

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

---

**CAPABILITY INFORMATION**

<b>Capability:</b>	Public Health Surveillance & Epidemiology
<b>Funding Type:</b>	PHEP
<b>Capability Manager:</b>	Dr. Sharon Watkins/Hunter Davis
<b>Co-Chair Champion:</b>	Dr. Ulyee Choe

**CAPABILITY BUDGET INFORMATION**

Total Non-Resource Costs			
Supplies			\$11,500.00
Travel			\$37,200.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$500,870.00
Other			\$67,800.00
<b>Total Costs</b>			<b>\$617,370.00</b>
Held Harmless			
Contractual			\$1,878,087.00
Other			\$4,000.00
<b>TOTAL</b>			<b>\$1,882,087.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Public Health Surveillance & Epidemiology	\$26.00	39,520	\$1,027,520.00
<b>Total Costs</b>			<b>\$1,027,520.00</b>
<b>Additional Comments:</b>			

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

### DELIVERABLE DESCRIPTION

<b>Function:</b>	Function 1: Conduct public health surveillance and detection
<b>Deliverable:</b>	6.2.1a: Engage and retain stakeholders who can provide health data to support routine surveillance, including daily activities outside of an incident, and to support response to an identified public health threat or incident.
<b>Funding Type:</b>	PHEP

**Provide a description of this deliverable**

**Essential sustainment (held harmless):**

Retain the existing number of data providers submitting data electronically to ESSENCE-FL (syndromic surveillance) and Merlin (reportable disease).

Projects:

- 1) Maintain current data feeds from 186 hospitals and urgent care centers, poison control, vital statistics, 226 laboratories, Assistant Secretary for Preparedness and Response (ASPR).
- 2) Maintain a web-based Meaningful Use (MU) registration system supporting reportable disease electronic laboratory reporting (ELR) and syndromic surveillance.

Increase the number of data providers submitting data electronically to ESSENCE-FL (syndromic surveillance) and Merlin (reportable disease), update hospital data feeds to be MU compliant and meet new FL reportable disease regulations.

- 3) Onboard hospitals in testing queue (supplying emergency department data, or reportable disease electronic laboratory results).
  - 4) Receive newly required reportable disease data based on the 2014 promulgation of Chapter 64D-3 FAC (this requires modifications to ALL existing facility ELR feeds).
  - 5) Respond to backlog of current facilities submitting data to FDOH for ELR and syndromic surveillance;
- Resources: 1 Integration broker engineer; 1 ELR business analyst specialist; 1 tester; 0.25 developer; Cost: \$534,220

**Enhance Efficiency (projects in addition to Essential Sustainment and Priority Maintenance):**

Projects:

- 6) Add inpatient hospitalization data to ESSENCE-FL.

Resources: 0.4 ESSENCE-FL facility on-boarding specialist; Cost: \$22,800

**Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:**

This deliverable is taken from Function 1, Task 1 of the Epi Program within the CDC PHEP Capabilities Guidance. Electronic data submission improves FDOH's ability to rapidly identify and respond to disease events including providing accurate and timely information for situational awareness. Without the receipt of reportable disease electronic laboratory reports or ED 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 or Ebola. Gaps exist as 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 be unable to sustain 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 will require all existing facilities to update their current data submission file. Additional funding (above 2014 levels) is needed to respond to current hospital

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

requests to establish data required by the Meaningful Use public health measures. For example, there are over 100 laboratories currently in the testing phase for ELR and over 100 hospitals testing for syndromic surveillance data submission. Current staffing levels have not allowed these requested connections to occur.

**Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:**

Integration Broker, SSRC, system support and maintenance

<b>DELIVERABLE BUDGET INFORMATION</b>			
<b>Total Non-Resource Costs</b>			
<b>Supplies</b>			\$0.00
<b>Travel</b>			\$0.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$22,800.00
<b>Other</b>			\$0.00
<b>Total Costs</b>			<b>\$22,800.00</b>
<b>Held Harmless</b>			
<b>Contractual</b>			\$534,220.00
<b>Total</b>			<b>\$534,220.00</b>
<b>Total Resource Costs</b>			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
<b>Total Costs</b>			
<b>Additional Comments</b>			

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 1: Conduct public health surveillance and detection
<b>Deliverable:</b>	6.2.1b: Conduct routine and incident-specific morbidity and mortality surveillance 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.
<b>Funding Type:</b>	PHEP

<b>Provide a description of this deliverable</b>	<p><b>Essential Sustainment:</b></p> <p>A) Provide 24/7 access to surveillance systems and reports and analysis tools (ESSENCE-FL, Merlin, central outbreak documentation system and EpiCom) to state and county users.</p> <p>B) Issue protocols and guidance for conducting surveillance (annual case definition update for CHD epidemiology staff).</p> <p>C) Conduct active case finding following events and surveillance evaluation reports [e.g. evaluation of quality of surveillance activities performed - annual CHD Core Epidemiology Measure to evaluate quality and reporting timeliness (proportion of reports of selected reportable diseases received by FDOH within required timeframe) after-hours on call phone accessibility drills of CHD epidemiology offices for immediately reportable conditions, ELR data quality].</p> <p>D) Review data from multiple data sources (e.g. reportable disease, vital statistics, emergency department) on a daily and weekly basis.</p> <p>Cost: \$37,050</p>
<b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>	<p>This deliverable is taken from Function 1, Task 2 of the Epi Program 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. The 2015-16 Epi Annual Capability Analysis documented a partial gap contingent on 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. 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.</p>
<b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b>	<p>None</p>

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

DELIVERABLE BUDGET INFORMATION			
<b>Total Non-Resource Costs</b>			
Supplies			\$0.00
Travel			\$0.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$0.00
Other			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
<b>Held Harmless</b>			
Contractual			\$37,050.00
<b>Total</b>			<b>\$37,050.00</b>
<b>Total Resource Costs</b>			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
Public Health Surveillance & Epidemiology	\$26.00	6,240	\$162,240.00
<b>Total Costs</b>			<b>\$162,240.00</b>
<b>Additional Comments:</b> Three FTEs, SAS analytic software (\$37,050), surveillance system maintenance and support – costs for surveillance systems are accounted for under Deliverable 4, Function 1.			

DELIVERABLE DESCRIPTION	
-------------------------	--

<b>Function:</b>	Function 1: Conduct public health surveillance and detection
<b>Deliverable:</b>	6.2.1c: Provide statistical data and reports to public health and other applicable jurisdictional leadership in order to identify potential populations at-risk for adverse health outcomes during a natural or man-made threat or incident.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b></p> <p><b>Essential Sustainment:</b></p> <p>A) Complete event specific reports, periodic disease specific surveillance reports and conduct weekly surveillance data review meetings</p> <p>1) Event specific reports – e.g. daily Ebola traveler monitoring reports; persons exposed and reached following fungal meningitis; hold event specific surveillance data review meetings</p> <p>2) Disease specific reports – e.g. comprehensive annual morbidity, environmental hazard, influenza, food and waterborne, zoonotic and vectorborne, chemical).</p> <p>B) Complete executive summary report of the 2013-2014 CHD Epi Capacity Support Survey. Cost: \$0</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b></p> <p>This deliverable is taken from Function 1, Task 3 of the Epi Program 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. The 2015-16 Epi Annual Capability Analysis documented</p>

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

a partial gap contingent on Task 1 (engagement of stakeholders) as multiple stakeholders are not providing data electronically to FDOH 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.

**Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:**

Two FTEs; SAS analytic software – cost is accounted for under Deliverable 2, Function 1; surveillance system maintenance and support – costs for surveillance systems are accounted for under Deliverable 4, Function 1.

