



Assessment of State Activities in Non-Infectious Environmental Health/Exposure Monitoring and Investigation

CSTE needs your assistance in completing an assessment about your process and experience monitoring for environmental exposures and associated acute health effects.

Many states track, respond, and/or investigate suspected health impacts associated with non-infectious environmental exposure events. Efforts in place may include detecting, collecting and responding to case reports, public inquiries, or to reports of acute exposure events. The scope and depth of states' programs in place to perform these functions have never been assessed.

CSTE, in collaboration with the National Center for Environmental Health at CDC, is asking state health departments to participate in a short assessment of the types and extent of state health department illness, injury and exposure monitoring and response to reports of acute environmental exposure events and disease/injury. The assessment hopes to gain insight into standardization of this process (e.g., response algorithms, case definitions, case investigations forms and protocols), how this information is stored and shared within a state, how it may be linked to related programs (e.g. occupational health and injury control) and the overall scope of these efforts. Definitions for elements within the scope of the assessment are provided below.

The information obtained from this CSTE assessment will be used by a CSTE Environmental Health Workgroup to identify and share activities that could reasonably be done in most state health departments, help raise awareness of environmental health issues, and build state response capacity. De-identified results will be aggregated for analysis. Individually identifiable state responses will be confidential and will not be shared with the Workgroup or any other entity without permission.

Thank you for completing this relatively brief assessment. Please contact Erin Simms (esimms@cste.org or 770-458-3811) if you have any questions. We appreciate your time and attention to this matter.

Before answering the questions, be sure to review the definitions of terms that follow.

Definitions for this assessment:

Environmentally related diseases and injuries: Acute health conditions for which the main causes involve probable or definitive environmental exposures. They include, for example: lead and other heavy metals toxicity, pesticide poisoning, carbon monoxide poisoning, methemoglobinemia, and symptoms associated with acute chemical exposures (chlorine gas exposure, for example).

Environmental exposure events: Acute exposures (confirmed or potential) to non-infectious agents or conditions in the environment. They include, for example: chemicals; radiation;

contaminated food (excluding contamination from bacteria, viruses), toxins (e.g., mushrooms, ciguatera but excludes botulinum*); contaminated products; chemically contaminated pharmaceuticals; and significant alteration in the physical environment that could have potential health impacts (e.g., heat wave). Mold and other non-infectious indoor air contaminant exposure events are also included. The events may or may not result in adverse human health effects. They may include exposures with an occupational exposure component.

Notification: Any report whether solicited under disease or exposure reporting mandates, obtained through established notification mechanisms (e.g., routine forwarding of chemical spills from state environmental protection), or unsolicited (e.g. a phone call from the public, an article in the news).

Monitoring: Is used in a general sense here to mean the on-going efforts related to the detection/handling/collection of reports of non-infectious, environmentally related acute illnesses or injuries, exposures, contaminated products, or environmental spills/releases. Could also be thought of as ‘tracking’ but this assessment is not focused on the Environmental Public Health Tracking (EPHT) program; thus, monitoring is the term used throughout this document. Monitoring refers to established practice that is broader and less formal and prescribed than “public health surveillance”, which is the systematic “on-going collection, analysis, and dissemination of health data”. Public health surveillance is thus a subcategory of “monitoring” for this assessment.

Case-based: Individual records. May includes personal identifiers. May be based on mandatory disease/injury reporting requirements of health care providers or voluntarily reported.

Exposure Investigation: Follow-up to report(s) of disease or an environmental exposure event to collect information to determine what actions need to be initiated to prevent further public health impacts. Follow-up can include epidemiologic follow-up (identifying and characterizing others potentially linked to the same exposure) and/or evaluation of the exposure event (e.g., taking measurements of mercury vapor at the site of a mercury spill, collection and testing of contaminated product.) These activities may be carried out by the state health agency or may be referred to another agency (e.g., a local health department, the state environmental agency, state or federal OSHA) for further assessment and appropriate intervention.

*Botulinum is the only toxin excluded from this list. It is excluded because it is almost always handled by communicable disease programs.



1. Please provide information about the respondent below:

Name of respondent:
Title/Position at Agency:
Agency:
Program within agency:
Email:

2. For each of the following health conditions, please answer A-H as appropriate. Check all that apply for sections B and E where relevant. If selecting "Agency does not collect data on this condition" for Part B for a health condition, please answer only parts A-B for that condition.

