

## Attachment 2: Click Testing Screen Shots

### Online Welcome Message

**Form Approved**  
OMB No: 0920-0956  
Exp. Date: March 13, 2016

#### **Online Welcome Message**

Thank you for agreeing to provide us feedback on materials that have been developed based on CDC's Clear Communication Index. Your feedback is extremely important. We anticipate that it will take you about 20 minutes to complete this questionnaire.

Your responses will be kept in a secure manner. All information will be used for evaluation purposes only.

Please note that these are draft materials and do not have final approval from CDC.

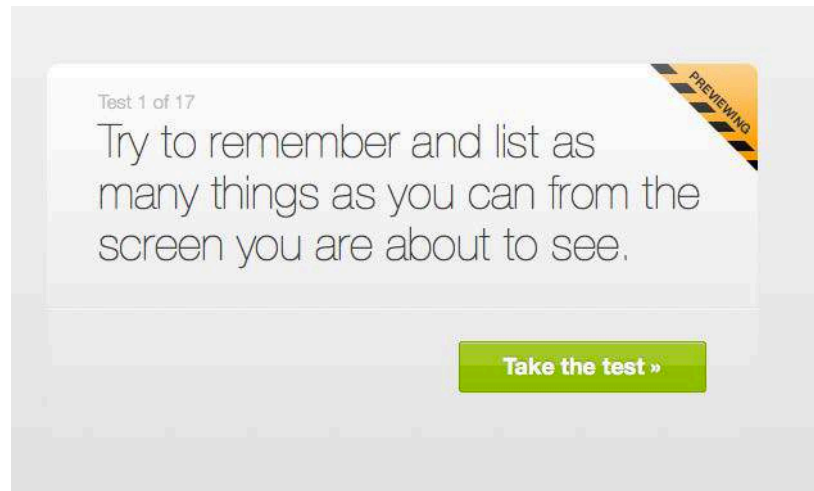
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Public reporting burden (completion time) for this collection of information is estimated to average 20 minutes per session. This includes the time it takes to review instructions, and gather and maintain the data needed. An agency can not conduct or sponsor (and a person is not required to respond to) a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta Georgia 30333; ATTN; PRA (0920-0956)

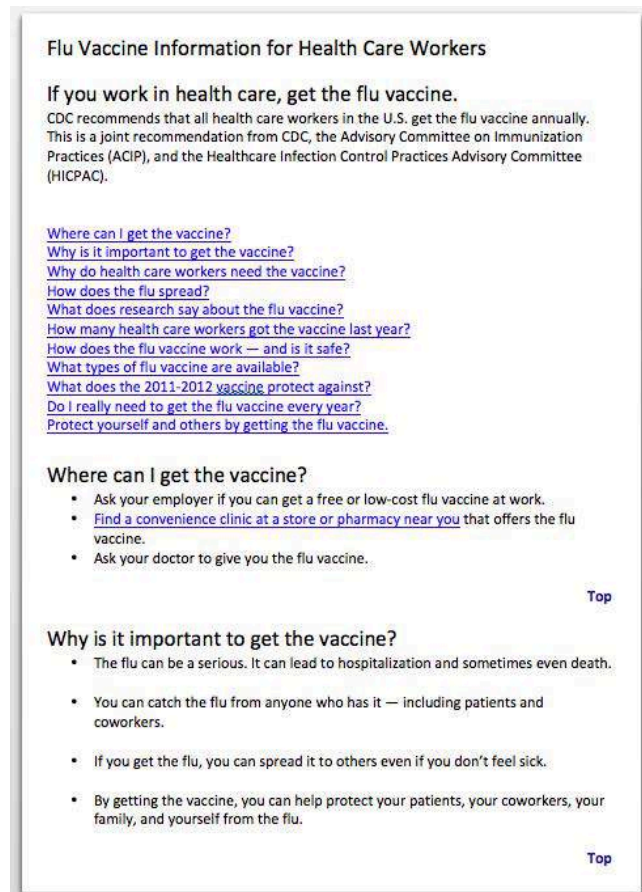
## Attachment 2: Click Testing Screen Shots

### Material 1: Influenza

#### Task 1

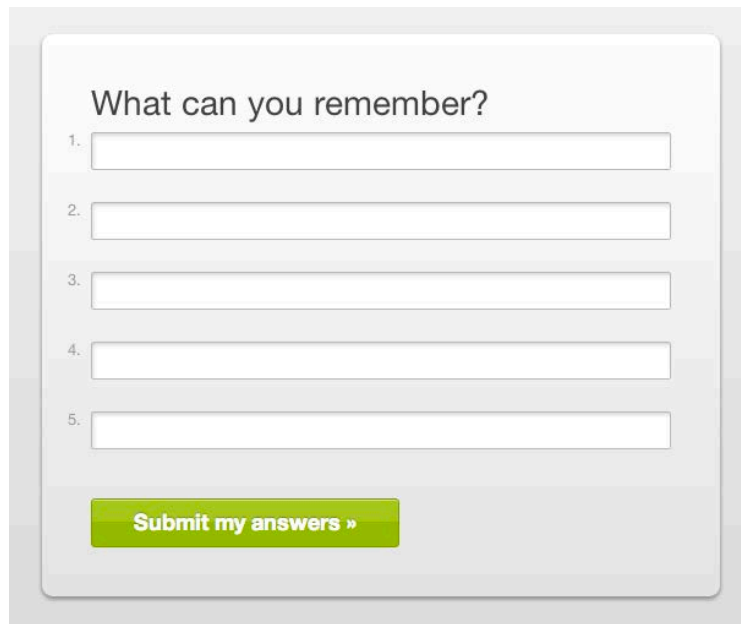


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



What can you remember?

