

Partnering for Pandemic Influenza Preparedness: the Georgia Syndromic Surveillance Program and the Georgia Power Company

Wendy Cameron, M.P.H.¹, Robert Finton, M.S.P.H.², Robert Harshman, M.D.³, Gerald Richerson⁴, Karl Soetebier, M.P.W.¹, Susan T. Cookson, M.D., M.P.H.^{1,5}

1. Georgia Division of Public Health, 2. Fulton County Department of Health and Wellness, 3. Georgia Power Company, 4. Southern Company, 5. Centers for Disease Control and Prevention

OBJECTIVE

To create a non-traditional partnership between the Georgia Power Corporation (GPC) and the Georgia Division of Public Health (GDPH) to aid in adverse health event detection and response activities during an influenza pandemic or other health emergency. This will include augmenting the GPC employee "Crisis Absence Reporting Tool" (CART) with Syndromic Surveillance (SS) data from the Georgia Syndromic Surveillance (GA SS) Program. These data will be analyzed by GA SS and results disseminated to Local Health Districts (LHD), who monitor and respond to SS data in their jurisdictions. Analyses will also be provided to GPC to aid in resource allocation to ensure the continuity of services in Georgia during emergencies.

BACKGROUND

GPC provides power to 155 (97.5%) of the 159 counties in GA, and employs 9,600 people throughout the state. GPC is engaged in preparing for pandemic influenza, and committed to protecting the critical infrastructure and ensuring its continuity of operations. CART was designed to provide GA SS with employee absentee/ reason to inform Public Health and GPC leadership about health events occurring in their employees statewide.

The GA SS Program has been implemented in 13 (72%) of the 18 Health Districts. In each of these locations, data are transferred from an ED, ambulatory care center, or school district to GDPH for analysis and dissemination of results to all stakeholders. GDPH wanted to collaborate with a large corporation with a statewide employee base to conduct absentee and reason for absence SS to provide an additional perspective to the existing data streams used by GA SS.

In GA, the LHD are responsible for organizing pandemic planning committees comprised of community partners to discuss continuity of basic services and maintenance of the critical infrastructure at the local level during an influenza pandemic. Increasing SS capacity is an important component of LHD pandemic planning strategies in GA.

METHODS

The LHD held several meetings to discuss incorporating GPC employee health status data as a component of the GA SS program. The potential to discern the

scope and spread of influenza-like illness among its workforce was appealing to GPC.

Following discussions between the GPC Medical Director and the parent corporation, Southern Company leadership, GPC decided to engage with GA SS. GDPH would receive de-identified, employee absentee and reason for absence data, as well as indicators of family member health status data on a daily basis for analysis and results dissemination by GA SS during health emergencies, including pandemic influenza.

A vendor was hired to create the technological infrastructure at GPC to achieve the data transfer to GA SS. GDPH consulted with GPC staff regarding its requirements for how the data should be formatted and transmitted to their secure server for analysis.

CONCLUSION

During an influenza pandemic, healthcare facilities may be over-run. GPC CART data in GA SS may be essential in characterizing the outbreak locally and statewide. The partnership between the GDPH, LHD, and GPC is a promising practice that will benefit all stakeholders.

Further Information:

Wendy Cameron, wpcameron@dhr.state.ga.us

The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

