

**CAPABILITY: PUBLIC HEALTH AND EPIDEMIOLOGICAL INVESTIGATION
(Including EH)
BUDGET**

EPI Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	\$ 3,830,222	\$ 3,830,222	\$ -
Fringe	\$ 1,305,741	\$ 1,305,741	\$ -
Indirect	\$ 1,227,492	\$ 1,227,492	\$ -
Supplies	\$ 54,400	\$ 54,400	\$ -
Travel	\$ 57,290	\$ 57,290	\$ -
Equipment	\$ -	\$ -	\$ -
Contractual	\$ 2,368,890	\$ 2,368,890	\$ -
Other	\$ 193,820	\$ 193,820	\$ -
Collocated	\$ 84,900	\$ 84,900	\$ -
Direct Assistance	\$ 390,549	\$ 390,549	\$ -
TOTAL	\$ 9,513,304	\$ 9,513,304	\$ -

EPI HQ POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs: 18	\$ 894,094	\$ 309,570	\$ 287,674	\$ 84,900
OPS:	\$ -	\$ -	\$ -	\$ 5,660
Contractual:	\$ -	\$ -	\$ -	\$ -
Direct Assistance:	\$ 390,549	\$ -	\$ -	\$ -
Total	\$ 1,284,643	\$ 309,570	\$ 287,674	\$ 90,560

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 18	\$ 5,400	\$ 18,000	\$ 25,500	\$ 5,700
OPS:	\$ -	\$ -	\$ -	\$ -
Contractual:	\$ -	\$ -	\$ -	\$ -
Total:	\$ 5,400	\$ 18,000	\$ 25,500	\$ 5,700

EH Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	\$ 105,881	\$ 105,881	\$ -
Fringe	\$ 37,058	\$ 37,058	\$ -
Indirect	\$ 34,163	\$ 34,163	\$ -
Supplies	\$ 600	\$ 600	\$ -
Travel	\$ 118,840	\$ 118,840	\$ -
Equipment	\$ -	\$ -	\$ -
Contractual	\$ 688	\$ 688	\$ -
Other	\$ 4,652	\$ 4,652	\$ -
Collocated	\$ 11,320	\$ 11,320	\$ -
Direct Assistance	\$ -	\$ -	\$ -
TOTAL	\$ 313,202	\$ 313,202	\$ -

EH HQ POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs: 2	\$ 105,881	\$ 37,058	\$ 34,163	\$ 11,320
OPS:	\$ -	\$ -	\$ -	\$ -
Contractual:	\$ -	\$ -	\$ -	\$ -
Total	\$ 105,881	\$ 37,058	\$ 34,163	\$ 11,320

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 2	\$ 600	\$ 1,000	\$ 3,652	\$ 688
OPS:	\$ -	\$ -	\$ -	\$ -
Contractual:	\$ -	\$ -	\$ -	\$ -
Total:	\$ 600	\$ 1,000	\$ 3,652	\$ 688

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 1a
Funding Type: PHEP**

Activity:

SUSTAINMENT: Engage and retain stakeholders who can provide health data to support routine daily surveillance to detect and monitor disease trends and incidents, and to support detection, response, and monitoring to an identified public health threat or incident.

Outputs:

Essential sustainment outputs:

1) Maintain current data feeds from 226/237 hospitals and 33/600 urgent care centers, poison control, vital statistics, 266/600 laboratories, Assistant Secretary for Preparedness and Response (ASPR) and PRISM; 2) Maintain a web-based Meaningful Use (MU) registration system, supporting hospitals and laboratories to register their intent to participate in reportable disease electronic laboratory reporting (ELR) and/or syndromic surveillance (ESSENCE-FL); 3) Add 20 new facilities (hospitals and urgent care centers) submitting data electronically to ESSENCE-FL; 4) Update 55 hospital ESSENCE-FL data feeds to be MU compliant by transitioning data submission from flat files to HL7 (DOH strategic plan objective); 5) Submit ESSENCE-FL emergency department limited data set to CDC National Syndromic Surveillance Program; 6) Add 30 new hospital laboratories submitting ELR data, thereby supporting those hospital laboratories to become MU compliant (DOH strategic plan objective); 7) Receive newly required reportable disease laboratory data, based on the 2014 promulgation of Florida Administrative Code (FAC) Chapter 64D-3 (modifications to existing facility ELR feeds are still needed in order to become fully compliant).

Section Manager:

Dr. Eggert

Activity Description:

The purpose of this activity is to:

1) Decrease the time to identify and respond to diseases and exposures by determining the exposure, mode of transmission, and agent; 2) Reduce time to provide data and information to county health departments to initiate case investigations; 3) Increase speed of information flow to more quickly identify cases of reportable disease and control measures that can be implemented earlier; 4) Reduce hospital, laboratory, health care provider, and other surveillance partner staff time to submit disease and exposure data; and 5) Improve efficiency to support private health care providers (hospital, laboratory, and physician) to receive their Medicaid reimbursement dollars for participation in the MU incentive program (electronic laboratory reporting, syndromic surveillance, electronic case reporting).

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustaining existing capability:

This deliverable is taken from Function 1, Task 1 of the "Epi Program" within the CDC PHEP Capabilities Guidance. Electronic data submission improves DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Existing electronic data submission from hospitals and laboratories has been maintained to support syndromic surveillance and reportable disease surveillance. Additional facilities have been added to ELR and ESSENCE-FL, additional data sources have been added to ESSENCE-FL, and Meaningful Use Registration System is live.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Data used by DOH to rapidly assess health threats and prioritize resources, primarily as it pertains to identifying cases, exposed persons and their risk factors, will not be received electronically; we will be unable to rapidly assess health threats and further prioritize resources; no baseline data will be available to quantify if the health threat is increasing or decreasing. Without the receipt of reportable disease electronic laboratory reports or emergency department data, we would miss reportable disease cases and not be able to rapidly identify and respond effectively to emerging issues such as influenza, measles, Chikungunya, Zika, or other newly emerging infectious diseases.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 1a

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Integration specialist to support electronic laboratory reporting initiatives (Sustainment) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - UBER 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,700	\$ 95	\$ 161,500	\$ 161,500	
Contractual	Business analyst to support electronic laboratory reporting initiatives (Sustainment) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - The Experts 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,900	\$ 90	\$ 171,000	\$ 171,000	
Contractual	Systems tester for electronic laboratory reporting (Sustainment) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name: ISF 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,049	\$ 74	\$ 77,626	\$ 77,626	
Total				\$ 410,126	\$ 410,126	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 1b
Funding Type: PHEP**

Activity:

ENHANCEMENT: Engage and retain stakeholders who can provide health data to support routine daily surveillance to detect and monitor disease trends and incidents, and to support detection, response, and monitoring to an identified public health threat or incident.

Outputs:

Enhanced efficiency outputs:

1) Establish process to support the federal MU program Stage 3 electronic initial case reporting (case reporting is a new MU objective); 2) Revise the web-based MU provider registration system to support provider registration for electronic case reporting; 3) Add additional data source to ESSENCE-FL, such as inpatient hospitalization data or First Watch data.

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Decrease the time to identify and respond to diseases and exposures by determining the exposure, mode of transmission, and agent, 2) Reduce time to provide data and information to county health departments to initiate case investigations, 3) Increase speed of information flow to more quickly identify cases of reportable disease and control measures that can be implemented earlier, 4) Reduce hospital, laboratory, health care provider, and other surveillance partner staff time to submit disease and exposure data, and 5) Improve efficiency to support private health care providers (hospital, laboratory, and physician) to receive their Medicaid reimbursement dollars for participation in the MU incentive program (electronic laboratory reporting, syndromic surveillance, electronic case reporting).

