



Register-based
surveillance of
**infectious
diseases** and
comorbidities in
Finland

Tuija Leino
Finnish Institute for
Health and Welfare
03/12/2024



Name: Tuija Leino

Country: Finland

Affiliation: THL

Function: Research professor

Main expertise (1-2 lines):

Register studies, surveillance, infectious disease epidemiology, vaccinations



UNIVERSITÀ
DEGLI STUDI
FIRENZE
DSS
DIPARTIMENTO
DI SCIENZE DELLA SALUTE



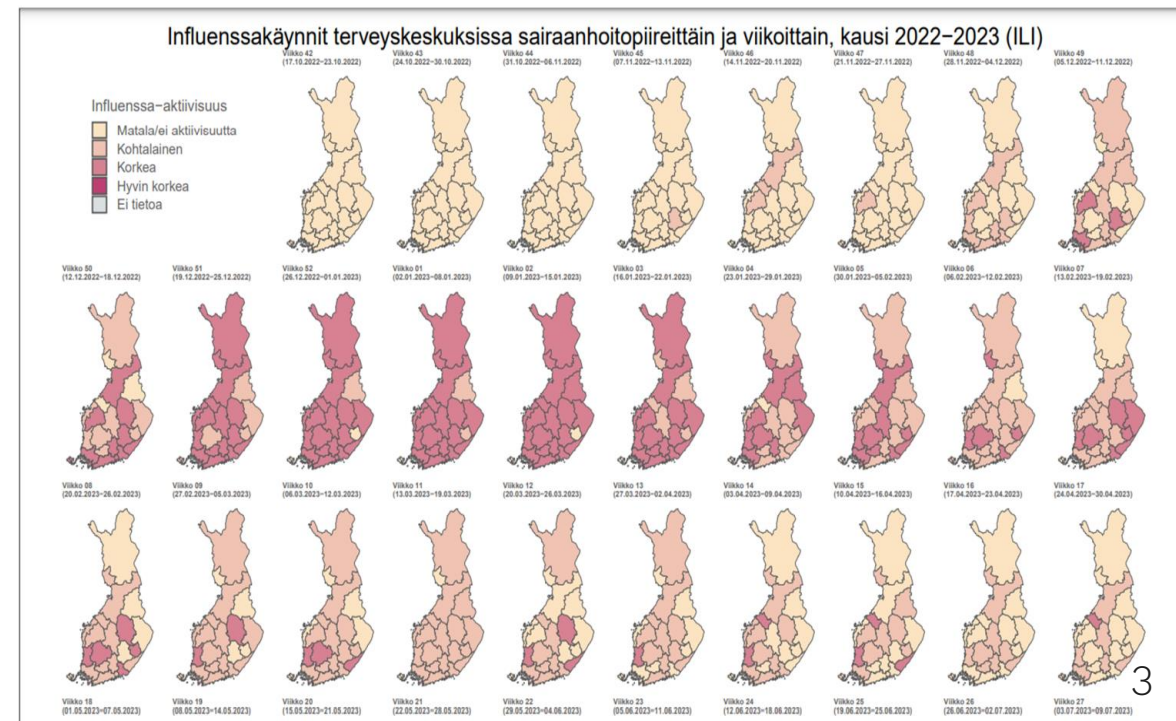
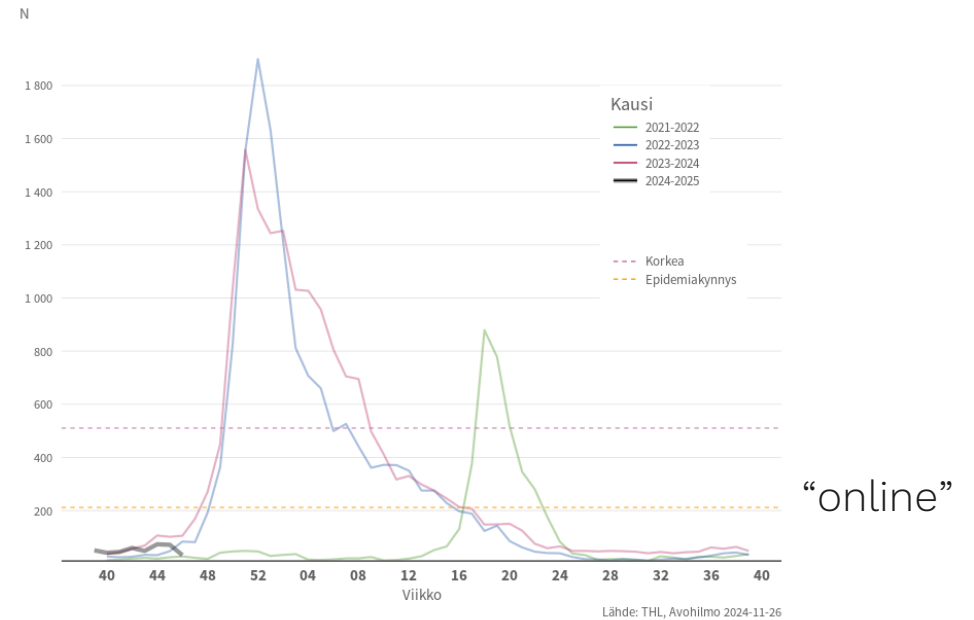
Continuous indicator-based surveillance

Based on **laboratory confirmation**

- 1) generally hazardous infections
- 2) monitored –”–
- 3) notifiable –”–
- 4) other –”–

Based on **clinical diagnoses**

- Weekly ILI (Influenza like illness) visits to primary health care



Most important registers for infectious disease and comorbidity monitoring 1/4

• National Infectious Disease Register NIDR

Laboratory notifications!

