**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

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| **STATE INFORMATION** | | |
| STATE | HOST CITY | PRIMARY CONTACT |
| EMAIL | PHONE | FAX |

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| **TRAINING INFORMATION** | | | | | |
| How many people do you anticipate participating? \_\_\_\_\_\_\_\_ | | | | | |
| What are the backgrounds of prospective participants? *(circle all that apply)* | | | | | |
| **Epidemiologists:** Most Half Some None | | | | | **Environmentalists:** Most Half Some None |
| **Data Managers:** Most Half Some None | | | | | **Preparedness Staff:** Most Half Some None |
| **Other Staff:** Most Half Some None *Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | |
| Which area(s) of capacity building would you prefer we focus our training on to help your state better respond to a disaster? (*circle all that apply*) | | | | | |
|  | | **CASPER** | **Morbidity Surveillance** | **Mortality Surveillance Radiation Preparedness** | |
| In particular, what is your greatest training need? (i.e., what would best assist you in preparing for a response?) | | | | | |
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| 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? | | | | | |
|  | * Yes, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not yet | | | | |
| Why might your state find this training useful? What does your state plan on doing with the skills gained? | | | | | |
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| **DISASTER EXPERIENCE** | |
| Has your state health department responded to a natural disaster in the past 5 years or less? | |
| * Yes, we responded to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_how so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No, we have not responded to a natural disaster | |
| During a disaster, would your state health department conduct mortality surveillance? | |
|  | * Yes, review medical examiner, hospital, or vital statistic records * Yes, use mortality surveillance system *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No, we would not collect mortality data during disaster |
| During a disaster, would your state health department conduct morbidity shelter surveillance? | |
|  | * Yes, use existing surveillance system *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Yes, create shelter surveillance tools specifically for the disaster * No, we would not collect morbidity shelter surveillance during a disaster |
| Does your state health department conduct syndromic surveillance that can be used during a disaster? | |
|  | * Yes, we have a Syndromic surveillance system *specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No, we do not conduct Syndromic surveillance that can be used during a disaster |
| During a disaster, does your state conduct Rapid Needs Assessments for health-related needs (e.g., CASPER)? | |
| * Yes, we typical conduct Rapid Needs Assessments *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No, we do not typically conduct Rapid Needs Assessments during a disaster | |
| Has your state developed plans for responding to a radiation public health emergency that incorporate population monitoring and/or epidemiology to identify individuals at greater risk of associated health effects? | |
| * Yes, population monitoring *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Yes, epidemiology *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No, not at this time | |