

**Testimony on HB 2513**  
**Establishing a Real-Time Electronic Communicable Disease and**  
**Bioterrorism Reporting System**  
**to**  
**The House Health and Human Services Committee**  
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Thank you for the opportunity to testify on HB 2513 dealing with electronic disease reporting systems. My name is Gianfranco Pezzino. I am the State Epidemiologist in the Kansas Department of Health and Environment.

The Kansas Department of Health and Environment (KDHE) considers electronic disease reporting one of the essential tools to assure early detection of public health threats and establishment of appropriate disease control measures. For several years, KDHE has been one of the leading state public health agencies in the country to promote the concept of one integrated electronic disease surveillance system for public health. In 1999, KDHE was one of the first three states to implement a Web-based, secure electronic disease reporting system. This system, named HAWK, is still in use, and allows local health departments to enter information on cases of reportable diseases directly into the central database hosted by KDHE. That information is then immediately available to state epidemiologists for review of individual cases and aggregate analyses.

One of the main obstacles towards better integration of electronic health information is the lack of universally accepted standards for recording, storing, and transmitting records. In 1999 and 2000, the federal Center for Disease Control and Prevention (CDC) published design and technical specifications for a National Electronic Disease Surveillance System (NEDSS). This was a milestone for many public health informatics officers, because it spelled out for the first time what standards should be used in the design and implementation of electronic disease reporting systems. Staff from KDHE were active participants in the process of defining these national standards, through direct participation in national working groups and the publication of national guidance documents. The experience acquired through the implementation of HAWK helped shape those standards for other states.

The terrorism events that occurred at the end of 2001 made public health surveillance a much more visible issue. Early recognition of unusual health-related events is now seen not only as a public health, but as a national security priority. New, innovative

approaches to disease surveillance have been proposed. For example, monitoring the sale of medications, the reasons for emergency room visits, or the orders for laboratory tests have been proposed as means to complement traditional disease reporting methods. While some of these concepts are intriguing, their real-life effectiveness in early detection of important public health threats remains is still being evaluated. There are several projects around the country (usually in large metropolitan areas) that are piloting some of these new techniques. KDHE is monitoring these projects very closely and will adjust its activities based on the knowledge acquired through these projects.

HB 2513 requires the secretary of health and environment to establish an electronic communicable disease reporting system that meets nine criteria, listed in section 1(b). KDHE has had an electronic disease reporting system for several years, and is continuously expanding and strengthening its functions. In particular, importation of records from other systems (such as laboratory information systems and hospitals) is an extremely important feature that is being implemented. KDHE supports the criteria described in this bill. KDHE also believes that legislation is not necessary for the achievement of the goals outlined in this bill.

This concludes my testimony and I will now stand for questions.