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Filling a capability gap:

This deliverable is taken from Function 1, Task 1 of the "Epi Program" within the CDC PHEP Capabilities Guidance. Electronic data submission improves DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness. Gaps exist where numerous hospitals and laboratories are not yet providing data electronically to ESSENCE-FL and Merlin (ELR); and many hospitals will upgrade or implement new electronic health records management systems in their facilities, which will require FDOH to re-test their data files and submission processes or else be unable to retain existing data submission. FAC 64D-3 was revised in 2014, adding new diseases to be reported (e.g. chikungunya; spotted fever rickettsiosis; ELR for influenza, RSV, antimicrobial resistance), which still requires some facilities to revise data feeds (many already have, but some are still not compliant). Additional funding (above 2015 levels) is needed to prepare for Meaningful Use Stage 3 electronic initial case reporting. Additionally resources are needed to respond to the facilities currently in the testing phase for ELR (100) and hospitals (88) testing for syndromic surveillance MU compliant data submission. Current staffing levels do not permit ideal response times. The DOH and Division of Disease Control strategic plan has two measures that will be directly supported by these project activities.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Existing electronic data submission from hospitals and laboratories has been maintained to support syndromic surveillance and reportable disease surveillance. Additional facilities have been added to ELR and ESSENCE-FL, additional data sources have been added to ESSENCE-FL, and Meaningful Use Registration System is live.

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Data used by DOH to rapidly assess health threats and prioritize resources, primarily as it pertains to identifying cases, exposed persons and their risk factors, will not be received electronically; we will be unable to rapidly assess health threats and further prioritize resources; no baseline data will be available to quantify if the health threat is increasing or decreasing. Without the receipt of reportable disease electronic laboratory reports or emergency department data, we would miss reportable disease cases and not be able to rapidly identify and respond effectively to emerging issues such as influenza, measles, chikungunya, zika, or other newly emerging infectious diseases.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 1b

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	ESSENCE-FL new data source on-boarding specialist (Enhancement) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - TBD 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,040	\$ 30.00	\$ 31,200.00	\$ 31,200.00	
Contractual	Contract for project management of electronic case reporting (Enhancement) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	520	\$ 105.00	\$ 54,600.00	\$ 54,600.00	
Contractual	Integration specialist to support electronic case reporting initiatives (Enhancement) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - UBER 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	400	\$ 95.00	\$ 38,000.00	\$ 38,000.00	
Total				\$ 123,800.00	\$ 123,800.00	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 2
Funding Type: PHEP**

Activity:

Conduct routine and incident-specific morbidity and mortality surveillance; and produce surveillance reports, as indicated by the situation, using inputs such as reportable disease surveillance, vital statistics, syndromic surveillance, hospital discharge abstracts, population-based surveys, disease registries, and active case-finding.

Outputs:

Essential sustainment outputs:

1) Conduct daily review of surveillance data from multiple data sources (e.g. reportable disease, vital statistics, emergency department) by county health department and state staff; 2) Conduct weekly disease surveillance review meetings; 3) Conduct active case finding following events; 4) Conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data to verify a threat or incident of public health concern; and to characterize and manage it effectively through all phases of the incident; 5) Produce county health department disease surveillance reports; 6) Produce state-level surveillance reports (e.g., weekly disease surveillance tables, weekly disease-specific reports [e.g. influenza, arboviruses], chemical surveillance reports, annual morbidity statistics report); 7) Produce event-specific data reports (e.g., measles situational reports, MERS exposed persons reports and Persons Under Investigation reports); 8) Produce reports and analyses of surveillance activities to evaluate performance of surveillance functions (e.g., County Performance Snapshot Epidemiology Measure Report, biannual reports on after-hours phone accessibility drills, quarterly quality assessment reports on ELR data, reports on completeness of outbreak reports) (DOH strategic plan objective); 9) Update protocols and guidance for conducting surveillance (e.g., annual case definition update for county health department epidemiology staff); 10) Provide 24/7 access to surveillance systems and reports and analysis tools (e.g., ESSENCE-FL, Merlin, central outbreak documentation component of Merlin, EpiCom, SAS) to state and county users, and 11) Install Statistical Analysis Software (SAS) licenses for surveillance.

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Improve protection of the state's health security 24/7, 2) Inform decision making during response events by identifying how many cases are occurring, where cases are occurring, who is getting sick (e.g., age group, race, ethnicity), risk factors for illness (e.g., underlying health conditions, travel, animal contact), effectiveness of vaccine, etc., and 3) Improve resource allocation and health outcomes through recommendations based on analysis of high-quality, timely surveillance data to support those in charge of organizing public health efforts (whether for ongoing health problems or emergencies) to make more focused and more effective allocations and obtain better health outcomes at a lower cost than would otherwise be possible.

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustaining existing capability:

This deliverable is taken from Function 1, Task 2 of the Public Health Surveillance and Epidemiological Investigation Capability within the CDC PHEP Capabilities Guidance. Regular analysis of data received by providers is used to summarize disease trends, identify emerging events and evaluate if surveillance activities are performed effectively at the state and county level. However, the 2016-17 Epi Annual Capability Analysis documented a partial gap re Task 1 (engagement of stakeholders), as multiple stakeholders are not providing data electronically to FDOH and the ability to conduct surveillance and produce reports in a timely manner is contingent on receiving timely accurate data. This deliverable is also contingent on adequate surveillance system maintenance. Also, staffing resource gaps exists to enable continuous monitoring and analysis of data. Improved data dashboards and automated analysis to process large amounts of data and identify changes in disease trends are needed to close gaps to produce reports more timely. The DOH agency strategic plan has two measures that will be directly supported by these project activities.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016. Funding has supported payment for licenses to a statistical software program (SAS) through CDC direct assistance, which is used daily to produce disease specific reports by CHD and state staff; funding has also been used to maintain staff at CHDs and the state level.

How has this Activity been operationalized in the past year?

Maintained staff at county and state levels, conducted disease surveillance daily, produced regular surveillance reports and reports monitoring the performance of surveillance functions.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Inability to determine when and where cases are occurring; unable to provide information about the characteristics of who is becoming ill; inability to perform core functions to respond to events.

Are there alternate solutions to filling this gap?

No

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 3
Funding Type: PHEP**

Activity: Identify potential populations at-risk for adverse health outcomes during a natural or man-made threat or incident and provide specific reports to key leadership.

Outputs: Essential sustainment outputs:
1) Issue protocols and guidance for responding during an event (e.g., traveler monitoring guidance; MERS persons under investigation guidance), 2) Provide 24/7 access to surveillance systems and reports and analysis tools (e.g., ESSENCE-FL, Merlin, central outbreak documentation component of Merlin, EpiCom, SAS) to state and county users, and 3) Produce event- and disease-specific data reports (e.g., reports identifying specific populations at risk for adverse health outcomes, exposed person traveler monitoring reports, persons exposed to MERS).

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Improve resource allocation and health outcomes through recommendations based on analysis of high-quality, timely surveillance data to support those in charge of organizing public health efforts (whether for ongoing health problems or emergencies) to make more focused and more effective allocations and obtain better health outcomes at a lower cost than would otherwise be possible and 2) General surveillance reports using surveillance and investigation data to characterize at-risk populations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability:
This deliverable is taken from Function 1, Task 3 of the "Epi Program" within the CDC PHEP Capabilities Guidance. Regular analyses of data received by providers is used to summarize disease trends, identify emerging events and evaluate if surveillance activities are performed effectively at the state and county level. However, the 2016-17 Annual Capability Analysis documented a partial gap re Task 1 (engagement of stakeholders), as multiple stakeholders are not providing data electronically to DOH and the ability to conduct surveillance, produce reports and provide accurate and timely information for situational awareness is contingent on receiving timely accurate data. Response events often require engagement of new stakeholders or existing stakeholders to provide data not previously provided. This deliverable is also contingent on adequate surveillance system maintenance. Staffing gaps exist as event specific reports require a trained team large enough to collect new data, analyze it quickly and efficiently to produce reports daily or even multiple times a day. Improved data dashboards and automated analysis to process large amounts of data and identify changes in disease trends are needed to close information sharing gaps to produce reports more timely.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant*

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016. SAS licenses are provided via direct assistance for a limited number of users.

