

Oral presentation

Open Access

## The European Project SIDARTHA using emergency care data for public health surveillance and health threat preparedness

F Lippert\*, G Brattebø, T Kettunen, L Myrmel, J Kurola, A Ziemann, T Krafft, L Garcia-Castrillo Riesgo, M Fischer, A Kraemer, G Vergeiner, M Baer, A Ozguler, A Meulemans, JB Gillet, H Brand, P Pinheiro, M Rosenberg, J Overton for the SIDARTHa project consortium

Address: Kongens Vaenge 2 DK-3400 Hilleroed, Denmark

Email: F Lippert\* - [freddy.lippert@regionh.dk](mailto:freddy.lippert@regionh.dk)

\* Corresponding author

from Scandinavian Update on Trauma, Resuscitation and Emergency Medicine 2009 Stavanger, Norway. 23 – 25 April 2009

Published: 28 August 2009

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine 2009, 17(Suppl 3):O13 doi:10.1186/1757-7241-17-S3-O13

This abstract is available from: <http://www.sjtrem.com/content/17/S3/O13>

© 2009 Lippert et al; licensee BioMed Central Ltd.

### Introduction

Early detection, warning and appropriate response to health threats are essential to timely care in order to reduce negative impact to public health and society. Emergency Medical Systems is the gatekeeper to emergency care. Essential routine data are often available at the emergency medical dispatch centre, the emergency medical services or in the emergency departments. However, data are usually not combined or used for health surveillance in emergencies in Europe.

### Methods

The project consortium consisting of emergency care professionals, epidemiologists and health researchers from 12 European countries discusses the possibilities of emergency care data for syndromic surveillance during expert workshops. By analysing series of historic data from the participating emergency care providers the baselines and thresholds for the syndromes are calculated and statistically tested.

The project group conceptualises, develops, tests and evaluates a real-time web-Geographic Information System-based syndromic surveillance system that automatically monitors routinely collected emergency department and ambulance service data. During the conceptualisation

phase, international state-of-the-art and the European possibilities and needs have been analysed.

### Results

A number of communicable and non-communicable health threats and respective syndromes that might be detected using routine emergency care data have been identified. Detailed rationales, coding principles, case definitions and symptom bundles for each syndrome have been defined. Spatial-temporal baselines and thresholds taking into account the regional specificities and individual emergency institutions data options are to be defined.

### Conclusion

The SIDARHTa-consortium analysed the possibilities of using routine emergency data to detect health threats in Europe. Based on the results of a Delphi-type study investigating public health authority demands, the SIDARTHa syndromic surveillance system is to be set-up and tested.

### References

1. [<http://www.sidartha.eu>].