- Automated, algorithms can be updated
- 72 infections + B or CSF, only positive results, not all tests taken

Physician notifications

- Complementing, 32 infections
- Labour intensive, missing information and notifications,
- Aim is to limit the use in a long run

NIDR provides all laboratories an IT-program containing the comprehensive taxonomic list of microbes (N=1700), and the criteria for notifying each of them

The program selects notifiable findings (microbe, sample and test types)



- **Care register for secondary care (Hilmo)**

- Hospitalisations and polyclinic visits at secondary care
- Timely since Covid-19 pandemic, originally a discharge register

- **Care register for primary care (Avohilmo)**

- All primary care visits, calls etc.
- Private sector (major operators) joined during Covid-19 pandemic

- **Intensive care register**

- Developed originally by Intensive care consortium for monitoring quality of care



- **Special Reimbursements Register (KELA)**

- Codes for major diseases needing pharmaceutical treatment
- Usable for defining risk groups for serious infections

- **ePrescription (KELA)**

- Includes all prescriptions, deliveries, and dispensing details in pharmacies from 2017 onwards
- Can be used to define risk groups such as immunosuppressed

- **Patient data repository KANTA ptv (KELA)**



- All patient file information

- **Cause of Death Register (Statistics Finland)**

- Long delay currently, verification of death certificates at THL, aim is to shorten the delay

- **Population Register (Digital and population data services agency)**

- Regularly linked to THL's registers
- Place of residence, date of death, country of birth, most recent nationality etc.

- **Finnish Cancer registry (Finnish Cancer Society/THL)**

- Diagnosed cancer cases since 1953, treatment, etc.
- long delay



For comorbidities register linkages are important

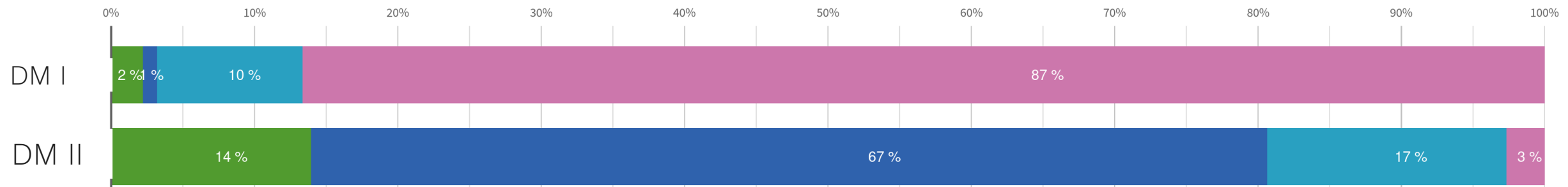
Defining the risk groups with register linkages

Case Diabetes <https://repo.thl.fi/sites/nqrdm/viimeisin/>

Treatment (ePrescription)

DG in patient
data repository

■ No ■ TABLETS or GLP1 ■ COMBINATION ■ INSULIN



Surveillance of health care-associated infections (HAI) and antimicrobial resistance (AMR)

HAI register SIRO

Includes components such as

- Nosocomial blood-borne infections
- Postoperative infections
- Clostridioides difficile infections
- Repeated prevalence studies
- Resource surveys

→ **Aim** is to use increasingly register linkages instead of manual notifications

FiRe - Finnish Study-Group for AMR

- Presently data on resistant microbes are collected without an individual identifier

→ **Aim** is to collect AMR information in the laboratory notification to NIDR

- Information on antimicrobial usage collected on a county level

→ **Aim** is to use increasingly ePrescription database (outpatient use)



Mostly several registers are utilised

for example,

Infectious disease register

- Present infection

ePrescription

- Medications used to define comorbidities (insulin etc.)
- Antimicrobial used

Care registers

- Disease burden
- Comorbidities
- Hospitalisation (for HAI)

All linkable with the personal identifier



Register linkages – know how

- For all the registers to be linked, **definitions/ algorithms important**

What is a hospitalisation caused by Covid-19?

Should all cases have lab verification? When?

Which is a new episode of disease?

What is a visit due to chronic hepatitis B (if using also alcohol)?