1.

2.

3.

4.

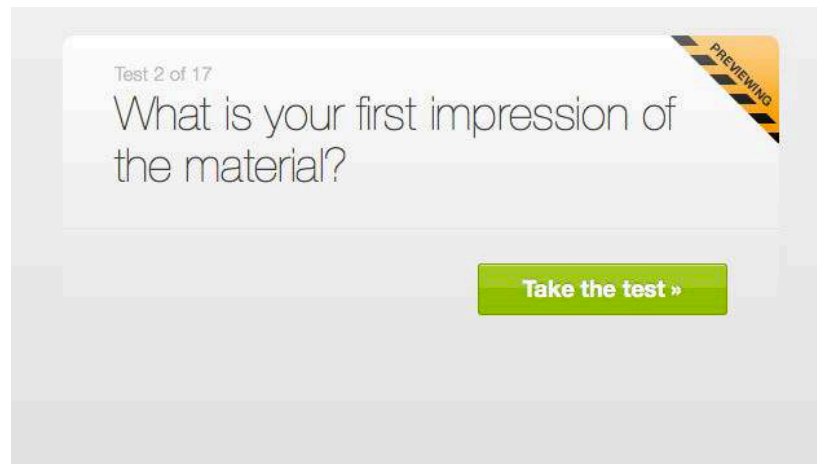
5.

**Submit my answers »**

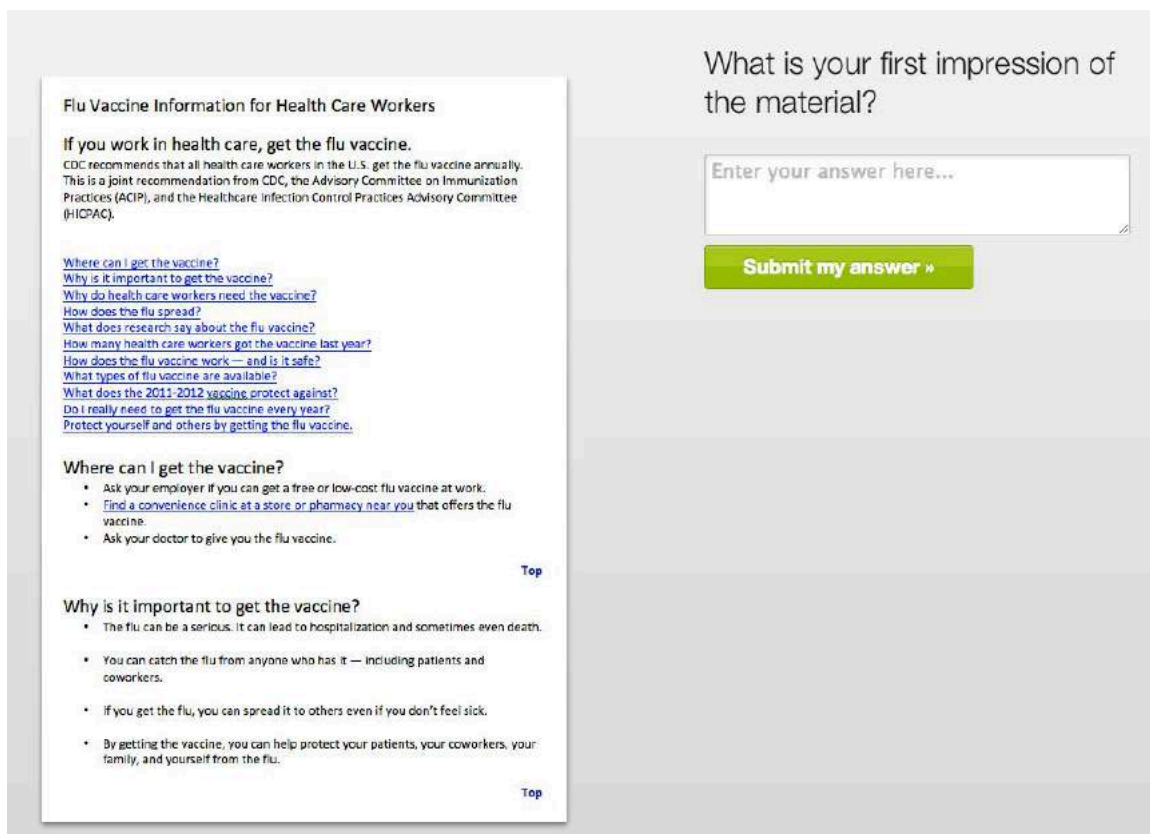
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 2



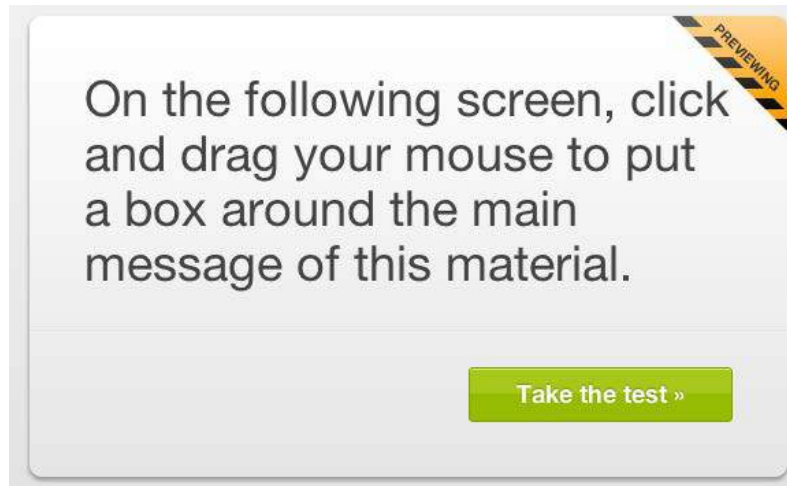
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Flu Vaccine Information for Health Care Workers

If you work in health care, get the flu vaccine.