How has this Activity been operationalized in the past year?

SAS licenses, client versions, are installed on approved epidemiologist machines. Licenses and approvals are managed centrally.

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Inability to produce data analysis and reports identifying at-risk populations.

Are there alternate solutions to filling this gap?

No

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 4a
Funding Type: PHEP**

Activity:

SUSTAINMENT: Maintain and modernize surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

Outputs:

Essential sustainment outputs:

1) Ensure 24/7 operation of disease surveillance systems (ESSENCE-FL, Merlin, EpiCom) and conduct system disaster recovery testing, 2) Ensure 24/7 availability of Florida Poison Information Control Network (FPICN), 3) ESSENCE-FL: correct vital statistics data quality artifacts, correct existing death certificate analysis and visualization summaries, complete system changes to message structure format to remain compliant with MU stage 3, revise infrastructure to handle exponentially growing data volume, and submit subset of data to CDC in required revised format to support the National Syndromic Surveillance Program, 4) Merlin: sustain system operation, upgrade operating system to remain compliant with DOH standards, implement additional measures to protect social security number per DOH policies DOHP 50-18-15 and DOHP 50-19-15, complete updates to Merlin in response to Florida Administrative Code Chapter 64D-3 promulgation (ability for users to see antimicrobial resistance data, respiratory syncytial virus laboratory results, influenza laboratory results); complete changes to electronic laboratory reporting (ELR) message structure format to remain compliant with MU stage 3 (released in 2015), complete phase II of Merlin and FL SHOTS interoperability, complete phase II Outbreak Module modernization; submit nationally notifiable disease data to CDC and implement the newly required message mapping guides.

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Contribute data to national disease surveillance systems and protect the nation's health security., 2) Identify potential exposures rapidly, implement control measures to interrupt further transmission and contain the spread of disease; and reduce the number of cases of disease., 3) Support county health department (daily and event) operations directly by providing surveillance systems used on a daily basis by county health departments, soliciting feedback, and incorporating feedback to improve those systems., 4) Provide tools within surveillance systems for county health departments to monitor the effectiveness of epidemiologic investigations (e.g., reports on data quality, timeliness, and appropriate implementation of control measures)., 5) Provide access to data and summary tools (e.g., reportable disease data, calls to poison control, emergency department data, preliminary death certificate information, disaster medical assistance team data)., 6) Reduce time for disease identification, leading to improve health of the community., 7) Improve analysis tools used at the local level to answer questions more quickly (e.g., system automated prioritization of case investigations, data dash boards integrating multiple data sources, system driven decision support), enabling more resources to be put toward disease control activities and reducing the time needed for collection and analysis of data., and 8) Improve data and information about disease outbreaks given to hospitals and laboratories; reduce duplicative requests for data to the healthcare community.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability:

Surveillance system maintenance and availability is necessary to monitor disease trends, identify emerging diseases, perform active case finding during events and document case investigations and outcomes. This deliverable is needed to sustain all deliverables in this Function (Function 2) as well as multiple deliverables in Function 1. Enhancement: Gaps exists in reducing the time to respond; these enhancements will help close the time delay gaps and capitalize on submission of electronic data (electronic case reporting to have data immediately available to disease investigators - currently case reporting is paper-based and can be time-consuming and lead to delays in quantifying the problem and mounting the appropriate response; additional electronic data submission to ESSENCE-FL will improve DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness - currently cannot assess, for example, the number of patients currently hospitalized (only those visiting EDs) or direct admits - e.g., after the Haiti earthquake or Escambia Jail explosion, many patients were direct admits and were not captured in ESSENCE-FL, hindering our situational awareness and potential resource prioritization. Additional funding (above 2015 levels) is needed to prepare for Meaningful Use Stage 3 electronic initial case reporting (federal mandate for providers). Also, EpiCom was previously interoperable with FDENS; this will re-establish that connection and improve the current gap in information sharing; web-chatting will enable additional consultations to occur in added formats and for key audiences, again closing the information sharing and data collection gap.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Systems have been operational 24/7. Systems have been used to respond to key events such as locally acquired measles, Zika, MERS, etc.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Inability to perform disease surveillance. Inability to know when and where cases of illness are occurring. Lack of system maintenance and modernization will lead to an inability to determine when cases are occurring, where they are occurring, and who is getting sick. We will be unable to provide info to incident commanders within acceptable timeframes or necessary information in order to prioritize resources or assess risk factors. Additional cases of illness and outbreaks would go undetected; during a 4 month period nearly 100 cases were detected by ESSENCE-FL that would not have been reported if the system had not been in place. CHDs and the state would be unable to determine if prevention programs are effective; there would be no process in place to quantify if changes were occurring (e.g. did things improve? stay the same? get worse?); there would be no baseline disease data.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 4a

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Contracted developers (1.75) and a business analyst (1) to support Merlin, Central Outbreak Documentation, and EpiGateway maintenance and development (Sustainment). 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	5,423	\$ 92	\$ 498,901	\$ 498,901	
Contractual	Contract for project management of Merlin, Central Outbreak Documentation, and EpiGateway (Sustainment); hourly rate increase. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	600	\$ 105	\$ 63,000	\$ 63,000	
Contractual	Contract for the development and maintenance of the ESSENCE-FL application (Sustainment). 1. Selection Type - Sole Source 2. Contract Type - Other Public Entity 3. Name - Johns Hopkins University 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,354	\$ 118	\$ 160,016	\$ 160,016	
Contractual	Contract to support 24/7/365 availability of ESSENCE-FL system (Sustainment); hosting rate increase based on ability to handle HL7 data. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	12	\$ 7,000	\$ 84,000	\$ 84,000	
Contractual	Tester to support Merlin, EpiGateway, Central Outbreak Documentation, and ESSENCE-FL (Sustainment); increase number of contracted hours - current levels are inadequate. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - KLC Consulting 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,900	\$ 81	\$ 153,900	\$ 153,900	
Contractual	Florida Poison Control Contract (Sustainment) State Term Contract Contract Type - Commercial Company Name - FPC Program Area Support – Goal 5, Sustainment, Epi Contract Period - 7/1/16 to 6/30/17 Accountability - Deliverable Description - contract for FPCIN support Amount - \$	1	\$ 382,000	\$ 382,000	\$ 382,000	

Contractual	<p>Contract to support EpiCom hosting for 12 months (Sustainment); increased hosting cost.</p> <p>1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report</p>	12	\$ 2,320	\$ 27,840	\$ 27,840	
Contractual	<p>Contract for basic EpiCom support, maintenance, and assurance of system availability (Sustainment); increased monthly rate.</p> <p>1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support -CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report</p>	12	\$ 5,617	\$ 67,400	\$ 67,400	
Total				\$ 1,437,057	\$ 1,437,057	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 4b
Funding Type: PHEP**

Activity:

ENHANCEMENT: Maintain and modernize surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

Outputs:

Enhanced efficiency outputs:

1) ESSENCE-FL: add data sources (such as ability to receive and store inpatient hospitalization data, FirstWatch data), improve data dashboards and fusion queries across data sources to improve event detection, add ability to upload ad hoc data sets during response events to perform event specific analysis, 2) Merlin: implement cost and time savings initiatives (e.g., add data dashboards, initiate interoperability between disease control surveillance systems, add decision support, add geocoding, expand automated case reporting and processing, identify co-morbidities across surveillance applications), 3) Implement process for receiving and incorporating electronic initial case reports (eICR) for compliance with Meaningful Use Stage 3 and 4) EpiCom: complete interoperability with Everbridge.

