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ISDS 2013 Conference Abstracts

ISDS INTERNATIONAL SOCIETY FOR DISEASE SURVEILLANCE

# Comparing Findings from Syndromic Surveillance Systems at a European Level

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## Objective

To present a proposal for coordinating syndromic surveillance (SyS) systems operated by European countries and for comparing findings from these systems.

## Introduction

Co-financed by the European Commission through the Executive Agency for Health and Consumers, the European Triple-S project (Syndromic Surveillance Survey, Assessment towards Guidelines for Europe) was launched in 2010 for a 3-year period [1] and includes 24 organizations in 13 countries.

Numerous European countries have created SyS systems [2;3]. These systems analyze and report their SyS findings to local, regional or national public-health authorities in accordance with their national priorities. But the country outputs are not systematically reported and compared at the EU level, hindering a global overview and interpretation of the health situations observed in different regions or countries in Europe.

The Triple-S project has thus proposed a strategy for coordinating the comparison and interpretation of SyS information across Europe to produce a Europe-wide epidemiological picture of a given health event in a timely manner, and thereby support coordinated public-health action.

## Methods

Based on Triple-S outputs (including human and veterinary inventories and a survey of users' expectations) and expert advice, Triple-S discussed different models for ensuring the comparison and reporting of findings from EU countries. Triple-S detailed the main characteristics, strengths, drawbacks and minimum requirements for implementing each model. The project discussed the roles of potential stakeholders in coordinating SyS in Europe.

## Results

Triple-S identified three models suitable for different syndromes or health threats for organising SyS at the European level.

For the sustainability of three suggested models, a SyS coordinating group is needed to coordinate SyS activities in Europe. This group would centralize and analyze health information provided by countries or regions, interpret this information and produce a European summary report usable by the regional, national and European authorities.

The three models are:

1. EU countries create their own protocols for data collection, analysis, reporting and dissemination. No data or report on SyS is compiled at the EU level for this model. The SyS coordinating Group would mainly support the setup and improvement of SyS systems in MS and would provide advice on SyS to EU institutions.

2. In the second model, data analysis would still be performed by countries and regions, but they would provide standardized reporting of their findings to the SyS coordinating group using common protocols with a minimum level of information to report.

3. In the third model, the SyS coordinating group would centralize and analyse standardised data provided by the different countries and regions. The collected data should comply with a common protocol that defines the format of the data, the groups for data aggregation, common definitions of syndromes, geographical levels, etc.

The SyS coordinating group would work with all players in local/regional/national SyS systems, with EU bodies and international organizations, in particular the European Commission, ECDC, ISDS and with other public-health surveillance systems and networks.

## Conclusions

Currently, although there is no systematic sharing of reports, Triple-S has developed an informal network allowing contacts and sharing that has strengthened SyS links and practices across Europe. Triple-S proposes gradual implementation of the different European models suited to several different situations, starting with centralizing outputs for one or two prioritized syndromes and assessing the usefulness of such centralisation.

## Keywords

European strategy; Triple-S project; Syndromic surveillance; Comparability

## Acknowledgments

On behalf of the Triple-S project consortium

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