West Virginia BioSense 2.0 User Agreement

The West Virginia Department of Health and Human Resources, Bureau for Public Health has implemented an electronic syndromic surveillance system (BioSense 2.0, including the ESSENCE web interface) to receive and analyze information on health-related events from hospitals and urgent care centers in accordance with the West Virginia Reportable Diseases, Events, and Conditions Legislative Rule, 64CSR7-12 and in cooperation with the Center for Disease Control's National Syndromic Surveillance Program.

Use of BioSense 2.0 for disease and injury surveillance and other public health research is encouraged. The use of BioSense 2.0 data for the identification of deaths is prohibited, however, without permission from the West Virginia Health Statistics Center.

You are responsible for understanding confidentiality requirements and limitations on data access and use pursuant to any applicable Data User Agreement between your institution and the West Virginia Bureau for Public Health as well any such requirements and limitations imposed by your own institution.

Furthermore, as a condition of access to BioSense 2.0, you agree to:

1) only use BioSense 2.0 data in the course of fulfilling professional duties,

2) not share BioSense 2.0 data with unauthorized users,

3) safeguard your user ID and password against unauthorized use.

Additionally, you understand that BioSense 2.0 data has limitations that may introduce bias or otherwise reduce its usefulness in informing public health decisions. These limitations include, but are not limited to, inconsistencies in reporting practices between facilities and across time, differences between health events captured in BioSense 2.0 versus those not reported, and differences in data quality and completeness between facilities in West Virginia and other states.

Lastly, you understand that the vast majority of algorithm-generated warnings and alerts in BioSense 2.0 and ESSENCE do not indicate public health emergencies.

I understand and agree to the foregoing terms and conditions.

_____	_____
User's Printed Name	Institution or Organization
_____	_____
User's Signature	Date
_____	_____
User's Email Address	User's Telephone Number

To comply with CDC security requirements, please check the box below that applies to your US citizen status:

□ I am a US Citizen □ I am not a US Citizen