<b>DELIVERABLE BUDGET INFORMATION</b>			
<b>Total Non-Resource Costs</b>			
<b>Supplies</b>			\$0.00
<b>Travel</b>			\$0.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$0.00
<b>Other</b>			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
<b>Total Resource Costs</b>			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
Public Health Surveillance & Epidemiology	\$26.00	4,160	<b>\$108,160.00</b>
<b>Total Costs</b>			
<b>Additional Comments:</b>			

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

### DELIVERABLE DESCRIPTION

<b>Function:</b>	Function 1: Conduct public health surveillance and detection
<b>Deliverable:</b>	6.2.1d: Maintain surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.
<b>Funding Type:</b>	PHEP

**Provide a description of this deliverable:**

**Essential Sustainment:**

A) Ensure 24/7 access and operation to surveillance systems (ESSENCE-FL, Merlin, EpiCom, Central Outbreak Documentation System); conduct system disaster recovery testing; ensure 24/7 availability of Florida Poison Control Information Network (FPCIN);

B) ESSENCE-FL: correct vital statistics data quality artifacts; correct existing death certificate analysis and visualization summaries; complete changes to message structure format to remain compliant with MU stage 3 (expected to be released in 2015-16);

C) Merlin: Complete updates to Merlin in response to FAC 64D-3 promulgation (ability for CHDs to see antimicrobial resistance data, RSV laboratory results, influenza laboratory results); complete changes to ELR message structure format to remain compliant with MU stage 3 (expected to be released in 2015-16);

D) Implement statewide server version of EpiInfo utilized during outbreaks and response events; used daily for surveillance data analysis. Resources: 0.30 project manager; 1.5 developers; 0.85 system analyst and documentation specialist; 0.8 software tester; system hosting; John's Hopkins University contractual support; FPCIN contractual support.  
Cost: \$1,215,332

**Enhance Efficiencies:**

E) ESSENCE-FL: add ability to receive and store inpatient hospitalization 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.

F) Merlin: Implement cost and time savings initiatives: add data dashboards; initiate interoperability between disease control surveillance systems to support patient looks ups across systems; complete phase II of Merlin-FL SHOTS interoperability adding ability to store data received from FL SHOTS; add decision support to assist CHD users rapidly prioritize case investigations, add geocoding; expand automated case reporting and processing following the receipt of an electronic laboratory report.

G) FPCIN: 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; begin investigation, research and propose a functional methodology to achieve other forms of alternative contact (texting, mobile apps) and develop a pilot/design phase.  
Resources: 0.03 project manager; 0.5 developers; 0.15 system analyst and documentation specialist; 0.2 software tester; system hosting; John's Hopkins University contractual support; FPCIN contractual support; FPCIN development;  
Cost: \$284,984

**Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:**

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)

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

as well as multiple deliverables in Function 1.

**Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:**

Staff, surveillance system support and maintenance, FPCIN contract;  
System hosting costs (EpiCom and ESSENCE-FL) are expected to increase during 2015

DELIVERABLE BUDGET INFORMATION			
Total Non-Resource Costs			
Supplies			\$0.00
Travel			\$0.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$284,985.00
Other			\$0.00
<b>Total Costs</b>			<b>\$284,985.00</b>
Held Harmless			
Contractual			\$1,215,332.00
<b>Total</b>			<b>\$1,215,332.00</b>
Total Resource Costs			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
<b>Total Costs</b>			

### DELIVERABLE DESCRIPTION

<b>Function:</b>	Function 2: Conduct public health and epidemiological investigations
<b>Deliverable:</b>	6.2.2a: 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.
<b>Funding Type:</b>	PHEP

**Provide a description of this deliverable**

**Essential Sustainment:**

- A) Maintain staff capacity and protocols to conduct epidemiological investigations 24/7.
- B) Maintain subject matter expertise to ensure effective response to emerging and high priority diseases and conditions.
- C) Assess completeness of epidemiological investigations and performance by completing the 2014-15 County Performance Snapshot epidemiology measure reports, the 2014-15 CHD capacity support survey, and disseminate survey results.