CDC recommends that all health care workers in the U.S. get the flu vaccine annually. This is a joint recommendation from CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

[What types of flu vaccine are available?](#)

[What does the 2011-2012 vaccine protect against?](#)

[Do I really need to get the flu vaccine every year?](#)

[Protect yourself and others by getting the flu vaccine.](#)

#### Where can I get the vaccine?

- Ask your employer if you can get a free or low-cost flu vaccine at work.
- [Find a convenience clinic at a store or pharmacy near you](#) that offers the flu vaccine.
- Ask your doctor to give you the flu vaccine.

[Top](#)

#### Why is it important to get the vaccine?

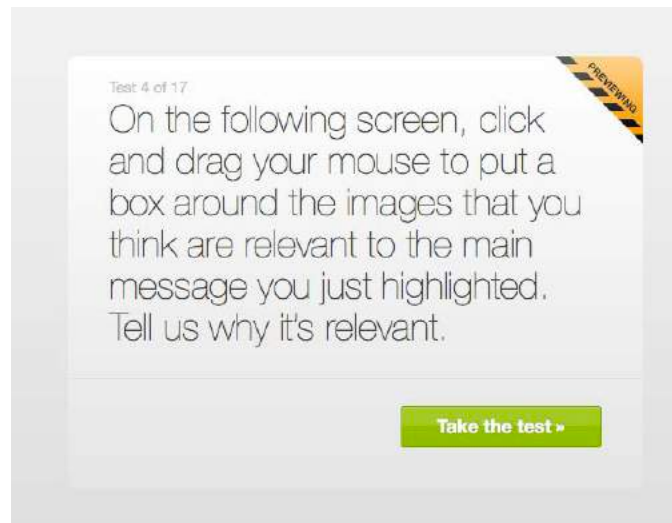
- The flu can be a serious. It can lead to hospitalization and sometimes even death.
- You can catch the flu from anyone who has it — including patients and coworkers.
- If you get the flu, you can spread it to others even if you don't feel sick.
- By getting the vaccine, you can help protect your patients, your coworkers, your family, and yourself from the flu.

[Top](#)

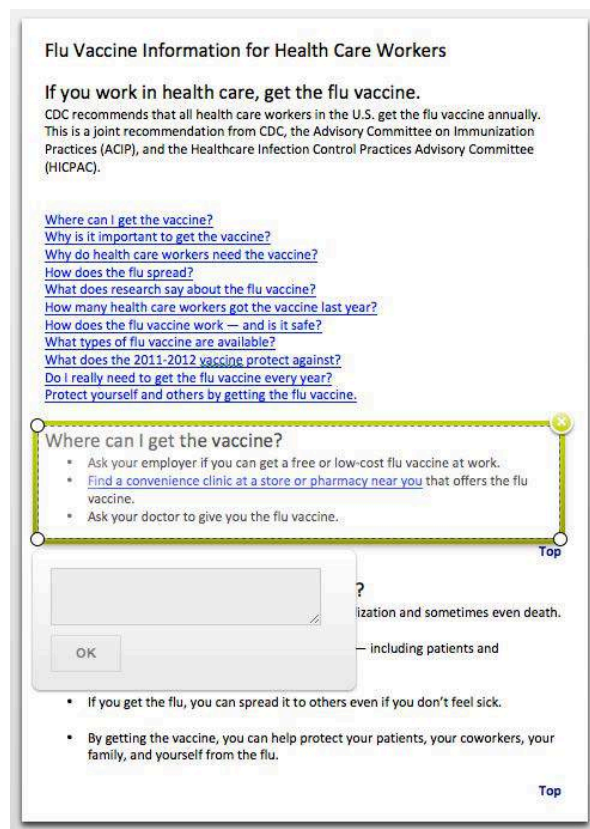
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 4



