

## DISASTER EPIDEMIOLOGY TRAINING REQUEST FORM

Please complete the training request form and email to Amy Schnall at [GHU5@cdc.gov](mailto:GHU5@cdc.gov) or fax to 770.488.3450

STATE INFORMATION		
STATE	HOST CITY	PRIMARY CONTACT
EMAIL	PHONE	FAX

TRAINING INFORMATION
How many people do you anticipate participating? _____
What are the backgrounds of prospective participants? (e.g., epidemiologists, preparedness staff, EMs)
Which area(s) of capacity building would you prefer we focus our training on to help your state better respond to a disaster? (check all that apply)
<input type="checkbox"/> CASPER <input type="checkbox"/> Morbidity Surveillance <input type="checkbox"/> Mortality Surveillance <input type="checkbox"/> Radiation Preparedness
In particular, what is your greatest training need? (i.e., what would best assist you in preparing for a response?)
At the end of training, what are some achievable goals or outcomes you would like your staff to have?
(1) _____
(2) _____
(3) _____
Do you have support for this training from your State Epidemiologist or Department of Health equivalent?
<input type="radio"/> Yes, from _____ position _____
<input type="radio"/> Not yet
Why might your state find this training useful? What does your state plan on doing with the skills gained?

DISASTER EXPERIENCE
Has your state health department responded to a natural disaster in the past 5 years or less?
<input type="radio"/> Yes, we responded to _____ how so? _____
<input type="radio"/> No, we have not responded to a natural disaster
During a disaster, would your state health department conduct <u>mortality</u> surveillance?
<input type="radio"/> Yes, review medical examiner, hospital, or vital statistic records
<input type="radio"/> Yes, use mortality surveillance system <i>specify</i> _____
<input type="radio"/> No, we would not collect mortality data during disaster
During a disaster, would your state health department conduct <u>morbidity shelter</u> surveillance?
<input type="radio"/> Yes, use existing surveillance system <i>specify</i> _____
<input type="radio"/> Yes, create shelter surveillance tools specifically for the disaster
<input type="radio"/> No, we would not collect morbidity shelter surveillance during a disaster
Does your state health department conduct <u>syndromic</u> surveillance that can be used during a disaster?
<input type="radio"/> Yes, we have a Syndromic surveillance system <i>specify</i> _____
<input type="radio"/> No, we do not conduct Syndromic surveillance that can be used during a disaster
During a disaster, does your state conduct <u>Rapid Needs Assessments</u> for health-related needs (e.g., CASPER)?
<input type="radio"/> Yes, we typically conduct Rapid Needs Assessments <i>specify</i> _____
<input type="radio"/> No, we do not typically conduct Rapid Needs Assessments during a disaster
Has your state developed plans for responding to a <u>radiation public health emergency</u> that incorporate population monitoring and/or epidemiology to identify individuals at greater risk of associated health effects?
<input type="radio"/> Yes, population monitoring <i>specify</i> _____
<input type="radio"/> Yes, epidemiology <i>specify</i> _____
<input type="radio"/> No, not at this time