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

Resources: One contract epidemiologist. Cost: \$91,485

**Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:**

- 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 2014, PHEP funded staff responded to MERS, Chikungunya, Ebola, pertussis, and enterovirus D68. Maintaining SMEs to respond to emerging diseases is imperative.
- 4) Identify opportunities to create additional MOUs to guide joint investigations with law enforcement and regulatory partners.

**Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:**

One QI/EIS program manager epidemiologist, one contract acute disease epidemiologist - Tampa.

DELIVERABLE BUDGET INFORMATION			
Total Non-Resource Costs			
Supplies			\$0.00
Travel			\$0.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$0.00
Other			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
Held Harmless			
Contractual			\$91,485.00
<b>Total</b>			<b>\$91,485.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Public Health Surveillance & Epidemiology	\$26.00	2,080	\$54,080.00
<b>Total Costs</b>			<b>\$54,080.00</b>

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 2: Conduct public health and epidemiological investigations
<b>Deliverable:</b>	6.2.2b: 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.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b></p> <p><b>Essential Sustainment:</b></p> <p>A) Maintain staff, protocols, and partnerships that promote technical guidance and consultation on surveillance, investigations, and outbreak response for all hazards 24/7.</p> <p>B) Maintain staff to create protocols and provide guidance to CHDs on syndromic surveillance data analysis and alert follow up.</p> <p>C) Maintain cadre of applied epidemiologists, including fellows in the Florida Epidemiology Intelligence Service Program.</p> <p>On-call answering service. Cost: \$4,000.</p> <p><b>Priority Maintenance:</b> CBRNE epidemiologist. Cost: \$91,485.00</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b></p> <p>1) Need to maintain capacity to respond to emerging infectious disease threats that continue to impact Florida. In 2014, PHEP funded staff responded to MERS, Chikungunya, Ebola, pertussis, and enterovirus D68.</p> <p>2) By maintaining a cadre of applied epidemiologists, so 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.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b></p>

**DELIVERABLE BUDGET INFORMATION**

Total Non-Resource Costs	
<b>Supplies</b>	\$0.00
<b>Travel</b>	\$0.00
<b>Equipment</b>	\$0.00
<b>Consultant</b>	\$0.00
<b>Contractual</b>	\$91,485.00
<b>Other</b>	\$0.00
<b>Total Costs</b>	<b>\$91,485.00</b>
Held Harmless	
<b>Other (on call answering service)</b>	\$4,000.00
<b>Total</b>	<b>\$4,000.00</b>

## 2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY REQUEST TEMPLATE

Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Public Health Surveillance & Epidemiology	\$26.00	12,480	\$324,480.00
<b>Total Costs</b>			<b>\$324,480.00</b>
<b>Additional Comments:</b> Six EIS epidemiologists and one contractual CBRNE epidemiologist, 24/7 365 on-call answering service			

### DELIVERABLE DESCRIPTION

<b>Function:</b>	Function 2: Conduct public health and epidemiological investigations
<b>Deliverable:</b>	6.2.2c: Report investigation results to jurisdictional and federal partners, as appropriate.
<b>Funding Type:</b>	PHEP

<b>Provide a description of this deliverable:</b>	<p><b>Essential Sustainment:</b></p> <p>A) Maintain staff and expertise to analyze, compile and submit event specific notification of results as determined necessary for the event – i.e. daily CDC traveler contact report for Ebola;</p> <p>B) Complete revision of national data transmission protocol including immediate notification to CDC for high priority diseases;</p> <p>C) Supply nationally notifiable data to CDC electronically – process will require FDOH to transition to HL7 generic messaging;</p> <p>D) Supply emergency department data to CDC electronically – process requires submission of ESSENCE-FL emergency department limited data set to CDC BioSense system per CDC requirement.</p> <p>Cost: \$0</p>
<b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>	<p>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.</p>
<b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b>	<p>None</p>

