CalREDIE Cross-Jurisdictional Data Sharing Policy/Procedure

Purpose
This **CalREDIE Cross-Jurisdictional Data Sharing Policy and Procedure** provides guidance to state and local public health staff regarding how CalREDIE data can be shared across jurisdictions, in an authorized and secure manner.

Background
The implementation of CalREDIE as a tool to support disease surveillance efforts in California has introduced changes and, in general, increased efficiency in how state and local health jurisdiction staff access and share surveillance data. However, to date, the ability to share surveillance data across jurisdictions was restricted, limiting public health activities.

Summary
- A list of disease conditions in CalREDIE shall be included in a "shared" disease grouping.
- Participating Local Health Jurisdictions (LHJs) shall be included in a "shared" jurisdiction grouping.
- Designated individuals from participating LHJs shall be granted a read-only user account with permissions to access the "shared" disease grouping, and the "shared" jurisdiction grouping, to allow these users read-only access to the shared disease data from their own and the other participating jurisdictions

Shared Disease Grouping
- A list of disease conditions in CalREDIE shall be included in a "shared" disease grouping.
  - To pilot this effort, CalREDIE will start with viral hepatitis and syphilis. The corresponding conditions in CalREDIE are:
    - Hepatitis B, Acute
    - Hepatitis B, Chronic
    - Hepatitis C, Acute
    - Hepatitis C, Chronic
    - Hepatitis D (Delta)
    - Hepatitis E, Acute
    - Syphilis (Congenital)
    - Syphilis (Early Latent)
    - Syphilis (Late Latent)
    - Syphilis (Late with Clinical Manifestations)
    - Syphilis (Latent, Unknown Duration)
    - Syphilis (Primary)
    - Syphilis (Secondary)
    - Syphilis Stage Unknown/Reactor
    - Syphilis: Initial Report
  - If these conditions undergo name changes in the CalREDIE application, they will continue to be included in the shared disease grouping.
  - Additional diseases may be added to this disease grouping, at the request of the California Conference of Local Health Officers (CCLHO)

Shared Jurisdiction Grouping

- Participating Local Health Jurisdictions (LHJs) shall be included in a "shared" jurisdiction grouping in CalREDIE.
    - Local Health Officers (LHOs) may "opt-in" to participate in cross-jurisdictional data sharing, which means that they agree to share their LHJ's data for the "shared" disease conditions with other participating LHJs.
    - To opt-in to cross-jurisdictional data sharing, the Local Health Officer must complete, sign, and submit to the CalREDIE Help Desk, the attached form, **CalREDIE Cross-Jurisdictional Data Sharing Authorization Form,** authorizing to share, in a read-only fashion, with other participating LHJs their data for the conditions in the shared disease grouping.

Designated Users

- Designated individuals from participating LHJs shall be granted a read-only user account with permissions to access the "shared" disease grouping and the "shared" jurisdiction grouping. These read-only accounts will allow designated users read-only access to their data and the data from the other participating jurisdictions
- LHOs from LHJs opting in to participate in cross jurisdictional data sharing may designate up to 3 individuals from their local health jurisdiction (LHJ) that are authorized to access, in a read-only fashion, their LHJ data and the data other LHJs are sharing.

Health Officer Emergency Authorities

LHOs have general broad authority to take all measures necessary to prevent the spread of disease:

H&SC section 120175. The Local Health Officer, having reason to believe that any case of a communicable disease exists within his/her jurisdiction, has the authority to take measures necessary to prevent the spread of the disease.

17 CCR section 2502, a regulation which discusses LHO required gathering of individual case reports and weekly morbidity reports for certain reportable diseases and submission of these reports to CDPH, provides for instances when an LHO may share this infectious disease reportable data with another LHO, including, to determine the existence of a disease, its cause, or the measures necessary to stop its spread or, for purposes of his/her investigation, as may be necessary to prevent the spread or occurrence of additional cases:

(f) Confidentiality. Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or to the legal representative of that individual.

(1) A health officer shall disclose any information, including personal information, contained in an individual case report to state, federal or local public health officials in order to determine the existence of a disease, its likely cause or the measures necessary to stop its spread.

(2) A health officer may for purposes of his or her investigation disclose any information contained in an individual case report, including personal information, as may be necessary to prevent the spread of disease or occurrence of additional cases.

CalREDIE Cross-Jurisdictional Data Sharing Authorization Form

1. Opt-in – To be completed by the Health Officer

Instructions: If your jurisdiction has already opted-in, please skip to Section 2.

I, _____, authorize _____ Department of Public Health data for the diseases included in the Shared Disease grouping to be shared with jurisdictions participating in cross-jurisdictional data sharing (e.g. Shared Jurisdiction) for the purpose of disease control. Furthermore, I authorize the individuals listed below to access the Shared Disease data from the jurisdictions participating in cross-jurisdictional data sharing (e.g. Shared Jurisdiction).

2. Add / Delete User(s)

Note: Each jurisdiction is allotted a maximum of three users to participate in cross-jurisdictional data sharing. *Individuals must have a CalREDIE account authorization form on file.*

Add:

1. _____   _____   _____
   Name (Print)   Title   E-mail

2. _____   _____   _____
   Name (Print)   Title   E-mail

3. _____   _____   _____
   Name (Print)   Title   E-mail

Delete:

1. _____   _____   _____
   Name (Print)   Title   E-mail

2. _____   _____   _____
   Name (Print)   Title   E-mail

3. _____   _____   _____
   Name (Print)   Title   E-mail

3. Health Officer Approval

_____   _____   _____
Name (Print)   Name (Signature)   Date