Please base your responses on numbers from the past year:

Lead toxicity - child									
A. Is condition legally reportable to public health agency? (Check one) ☐ Yes ☐ No ☐ Don't know									
B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply) <table border="0"><tr><td>☐ Physician reporting</td><td>☐ Referral from another agency</td></tr><tr><td>☐ Lab reporting</td><td>☐ Review of existing health data (e.g. hospital discharge data)</td></tr><tr><td>☐ Report from poison control</td><td>☐ Phone call from citizen</td></tr><tr><td>☐ Syndromic surveillance</td><td>☐ Agency does not collect data on this condition (move on to next condition)</td></tr></table>		☐ Physician reporting	☐ Referral from another agency	☐ Lab reporting	☐ Review of existing health data (e.g. hospital discharge data)	☐ Report from poison control	☐ Phone call from citizen	☐ Syndromic surveillance	☐ Agency does not collect data on this condition (move on to next condition)
☐ Physician reporting	☐ Referral from another agency								
☐ Lab reporting	☐ Review of existing health data (e.g. hospital discharge data)								
☐ Report from poison control	☐ Phone call from citizen								
☐ Syndromic surveillance	☐ Agency does not collect data on this condition (move on to next condition)								
C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency: ☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ 101-1000 ☐ >1000									
D. What procedures are in place for following up on individual case reports? (Check all that apply): <table border="0"><tr><td>☐ Case interview</td><td>☐ Other</td></tr><tr><td>☐ Case confirmation by medical records review</td><td>Specify other: _____</td></tr><tr><td>☐ Exposure investigation</td><td>☐ Not applicable – agency does not receive case reports</td></tr></table>		☐ Case interview	☐ Other	☐ Case confirmation by medical records review	Specify other: _____	☐ Exposure investigation	☐ Not applicable – agency does not receive case reports		
☐ Case interview	☐ Other								
☐ Case confirmation by medical records review	Specify other: _____								
☐ Exposure investigation	☐ Not applicable – agency does not receive case reports								
E. Percent of case reports triggering an exposure investigation annually: ____									
F. Are case data summarized and made public? (Check one) ☐ Yes									



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☐ No
☐ Don't know

G. Are exposure investigation results summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Lead toxicity - Adult

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes
☐ No
☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting	☐ Referral from another agency
☐ Lab reporting	☐ Review of existing health data (e.g. hospital discharge data)
☐ Report from poison control	☐ Phone call from citizen
☐ Syndromic surveillance	☐ Agency does not collect data on this condition (move on to next condition)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

D. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview	☐ Other
☐ Case confirmation by medical records review	Specify other: _____
☐ Exposure investigation	☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Mercury toxicity



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A. Is condition legally reportable to public health agency? (Check one)

- ☐ Yes
☐ Yes – occupational only
☐ No
☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

- | | |
|---|---|
| ☐ Physician reporting | ☐ Referral from another agency |
| ☐ Lab reporting | ☐ Review of existing health data (e.g. hospital discharge data) |
| ☐ Report from poison control | ☐ Phone call from citizen |
| ☐ Syndromic surveillance | ☐ Agency does not collect data on this condition (move on to next condition) |

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

D. Do these include occupational cases? (Check one)

- ☐ Yes
☐ No
☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

- | | |
|--|--|
| ☐ Case interview | ☐ Other |
| ☐ Case confirmation by medical records review | Specify other: _____ |
| ☐ Exposure investigation | ☐ Not applicable – agency does not receive case reports |

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

Arsenic toxicity

A. Is condition legally reportable to public health agency? (Check one)

- ☐ Yes
☐ Yes – occupational only



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☐ No

☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting

☐ Lab reporting

☐ Report from poison control

☐ Syndromic surveillance

☐ Referral from another agency

☐ Review of existing health data(e.g. hospital discharge data)

☐ Phone call from citizen

☐ Agency does not collect data on this condition (**move on to next condition**)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10

☐ 11-50

☐ 51-100

☐ 101-1000

☐ >1000

D. Do these include occupational cases? (Check one)

☐ Yes

☐ No

☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview

☐ Case confirmation by medical records review

☐ Exposure investigation

☐ Other

Specify other: _____

☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

Cadmium toxicity

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes

☐ Yes – occupational only

☐ No

☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that



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apply)

