

## STATEMENT OF POLICY

### Syndromic Surveillance

#### Policy

The National Association of County and City Health Officials (NACCHO) urges increased and sustained federal support for syndromic surveillance efforts, including support for local health departments to enhance syndromic surveillance data collection and integration efforts for public health situational awareness and decision making. Syndromic surveillance, also known as biosurveillance\*, provides public health officials with a timely system for detecting, understanding, and monitoring health threats, including respiratory viruses, environmental threats, hazards, and emerging diseases. By tracking symptoms of patients in emergency departments and other settings—before and after a diagnosis is confirmed, all in near real-time—public health can detect unusual levels of illness to determine whether a response is needed. Syndromic surveillance is a collaborative effort among local and state health departments, the Centers for Disease Control and Prevention (CDC), and partners.<sup>1</sup>

Support for syndromic surveillance helps to ensure that local health departments have access to real-time actionable public health data which (a) allow for the early identification of public health emergencies; (b) provide core monitoring and evaluation data for key public health areas such as respiratory surveillance and heat-related illness; and (c) supplement existing surveillance systems to strengthen public health preparedness and response. NACCHO supports the following:

- Local health department involvement in the development and implementation of syndromic surveillance systems and their applications.
- Support from the Centers for Disease Control and Prevention (CDC), namely the National Syndromic Surveillance Program (NSSP), the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) at the Department of Health and Human Services (HHS), Department of Homeland Security (DHS), namely the National Biosurveillance Integration Center (NBIC), and other associated federal partners to foster and maintain relationships among local health departments, hospitals, healthcare providers, and other data sources such as fire and police departments and emergency medical services. These partnerships are crucial for enhancing and expanding syndromic surveillance implementation efforts, and for ensuring the reliability of the data.
- Federal and state government support to ensure that local health departments can meet their syndromic surveillance needs by allocating robust resources for local health department infrastructure, staffing, and training for syndromic surveillance efforts. For local health departments with limited capacity, federal and state support for local syndromic surveillance should be maintained through data sharing and technical assistance.



- Syndromic surveillance systems that add value to evolving public health practice. Clearly defined uses for syndromic data to guide the quantity and type of data collected. The intended uses for the data should be clearly defined prior to system implementation.
- An all-hazards systematic approach to requirements definition to ensure that the methods are supportive of multiple public health practice activities and do not limit data collection solely for preparedness needs. Local and state health departments should work closely together and with federal partners, such as the CDC, to define the best use cases and determine what type of data is most useful. This support must enable local health departments to access useful data in a timely fashion to ensure appropriate response and ongoing situational awareness during an event.
- Cooperation between local, state, and federal agencies to ensure that current initiatives and data collection practices at the local level are complementary to those at national and state levels. National and state efforts to collect syndromic data must not disrupt successful local initiatives underway for syndromic surveillance, health information exchange, and regional health information organizations.
- Protections that ensure the privacy, security, and confidentiality of health data. Stakeholders need to establish protections in dual-use agreements to balance access to important data sources while ensuring proper safeguards are in place to protect the rights of patients. A potential stakeholder relationship can include a hospital sharing line-level data with a local health department. In this situation, a legal document, such as a data sharing agreement, should be drafted and approved by both parties to ensure that the data is safe. Healthcare providers should follow evolving national standards on confidentiality and patient consent when sharing data with local health departments.
- Collaboration among local health departments, federal partners, and lawmakers to draft data-use agreements that address privacy and security concerns. Federal and state entities should continue to partner with local health departments on the creation of model data-use agreements.
- Federal support from the CDC and DHS to promote ongoing syndromic surveillance research and collaborative efforts among local health departments and their partners. Relevant partners include the CDC, including the NSSP Community of Practice (CoP), the International Society for Disease Surveillance (ISDS), the Council of State and Territorial Epidemiologists (CSTE), and the Association of State and Territorial Health Officials (ASTHO). Coordination and collaboration among these partners are vital to the advancement of syndromic surveillance techniques.

### **Justification**

Syndromic surveillance is a key public health surveillance tool, providing detailed real-time data to identify issues and inform local public health response through the ongoing, systematic collection, analysis, and interpretation of health-related data which is essential to planning, implementing, and evaluating public health practice.