Screen 1

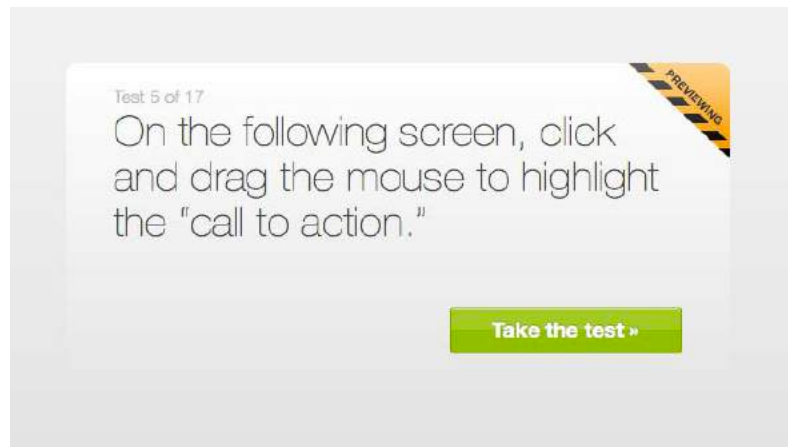


Screen 2

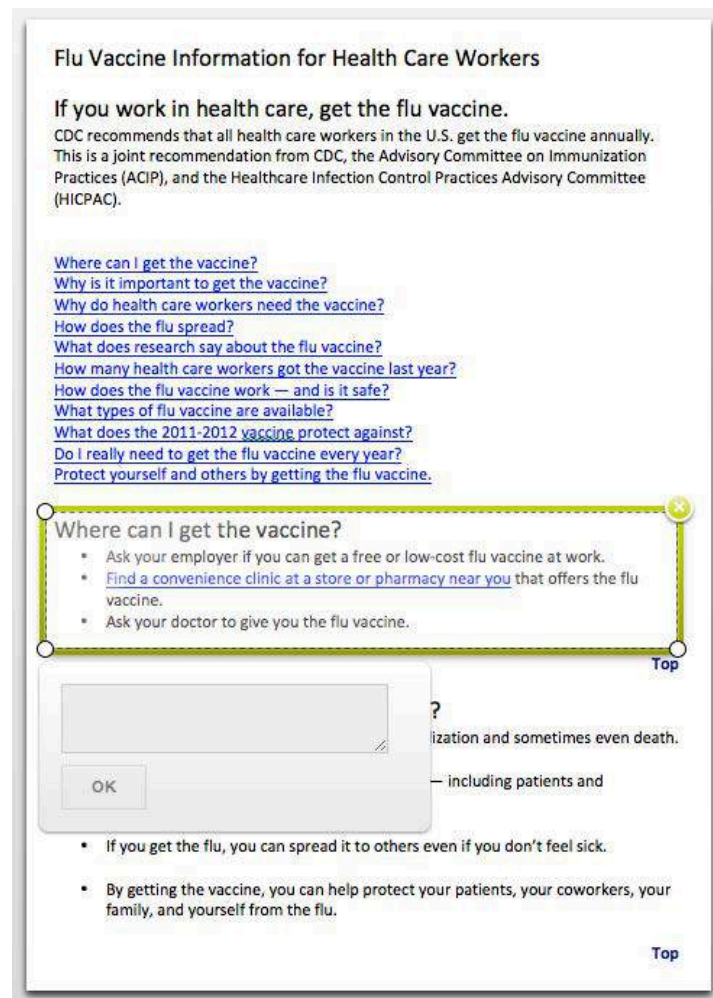


## Attachment 2: Click Testing Screen Shots

### Task 5



Screen 1

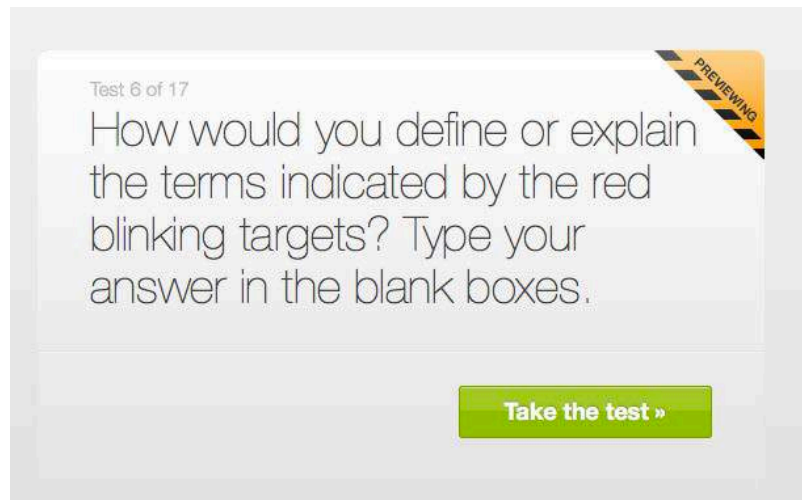


Screen 2

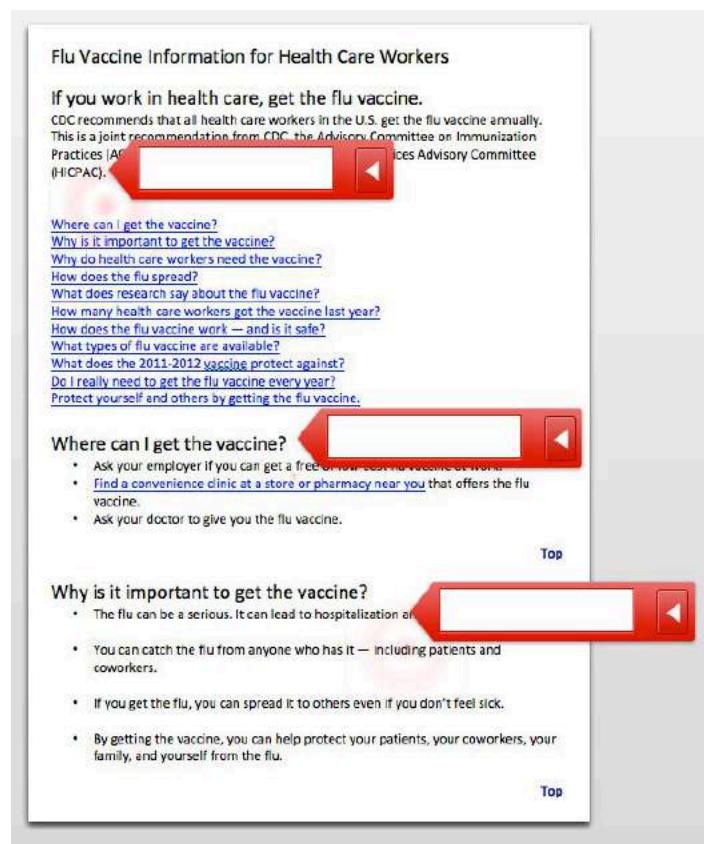


## Attachment 2: Click Testing Screen Shots

### Task 6



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7

Test 7 of 17

We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.

