



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™



## Public Health Surveillance and Data

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# Public Health and Data Authority



Public health has a mission and responsibility to protect health. Public health needs data to protect people, identify, prevent, and control outbreaks, and save lives, and there are currently limits in what data CDC has, as well as quality and completeness of such data. Stronger data authorities at CDC will allow the entire public health system to better serve the American people.

As of May 11, 2023, the [federal COVID-19 public health emergency has ended](#), ending CDC's authorization to collect certain types of public health data.

Ensuring CDC has adequate data authority will support all public health systems to achieve its mission to protect people and communities, stop outbreaks, and save lives. Learn [how data authority improves public health](#).

## How data currently comes to public health

- Data used by public health come from a wide variety of places within our local communities: hospitals, laboratories, doctors' offices, schools, restaurants, and other community locations.
- Data come into public health in a variety of formats and the type of data reported can vary by state or jurisdiction, as well as original source of data.
- Data that come to public health then need to be cleaned, assembled, and analyzed before the data can be used to inform action.
- It can take different amounts of time for data to reach public health.

# Why public health needs federal-level data authorities

CDC needs data authorities at the federal level to help identify and respond to health threats.

- While some data authorities exist at state and local level, federal authority will result in more efficient and effective information sharing prior to and during emergencies to inform timely decisions at the federal, state, and local level.
  - Standards for data reporting implemented at the federal level will help state and local public health agencies and CDC to receive better data for public health response.
- Public health must answer critical questions such as
  - Where are cases occurring?
  - How many hospital beds are available?
  - Are there outbreaks in nursing homes?
  - Are certain racial or ethnic groups more impacted?
  - Are our vaccines or treatments working?
- Public health must be ready to identify and respond to emerging health threats, and data authority at CDC will help the entire public health field be ready.
  - When the COVID-19 pandemic hit, it took too long for public health to access important data.
  - Data authorities will ensure that public health has the right data, in the right place, at the right time to inform decision-making and act quickly.

## What would data authorities do?

Data authority at CDC would modernize public health's legal ability to support public health activities in a timely and coordinated way across the public health system.

- Modernized CDC authority will help standardize how data are reported, which means better data for federal, state, local, and tribal partners—and less burden on data providers.
- Data authorities at the federal level will also ensure that data is shared securely across public health.

Data authority at CDC would help ensure that our country is relying on more consistent and complete data for public health decision-making.

- Without standardized data reporting, public health can receive data that is slow, incomplete, lower quality, and more challenging to put together for decision-making.

## Who benefits from CDC having data authority?



**The public:** Faster, more complete, coordinated data will help public health authorities alert the public more quickly about health threats, empowering them to make informed decisions about their health.

- Data authority could enhance the ability of public health to collect critical data aimed at closing health equity gaps.



**Healthcare providers:** Hospitals, doctors, and laboratories deal with multiple reporting requirements that vary by jurisdiction.

- Giving CDC the authority to coordinate data reporting would reduce this unnecessary burden, support standardization, and streamline reporting to multiple jurisdictions.
- Healthcare providers would benefit from less burdensome reporting and the potential for bi-directional data exchange with public health.



**State and local jurisdictions:** A state or local health department's authority ends at its borders, but health threats don't.



- A nationally led and coordinated approach to data reporting will allow neighboring jurisdictions to be aware of and prepare for potential threats as they emerge.
- Data authority would facilitate communication and collaboration between healthcare and public health, especially when healthcare facilities see patients from multiple jurisdictions.
- Data authority would streamline and harmonize reporting requirements across multiple jurisdictions and contribute to public transparency.
- Data authority would facilitate timely data sharing between state and local jurisdictions, which has been challenging to date.



**CDC and federal partners:** Data authority would allow CDC to set consistent standards for reporting public health data and improve situational awareness of health threats while strictly adhering to privacy standards and laws.

- Data authority would allow CDC to more easily develop a national picture of what is occurring during an emergency or for more ongoing public health problems.
- Federal-level data authority would streamline use and implementation of data use agreements across multiple state and local jurisdictions, and multiple systems.
- Timely access to data will help the public health system at all levels better target services and supports, while providing transparency to—and building trust with—the public and other policy makers.

## Resources

- [How Data Authority Improves Public Health | CDC](#)
- [The COVID-19 Pandemic Demonstrated Why CDC Needs Data Authority | CDC](#)
- [Where does our data come from | CDC's Data Modernization Initiative | CDC](#)
- [COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115 \(cdc.gov\)](#)  – Read updated guidance on laboratory data reporting during the COVID-19 Public Health Emergency:
- [Interim Final Rule \(IFC\), CMS-3401-IFC; Requirements and Enforcement Process for Reporting of COVID-19 Data Elements for Hospitals and Critical Access Hospitals](#)  – See the reporting requirements for hospitals and healthcare facilities during the COVID-19 Public Health Emergency

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