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

DELIVERABLE BUDGET INFORMATION			
Total Non-Resource Costs			
Supplies			\$0.00
Travel			\$0.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$0.00
Other			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Public Health Surveillance & Epidemiology	\$26.00	2,080	\$54,080.00
<b>Total Costs</b>			<b>\$54,080.00</b>
<b>Additional Comments:</b> 1 FTE acute disease epidemiologist - Jacksonville			

DELIVERABLE DESCRIPTION	
-------------------------	--

<b>Function:</b>	Function 2: Conduct public health and epidemiological investigations
<b>Deliverable:</b>	6.2.2d: 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.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b></p> <p><b>Enhance Efficiency:</b> Conduct in-person biannual intra-agency workgroup meetings with representatives from the Bureau of Public Health Laboratories (Jacksonville, Miami, Pensacola, and Tampa) and the Bureau of Epidemiology, Surveillance Section and Infectious Disease Prevention and Investigations Section, to evaluate lessons learned and prepare for responding to future emerging infectious disease threats. Cost: \$6,000.00</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b> Need to continue to develop written plans and protocols to address collaborations for all disease threats.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b> None</p>

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

DELIVERABLE BUDGET INFORMATION			
Total Non-Resource Costs			
Supplies			\$0.00
Travel			\$6,000.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$0.00
Other			\$0.00
<b>Total Costs</b>			<b>\$6,000.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Choose an item.			
<b>Total Costs</b>			
<b>Additional Comments:</b>			

DELIVERABLE DESCRIPTION
-------------------------

<b>Function:</b>	Function 3: Recommend, monitor, and analyze mitigation actions
<b>Deliverable:</b>	6.2.3a: Determine public health mitigation, including clinical and epidemiological management and actions to be recommended for the mitigation of the threat or incident based upon data collected in the investigation and on applicable science-based standards.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b></p> <p><b>Essential Sustainment:</b></p> <p>A) Complete quarterly reports on the proportion of reports of selected reportable diseases for which appropriate public health control measures were implemented within appropriate timeframe.</p> <p>B) Complete annual review of existing Guide to Surveillance and Investigation chapters and update as necessary.</p> <p>C) Complete 2 new chapters for the Guide to Surveillance and Investigation.</p> <p>D) Complete weekly reviews of outbreak summary data submitted by counties in the central outbreak documentation system including the documentation and implementation of outbreak specific control measures.</p> <p>Cost: \$0.00</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b></p> <p>Need to maintain subject matter expertise, develop and update guidance documents, and develop new guidelines for emerging threats.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b></p>

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

DELIVERABLE BUDGET INFORMATION			
Total Non-Resource Costs			
Supplies			\$0.00
Travel			\$0.00
Equipment			\$0.00
Contractual			\$0.00
Consultant			\$0.00
Other			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Public Health Surveillance & Epidemiology	\$26.00	1,040	\$27,040.00
<b>Total Costs</b>			<b>\$27,040.00</b>
<b>Additional Comments:</b> One DA; 0.5 FTE QI epidemiologist (the other 0.5 FTE QI epidemiologist is in Function 3, Deliverable 3)			

DELIVERABLE DESCRIPTION
-------------------------

<b>Function:</b>	Function 3: Recommend, monitor, and analyze mitigation actions
<b>Deliverable:</b>	6.2.3b: Provided information (including reports and protocols) to public health officials to support them in decision making related to mitigation actions.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b></p> <p><b>Priority Maintenance:</b></p> <p>A) Provide situation reports and/or updates to leadership during prioritized response events and outbreaks.</p> <p>B) Review and revise, as necessary, 10 case investigation case report forms.</p> <p>C) 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.</p> <p>D) Complete annual review to determine need for promulgation of updates of Chapter 64D-3 Florida Administrative Code.</p> <p>Cost: \$0.00</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b></p> <p>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.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b></p>