**Take the test »**

Screen 1

### Flu Vaccine Information for Health Care Workers

If you work in health care, get the flu vaccine.

CDC recommends that all health care workers in the U.S. get the flu vaccine annually. This is a joint recommendation from CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

[Where can I get the vaccine?](#)  
[Why is it important to get the vaccine?](#)  
[Why do health care workers need the vaccine?](#)  
[How does the flu spread?](#)  
[What does research say about the flu vaccine?](#)  
[How many health care workers got the vaccine last year?](#)  
[How does the flu vaccine work — and is it safe?](#)  
[What types of flu vaccine are available?](#)  
[What does the 2011-2012 vaccine protect against?](#)  
[Do I really need to get the flu vaccine every year?](#)  
[Protect yourself and others by getting the flu vaccine.](#)

**Where can I get the vaccine?**

- Ask your employer if you can get a free or low-cost flu vaccine at work.
- Find a [convenience clinic at a store or pharmacy near you](#) that offers the flu vaccine.
- Ask your doctor to give you the flu vaccine.

**Top**

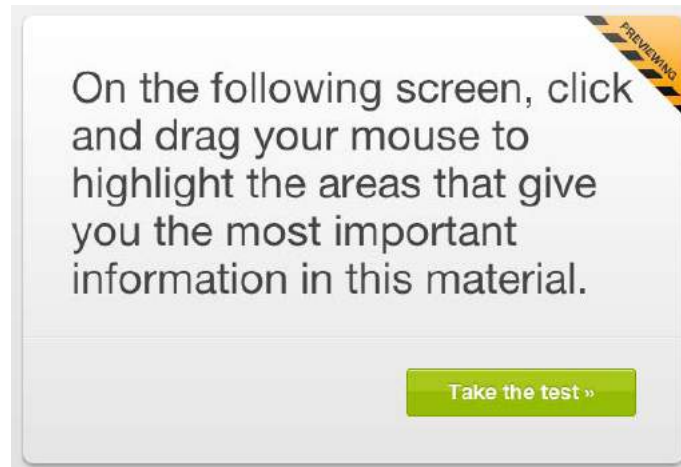
**OK**

**Top**

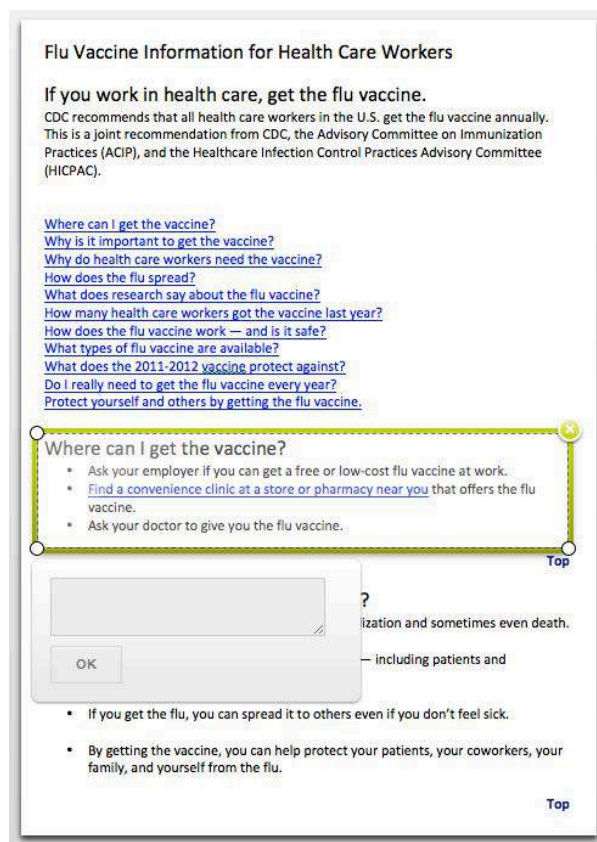
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 8



