

## Partnerships & Communication

### Partnerships and Communication Requirement

Establish and maintain partnerships and networks enabling communications that support routine surveillance and emergency preparedness and response, data sharing and specimen sharing. Several interrelated partnerships are needed among the public health and healthcare communities for routine surveillance including

- CDC,
- State epidemiologist/surveillance coordinator,
- PHL,
- Clinical laboratories,
- Commercial laboratories,
- Clinicians,
- Rapid Influenza Diagnostic Testing (RIDT) sites.

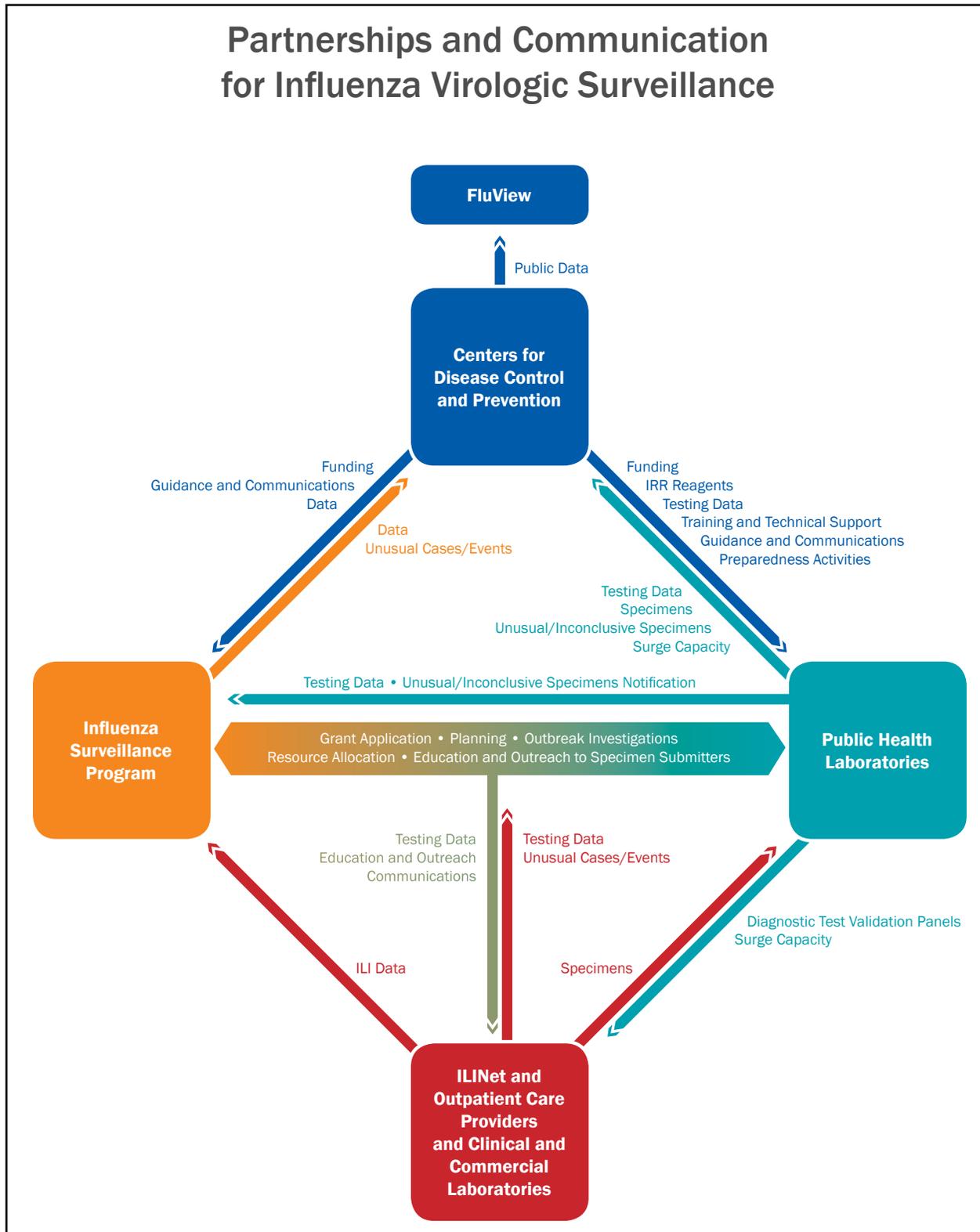
### Requirement Intent

The US influenza surveillance system, which includes virologic, morbidity and mortality components relies heavily on partnerships across the local, state and national levels. As shown in Figure 3, these partnerships and networks are critical to communications that support routine surveillance, emergency response, data sharing and specimen sharing. The role and value of partnerships was very apparent in the highly effective public health response to the 2009 influenza A(H1N1) pandemic and has been documented in APHL's [Lessons from a Virus](#).<sup>10</sup>

The most important partnership for effective virologic surveillance is the relationship between **the PHL staff and epidemiology/influenza coordinators**. Data from the 2011 Right Size Influenza Virologic Surveillance Landscape survey to assess influenza-related activities at PHLs highlighted the value of this collaboration for jointly developing surveillance policy, strategies, and resource allocation.<sup>2</sup> This partnership also serves to improve communication, education and outreach to specimen submitters, data sharing and outbreak investigations. The roles and responsibilities of the laboratorians and epidemiology/influenza coordinators will vary across jurisdictions. Therefore, it is important that both parties have an understanding of each other's roles and agreement on the best approach to address each surveillance component.