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Contribute data to national disease surveillance systems and protect the nation's health security; 2) Identify potential exposures rapidly, implement control measures to interrupt further transmission and contain the spread of disease; and reduce the number of cases of disease; 3) Support county health department (daily and event) operations directly by providing surveillance systems used on a daily basis by county health departments, soliciting feedback, and incorporating feedback to improve those systems; 4) Provide tools within surveillance systems for county health departments to monitor the effectiveness of epidemiologic investigations (e.g., reports on data quality, timeliness, and appropriate implementation of control measures); 5) Provide access to data and summary tools (e.g., reportable disease data, calls to poison control, emergency department data, preliminary death certificate information, disaster medical assistance team data); 6) Reduce time for disease identification, leading to improve health of the community; 7) Improve analysis tools used at the local level to answer questions more quickly (e.g., system automated prioritization of case investigations, data dash boards integrating multiple data sources, system driven decision support), enabling more resources to be put toward disease control activities and reducing the time needed for collection and analysis of data; 8) Improve data and information about disease outbreaks given to hospitals and laboratories; reduce duplicative requests for data to the healthcare community.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Filling a capability gap:
Surveillance system maintenance and availability is necessary to monitor disease trends, identify emerging diseases, perform active case finding during events and document case investigations and outcomes. This deliverable is needed to sustain all deliverables in this function (Function 2) as well as multiple deliverables in Function 1. Enhancement: Gaps exists in reducing the time to respond; these enhancements will help close the time delay gaps and capitalize on submission of electronic data (electronic case reporting to have data immediately available to disease investigators - currently case reporting is paper-based and can be time-consuming and lead to delays in quantifying the problem and mounting the appropriate response; additional electronic data submission to ESSENCE-FL will improve DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness - currently cannot asses, for example, the number of patients currently hospitalized (only those visiting EDs) or direct admits - e.g., after the Haiti earthquake or Escambia Jail explosion, many patients were direct admits and were not captured in ESSENCE-FL, hindering our situational awareness and potential resource prioritization. Additional funding (above 2015 levels) is needed to prepare for Meaningful Use Stage 3 electronic initial case reporting (federal mandate for providers). Also, EpiCom was previously interoperable with FDENS; this will re-establish that connection and improve the current gap in information sharing; web-chatting will enable additional consultations to occur in added formats and for key audiences, again closing the information sharing and data collection gap.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Systems have been operational 24/7. Systems have been used to respond to key events such as locally acquired measles, zika, MERS, etc.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Lack of system maintenance and modernization will lead to an inability to determining when cases are occurring, where they are occurring, and who is getting sick. We will be unable to provide info to incident commanders within acceptable timeframes or necessary information in order to prioritize resources or assess risk factors. Additional cases of illness and outbreaks would go undetected; during a 4 month period nearly 100 cases were detected by ESSENCE-FL that would not have been reported if the system had not been in place. CHDs and the state would be unable to determine if prevention programs are effective; there would be no process in place to quantify if changes were occurring (e.g. did things improve? stay the same? get worse?); there would be no baseline disease data.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 4b

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Contract for EpiCom development - interoperability with Everbridge (Enhancement). 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	250	\$ 90	\$ 22,500	\$ 22,500	
Contractual	Contract for the development of adding a new data source to ESSENCE-FL application (Enhancement). 1. Selection Type - Sole Source 2. Contract Type - Other Public Entity 3. Name - Johns Hopkins University 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	450	\$ 118	\$ 53,181	\$ 53,181	
Total				\$ 75,681	\$ 75,681	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 4c
Funding Type: PHEP**

Activity:

ENHANCEMENT: Maintain and modernize surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

Outputs:

Enhanced efficiency outputs:
Initiate QA procedures (internal staff use/external public use) on the implemented chat function and prepare/implement requisite changes to fine tune and finalize the methodology. Using information obtained through investigations from previous FY's deliverables, design/develop/implement a pilot methodology that uses SMS texting to communicate with the poison centers. Develop a proposal for continued funding of texting portal beyond the pilot testing/evaluation phase.

Section Manager:

Dr. Russell Eggert

Activity Description:

We are requesting \$60K additional funding be added to our next FY's funding to: further project activities initiated last year to 1) investigate, design, build and implement a web chatting function (available to public and health care professionals) on the FPICN website to facilitate more web-based traffic and bring those calls/questions back to the Centers. Not only will this improve patient care, but it will also enhance our data collection, collation and collaboration with the State's epidemiologic review of poisoning in the State. During the prior year we began investigation, research and propose a functional methodology to achieve other forms of alternative contact (texting, mobile apps) and develop a pilot/design phase that could be used in subsequent funding years to build and deploy these methodologies. The website chat function under this contract is in phase II of this project and is on the list to be deployed in the next couple months. We will then continue to QA the chat functions and revise as necessary during the next FY of this project. The FPICN Centers are looking for an external option for texting that would allow the interface of 3 disparate phone systems. Information will be collected and analyzed over the rest of this FY and then a plan for development/deployment will occur during next FY's budget cycle as we specified in our original request.

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

The website chat function under this contract is in phase II.

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Improve feedback to the healthcare community about disease and outbreak activity. Lack of communication with the public in means in which they are willing and able to communicate; lack of responsiveness; lack of additional case detection or ability to respond during a response. Not only will this improve patient care, but it will also enhance our data collection, collation and collaboration with the State's epidemiologic review of poisoning in the State.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 4c

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Florida Poison Control contract - development of web chatting feature (Enhancement). State Term Contract Contract Type - Commercial Company Name - FPC Program Area Support – Goal 5, Sustainment, Epi Contract Period - 7/1/16 to 6/30/17 Accountability - Deliverable Description - contract for FPICN support Amount - \$	1	\$ 60,000	\$ 60,000	\$ 60,000	
Total				\$ 60,000	\$ 60,000	\$ -

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 5
Funding Type: PHEP**

Activity: Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents.

Outputs: Essential sustainment outputs:
1) Produce annual 2016-17 County Performance Snapshot epidemiology measure report, 2) Produce annual 2016-17 county health department capacity survey, 3) Produce quarterly reports on disease control measures, 4) Review and update (as needed) 4 DOH Guide to Surveillance and Investigation chapters, 5) Review and update (as needed) 4 case report forms, 6) Update operating procedures and protocols for conducting epidemiological investigations (as needed), and 7) Conduct or support onsite disease/outbreak investigations and produce investigation reports, as appropriate

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with jurisdictional partner agencies. Partners include law enforcement, environmental health practitioners, public health nurses, maternal and child health, and other regulatory agencies if illegal activity is suspected.

The purpose of this activity is to:

1) Maintain staff capacity and protocols to conduct epidemiological investigations 24/7, 2) Maintain subject matter expertise to ensure effective response to emerging and high priority diseases and conditions, 3) Assess completeness of epidemiological investigations and performance by completing the 2016-17 County Performance Snapshot epidemiology measure reports, 4) Assess county epidemiology staffing capacity by completing the 2016-17 county health department capacity support survey and disseminating results.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability

1) The County Performance Snapshot provides goals for investigations process improvement, and evaluates county health departments according to these standards, 2) There remains a need to continue to develop written plans and protocols to address all disease threats and existing plans need regular updates, 3) Emerging infectious disease threats continue to impact Florida. In 2015, PHEP funded staff responded to MERS, Chikungunya, pertussis, and other urgent public health concerns. Maintaining subject matter experts to respond to emerging diseases is imperative, and 4) Identify opportunities to create additional memorandums of understand to guide joint investigations with law enforcement and regulatory partners.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

PHEP funded epidemiologists, including the contractual regional epidemiologist, have provided expert assistance to counties and state public health laboratories for conducting investigations. In addition, the Epidemic Intelligence Service (EIS) Program Manager epidemiologist has served as administrator for the EIS program and provided medium-high level task support and surge capacity.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lose essential capability to fulfill function 2

