Reviewer's report

Title: Distributed data processing for public health surveillance

Version: 2  Date: 12 May 2006

Reviewer: Debjani Das

Reviewer's report:

General
Well written with only one grammatical error (under “Current Capacity of the NDP to respond to public health needs™, 4th paragraph, 1st sentence).
It does not seem that the authors are presenting any new material from the previously published MMWR article, but are presenting just another viewpoint of how useful the surveillance system can be.

Major Compulsory
Minor essential
Discretionary

Background
The authors cite HIPAA as allowing public health agencies to access EPHI for public health purposes, so by law the model where individual patient information is detectable is not necessary for public health purposes. However, the authors fail to provide sufficient reasoning of why eliminating the identification of patients from EPHI may be useful for other organizations, such as research facilities. In addition, the authors state that the information has been published elsewhere and the purpose of the paper is to provide an alternative design model. I interpreted this fact to be stating that the paper was just an editorial on the previous work.

Methods
There is no methods section. All of the methods of how the surveillance system was put into place which I would debate should be placed in a methods section is in the discussion section. I would advocate for a brief methods section describing the surveillance systems, regardless if the methods were described in another publication.

Results
I would advocate for a results section describing the type of records processed, number of records processed per day, number of duplicate records for individual patients on average eliminated, and other information on the records being sent through the system.

Discussion
The reasoning of the use of PHINMS on de-identified records is vague.

The background mentioned using the system for public health, but the system currently does not alert public health agencies when an aberration is detected. Currently, the system is only being used to alert medical providers or others at the participating health plans.

I would suggest discussion on timeliness. It would be helpful to mention the timeliness of the system from data transmission from the facility to the centralized processing to the NDP and the time required for additional supplemental reports to be created and distributed.

Conclusion
No comments.

What next?: Reject because too small an advance to publish

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No
Declaration of competing interests:

I declare that I have no competing interests.