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

---

<b>DELIVERABLE BUDGET INFORMATION</b>			
<b>Total Non-Resource Costs</b>			
<b>Supplies</b>			\$0.00
<b>Travel</b>			\$0.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$0.00
<b>Other</b>			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
<b>Total Resource Costs</b>			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
Public Health Surveillance & Epidemiology	\$26.00	2,080	\$54,080.00
<b>Total Costs</b>			<b>\$54,080.00</b>
<b>Additional Comments:</b> One Deputy State Epidemiologist			

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 3: Recommend, monitor, and analyze mitigation actions
<b>Deliverable:</b>	6.2.3c: Monitored and analyzed mitigation actions throughout the duration of the public health threat or incident.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b>  <b>Priority Maintenance:</b>          A) Review and ensure the FDOH Guidelines for Surveillance and Investigation (GSI) reference public health mitigation and epidemiological management and actions to be recommended when investigating cases.          B) Update the FDOH Guidelines for Surveillance and Investigation to include three new chapters on investigation and control of outbreaks due to gastrointestinal, respiratory, and rash illnesses.          C) GSI chapters will include sections on initiating, monitoring, and augmenting mitigation activities during the investigation.          Cost: \$0.00</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>          Written plans and protocols will provide a framework for analyzing and modifying mitigation actions.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b>          None</p>

<b>DELIVERABLE BUDGET INFORMATION</b>			
<b>Total Non-Resource Costs</b>			
<b>Supplies</b>			\$0.00
<b>Travel</b>			\$0.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$0.00
<b>Other</b>			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
<b>Total Resource Costs</b>			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
Public Health Surveillance & Epidemiology	\$26.00	3,120	\$81,120.00
<b>Total Costs</b>			<b>\$81,120.00</b>
<p><b>Additional Comments:</b> One medical epidemiologist, 0.5 QI epidemiologist (the other 0.5 portion of the QI epidemiologist is in Function 3, Deliverable 1)</p>			

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 4: Improve public health surveillance and epidemiological investigation systems
<b>Deliverable:</b>	6.2.4a: Assess internal agency surveillance and epidemiologic investigation processes and procedures both during and after an incident and implement improvement measures.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable:</b>  <b>Priority Maintenance:</b>                  Finalize protocol for the completion of after action reports, which include processes for communicating recommended AAR/IP corrective actions to appropriate stakeholders. Review reports and plans created in accordance with the AAR/IP protocol, to drive statewide improvement actions. Develop or identify guidance to direct post-incident/exercise hot wash with all partners involved following an event. Collaborate with BPR on use of After Action Report Management System (AARMS).                  Cost: \$0.00</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>                  Need to continue to develop written plans and protocols to address all disease threats</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b>                  None</p>

<b>DELIVERABLE BUDGET INFORMATION</b>			
<b>Total Non-Resource Costs</b>			
<b>Supplies</b>			\$0.00
<b>Travel</b>			\$0.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$0.00
<b>Other</b>			\$0.00
<b>Total Costs</b>			<b>\$0.00</b>
<b>Total Resource Costs</b>			
<b>Capability</b>	<b>Average Hourly Rate</b>	<b>Number of Hours</b>	<b>Cost</b>
Public Health Surveillance & Epidemiology	\$26.00	2,080	\$54,080.00
<b>Total Costs</b>			<b>\$54,080.00</b>
<b>Additional Comments:</b> One medical epidemiologist			

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 4: Improve public health surveillance and epidemiological investigation systems
<b>Deliverable:</b>	6.2.4b: Maintained competent and well-trained epidemiology workforce utilizing needs assessments, gap analyses, disease trends and AARs/IPs to direct epidemiology training priorities.
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b>  <b>Priority Maintenance:</b>                  Competency-based training will be sustained for CHD and Central Office staff by delivering webinars and in-person trainings, hosting conference calls, maintaining Internet and intranet resources, publishing guidance documents, disseminating educational materials, engaging strike team leaders to determine team training priorities, and participating in a yearly statewide exercise.                  Cost: \$98,900</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>                  Sustains Public Health Surveillance and Epidemiology Capability overall by providing training on emerging issues (such as Ebola and Chikungunya) and just-in-time training. Sustains Function 1 by providing Tier 1 Competency-specific training. Sustains Function 2 by providing basic staff training. Builds Function 2 by supporting development and posting of written investigation guidance. Sustains Function 4 by supporting quality improvement training. Supports SHIP measure.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b></p>