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 5

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Salary	Salary costs - Epi Preparedness Funded CHD positions (66.8 FTE)	1	\$ 2,936,128	\$ 2,936,128	\$ 2,936,128	
Fringe	Fringe costs - Epi Preparedness Funded CHD positions (66.8 FTE)	1	\$ 996,171	\$ 996,171	\$ 996,171	
Indirect	Indirect costs - Epi Preparedness Funded CHD positions (66.8 FTE)	1	\$ 939,818	\$ 939,818	\$ 939,818	
Supplies	Supply allowance - Epi Preparedness Funded CHD positions (66.8 FTE)	1	\$ 34,000	\$ 34,000	\$ 34,000	
Travel	Travel allowance - Epi Preparedness Funded CHD positions (66.8 FTE)	1	\$ 30,000	\$ 30,000	\$ 30,000	
Contractual	People First Fees - Epi Preparedness Funded CHD positions (66.8 FTE)	1	\$ 17,936	\$ 17,936	\$ 17,936	
Other	Other allowance - Epi Preparedness Funded CHD positions (66.8 FTE) (VPN, Cell Phone, Printing)	1	\$ 134,000	\$ 134,000	\$ 134,000	
Contractual	Contractual Regional Epidemiologist (Sustainment) Selection Type - State Term Contract Contract Type - TBD Program Area Support - Epi Sustainment Contract Period - 7/1/16 to 6/30/17 Accountability - Final Report Description - position contract for Regional Epidemiologist	1,980	\$ 43	\$ 85,140	\$ 85,140	
Total				\$ 5,173,193	\$ 5,173,193	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION -
Activity 6
Funding Type: PHEP**

Activity:

Provide epidemiological and environmental public health consultation, technical assistance, and information to local health departments regarding disease, injury, or exposure and methods of surveillance, investigation, and response.

Outputs:

Essential sustainment outputs:

1) Quarterly reports on chemical, radiological, nuclear, explosive events of public health significance, 2) Update guidelines and protocols to investigate and respond to chemical, radiological, nuclear, explosive events of public health significance in cooperation with public health partners, 3) Review and update (as needed) 4 DOH Guide to Surveillance and Investigation chapters, 4) Review and update (as needed) 4 case report forms, 5) Updated operating procedures and protocols for epidemiological reporting during response events, 6) Update operating procedures and protocols to guide investigations with law enforcement and regulatory partners, 7) Produce annual report documenting accomplishments of the Epidemiology Intelligence Service Program and 8) Support CHD disease/outbreak investigations and produce investigation reports, as appropriate.

Section Manager:

Leah Eisenstein

Activity Description:

The purpose of this activity is to:

1) Maintain staff, protocols, and partnerships that promote technical guidance and consultation on surveillance, investigations, and outbreak response for all hazards 24/7, 2) Maintain staff to create protocols and provide guidance to county health departments on syndromic surveillance and chemical injury data analysis and alert follow-up, and 3) Maintain a continually trained cadre of applied epidemiologists, including fellows in the Florida Epidemic Intelligence Service Program, to assist in any epidemiologic investigation and response including emerging diseases.

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustaining existing capability:

1) Need to maintain capacity to respond to emerging infectious disease threats that continue to impact Florida. In 2015, PHEP funded staff responded to MERS, Chikungunya, Ebola, pertussis, and other urgent public health concerns. Maintaining subject matter experts to respond to emerging diseases is imperative, and 2) By maintaining a cadre of applied epidemiologists, the state can provide consultation and technical assistance to CHDs. These staff members are continually trained and are available to assist in any epidemiologic investigation and response including emerging diseases.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Six FTE Florida Epidemic Intelligence Service epidemiologists assigned to counties to augment local epi capacity and train in applied infectious disease epidemiology. PHEP-funded epidemiologists developed guidance documents and conducted surveillance and investigation for chemical, radiological, nuclear, explosive events. On-call service coverage was provided to ensure 24/7 responsiveness.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Eliminate a successful fellowship that has augmented the capacity of FL to respond to urgent public health investigations and prepared staff for future positions with the department (i.e., PHEP workforce development).
Eliminate public health aspects of chemical, radiological, nuclear, explosive surveillance, investigation, and response.
Decrease capability to provide 24/7 assistance for urgent public health investigations.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 6

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Contractual CBRNE (Sustainment). Selection Type - State Term Contract Contract Type - Information Systems of Florida Program Area Support - Epi Sustainment Contract Period - 7/1/16 to 6/30/17 Accountability - Final Report Description - position contract for CBRNE Epidemiologist	1,980	\$ 43	\$ 85,140	\$ 85,140	
Other	Answering Service for after hours In order to be available for emergency and immediate consultation to the county health department epidemiology programs (Sustainment)	12	\$ 335	\$ 4,020	\$ 4,020	
Total				\$ 89,160	\$ 89,160	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 7
Funding Type: PHEP**

Activity: Report investigation results to jurisdictional and federal partners, as appropriate.

Outputs: Essential sustainment outputs:
1) Submit state collected data to federal partners to ensure disease surveillance can be conducted at the federal level, 2) Distribute investigation reports to jurisdictional and federal partners, as appropriate, 3) Submit nationally notifiable disease data to CDC electronically, 4) Submit ESSENCE-FL emergency department limited data set to CDC National Syndromic Surveillance Program per CDC requirement and 5) Review and update protocol on national data transmission for high priority diseases.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Maintain staff and expertise to analyze, compile, and submit event specific notification of results as determined necessary for the event, 2) Review and update national data transmission protocol including immediate notification to CDC for high priority diseases, 3) Supply nationally notifiable data to CDC electronically, and 4) Supply emergency department data to CDC electronically which requires submission of ESSENCE-FL emergency department limited data set to CDC BioSense system per CDC requirement.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability
Submission of state collected data to federal partners (CDC) is a requirement to ensure disease surveillance can be conducted at the federal level; gaps exists to maintain staffing necessary to analyze, compile and produce tailored event specific reports; for routing submission of reportable disease data CDC is transitioning how jurisdictions are required to submit the data to CDC – the completion of this deliverable is dependent on CDC's release of the required message format and data elements for submission. During response events CDC issues event specific file submission requirements which often require some changes to state surveillance systems in order to fully comply with the request.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Epidemiologists and laboratory liaisons provided expert assistance to counties and state public health laboratories for conducting investigations.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lose essential capability to fulfill Function 2.

Are there alternate solutions to filling this gap?

No

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 8
Funding Type: PHEP**

Activity:

Biannual intra-agency workgroup meeting - strengthen public health response by coordinating planning for, and response to, public health and epidemiological investigations of emerging high-priority diseases.

Outputs:

Essential sustainment outputs:

1) Conduct 2 in-person intra-agency (Bureau of Epidemiology and Bureau of Public Health Laboratories) meetings and 2) Maintain plans and protocols to address collaborations among partners for all disease threats

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to conduct in-person biannual intra-agency workgroup meetings with representatives from the Bureau of Public Health Laboratories (Jacksonville, Miami and Tampa) and the Bureau of Epidemiology's Surveillance Section and Infectious Disease Prevention and Investigations Section, to evaluate lessons learned and prepare for responding to future emerging infectious disease threats.

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustaining existing capability

Need to continue to develop written plans and protocols to address collaborations for all disease threats.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Two meetings with partners will be conducted in the Spring/Summer of 2016

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Lose opportunity to improve collaboration and communication.

Are there alternate solutions to filling this gap?

Yes, but not as effectively.

BUDGET - Activity 8

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel for epidemiology staff to attend state laboratory meetings (Sustainment) (2) Meetings 6 Epidemiology staff to attend each meeting \$500 each Hotel \$100 per night X 2 nights, Meals \$55 each, Per Diem \$80 each, Mileage, Rental Car \$150 each, Misc \$15 each	12	\$ 500	\$ 6,000	\$ 6,000	
Total				\$ 6,000	\$ 6,000	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 9
Funding Type: PHEP**

Activity: Recommend, monitor, and analyze public health mitigation actions.