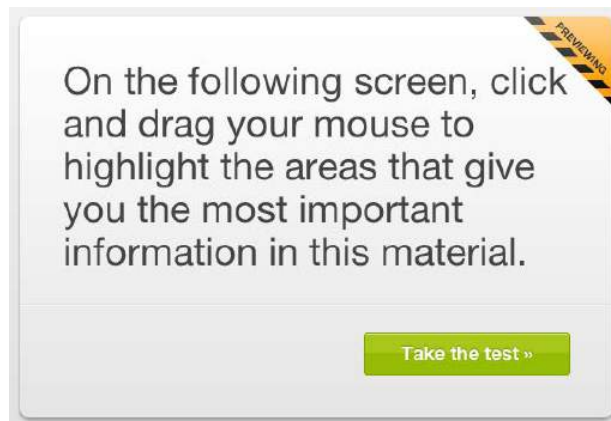
Screen 1



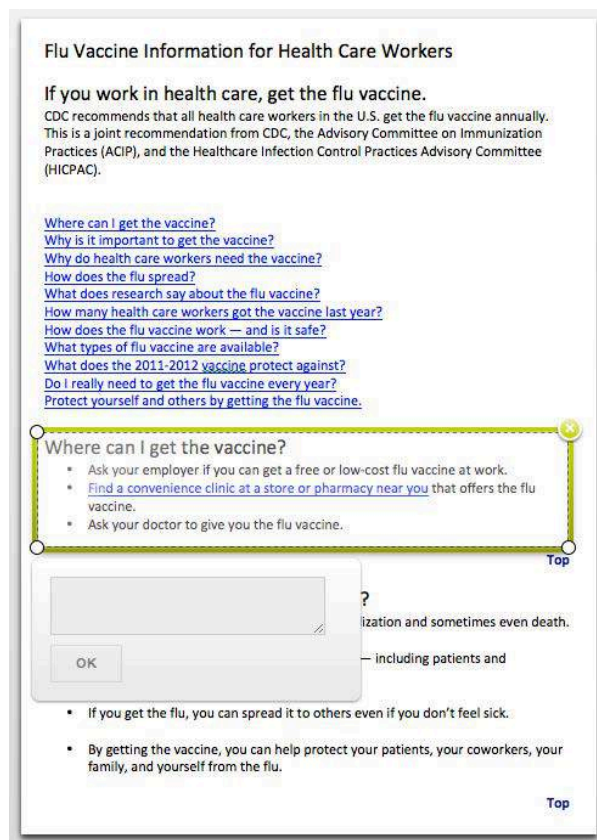
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



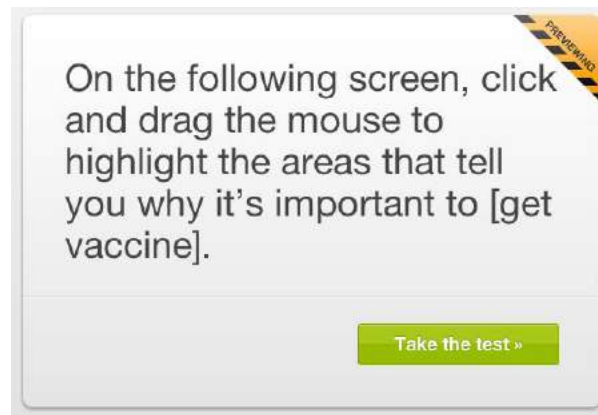
Screen 1



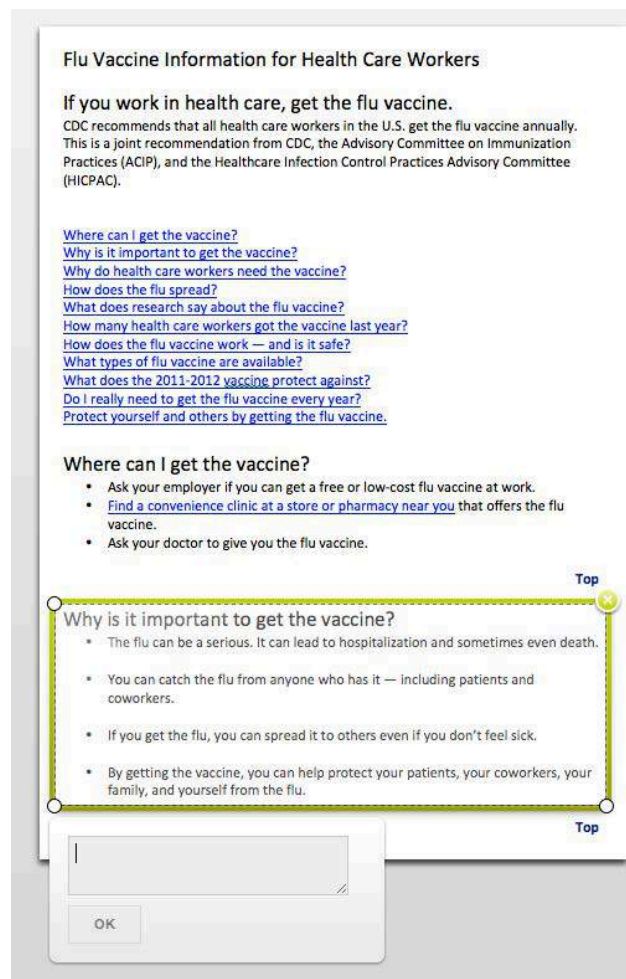
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



