Syndromic surveillance is a strategy used by public health for early event detection and to monitor the health of the community. It uses information, such as chief complaints from people seeking acute care, to identify emerging trends of public health concern. The data are grouped into syndromes based on the patient’s symptoms, and statistical algorithms are run to identify unusual temporal and geographic patterns that might indicate situations of concern.

Making data available in this manner is more efficient to public health agencies in that this information avoids potentially lengthy delays required for laboratory-confirmed diagnoses. Disease control and response efforts can be initiated once syndromes exceed a predefined threshold of detection. Early recognition and responses to outbreaks can help control and prevent subsequent illness.

The National Syndromic Surveillance Program (NSSP) promotes and advances development of a syndromic surveillance system for the timely exchange of syndromic data. These data are used to improve nationwide situational awareness and enhance responsiveness to hazardous events and disease outbreaks to protect America’s health, safety, and security. NSSP functions through collaboration among individuals and organizations at local, state, and federal levels of public health, including the Centers for Disease Control and Prevention (CDC), the U.S. Department of Defense, the U.S. Department of Veterans Affairs, the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), the National Association of County and City Health Officials (NACCHO), and hospitals and health professionals. The NSSP provides syndromic surveillance practitioners access to and use of the cloud-based BioSense Platform, a secure integrated electronic health information system with standardized analytic tools and processes, or ESSENCE. Utilizing the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) program, developed by the Johns Hopkins University Applied Physics Laboratory, users are able to rapidly collect, evaluate, share, and store syndromic surveillance data. By using ESSENCE and the BioSense Platform, health officials can analyze syndromic data to improve their common awareness of health threats over time and across regional boundaries.
Kansas Department of Health and Environment (KDHE) is currently accepting syndromic surveillance data from eligible hospital emergency departments only. For more on the measure, click on the following link: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/10_Syndromic_Surveillance_Data_SubmissionEP.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/10_Syndromic_Surveillance_Data_SubmissionEP.pdf)

**Eligible Professionals (EPs):** Syndromic surveillance submission is one of 10 stage 2 menu objectives for EPs. EPs may claim exclusion for this menu objective because the KDHE can currently only accept syndromic surveillance data from hospital emergency departments. Take a screenshot of the KDHE Meaningful Use webpage ([http://www.kdheks.gov/health/meaningful_use/](http://www.kdheks.gov/health/meaningful_use/)) and retain the pdf for documentation for this exclusion.


As an EP recall that beginning in 2014, EPs, eligible hospitals, and critical access hospitals (CAHs) will no longer be permitted to count an exclusion toward the minimum menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet.

**Eligible Hospitals (EHs):** For Stage 2 KDHE only accepts submissions from EHs and CAHs. Syndromic surveillance submission is one measure of 9 stage 2 objectives for EHs. EH attestation requires registration of intent to submit syndromic data within 60 days of start of the reporting period and one of the following: 1) has achieved ongoing submission, 2) is engaged in testing and validation or 3) is awaiting invitation to begin testing and validation.

Providers or hospitals that fail to respond within 30 calendar days to PHA requests for action on two (2) separate occasions will not meet the public health measure for which action was requested (77 FR 54021 | [http://www.federalregister.gov/a/2012-21050/p-1009](http://www.federalregister.gov/a/2012-21050/p-1009)).

KDHE utilizes CDC’s NSSP BioSense Platform for aggregation and analysis of syndromic surveillance data; BioSense data are held in the Amazon Cloud. Facilities may choose to report data directly to BioSense or via a Health Information Exchange such as Kansas Health Information Network (KHIN). The HIO can act as a conduit of syndromic data to BioSense. This data transmission is in accordance with the standards set forth by the Office of the National Coordinator in order to meet Meaningful Use requirements.

The onboarding process to submit syndromic data to KDHE is listed below. Contact the KDHE Syndromic Surveillance Program at [kdhe.syndromic@ks.gov](mailto:kdhe.syndromic@ks.gov) with any questions about this process or to check your enrollment and connection status.
**Stage 2 / Stage 3 Objective**

The Stage 2 / Stage 3 object that the eligible entity must show: “The eligible hospital or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.”


**Reporting Criteria**

**Stage 2** final rule specifics for eligible hospitals can be found [here](#) and for eligible provider, details can be found [here](#).

**Stage 3** final rule specifics for eligible hospitals can be found [here](#) and for eligible provider, details can be found [here](#).

Please refer to the PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0 (April 2015) implementation guide for message format specifications. Additional Kansas-specific criteria can be found in the KDHE Syndromic Surveillance Technical Specifications for Meaningful Use document.

**First Steps**

There are two ways to submit syndromic surveillance data to BioSense:

1. Become a member of the Kansas Health Information Network (KHIN) or
2. Contact Sophia Crossen at kdhe.syndromic@ks.gov

All facilities will be asked to sign the Data Usage Agreement (DUA) and return it to:

Sophia Crossen
kdhe.syndromic@ks.gov

Bureau of Epidemiology and Public Health Informatics
Kansas Department of Health & Environment
1000 SW Jackson, Suite 130
Topeka, KS 66612

To learn more about our onboarding process, see our KDHE Syndromic Surveillance Onboarding Process document. For more information on how to connect to the KDHE Syndromic Surveillance System, email kdhe.syndromic@ks.gov or call 785-296-5645.