Outputs: Essential sustainment outputs:
1) Produce quarterly reports on the proportion of reports of selected reportable diseases for which appropriate public health control measures were implemented within appropriate timeframe, 2) Review and update (as needed) 4 existing DOH Guide to Surveillance and Investigation chapters; ensure that chapters include sections on initiating, monitoring, and augmenting mitigation activities during the investigation and reference public health mitigation and epidemiological management and actions to be recommended when investigating cases, 3) Complete 4 new chapters for the Guide to Surveillance and Investigation, and
4) Review and summarize outbreak data submitted by counties quarterly.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to recommend and monitor public health mitigation actions based on data collected in the investigation and on applicable science-based standards. This includes ensuring that appropriate guidance documents for case and outbreak investigations exist and include sections on initiating, monitoring, and augmenting mitigation activities during the investigation; and reference public health mitigation and epidemiological management and actions to be recommended when investigating cases. Data collected on outbreak investigations and implementation of control measures will be reviewed and summarized.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability
Need to maintain subject matter expertise, develop and update guidance documents, evaluate quality of public health response and mitigation, and develop new guidelines for emerging threats.
Written plans and protocols will provide a framework for analyzing and modifying mitigation actions.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

PHEP funded epidemiologists have created a working space to discuss and provide critical evaluations of public health events that required a response. In addition, based on needs and evidence from literature, guidelines and procedures have been periodically updated and created when appropriate.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lose capacity to assess the impact and quality of public health mitigation actions for urgent public health concerns.

Are there alternate solutions to filling this gap?

No

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 10
Funding Type: PHEP**

Activity:

Provide information (including reports and protocols) to public health officials to support them in decision making related to mitigation actions.

Outputs:

Essential sustainment outputs:

1) Produce situation reports or updates to leadership during response events and outbreaks, 2) Review and revise, as necessary, 10 case investigation case report forms or outbreak-specific risk factor questionnaires, 3) Complete annual update of the Epidemiology Hurricane Response Toolkit, which includes paper-based protocols to conduct surveillance, if the primary disease surveillance system is disrupted during an event, 4) Complete annual review to determine need for promulgation of updates of Florida Administrative Code Chapter 64D-3, and 5) Produce investigation reports

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Ensure disease control and mitigation actions are correctly chosen, implemented effectively, and mitigation actions are monitored to determine effectiveness, 2) Ensure redundant processes (paper) are in place to support a response if access to electronic systems is unavailable, 3) Ensure laws and rules are adequate to effectively support a response from a disease control perspective, and 4) Improve resource allocation and health outcomes through recommendations based on analysis of high-quality, timely surveillance data to support those in charge of organizing public health efforts (whether for ongoing health problems or for emergencies) to make more focused and more effective allocations and obtain better health outcomes at a lower cost than would otherwise be possible.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustain existing capability

Need to continue to develop written plans and protocols to address all disease threats. Including, plans that include procedures to utilize health-related data and statistics from programs within the jurisdictional public health agency to support recommendations regarding populations at-risk for adverse outcomes during a natural or intentional threat or incident.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Funding is for staff at central office and CHDs to support disease surveillance and investigation.

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Inability to perform disease surveillance or investigations.

Are there alternate solutions to filling this gap?

No

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 11
Funding Type: PHEP**

Activity:

Develop and implement surveillance and investigation quality improvement activities, protocols and guidances based on incident hot washes for internal and external stakeholders, as it pertains to selected epidemiologic events.

Outputs:

Essential sustainment outputs:

- 1) Develop a guidance document for when quality improvement reports for specific epidemiologic events will be produced
- 2) Develop a format for quality improvement reports for documenting and communicating corrective actions related to specific events
- 3) Produce two epidemiologic event-specific quality improvement reports
- 4) Participate in formal agency AARs as produced by the Bureau of Preparedness and Response, in support of ESF8 incident management

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

- 1) Finalize a protocol for the completion of quality improvement formats, which include processes for communicating recommended corrective actions.
- 2) Review reports and plans created in accordance with the quality improvement protocol, to drive statewide epidemiology program improvement actions.
- 3) Collaborate with the Bureau of Preparedness and Response, when formal agency AAR is required.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability and filling a capability gap
Need to continue to develop written plans and protocols to address all disease threats and evaluate public health responses.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

PHEP funded epidemiologists evaluated responses to public health events that required support from the BOE. Lessons learned and feedback from the field has been incorporated in subsequent responses and utilized to improve data collection forms/systems.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Inability to sustain continuous quality improvement processes related to response and daily operations

Are there alternate solutions to filling this gap?

No

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 12a
Funding Type: PHEP**

Activity:

SUSTAINMENT: Maintain staff subject matter expertise to manage routine epidemiological investigations and support surge investigations and disaster response through trainings and exercises that provide, at a minimum, Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies.

Outputs:

Essential sustainment outputs:
1) Conduct biweekly epidemiology county health department conference calls, 2) Conduct monthly web-based epidemiology Grand Rounds presentations, 3) Conduct quarterly web-based ESSENCE-FPICN trainings, 4) Conduct annual web-based Council of State and Territorial Epidemiologists webinar series
5) Conduct weekly web-based Training Tuesdays, 6) Conduct monthly web-based Merlin Basic Trainings
7) Update tools and resources for internal and external stakeholders (e.g. Epi Update, educational, materials, guidance documents, intranet and Internet websites), and 8) Participate in a statewide preparedness exercise.

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Engage public health partners and deliver competency-based awareness-, operations-, and management-level training to CHD epidemiology responders and epidemiology strike teams through conference calls, webinars, web-based training, in-person training and exercise, and updated guidance, tools, and other resources, 2) Collaborate with internal and external stakeholders to provide critical operations- and management-level training to county health department staff through multiple in-person lectures, interactive discussions, hands-on demonstrations, and practice at a statewide training, and 3) Build and maintain Internet and intranet disease reporting, surveillance, and investigation resources and guidance documents for county health department epidemiology staff.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability and filling a capability gap

This activity sustains the Public Health Surveillance and Epidemiology Capability overall by providing critical training to achieve and maintain Tier 1 competencies (Function 1) for entry-level epidemiologists and provides training to achieve Tier 2 and 3 epidemiology competencies for mid- and senior-level epidemiologists. This activity also provides just-in-time training, access to updated resource documents and guidelines, and development of epidemiology strike team capabilities through training and exercise.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has been funded through the PHEP base grant and the PHEP Ebola supplemental and continues to provide core epidemiology training and fill identified gaps. Sustainment is essential to maintaining epidemiology responders' skill sets.

From July 1, 2014 – present:

1) Coordinated and delivered 3 EpiCORE courses, training and exercising 100 CHD staff, 2) Delivered 36 Biweekly Epidemiology CHD Conference Calls with an average of 160 CHD staff and 34 SHO staff per call, 3) Delivered 14 Epidemiology Grand Rounds presentations to an average of 200 CHD staff and 35 SHO staff per webinar, 4) Delivered 1 Mobile Team Training for 12 epidemiology strike team members, 5) Participated in 1 Statewide Hurricane Exercise by coordinating the training and exercising of 22 epidemiology strike team members and leaders and 5 SHO staff, 6) Participated in 1 Bio shield exercise training 3 epidemiology strike team members, 7) Coordinated and delivered 1 statewide epidemiology training on emerging infectious diseases, Ebola patient monitoring, disaster preparedness, and program management during surge incidents to 105 epidemiology and environmental health employees, and 8) Total PHEP-supported trainings for this activity: 56.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

As epidemiology is a constantly evolving issue, reduction or elimination of funding for this activity would create significant gaps in the knowledge and skills of epidemiologists throughout the state, increase gaps in communication with the CHDs, eliminate multiple continuing education opportunities for nursing, environmental health, and laboratory staff; perpetuate gaps in epidemiology disaster response, and reduce training and exercise opportunities for the epidemiology strike teams.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 12a

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Web/Training Consultant Previously funded as FTE (Sustainment) Selection Type - State Term Contract Type - KLC Consulting - Keith Brown Program Area Support - Epi Sustainment Contract Period - 7/1/16 to 6/30/17 Accountability - Final Report Description - position contract for WEB/Training Consultant	1,980	\$ 35	\$ 68,310	\$ 68,310	
Other	Biweekly conference calls, 23 calls x \$800.00 ea = \$18,400 (Sustainment)	23	\$ 800	\$ 18,400	\$ 18,400	
Other	Monthly Grand Rounds conference calls, 10 calls x \$800 ea = \$8,000 (Sustainment)	10	\$ 800	\$ 8,000	\$ 8,000	
Other	Reference books and Materials for Epidemiology (Sustainment)	1	\$ 1,500	\$ 1,500	\$ 1,500	
Other	Training Tuesdays - a weekly on-line interactive training related to systems, VIA Citrex \$200 per month X 12 months = \$2400 (Sustainment)	12	\$ 200	\$ 2,400	\$ 2,400	
Total				\$ 98,610	\$ 98,610	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 12b
Funding Type: PHEP**

Activity:

ENHANCEMENT: Maintain staff subject matter expertise to manage routine epidemiological investigations and support surge investigations and disaster response through trainings and exercises that provide, at a minimum, Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies.