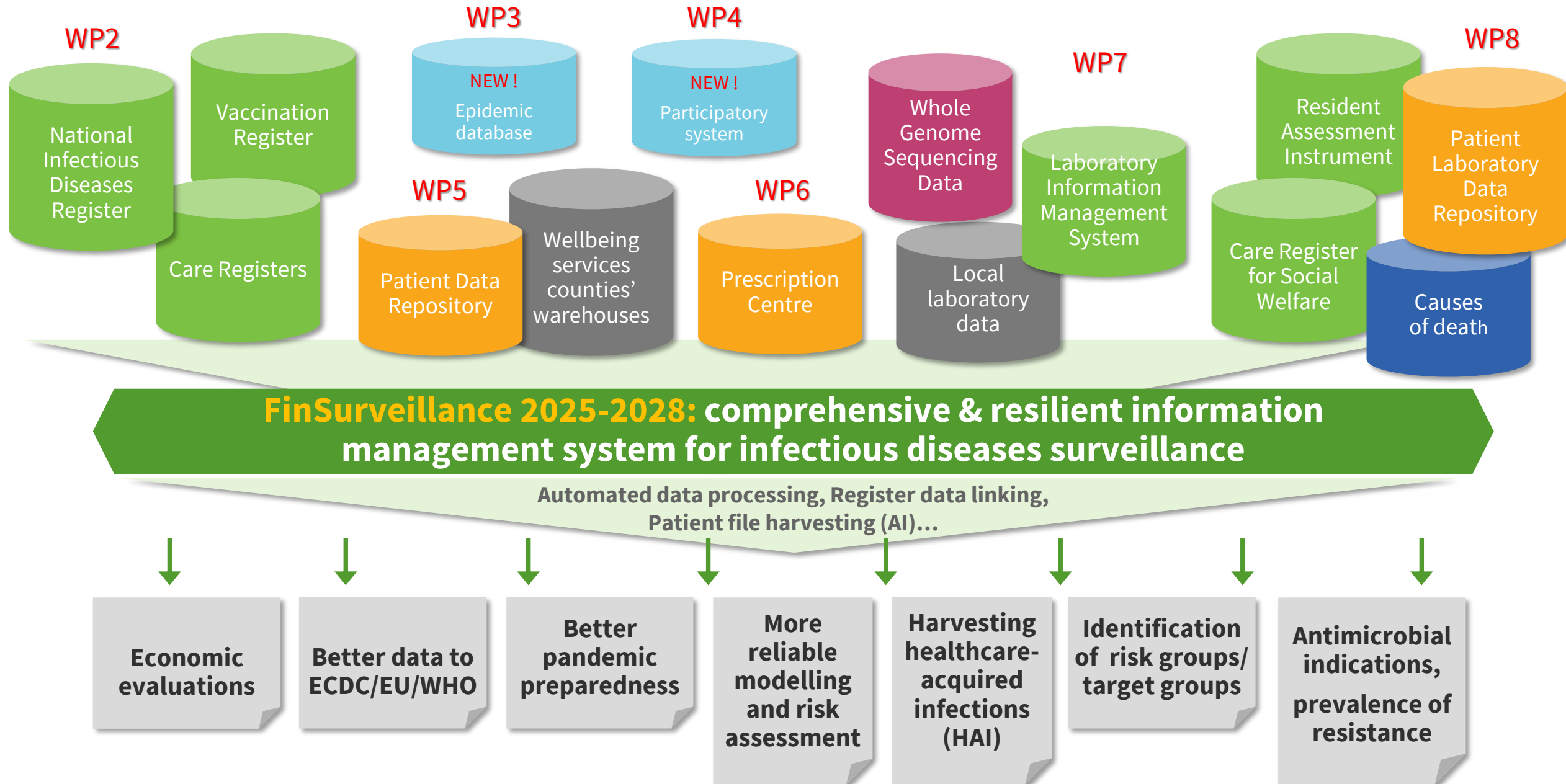
How to consider secondary diagnoses?

What to do with discrepancies?



Future – coming years?





To summarise

- Rather automated digital **laboratory notifications** are the basis → additional information can be linked to these with the unique identifier

Aiming

- to be able to monitor – **not only the incidence of infections** – but their clinical severity, health care resource use, risk factors for serious diseases and effectiveness and safety of interventions such as vaccinations
- **to cease the manual entry** → obtaining the necessary information by register linkages and AI tools etc
- **to improve the ability to monitor antimicrobial resistance (AMR) and antimicrobial consumption**, by secondary use of health care data, for more effective treatment and adequate targeting of wide spectrum antimicrobials (antimicrobial stewardship).
- **to improve the patient safety** by increasing the use of register information and other data sources on monitoring various **healthcare acquired infections (HAI)** in hospitals wards, intensive care, and long-term care facilities



Kiitos!

In the background document: With which European expert networks do you work?

- European Antimicrobial Resistance Surveillance Network (EARS-Net)
- European Surveillance of Antimicrobial Consumption Network (ESAC-Net)
- Healthcare-associated Infections Surveillance Network (HAI-Net)
- European monitoring of excess mortality for public health action (EuroMOMO)
- ECDC National Focal point networks for surveillance, for respiratory virus surveillance, etc
- European Respiratory Diseases Forecasting Hub (RESPICAST)
- Numerous joint actions etc