

# **BioSense 2.0: West Virginia Syndromic Surveillance System**

## **Information Access and Confidentiality Standards**

**Division of Epidemiologic Informatics and Evaluation  
Office of Epidemiology and Prevention Services  
West Virginia Bureau for Public Health**

## **1. Introduction**

The BioSense 2.0 program is a Center for Disease Control and Prevention (CDC) initiative working with state health departments to track health related threats in the United States as they evolve. It provides public health officials with the data, information, and tools needed to better prepare for and coordinate responses to safeguard and improve the health of Americans.

BioSense Program was launched in 2003 to establish an integrated national public health surveillance system for early detection and rapid assessment of potential bioterrorism-related illness. In 2010, CDC redesigned the program (BioSense 2.0) and expanded the scope to cover all health-related threats. The BioSense 2.0 program is administered by the Division of Notifiable Diseases and Healthcare Information in CDC's Public Health Surveillance and Informatics Program Office; Office of Surveillance, Epidemiology, and Laboratory Services.

BioSense 2.0 collects information on Emergency Department (ED) visits and hospitalizations from multiple sources, including the Department of Veterans Affairs (VA), the Department of Defense (DoD), and civilian hospitals around the country. The BioSense program works with state or local health departments that have agreed to share data from their own ED monitoring systems to collect data from civilian hospitals.

Analysis of data through BioSense 2.0 provides insight into the health of communities across the country. Such data are vital to guide decision making and actions by public health agencies at local, regional, and national levels.

BioSense 2.0 was developed and is governed by an active collaboration of the Association of State and Territorial Health Officers (ASTHO), CDC, Council of State and Territorial Epidemiologists (CSTE), National Association of County and City Health Officials (NACCHO) and the International Society for Disease Surveillance (ISDS). BioSense 2.0 has a distributed cloud computing environment and tools with state and local control. All policies and procedures

applicable to the use of such an environment are in compliance with the Federal Information Security Management.

In February 2012, The West Virginia Bureau for Public Health (WVBPH) signed an Information Sharing and Data Use Agreement with ASTHO which governs the submission of data to the BioSense Program and the use of the data in West Virginia.

The purpose of this document is to define and formalize the policy for the overall security, access, and appropriate use of BioSense 2.0 information by WVDHHR personnel and Local Health Departments (LHD).

## **2. Privacy and Confidentiality**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of certain individually identifiable health information, called protected health information (PHI). In the interest of public health, the HIPAA Privacy Rule permits PHI to be shared for public health activities conducted by a legally authorized public health authority. The WVBPH Syndromic Surveillance System (Biosense 2.0) does not collect directly identifiable patient information, and will be administered by WVBPH solely for public health purposes. Data will be transmitted and maintained in secure electronic formats.

## **3. Applicable documents**

1. Public Health Security and Bioterrorism Preparedness and Response Act (2002)
2. Data Use Agreement between WVBPH and ASTHO (2012)
3. The Health Insurance Portability and Accountability Act (1996)
4. West Virginia Reportable Disease Legislative Rule 64-7-12 (2013)
5. Applicable DHHR/BPH Policies
  - a. IT (Information Technology) Policy 0501 – Use of IT Resources
  - b. IT Policy 0511 – Information Technology Network Security

## **4. Guidelines**

BioSense 2.0 does not collect directly identifiable patient information. However, in rural states like WV, the number of cases reported with a disease/ syndrome in a limited geographical region (e.g. county) can be small. BioSense 2.0 recognizes that an individual's privacy must be protected. This privacy must be balanced against the need to manage individual and community health through sharing timely, accurate, and complete data. A "User" means any authorized user of data available through BioSense 2.0. All users must be affiliated with the data source (WVBPH). WVBPH will institute and promote the following guidelines for all BioSense 2.0 users.

### **4.1. Registration of Authorized Users**

WVBPH requires all BioSense 2.0 users to complete:

- "Think WV Privacy" Training\*
- Annual Cybersecurity Training
- BioSense 2.0 User Agreement Form
- WV Confidentiality Agreement

\*Available at the Learning Management System (<http://www.onlinelearning.wv.gov>). Please contact the West Virginia Office of Technology service desk (304 558 9966) if you need access to the Learning Management System

Please mail or fax these documents (including copies of training completion certificates) to:

#### **Office of Epidemiology and Prevention Services**

**350 Capitol Street, Room 125, Charleston, WV 25301-3715**

**Fax (304)558-1899 or (877) 408-8927**

**ATTN: Kirsten Oliver, BioSense 2.0 Project**

Upon receipt of the above documents, the BioSense 2.0 State Administrator will send an invitation e mail to the applicant. The applicant will complete the registration process following the instructions in the e mail.

## **4.2. Use of Data**

The use of data collected is limited to the following:

- For early detection and characterization of events or health related threats in the jurisdiction of the user
- To manage the healthcare delivery system in the jurisdiction of the user
- To monitor the health status of the communities within the jurisdiction of the user

The user should make no attempt to identify individuals represented in the data or data sources if not already known except as part of public health follow-up within the health jurisdiction for which the user has legal authority for public health follow-up.

Prior approval from the State Epidemiologist/ Surveillance Director must be obtained for using the data in print or other audiovisual media. Any such use should acknowledge the use of BioSense 2.0 data.

## **3.3. Duration of Access**

- Access will be for one year
- Access may be cancelled if not renewed annually
- **It is the responsibility of the supervisor of the user to promptly inform the State Administrator ([Kirsten.D.Oliver@wv.gov](mailto:Kirsten.D.Oliver@wv.gov) or 304 356 4066) when the user's access needs to be cancelled upon job change/termination/retirement.**