Outputs:

Enhanced efficiency outputs:

- 1) Deliver a minimum of two regional Epidemiology Coordinated Outbreak Response Exercise (EpiCORE) trainings and tabletop exercises.
- 2) Identify and deliver after action report training
- 3) Conduct follow-up assessment of statewide training attendees to determine local-level epidemiology priorities

Section Manager:

Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:

1) Engage public health partners and deliver competency-based awareness-, operations-, and management-level training to CHD epidemiology responders and epidemiology strike teams through conference calls, webinars, web-based training, in-person training and exercise, and updated guidance, tools, and other resources, 2) Collaborate with the Centers for Disease Control and Prevention to provide disaster epidemiology training, including CASPER toolkit, to Group 1 epidemiology responders throughout the state, 3) Collaborate with internal and external stakeholders to provide critical operations- and management-level training to county health department staff through multiple in-person lectures, interactive discussions, hands-on demonstrations, and practice at a statewide training, and 4) Build and maintain Internet and intranet disease reporting, surveillance, and investigation resources and guidance documents for county health department epidemiology staff

Gap:

Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Filling a capability gap

This activity fills an existing gap in basic epidemiology competencies by providing training to new epidemiologists and non-epidemiologists on how to manage routine and surge epidemiological investigations, and fills a gap in disaster epidemiology skills and function by providing training in conducting rapid community needs assessments.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has been funded through the PHEP base grant and the PHEP Ebola supplemental and continues to provide core epidemiology training and fill identified gaps. Sustainment is essential to maintaining epidemiology responders' skill sets.

How has this Activity been operationalized in the past year?

From July 1, 2014 – present:

1) Coordinated and delivered 3 EpiCORE courses, training and exercising 100 CHD staff, 2) Delivered 36 Biweekly Epidemiology CHD Conference Calls with an average of 160 CHD staff and 34 SHO staff per call, 3) Delivered 14 Epidemiology Grand Rounds presentations to an average of 200 CHD staff and 35 SHO staff per webinar, 4) Delivered 1 Mobile Team Training for 12 epidemiology strike team members, 5) Participated in 1 Statewide Hurricane Exercise by coordinating the training and exercising of 22 epidemiology strike team members and leaders and 5 SHO staff, 6) Participated in 1 Bio shield exercise training 3 epidemiology strike team members, 7) Coordinated and delivered 1 statewide epidemiology training on emerging infectious diseases, Ebola patient monitoring, disaster preparedness, and program management during surge incidents to 105 epidemiology and environmental health employees, and 8) Total PHEP-supported trainings for this activity: 56

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

As epidemiology is a constantly evolving issue, reduction or elimination of funding for this activity would create significant gaps in the knowledge and skills of epidemiologists throughout the state, increase gaps in communication with the CHDs, eliminate multiple continuing education opportunities for nursing, environmental health, and laboratory staff; perpetuate gaps in epidemiology disaster response, and reduce training and exercise opportunities for the epidemiology strike teams.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 12b

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	EpiCORE Trainings and Exercise - Travel, \$1645 per training x 2 = \$3290 (Enhancement)	2	\$ 1,645	\$ 3,290	\$ 3,290	
Total				\$ 3,290	\$ 3,290	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 13
Funding Type: PHEP**

Activity: Sustain Go Kits for Public Health Response Teams.

Outputs: 1) Maintain accountability policy for purchasing Go-Kit equipment; 2) Go-Kits for Epidemiology, Environmental Health.

Section Manager: John Delorio

Activity Description:

Support deployable Public Health and Medical Response Team's equipment needs prior to, during and after deployments. Establish baseline "Go-Kit" inventory with allowances for specialized equipment for Epidemiology, Environmental Health and Special Needs Shelter Strike Teams.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Coordinate the readiness and assignment of public health and medical response teams prior to, during and after a response to a public health and medical incident. This includes standardization of the base "Go-Kit" with additions for specializations, and ensuring an accountability process for equipment purchased or funds allotted for purchasing of equipment by strike teams.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

These teams and their supplies have been funded in the past through the grant.

How has this Activity been operationalized in the past year?

These teams have not been deployed therefore the kits have not be used. The Department is working with the Team SMEs to determine more effective strategies to maintain these caches.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Teams will be less prepared to respond and provide their requested service without the proper supplies and equipment.

Are there alternate solutions to filling this gap?

Teams would have to obtain supplies upon arriving at incident or request Logistics to order their supplies during deployment. Depending on the type of event or supplies, they may not be available on a "just in time" basis. The Department is looking at maintaining team caches, state augmentation and vendor managed inventory.

BUDGET - Activity 13

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Replenishment of strike-team go kits for sustainment of deployable PH Response Teams.	1.00	\$ 15,000	\$ 15,000	\$ 15,000	
Total				\$ 15,000	\$ 15,000	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 14
Funding Type: PHEP**

Activity: Radiation Response Volunteer Corps Population Monitoring Training

Outputs: Provide training to 8-10 classes of volunteers to conduct population monitoring in the event of a radiological/nuclear incident.

Section Manager: John Delorio

Activity Description:

Provides travel funding for the Bureau of Radiation Control (BRC) staff to provide a 7 hour population monitoring course. Course is provided statewide at request of local MRC coordinators.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

BRC has no (zero) personnel for population monitoring and decontamination following a large-scale radiological/nuclear release and requires trained professionals/volunteers to complete this task. Allows for the sustainment of these activities to prevent radiological exposures. The National Response Framework Nuclear Radiological Incident Annex indicates the ESF 8 is responsible for decontamination of possibly affected victims and is the responsibility of State, tribal, and local governments. These trainings will continue to fill gaps or sustain the capabilities of personnel required in emergency response.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, CDC grant funds were provided to cover travel costs for the training staff to conduct these courses.

How has this Activity been operationalized in the past year?

Ten courses have been provided within the last calendar year, with 222 students attending. One exercise was conducted in May using alternate funds at which 70 volunteers participated.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

If this activity is not funded, the BRC will reduce the ability to conduct/support radiation detection.

Are there alternate solutions to filling this gap?

There are no alternative solutions to ensure an effective response.

BUDGET - Activity 14

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Radiation Response Volunteer Corps Population Monitoring training courses (10 courses with 4 trainers per course - \$350 per trainer X 4 = \$1,400 X 10 = \$14,000)	10	\$ 1,400	\$ 14,000	\$ 14,000	
Total				\$ 14,000	\$ 14,000	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 15
Funding Type: PHEP**

Activity:

Environmental Health (EH) staff will train and exercise state and local staff on environmental hazards as well as chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and sustain monitoring and assessment equipment for local responders and the EH strike teams as needed

Outputs:

1) All-hazards chemical, biological, radiological, nuclear and explosives (CBRNE) training and exercises for Environmental Health (EH) strike teams (ST); 2) Credentialed EHST to include specialized radiation control/population monitoring capabilities; 3) EH Preparedness Day training for two regions (this is required for all EHST members), EH/Epi Joint Exercises in two regions, EHST Leader workshop and webinars for responder teams and partners; 4) Type, inventory and sustain EHST Caches (e.g. radiation, food, Indoor Air Quality, water and biohazard test kits); and 5) Specialized Radiation training for back-up EHST members to assist Bureau of Radiation Control at events.