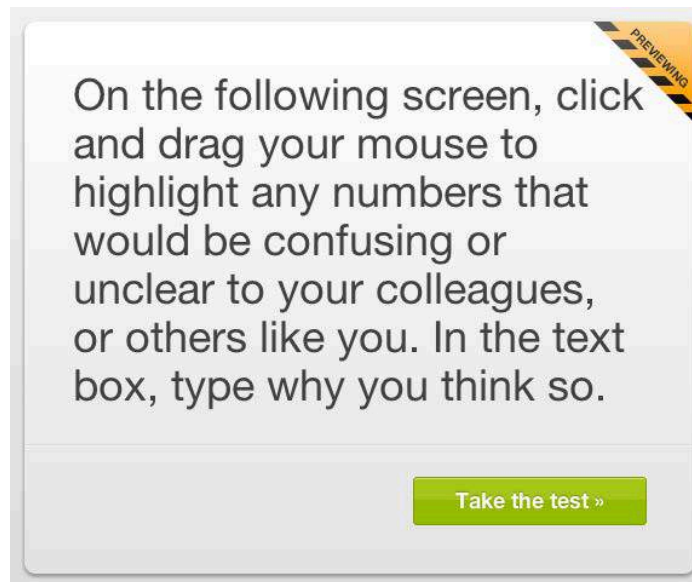
Screen 1



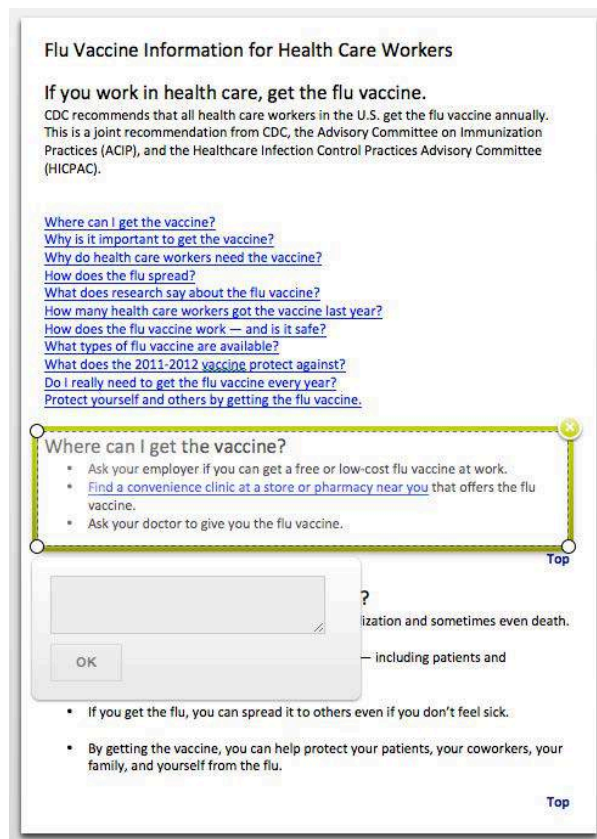
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 11