*Local access to syndromic surveillance data is key to supporting prompt public health response.* Local health departments are the traditional entry point for routine disease surveillance and investigation, and function as first responders in a public health emergency. As such, local health departments are keenly aware of the information needed to monitor public health emergencies and mount response and mitigation activities. Many public health systems operate under a

federated or decentralized model; however, with current resources, technology infrastructure is often centralized. Given this hybrid model of centralized resources and decentralized authority, state and federal public health agencies must ensure that local health departments have timely access to any data about their local community and are actively involved in the definition of data and functional requirements for syndromic surveillance systems and in the local implementation of such systems.

*Strong national, interjurisdictional, and local collaboration is critical in developing and maintaining syndromic surveillance as a responsive and reliable public health tool.* Well-designed and well-integrated syndromic surveillance systems help local health departments in the early identification and monitoring of health threats from both natural and intentional causes. These systems should be built upon state and local health departments' traditional disease surveillance, health information exchanges, and regional health information organizations. The role of syndromic surveillance initiatives, including national initiatives such as BioSense, is to support state and local health departments at various stages of implementation of syndromic surveillance systems by providing guidance on standardization of data collection, analysis and use protocols, and by ensuring that data collection efforts are coordinated with existing initiatives to ensure judicious use of public health resources.

*Currently, many local health departments lack important physical infrastructure for effective syndromic surveillance.* According to the 2024 NACCHO Public Health Informatics Profile, over three quarters of local health departments use syndromic surveillance to monitor and respond to potential outbreaks. Many local and state health departments lack adequate funding to develop, maintain, and enhance syndromic surveillance systems. Investment in infrastructure, skilled workforce, and data-sharing agreements are critical, yet often underfunded. Additionally, the costs associated with updating legacy systems and training personnel can be prohibitive for smaller health departments. Approximately half of local health departments receive syndromic surveillance data through a state or regional health department, highlighting the needs for partnership among limited infrastructure challenges.<sup>2</sup>

*Continued investment in workforce capacity and development is a necessity for syndromic surveillance data to inform local public health action.* A well-trained workforce is essential for syndromic surveillance operations, but many local health departments face shortages of skilled professionals with expertise in epidemiology, informatics, and data analytics. Workforce development programs are needed to build capacity in data analysis, system management, outbreak prediction, detection, and response.

*Processes and infrastructure for ensuring the protection of sensitive health data are critical to ensuring patient privacy.* Data pertaining to health information requires strong protections to ensure the privacy of patients and the continued collaboration with reporting facilities. Both the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) allow local health departments timely access to information during emergency situations; it is the responsibility of public health to ensure these protections are maintained.<sup>3</sup>

*Efficient and comprehensive processes for data sharing are critical to ensuring the useability of syndromic surveillance data. Dual-use agreements can help to facilitate sharing of data for public health purposes by allowing users to legally share data with other local, state, and federal partners. Local health departments understand the need for and importance of sharing data, especially during times of emergency (e.g., COVID-19 pandemic; Highly Pathogenic Avian Influenza) and mass gatherings (e.g., the Super Bowl, presidential inaugurations).*

As most responses to emergencies are locally managed, it is critical that these existing relationships continue to be developed, expanded, and strengthened to ensure rapid response to public health threats. Additionally, reliance on syndromic surveillance data as the only indicator of a public health emergency must be avoided. Electronic syndromic surveillance systems will not replace astute clinicians and local health department relationships with their clinical communities to detect, monitor, and control public health emergencies.

\*Previous versions of this policy statement were titled Biosurveillance. The title changed to Syndromic Surveillance in 2025 to align language with national programs and initiatives.

### **References**

1. Centers for Disease Control and Prevention (2024). *Syndromic Surveillance*, About NSSP, National Syndromic Surveillance Program. Retrieved May 1, 2025 from [https://www.cdc.gov/nssp/php/about/index.html#cdc\\_program\\_profile](https://www.cdc.gov/nssp/php/about/index.html#cdc_program_profile)
2. Patel, K., Shea, M., Tamrat, G., et al. (2024). *2024 Public Health Informatics Profile*. National Association of County and City Health Officials. Washington, DC. Retrieved May 1, 2025 from <https://www.naccho.org/resources/lhd-research>.
3. Centers for Disease Control and Prevention (2024). *Health Information & Privacy: FERPA and HIPAA*, Public Health Law. Retrieved May 1, 2025 from <https://www.cdc.gov/phlp/php/resources/index.html>

### **Record of Action**

*Proposed by NACCHO Biosurveillance Workgroup*

*Adopted by NACCHO Board of Directors July 2006*

*Updated July 2012*

*Updated November 2014*

*Updated September 2025*