☐ Physician reporting

☐ Lab reporting

☐ Report from poison control

☐ Syndromic surveillance

☐ Referral from another agency

☐ Review of existing health data (e.g. hospital discharge data)

☐ Phone call from citizen

☐ Agency does not collect data on this condition (**move on to next condition**)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10

☐ 11-50

☐ 51-100

☐ 101-1000

☐ >1000

D. Do these include occupational cases? (Check one)

☐ Yes

☐ No

☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview

☐ Case confirmation by medical records review

☐ Exposure investigation

☐ Other

Specify other: _____

☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

Acute pesticide illness/injury

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes

☐ Yes – occupational only

☐ No

☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting

☐ Lab reporting

☐ Referral from another agency

☐ Review of existing health data (e.g., hospital



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☐ Report from poison control ☐ Syndromic surveillance	discharge data) ☐ Phone call from citizen ☐ Agency does not collect data on this condition (move on to next condition)
C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency: ☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ 101-1000 ☐ >1000	
D. Do these include occupational cases? (Check one) ☐ Yes ☐ No ☐ Don't know	
E. What procedures are in place for following up on individual case reports? (Check all that apply): ☐ Case interview ☐ Case confirmation by medical records review ☐ Exposure investigation ☐ Other Specify other: _____ ☐ Not applicable – agency does not receive case reports	
F. Percent of case reports triggering an exposure investigation annually: ____	
G. Are case data summarized and made public? (Check one) ☐ Yes ☐ No ☐ Don't know	
H. Are exposure investigation results summarized and made public? (Check one) ☐ Yes ☐ No ☐ Don't know	

Acute respiratory disease related to chemical exposure (e.g., chemical pneumonitis, acute asthma exacerbation)

A. Is condition legally reportable to public health agency? (Check one) ☐ Yes ☐ Yes – occupational only ☐ No ☐ Don't know	
B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply) ☐ Physician reporting ☐ Lab reporting ☐ Referral from another agency ☐ Review of existing health data (e.g. hospital discharge data)	



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☐ Report from poison control
☐ Syndromic surveillance

☐ Phone call from citizen
☐ Agency does not collect data on this condition (**move on to next condition**)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

D. Do these include occupational cases? (Check one)

☐ Yes
☐ No
☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview
☐ Case confirmation by medical records review
☐ Exposure investigation
☐ Other
Specify other: _____
☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Acute disease cluster possibly linked to an environmental exposure (excluding chronic diseases like cancer)

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes
☐ Yes – occupational only
☐ No
☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting
☐ Lab reporting
☐ Report from poison control
☐ Referral from another agency
☐ Review of existing health data (e.g. hospital discharge data)
☐ Phone call from citizen



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☐ Syndromic surveillance

☐ Agency does not collect data on this
condition (**move on to next condition**)

**C. Estimated # of cases annually that either meet a case definition or are in
some way considered a case by your agency:**

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

D. Do these include occupational cases? (Check one)

- ☐ Yes
☐ No
☐ Don't know

**E. What procedures are in place for following up on individual case reports? (Check all that
apply):**

- ☐ Case interview
☐ Case confirmation by medical records review
☐ Exposure investigation
☐ Other
Specify other: _____
☐ Not applicable – agency does not receive
case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

Methemoglobinemia

A. Is condition legally reportable to public health agency? (Check one)

- ☐ Yes
☐ Yes – occupational only
☐ No
☐ Don't know

**B. Source(s) for identifying individuals and/or case counts with condition: (Check all that
apply)**

- ☐ Physician reporting
☐ Lab reporting
☐ Report from poison control
☐ Syndromic surveillance
☐ Referral from another agency
☐ Review of existing health data (e.g. hospital
discharge data)
☐ Phone call from citizen
☐ Agency does not collect data on this
condition (**move on to next condition**)

C. Estimated # of cases annually that either meet a case definition or are in



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some way considered a case by your agency:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

D. Do these include occupational cases? (Check one)

- ☐ Yes
☐ No
☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

- ☐ Case interview
☐ Case confirmation by medical records review
☐ Exposure investigation
☐ Other
Specify other: _____
☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

Carbon monoxide poisoning

A. Is condition legally reportable to public health agency? (Check one)

- ☐ Yes
☐ Yes – occupational only
☐ No
☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

