

DISASTER EPIDEMIOLOGY TRAINING REQUEST FORM

Please complete the training request form and email to Amy Schnall at 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)

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?)

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?

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 typically 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