RESULTS – SYSTEM ATTRIBUTES

- **Simplicity:** System mostly automated, including aberration detection, epidemiologist manually sends weekly reports to hospitals (Figure 2).
- **Flexibility:** Easy to add/delete syndromes, easy to add/change/delete terms from syndrome definitions, examples:
  - Added heat related syndromes during July 2010 heat wave
  - Added misspelling of carbon monoxide to definition to capture missed events
- **Representativeness:** Data are ED visits from 24 of Maine’s 37 EDs, represents ~75% of Maine’s ED visits (Figure 3).
- **Timeliness:** Near real-time, receive previous day’s ED visits (Figure 2).
- **Stability:** System unavailable only when servers are inaccessible.

CONCLUSIONS

- Tick misclassifications more likely to go in “Other” syndrome
- GI misclassifications more likely to go in another syndrome
- Misclassifications may be related to how extensive a syndrome definition is and symptom overlap with other chief complaints
- Time intensive procedure to review all chief complaints, especially for syndrome with more extensive definition (GI)

NEXT STEPS

- Evaluate more syndromes using the summer data file including influenza-like illness and heat-related syndromes
- Replicate analysis of Tick and GI syndromes with winter data file for seasonal comparisons
- Evaluate acceptability of syndromic surveillance system with survey of hospital-based system participants
- Increase number of participating hospitals
- Transition to HELT messaging and extended variables for meaningful use initiative
- Transition to using BioSense 2.0

SOURCES


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