Building and maintaining relationships with external partners has been identified as a pivotal contributor to the success of public health surveillance efforts. A strong **PHL/epidemiology/clinical-commercial-academic laboratory** partnership will support the formation of an effective specimen submitter network and enhance information sharing and outbreak response. Strong relationships among state epidemiology, PHL, and clinical partners are crucial to ensuring quality and consistent data and specimens for influenza virologic surveillance.

## Partnerships and Communication for Influenza Virologic Surveillance



PARTNERSHIPS & COMMUNICATION

Figure 3. Essential Influenza Virologic Surveillance Partnerships and Communication. Effective virologic surveillance requires collaboration, communication, and coordination between various partners. Communication activities listed below are also facilitated by professional organizations such as APHL and CSTE.

Additional key PHL relationships are outlined in several documents, including APHL's [Core Functions of Public Health Laboratories](#), [Definition of a State Public Health Laboratory System](#), and CDC's [Public Health Preparedness Capabilities: National Standards for State and Local Planning](#).<sup>11,12,13</sup> These relationships have also been included as elements in public health emergency response planning. Efforts to create state-based laboratory networks that interconnect to form a cohesive national system have been promoted in the context of [APHL's Lab System Improvement Program \(L-SIP\)](#), [Laboratory Efficiency Initiative \(LEI\)](#), [All-Hazards Public Health Emergency Preparedness \(PHEP\)](#) initiatives, the CDC/ Council of State and Territorial Epidemiologists (CSTE) [Competencies for Applied Epidemiologists in Governmental Public Health Agencies \(AECs\)](#) and the [Laboratory Response Network \(LRN\)](#) for more than a decade.<sup>14,15,16,17,18</sup> The LRN structure for bioterrorism is represented by a pyramid, with clinical ("sentinel") laboratories as the foundation, PHLs as the primary members of the reference laboratory level, and CDC and other national laboratories at the peak of the structure (see Figure 4). The LRN pyramid demonstrates the interrelatedness of various partners in responding to potential bioterrorism threats and sets a foundation for partnerships and communication for other surveillance systems such as influenza virologic surveillance.

Partnerships between **CDC and PHLs** have also resulted in a number of important collaborative efforts including, but not limited to, informational teleconferences for PHLs, development of a "warm base" of diagnostics capabilities in PHLs for rapid deployment of tests (e.g., 2009 influenza A H1N1) and ongoing reagent and equipment support facilitated by the CDC, APHL and private industry, and others included in Figure 3. Similar relationships exist between **CDC and state based influenza surveillance coordinators**. Monthly conference calls and annual meetings allow for discussions about influenza circulation and potential areas of concern. Annual communications have been established between CDC, PHLs and epidemiology staff to ensure that all stakeholders are receiving relevant information at the beginning of each season, and working collaboratively toward common surveillance goals. Additionally, professional organizations such as APHL and CSTE provide programmatic and technical support to member states and facilitate communications among CDC, PHLs, and epidemiologists.

While partnerships between influenza surveillance programs and PHLs have been established to some degree in most states, maintaining these partnerships in the future may present a challenge as state resources dwindle and funding becomes more uncertain. Gaps in effective partnerships can result in significant but often poorly recognized negative impacts on virologic surveillance.

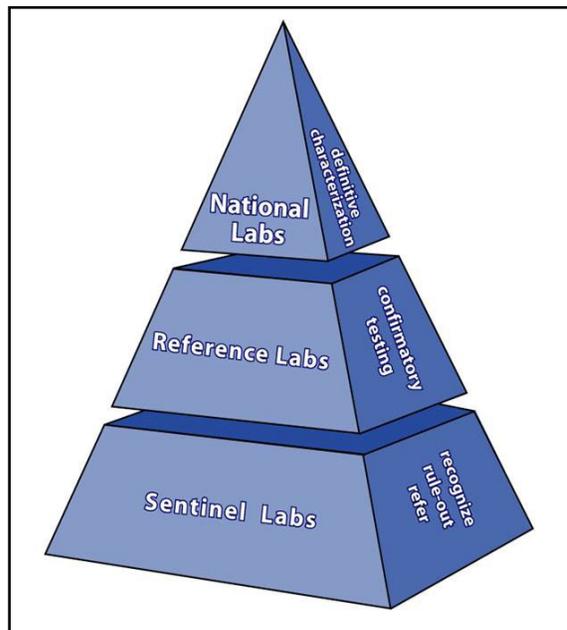


Figure 4. LRN pyramid showing the partnership relations between sentinel, reference, and national laboratories Laboratory Response Network (LRN)