

"Unconference" Open Session - Case Based Surveillance

Session Name: Case Based Surveillance :

OHIE18 Event Page - ohie.org/OHIE18

Time / Room: 9:30 - 10:30 Marquee

Presenter: Eric, Richard, Samuel L

Attendees:

Etherpad: https://notes.ohie.org/2018-08-02_Unconference_Marquee_930

Questions

1. how do you link CBR to the EMR/EHR
2. how do CBR and iDSR link together

Notes:

1. evolving data needs for public health action
2. HIV case based surveillance on the path to epidemic control
3. from care continuum to surveillance workflow
 - a. mapping of events
 - b. case reporting--initial diagnosis/initial recognition (iDSR)
 - i. case based surveillance looks at the continuum with 'triggers'
 - ii. data collected bby paper in most cases
4. presented information about CBR HIV and OpenMRS- [demo available on youtube video](#)
5. HIE essentials for HIV CBS (Uganda)- patient goes through the continuum of care
 - a. who is this patient
 - b. where did they get care
 - c. testing and clinical cascade
 - d. secure data exchange and then need for deidentified data (surveillance data repository/ indicator data repository
 - e. need ability to deidentify every time that you get a new case- ' am I really new'???

Questions

1. when is data deduplication done and how
 - a. can have retrospective at the central level
 - b. asynchronous data exchange
 - c. need tools to dematch if you have matched wrong
2. public health surveillance isnt the same as clinical care delivery
 - a. work for the individual patient vs public health perspective (government role)
 - b. complementary use case with clinical care and HIE
3. case based surveillance-- does it work? example of SA where it seems to not work
 - a. good clinical care data system allows you to have better data
 - b. is CBS more of an analytic system that sits on top of the individual patient record system
 - c. need to identify HIV patients as soon as possible (rare to come in at the point of 'sickness')- system must be able to capture this
 - d. do automated reporting from the EMR and support the 'message and payload' from these systems
4. ' just in time architecture'
 - a. helpful concept; if the framework for HIE exists, then you can respond quicker , deliver excellent care, and there is no conflict
5. value of the case based reporting form- establishes relationship with the government for care, including what and when you will share public health information
6. other value of CBR report- Rwanda
 - a. initial information from counseling (risk based questions)
 - b. as countries get to 90/90/90 or 95/95/95-- see a push to get to the last cases (and need to tease out the data in a meaningful manner)
 - c. unique ID- permission to use an application number (number that you get when you apply for your ID) for CBS finding and tracking
7. what is the clinical care model
 - a. every patient is supposed to get viral load/year- that ends up in some countries over a million tests/ year