**DELIVERABLE BUDGET INFORMATION**

Total Non-Resource Costs			
Supplies			\$0.00
Travel			\$0.00
Equipment			\$0.00
Consultant			\$0.00
Contractual			\$68,600.00
Other			\$30,300.00
<b>Total Costs</b>			<b>\$98,900.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
Public Health Surveillance & Epidemiology	\$26.00	4,160	\$108,160.00
<b>Total Cost:</b>			<b>\$108,160.00</b>
<b>Additional Comments:</b> Two FTEs and 1 contract staff, conference call lines			

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 4: Improve public health surveillance and epidemiological investigation systems
<b>Deliverable:</b>	6.2.4c: Epidemiology in Action Course Delivered for CHD Staff
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b>  <b>Enhance Efficiency:</b>                  Provides performance-level training in applied epidemiology and biostatistics, public health surveillance, field investigations, Epi Info 7, and selected prevalent diseases. Training will be provided for up to 25 CHD staff.                  Cost: \$75,700</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>                  Builds and sustains the entire Public Health Surveillance and Epidemiology capability by training staff in conducting public health surveillance, conducting data collection and analysis, managing routine epidemiological investigations at the jurisdictional level, and supporting surge investigations in response to natural or intentional incidents.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b>                  None</p>

**DELIVERABLE BUDGET INFORMATION**

Total Non-Resource Costs			
<b>Supplies</b>			\$9,000.00
<b>Travel</b>			\$1,200.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$33,000.00
<b>Other</b>			\$32,500.00
<b>Total Costs</b>			<b>\$75,700.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
<b>Total Costs</b>			
<b>Additional Comments:</b>			

2015-2016 6.2 PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL  
INVESTIGATION CAPABILITY REQUEST TEMPLATE

**DELIVERABLE DESCRIPTION**

<b>Function:</b>	Function 4: Improve public health surveillance and epidemiological investigation systems
<b>Deliverable:</b>	6.2.4d: 2016 Statewide Epidemiology Workshop Delivered for CHD Staff
<b>Funding Type:</b>	PHEP

<p><b>Provide a description of this deliverable</b>  <b>Enhance Efficiency:</b>                  Two-day, face-to-face epidemiology training that will provide a forum for sharing best practices and skill-building training for epidemiology, preparedness, and laboratory staff from across the state. There will be multiple workshop opportunities and a chance for county health department (CHD) staff to build stronger epidemiology strike teams. Training for up to 78 staff members.                  Cost: \$37,500</p>
<p><b>Provide a description of how this deliverable will build (addresses gaps) or sustain the function listed above:</b>                  Builds and sustains the entire Public Health Surveillance and Epidemiology capability by training staff in conducting public health surveillance, conducting data collection and analysis, managing routine epidemiological investigations at the jurisdictional level, and supporting surge investigations in response to natural or intentional incidents.</p>
<p><b>Provide a description of any recurring costs (costs that will continue into the 2016-17 BP5 cycle) associated with this deliverable:</b>                  None</p>

**DELIVERABLE BUDGET INFORMATION**

Total Non-Resource Costs			
<b>Supplies</b>			\$2,500.00
<b>Travel</b>			\$30,000.00
<b>Equipment</b>			\$0.00
<b>Consultant</b>			\$0.00
<b>Contractual</b>			\$0.00
<b>Other</b>			\$5,000.00
<b>Total Costs</b>			<b>\$37,500.00</b>
Total Resource Costs			
Capability	Average Hourly Rate	Number of Hours	Cost
<b>Total Costs</b>			
<b>Additional Comments:</b>			