- ☐ Physician reporting
☐ Lab reporting
☐ Report from poison control
☐ Syndromic surveillance
☐ Referral from another agency
☐ Review of existing health data (e.g. hospital discharge data)
☐ Phone call from citizen
☐ Agency does not collect data on this condition (move on to next condition)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

- ☐ 1-10
☐ 11-50



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☐ 51-100
☐ 101-1000
☐ >1000

D. Do these include occupational cases? (Check one)

☐ Yes
☐ No
☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview
☐ Case confirmation by medical records review
☐ Exposure investigation
☐ Other
Specify other: _____
☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Hyperthermia (morbidity/mortality)

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes
☐ Yes – occupational only
☐ No
☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting
☐ Lab reporting
☐ Report from poison control
☐ Syndromic surveillance
☐ Referral from another agency
☐ Review of existing health data (e.g. hospital discharge data)
☐ Phone call from citizen
☐ Agency does not collect data on this condition (move on to next condition)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000



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D. Do these include occupational cases? (Check one)

☐ Yes
☐ No
☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview	☐ Other
☐ Case confirmation by medical records review	Specify other: _____
☐ Exposure investigation	☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Other #1 (Please specify other condition: _____)

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes
☐ Yes – occupational only
☐ No
☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting	☐ Referral from another agency
☐ Lab reporting	☐ Review of existing health data (e.g. hospital discharge data)
☐ Report from poison control	☐ Phone call from citizen
☐ Syndromic surveillance	☐ Agency does not collect data on this condition (move on to next condition)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

D. Do these include occupational cases? (Check one)

☐ Yes



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☐ No

☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that apply):

☐ Case interview

☐ Other

☐ Case confirmation by medical records review

Specify other: _____

☐ Exposure investigation

☐ Not applicable – agency does not receive case reports

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

Other #2 (Please specify other condition: _____)

A. Is condition legally reportable to public health agency? (Check one)

☐ Yes

☐ Yes – occupational only

☐ No

☐ Don't know

B. Source(s) for identifying individuals and/or case counts with condition: (Check all that apply)

☐ Physician reporting

☐ Referral from another agency

☐ Lab reporting

☐ Review of existing health data (e.g. hospital discharge data)

☐ Report from poison control

☐ Phone call from citizen

☐ Syndromic surveillance

☐ Agency does not collect data on this condition (**move on to next condition**)

C. Estimated # of cases annually that either meet a case definition or are in some way considered a case by your agency:

☐ 1-10

☐ 11-50

☐ 51-100

☐ 101-1000

☐ >1000

D. Do these include occupational cases? (Check one)

☐ Yes

☐ No

☐ Don't know

E. What procedures are in place for following up on individual case reports? (Check all that



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apply):

- | | |
|--|--|
| ☐ Case interview | ☐ Other |
| ☐ Case confirmation by medical records review | Specify other: _____ |
| ☐ Exposure investigation | ☐ Not applicable – agency does not receive case reports |

F. Percent of case reports triggering an exposure investigation annually: ____

G. Are case data summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

H. Are exposure investigation results summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

3. Provide brief description and/or URL links to materials that show the types of activities in your agency related to follow-up to reports of environmentally related health conditions. (e.g., Surveillance summaries, exposure investigation reports)

4. Indicate in the tables below the types of non-infectious environmental exposure events that are monitored in your agency and some their features in A-F. Check all that apply for sections A-D where relevant. If selecting "agency does not monitor this type of environmental exposure event" for A, go to the next table (i.e. do not answer parts B-F for that exposure event). (Note: Do not include events identified by disease reports, as enumerated above.)

