

TOP TEN LIST

TEN BEST WAYS TO DO BAD PUBLIC HEALTH SURVEILLANCE

With apologies to David Letterman, and thanks for editorial assistance to Elizabeth Kirby and for their insights to the following Internet contributors:

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Civillia Hill, Washington
David Bourne, MD, Arkansas
Patrick Remington, MD, University of Wisconsin

R.S. Kirby, January 2001

“Bad surveillance is an oxymoron”

Patrick Remington, MD
University of Wisconsin Medical School
Personal email communication, January 17, 2001

Number 10

Avoid those over-used and complicated nomenclatures and taxonomies such as ICD, BPA, and McKusick to code diagnoses.

Be creative - try something no one else is using, or use old coding books like ICD-7, then ask others to recode their data for comparative purposes.

Number 9

Simplify registry operations by maintaining the database in hard copy (paper) form only.

Moving from one database platform (e.g. 'files') to another (e.g. 'tabletop' to 'floor') or updating the database structure (e.g. 'paper sack' to 'cardboard box') requires only minimal training of program staff.

Number 8

Don't plan for the long-term continuation of the program.

Focus on too many things, rather than your primary program goals. You can always try again in five or ten years.

Number 7

The more severely compromised the data quality in your registry, the closer you are to achieving a “model” surveillance system.

Number 6

Who needs consistency?

Vary the case definitions as necessary to smooth out any annoying perturbations in the temporal trend.

Number 5

Provide numerator analysis only.

What good are rates and ratios anyway – no one understands them or uses them!

**“Surveillance without population data
is like a lollipop without the stick:
Very sticky when licked!”**

Carol J. R. Hogue, PhD
Emory University School of Public Health
Personal email communication, December 11, 2000

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Number 4

Never evaluate the data or the surveillance strategy.

Data collection is an art form. It should not be marred or obscured by evaluations, quality controls, or statistical analyses.

Number 3

Combine all cases that don't fit neatly into categories into an 'all other' category.

This grouping should be the highest frequency in any table generated from the surveillance dataset. If it isn't, your categories are grouped incorrectly.

Number 2

Use the term “nested non-concurrent retrospective surveillance” if the program falls hopelessly behind in case ascertainment.

Corollary: In order to achieve Number 2, strict adherence to Number 4 is vital.

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Number 1

The best way to do bad public health surveillance is to do no surveillance.

