initiative and collaborates with CDC on health events of national interest such as Ebola and Zika.

West Region—Philip Baptiste, Project Officer

HHS Region X and Intermountain Syndromic Surveillance Collaborative Meeting, May 26–27, 2016
At the invitation of the Idaho NSSP, Mr. Baptiste participated in the HHS Region X and Intermountain Syndromic Surveillance Collaborative Meeting in Boise, Idaho. Mr. Baptiste met via teleconference with NSSP awardees from Alaska, Washington, Oregon, Idaho, and Nevada and participated in a panel presentation about CDC resources. Each awardee gave an overview of activities and discussed syndromes of regional importance. This comprehensive meeting focused on

- Data quality processes and technical approaches to data management, accessibility, and analysis;
- Use of syndromic surveillance during environmental emergencies and as a data source for chronic diseases;
- Collaboration and data sharing among sites using syndromic surveillance; and
- Comparison of select syndromic definitions.

ISDS Prepares to Launch Community of Practice

The International Society for Disease Surveillance (ISDS) has started foundational work on developing NSSP's Community of Practice (NSSP CoP), which promotes the use and practice of syndromic surveillance. The NSSP CoP will provide a peer-to-peer collaborative environment to foster and facilitate knowledge sharing and partnership. Working together, CDC, ISDS, stakeholders, and community members can leverage the talents of a broad range of public health practitioners to enhance the nation's syndromic surveillance capacity.

Communities of practice need the right mix of expertise at the onset—professionals from varied backgrounds who share a passion for syndromic surveillance and the possibilities it holds. Professionals who will ground the community, encourage participation (collaboration, training, mentorship), and empower others. One of ISDS's first tasks will be to establish a steering committee to lead and guide the CoP. The steering committee will be the catalyst for collaboration to meet the community's needs and for empowering it to advance the science and practice.

eSHARE EVENTS

- PHI Conference: **8/21–24, 2016**; http://phiconference.org/
- ISDS 2016 Annual Conference: **12/6–8, 2016**; New Frontiers in Surveillance: Data Science & Health Security; http://www.syndromic.org/annual-conference/2016-isds-conference

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