Mold						
A. Source(s) for identifying events: (Check all that apply) <table border="0"><tr><td>☐ Phone call from citizen</td><td>☐ Call from local health</td></tr><tr><td>☐ Referral from another agency</td><td>☐ Other</td></tr><tr><td>☐ Stories in the media</td><td>☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event)</td></tr></table>	☐ Phone call from citizen	☐ Call from local health	☐ Referral from another agency	☐ Other	☐ Stories in the media	☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event)
☐ Phone call from citizen	☐ Call from local health					
☐ Referral from another agency	☐ Other					
☐ Stories in the media	☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event)					
B. Estimated number of events annually: <table border="0"><tr><td>☐ 1-10</td></tr><tr><td>☐ 11-50</td></tr><tr><td>☐ 51-100</td></tr><tr><td>☐ 101-1000</td></tr><tr><td>☐ >1000</td></tr></table>	☐ 1-10	☐ 11-50	☐ 51-100	☐ 101-1000	☐ >1000	
☐ 1-10						
☐ 11-50						
☐ 51-100						
☐ 101-1000						
☐ >1000						
C. Includes occupational exposure events? <table border="0"><tr><td>☐ Yes</td></tr><tr><td>☐ No</td></tr><tr><td>☐ Don't know</td></tr></table>	☐ Yes	☐ No	☐ Don't know			
☐ Yes						
☐ No						
☐ Don't know						



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D. What procedures for following up to identified events are in place? (Check all that apply):

- | | |
|--|---|
| ☐ Confirming event | ☐ Site visit/environmental exposure |
| ☐ Epi Investigation | ☐ Agency does not follow up on this type of environmental exposure event |
| ☐ Referral to local health | ☐ Other |
| ☐ Referral to regulatory agency | Specify other: _____ |
| ☐ Technical assistance/telephone consultation | |

E. Percent of events triggering follow-up actions: ____**F. Are data on this type of environmental exposure event summarized and made public? (Check one)**

- ☐ Yes
☐ No
☐ Don't know

Radiation releases/exposures**A. Source(s) for identifying events: (Check all that apply)**

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

- ☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

- | | |
|--|---|
| ☐ Confirming event | ☐ Site visit/environmental exposure |
| ☐ Epi Investigation | ☐ Agency does not follow up on this type of environmental exposure event |
| ☐ Referral to local health | ☐ Other |
| ☐ Referral to regulatory agency | Specify other: _____ |
| ☐ Technical assistance/telephone consultation | |

E. Percent of events triggering follow-up actions: ____**F. Are data on this type of environmental exposure event summarized and made public? (Check one)**

- ☐ Yes
☐ No
☐ Don't know



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Chemically contaminated products (not including food or water)

A. Source(s) for identifying events: (Check all that apply)

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

- ☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

- | | |
|--|---|
| ☐ Confirming event | ☐ Site visit/environmental exposure |
| ☐ Epi Investigation | ☐ Agency does not follow up on this type of environmental exposure event |
| ☐ Referral to local health | ☐ Other |
| ☐ Referral to regulatory agency | ☐ Technical assistance/telephone consultation |
| ☐ Specify other: _____ | |

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

Chemically contaminated food

A. Source(s) for identifying events: (Check all that apply)

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

- ☐ Yes



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☐ No

☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

☐ Confirming event

☐ Site visit/environmental exposure

☐ Epi Investigation

☐ Agency does not follow up on this type of environmental exposure event

☐ Referral to local health

☐ Referral to regulatory agency

☐ Other

☐ Technical assistance/telephone consultation Specify other: _____

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know

Chemically contaminated water

A. Source(s) for identifying events: (Check all that apply)

☐ Phone call from citizen

☐ Call from local health

☐ Referral from another agency

☐ Other

☐ Stories in the media

☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event)

B. Estimated number of events annually:

☐ 1-10

☐ 11-50

☐ 51-100

☐ 101-1000

☐ >1000

C. Includes occupational exposure events?

☐ Yes

☐ No

☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

☐ Confirming event

☐ Site visit/environmental exposure

☐ Epi Investigation

☐ Agency does not follow up on this type of environmental exposure event

☐ Referral to local health

☐ Referral to regulatory agency

☐ Other

☐ Technical assistance/telephone consultation Specify other: _____

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

☐ Yes

☐ No

☐ Don't know



Mercury spills

A. Source(s) for identifying events: (Check all that apply)

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

- ☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

- | | |
|--|---|
| ☐ Confirming event | ☐ Site visit/environmental exposure |
| ☐ Epi Investigation | ☐ Agency does not follow up on this type of environmental exposure event |
| ☐ Referral to local health | ☐ Other |
| ☐ Referral to regulatory agency | Specify other: _____ |
| ☐ Technical assistance/telephone consultation | |

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

Carbon monoxide releases

A. Source(s) for identifying events: (Check all that apply)

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?