Section Manager:

Michael Mitchell

Activity Description:

Sustain the Environmental Health (EH) strike team (ST) and local CHD responder's capability to plan for and respond to all-hazards incidents including (1) environmental, (2) chemical, biological, radiological, nuclear and explosives, and (3) epidemiological (Epi) investigations. (Also addresses Function 2). Provide webinars to ST and partners (including EH Preparedness (EHP) SOGs/Toolkits, EHP Emergency Assessment Application, Biomedical Waste Spills, EH/Epi Investigation Coordination, EHP for Health Care Coalitions)

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Allows for the training, exercising, equipping, typing and credentialing of existing Environmental Health Strike Teams and local CHD EH responders. (All training and exercising is in partnership with the Training and Exercise Capability). Recurring costs include training and exercising of the ST and local responders, updating monitoring/assessment equipment (radiation, food and water testing kits, biohazard waste kits, etc.), and meetings of EHST leadership.

Grant Language:

Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background:

Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Food and Biomedical Waste trainings were developed during the 2015-2016 funding year and provided in 2 regions only. New trainings include Environmental Health (EH) Preparedness Toolkits for Health Care Coalitions, radiation control environmental sampling training and exercise, and credentialing of EH strike team members for back-up support to state's team conducting environmental sampling, and monitoring, before, during and after a radiological incident at a nuclear power plant.

How has this Activity been operationalized in the past year?

Same as above.

Impact:

What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Statewide, strike teams have a high turnover due to existing members either retiring or leaving the department creating a gap in qualified and trained staff to the teams to ensure effective and safe deployments. These trainings and exercises provide much needed hands-on demonstration and training on equipment use crucial for future deployments.

Are there alternate solutions to filling this gap?

None

BUDGET-Activity 15

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Radiation Control- Environmental Sampling and Monitoring at Nuclear Power Plants Training/Exercise for Environmental Health (EH) strike teams (ST). Regional (N, C, S) EHST Training and Exercise Hotel = 60 people x 2 days x \$120 = \$14,400 Meals = 60 people x \$36 x 1 day = \$2,160 Per Diem = 60 people x \$80 x 1 day = \$4,800 Training & Exercise	3	\$ 7,120	\$ 21,360	\$ 21,360	
Travel	EHP Day Training: EHP Day training that is required for all strike team members in the qualification criteria for ST leaders and members. Travel for two trainers to facilitate two regional one day trainings. Training & Exercise	2	\$ 1,000	\$ 2,000	\$ 2,000	
Travel	EH & Epidemiology (Epi) ST Exercises to be held in 2 Regions: Provides a joint team collaborative regional exercise opportunity. Full Scale Joint EH/Epi ST Exercise Hotel = 15 people x 2 days x \$150 = \$4500 Meals = 15 people x \$36 x 1 day = \$540 Per Diem = 15 people x \$80 x 1 day = \$1200 Printing = \$500 x 2 regions = \$1000 Training & Exercise	2	\$ 7,240	\$ 14,480	\$ 14,480	
Total				\$ 37,840	\$ 37,840	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 16
Funding Type: PHEP**

Activity: Sustain investigations at special events on environmental hazards specifically radiation.

Outputs: Provide radiation screenings at high profile special events.

Section Manager: Cindy Becker

Activity Description:

Provides just in time planning, screening, and threat determination for special events such as the Daytona 500, Governor's Inauguration, Blue Angels shows, and other high profile events.
(Also addresses Function 2).

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Allows for the sustainment of these activities to prevent radiological exposures.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, CDC grant funds have been used to provide travel funding for Bureau of Radiation Control staff to conduct radiological/nuclear detection surveillance sweeps during these large scale events.

How has this Activity been operationalized in the past year?

Deployments have been carried out for the Coke Zero 400 and the Daytona 500 race week.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Negative consequences include failure to detect illicit radiological/nuclear material at large special events including the 2016 Presidential election events occurring in the State of Florida.

Are there alternate solutions to filling this gap?

The Bureau of Radiation Control has no current alternate solutions to fill the gap.

BUDGET - Activity 16

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Screening for Preventive Radiological/Nuclear Detection (PRND) events: average of 6 staff per event - \$850 each; average of 8 events per year (\$850 X 6 = \$5,100 X 8 = \$40,800) Note: lodging costs for the Daytona races are extremely high	8	\$ 4,650	\$ 37,200	\$ 37,200	
Travel	Planning for PRND events: 1 staff per meeting; average of 3 planning meetings per event with an average of 8 events per year (\$500 X 3 - \$1,500 X 8 = \$12,000)	8	\$ 1,500	\$ 12,000	\$ 12,000	
Travel	Training for PRND events: Average of 6 staff per event - \$350 each; average of 8 events per year (\$350 X 6 = \$2100 X 8 - \$16,800)	8	\$ 2,100	\$ 16,800	\$ 16,800	
Total				\$ 66,000	\$ 66,000	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION -
Activity 17
Funding Type: PHEP**

Activity: Environmental Health (EH) staff will review, revise and develop standard operating guidelines (SOGs), forms and reports for internal and external stakeholders (e.g. local EH staff and other response partners).

Outputs: 1) SOGs on various environmental incidents (e.g., Environmental Health Preparedness (EHP) Toolkits, Biomedical Waste Spills, Large Sewage Spills, Boil Water Notices, and well testing); 2) Updated EH Emergency Assessment form and application integration into EH Database; 3) Development of Indoor Air Quality Toolkit for Health Care Coalitions and EHP Toolkit for Native Americans; and 4) Report on EH involvement in Epidemiology investigations and long-term monitoring of health impacts. (5) Braille Toolkit

Section Manager: Michael Mitchell

Activity Description:

Maintenance of the existing preparedness planning documents relating to Environmental Health (EH) programs and the creation of new documents to address identified gaps that are identified in the normal planning process. EH planning documents include sewage spill guidance, Boil Water Notices, private well testing policy, water emergency guidance, etc. (Also addresses Function 2)

Gap: Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Allows for the maintenance of the existing preparedness planning documents relating to Environmental Health programs and the creation of new documents to address identified gaps.

Grant Language: Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

How has this Activity been operationalized in the past year?

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This is one of the only preparedness toolkits in Florida for the blind produced in braille.

Are there alternate solutions to filling this gap?

BUDGET - Activity 17

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Re-Print of Environmental Health Preparedness Braille Toolkits	100	\$ 10	\$ 1,000	\$ 1,000	
Total				\$ 1,000	\$ 1,000	

**PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL
INVESTIGATION - Activity 18
Funding Type: PHEP**

Activity:

Environmental Health (EH) staff will review, revise and develop standard operating guidelines (SOGs), forms and reports for internal and external stakeholders (e.g. strike team members and other response partners)

Outputs:

1) List the needs of epidemiology investigators regarding Environment Health; 2) List mitigation strategies for needs; 3) Update or create SOGs to reduce gaps noted in the Areas of Improvement of completed After Action Reports.

Section Manager:

Michael Mitchell

Activity Description:

Using known databases/exercises that involve joint investigations, list the needs of epidemiology (Epi) investigators regarding Environmental Health (EH). From this list, create mitigation strategies for the determined needs. In addition, reduce noted gaps in the areas of improvement from previous After Action Reports related to EH/Epi joint investigations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity will create a list of needs for epidemiology investigators related to Environmental Health and slow the gaps that currently exist. In addition, we have gaps noted in the previous years After Action Reports from the joint EH/EPI exercises that have not been worked resolved.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

We had obtained funding for a full scale training involving Environmental Health and Epidemiology Strike Teams that lead to the creation of After Action Reports and areas of improvement.

How has this Activity been operationalized in the past year?

Work with the subject matter experts create exercises and to correct gaps noted in After Action Reports.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Strike teams will continue to use methods that are not the most useful, which may slow up response times.

Are there alternate solutions to filling this gap?