Title	2023 Disaster Epidemiology Workshop	Activity #	WC4662	Start date	5/16/2023

Bio/Disclosure Form

As a prospective planner or presenter/content expert/moderator, we need your help in protecting our learning environment from industry influence. Please complete the form below. All information will be kept confidential. Failure to comply with this request, will remove your ability to participate as planner/presenter/content expert/moderator for this activity. Attach additional pages, if needed.

*****Only moderators participating in education (i.e., serving on panels, Q&A, or impacting content in any manner) require a biodisclosure. Moderators serving solely as announcers and time managers do *not* require a biodisclosure.

Date Submitted (mm/dd/yyyy) 3/17/2023

Role in Educational Activity (Check all that apply.)

☐ Planner ☒ Presenter/Content Expert ☐ Moderator*****

Section 1: Demographic Data

Name and credentials	Alisha Merchant, BSN, RN, MPH
Position and title	Epidemiologist
Current employer and address	1111 Fannin Street, Houston, Texas 77002
Phone	**832-927-8922**
Email	Alisha.Merchant@phs.hctx.net

Section 2: Education and Expertise

Describe education specific to the educational activity listed above.

Degree	Year	Institution
BSN, RN	2015	Baylor University
MPH	2019	Baylor University
MSBS (c)	2023	University of Houston- Victoria

Describe expertise specific to the educational activity listed above.

Working as an epidemiologist during the pandemic along with masters degree in public health and the nursing degree prepares me well. For the past three years I have worked in various roles Harris County Public Health's COVID-19 respons where I got experience working in an incident command structure and conducting epidemiological surveillance measures.

Section 3: Conflict of Interest

For Federal employees only: For the past 24 months, I have been a federal employee and have been covered by all of the federal ethics rules, including the bribery and illegal gratuities statute (18 U.S.C. § 201), the criminal conflict of interests statutes (18 U.S.C. §§ 202-209), and the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. Part 2635).

☐ Yes ☒ No

OR

For Non-federal employees only: Please disclose **all** financial **relationships** that you have had in the past 24 months with ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (e.g., device manufacturers, pharmaceutical companies, or bio-medical startups that have begun a governmental regulatory

approval process.) For any questions related to ineligible companies or any possible financial relationships, please contact your assigned CE Consultant.

NOTE: There is no minimum financial threshold; we ask that you disclose all financial relationships regardless of the amount with ineligible companies. Disclose the relationship regardless of the potential relevance of each relationship to the education. *Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, or ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.*

For the past 24 months, have you had **any** financial relationship with **any** ineligible company?

☐Yes ☒No

If yes, complete the table below.

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended? (Y/N)

FOR DEVELOPERS ONLY: Indicate the mitigation strategy used for the individual(s) who identified financial relationships with ineligible companies.

Mitigation steps for *planner (choose at least one)*	Mitigation steps for *presenter and others (choose at least one)*
☐ **Divest** the financial relationship	☐ **Divest** the financial relationship
☐ **Recusal** from controlling aspects of planning and content with which there is a financial relationship	☐ **Peer review** of content by persons without relevant financial relationships
☐ **Peer review** of planning decisions by persons without relevant financial relationships	☐ **Attest** that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature or adhering to evidence-based practice guidelines)
☐ Use **other methods** *(please describe)*:	☐ Use **other methods** *(please describe)*:

***If Planner only, Skip sections 4 and 5.**

Section 4: Unlabeled Use

Will your presentation(s) or content you contributed include any discussion of unlabeled use of commercial products or products for investigational use?

☐Yes ☒No

If Yes, please explain your use of unlabeled products or products under investigational use. Attach additional pages, if needed.

Section 5: Title of Presentation (Live) OR Content Provided

- Overview of Harris County Public Health (HCPH)
- Timeline:
  - Use of existing staff in the ICS structure
  - Hiring contractors
  - Use of CRP (COVID Response Program) Database- an internal HCPH created database
  - Structure:
    - Active Case Investigation Team (ACIT) and Multi-disciplinary Team (MDT) Division
    - 4 Locations

- ACIT Teams
- MDT Teams
  - School Investigation Team (SIT)
  - Workplace Investigation Team (WIT)
  - Healthcare Investigation Team (HIT)
- Mortality Investigation Team (MIT)
- Eventual merger

- What we are currently doing
  - Liaisons for schools, workplaces, and healthcare facilities
  - Long Term Impacts Team
    - Long COVID Research
    - Partnerships with local hospitals and researchers
  - SIT, WIT, and HAMIT (Healthcare and Mortality Investigation) Teams
  - Transfer of COVID data from CRP into Maven
  - Investigating other emerging diseases using lessons learned from COVID-19 response, Ebola, and Mpox included
  - Wastewater surveillance
- Lessons learned
  - Recovery Plan- Moving from reactive to a proactive approach.

Section 6: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Alisha Merchant, BSN, RN, MPH	3/17/2023
Typed Signature: Name and Credentials (Required)	Date