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☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

☐ Confirming event	☐ Site visit/environmental exposure
☐ Epi Investigation	☐ Agency does not follow up on this type of environmental exposure event
☐ Referral to local health	☐ Other
☐ Referral to regulatory agency	Specify other: _____
☐ Technical assistance/telephone consultation	

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Pesticides misapplications/accidental exposures

A. Source(s) for identifying events: (Check all that apply)

☐ Phone call from citizen	☐ Call from local health
☐ Referral from another agency	☐ Other
☐ Stories in the media	☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event)

B. Estimated number of events annually:

☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

☐ Confirming event	☐ Site visit/environmental exposure
☐ Epi Investigation	☐ Agency does not follow up on this type of environmental exposure event
☐ Referral to local health	☐ Other
☐ Referral to regulatory agency	Specify other: _____
☐ Technical assistance/telephone consultation	

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

☐ Yes
☐ No



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☐ Don't know

Other chemical spills/releases

A. Source(s) for identifying events: (Check all that apply)

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

- ☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

- | | |
|--|---|
| ☐ Confirming event | ☐ Site visit/environmental exposure |
| ☐ Epi Investigation | ☐ Agency does not follow up on this type of environmental exposure event |
| ☐ Referral to local health | ☐ Other |
| ☐ Referral to regulatory agency | ☐ Technical assistance/telephone consultation |
| Specify other: _____ | |

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

- ☐ Yes
☐ No
☐ Don't know

Other #1 (Please specify other _____)

A. Source(s) for identifying events: (Check all that apply)

- | | |
|---|---|
| ☐ Phone call from citizen | ☐ Call from local health |
| ☐ Referral from another agency | ☐ Other |
| ☐ Stories in the media | ☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event) |

B. Estimated number of events annually:

- ☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000



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C. Includes occupational exposure events?

☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

☐ Confirming event	☐ Site visit/environmental exposure
☐ Epi Investigation	☐ Agency does not follow up on this type of environmental exposure event
☐ Referral to local health	☐ Other
☐ Referral to regulatory agency	Specify other: _____
☐ Technical assistance/telephone consultation	

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)

☐ Yes
☐ No
☐ Don't know

Other #2 (Please specify other _____)

A. Source(s) for identifying events: (Check all that apply)

☐ Phone call from citizen	☐ Call from local health
☐ Referral from another agency	☐ Other
☐ Stories in the media	☐ Agency does not monitor this type of environmental exposure event (move on to next exposure event)

B. Estimated number of events annually:

☐ 1-10
☐ 11-50
☐ 51-100
☐ 101-1000
☐ >1000

C. Includes occupational exposure events?

☐ Yes
☐ No
☐ Don't know

D. What procedures for following up to identified events are in place? (Check all that apply):

☐ Confirming event	☐ Site visit/environmental exposure
☐ Epi Investigation	☐ Agency does not follow up on this type of environmental exposure event
☐ Referral to local health	☐ Other
☐ Referral to regulatory agency	Specify other: _____
☐ Technical assistance/telephone consultation	

E. Percent of events triggering follow-up actions: ____

F. Are data on this type of environmental exposure event summarized and made public? (Check one)



- ☐ Yes
☐ No
☐ Don't know

5. Provide brief narrative and/ or URL links to websites to exemplify exposure investigations related to environmental exposure events, if available.

6. Overall, approximately how many FTEs are devoted to environmental illness/injury/exposure/contamination monitoring and investigation activities in your program?

Environmental (excluding occupational): _____

Occupational: _____

Total _____

7. What are barriers to monitoring of and response to environmentally related health conditions and exposure events in your agency? (check all that apply)

- ☐ Inadequately trained staff
☐ Inadequate resources to support activities (e.g., dedicated staff, computers, and travel funds)
☐ No access to data sources to identify conditions/events
☐ Not reportable so not done
☐ Systems/procedures (e.g., case definitions, investigation guidelines, protocols, process etc) not in place
☐ Resistance of local health departments to respond to these types of events
☐ Other (Please specify: _____)

8. Would your state be interested in expanding on current acute environmental exposure and health monitoring activities if resources and/or supporting materials were available?

- ☐ Yes
☐ No
☐ Depends (Please explain: _____)

9. Would you be willing to share information about your procedures (protocols, data collection instruments, data dictionaries etc.) with CSTE and with other states?

- ☐ Yes
☐ No
☐ None to share



10. Please feel free to add any comments about this subject and this assessment.