

Oral Testimony
House Committee on Science, Space, and Technology
Hearing on Fighting Flu, Saving Lives: Vaccine Science and Innovation
November 20, 2019

Sharon M. Watkins, PhD
President, Council of State and Territorial Epidemiologists
State Epidemiologist, Pennsylvania Department of Health

Chair Johnson, Ranking Member Lucas, and members of the committee, thank you for the privilege to appear before you today. My name is Dr. Sharon Watkins, President of the Council of State and Territorial Epidemiologists (CSTE) and State Epidemiologist for the Pennsylvania Department of Health. CSTE is an organization of 56 member states and territories representing applied public health epidemiologists or “disease detectives” nationwide. We work every day, in partnership with CDC, to detect and respond to influenza outbreaks, gain an understanding of potential changes in the virus, and deliver life-saving vaccines.

I have witnessed the devastating impact of seasonal influenza, the 2009 H1N1 pandemic, measles, and many other vaccine preventable diseases in the communities I serve. Public health threats require efficient, timely responses that rely on a network of public health agencies at all levels of government in coordination with health care providers. Response to outbreaks happens at the local level. Data on the age group effected, vaccination status, underlying illness, pregnancy status, and whether the outbreak is in a school or long-term care facility,

for example, are all needed rapidly to identify where to respond and what is needed.

Unfortunately, this public health network is choked by antiquated data systems that rely on obsolete and sluggish data sharing methods - faxes and phone calls are *still in widespread use*. The system is in dire need of security upgrades. Lack of - interoperability, reporting consistency, and data standards lead to errors in quality, completeness, timeliness, and communication.

I have stood before communities in crisis, who are justifiably bewildered and angered that public health cannot access disease data or access it faster. “How is it that I can simply log into a portal and get my medical test results in a matter of minutes and you, who are charged with protecting public health, don’t have access to today’s health data?”

It shocks people to learn that we do not have national coverage connecting hospital emergency departments with public health surveillance systems—about 40 percent of all ED visits are NOT submitted to public health departments leaving us flat-footed in identifying and responding to severe flu infections among high risk groups including pregnant women, children, and the elderly.

We are now entering flu season and are challenged by the concurrent outbreak of lung illness associated with e-cigarettes. Public health is urgently deciphering faxed medical records to distinguish e-cigarette related cases from flu

cases. This information arrives piece-meal at different times through different channels. Try to decipher ADDENDUM 1 in my written testimony, a four-page sample of a 350-page faxed medical record received by the Pennsylvania Department of Health on one of our e-cigarette cases. Providers *already have this data stored and collected in electronic health records* but cannot rapidly share these data with public health who have no way to receive them electronically.

Death certificates are still filed on paper in some states and only 63 percent of all death certificates are submitted to CDC for national aggregation within 10 days. Regrettably, most pediatric flu deaths occur in unvaccinated children, and it takes weeks to uncover and link the flu death with vaccination history, causing lags in communication to stakeholders who need answers to these questions—where did the deaths occur and what populations are most vulnerable?

CSTE and our partners—the Association for Public Health Laboratories, NAPHSIS and HIMSS—together with more than 90 other institutions, believe the time is now to step up and take a coordinated approach to building a 21st Century public health data super highway. This super highway will collect data from health care providers and report it automatically to public health departments, link it to other key data—including birth and death records and immunization registries—and share that data seamlessly and securely with CDC.

The technology is here. What we really need are resources. This is why the proposed funding of 100 million dollars that was included in the House Labor, Health and Human Services Appropriations bill to support data infrastructure at the CDC - is urgently needed.

During your ongoing deliberations, CSTE hopes you will consider the need for a modernized, electronic, interoperable public health data system, and skilled public health data scientists to strengthen public health's best prevention and control strategy—vaccination. We recognize this effort must be funded with *new* money, rather than cut already underfunded public health programs. Without federal support, public health surveillance modernization will remain unattainable and the health of the nation will suffer. We look forward to working with you, and I thank you for the opportunity to testify before you today.