Screen 1

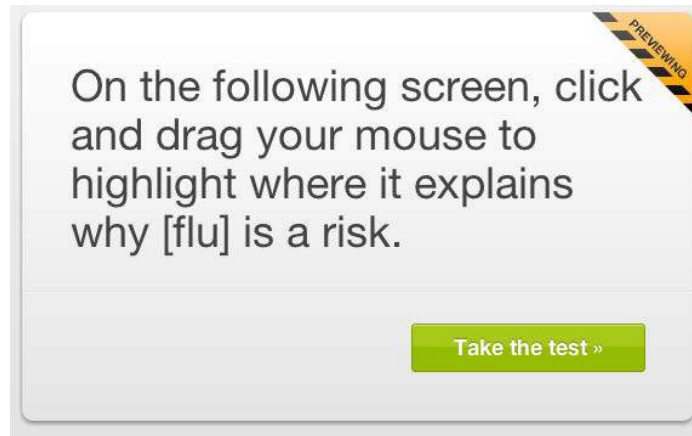


Screen 2

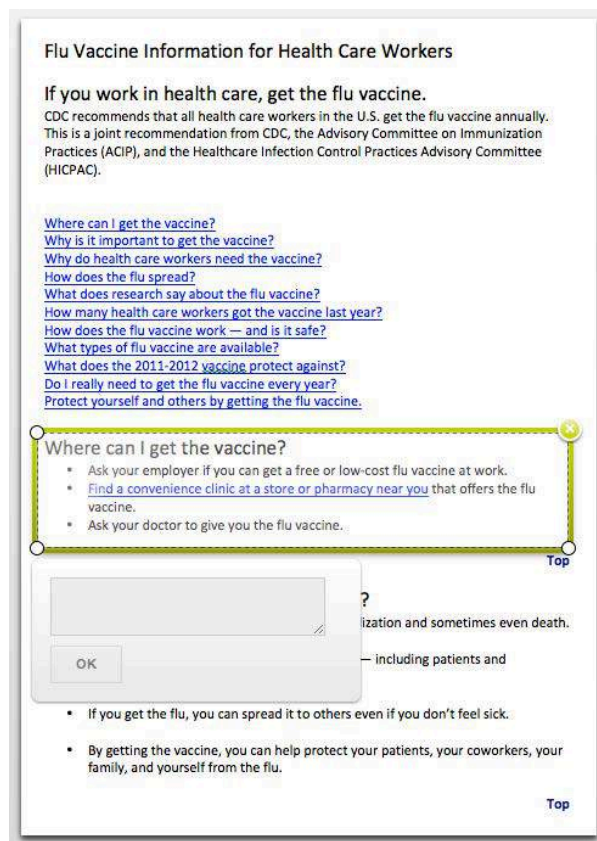


## Attachment 2: Click Testing Screen Shots

### Task 12



Screen 1

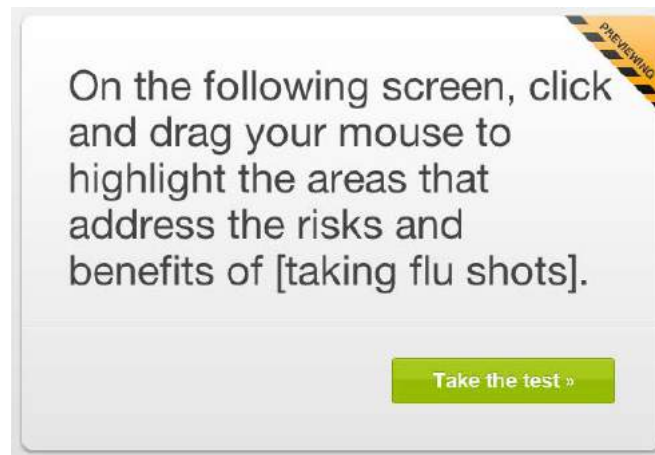


Screen 2

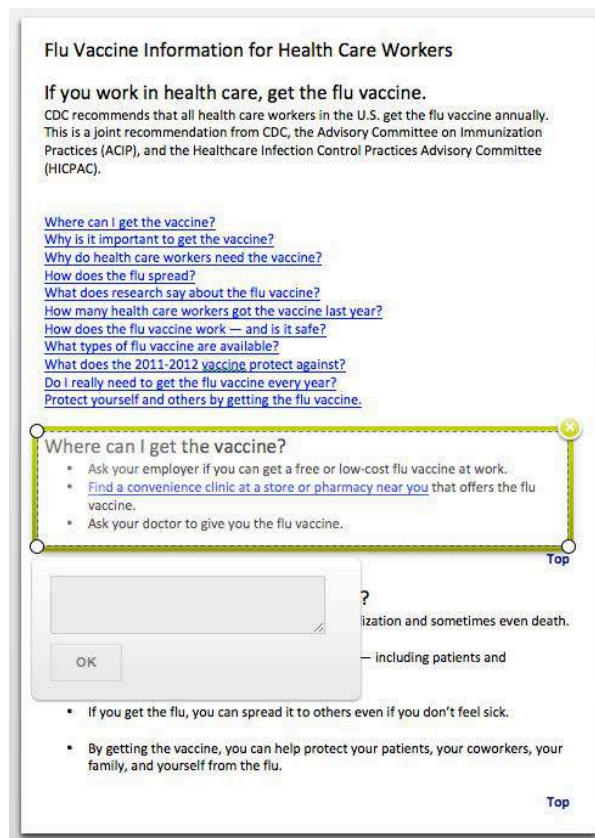


## Attachment 2: Click Testing Screen Shots

### Task 13



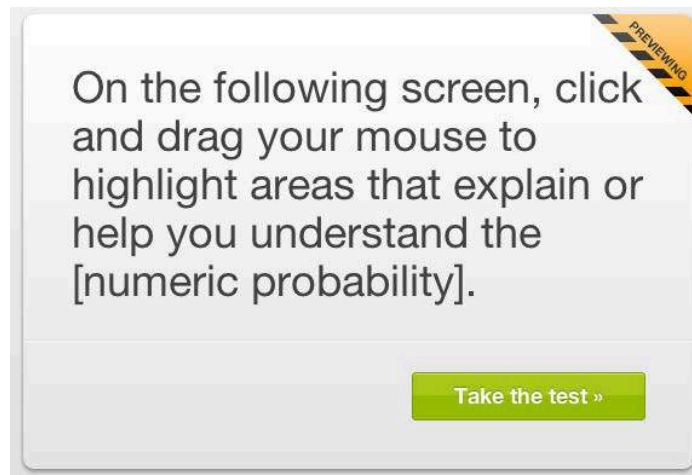
Screen 1



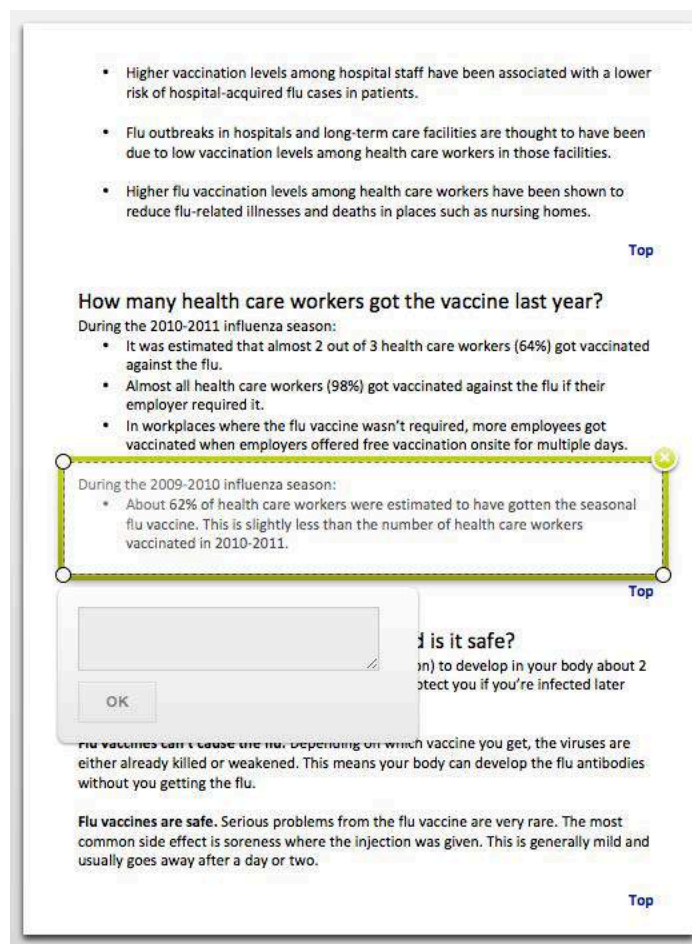
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 14



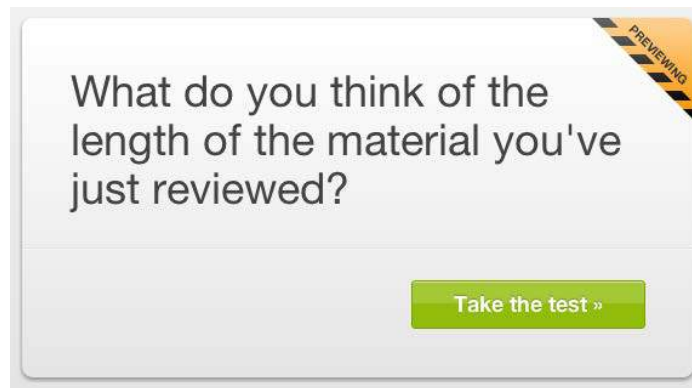
Screen 1



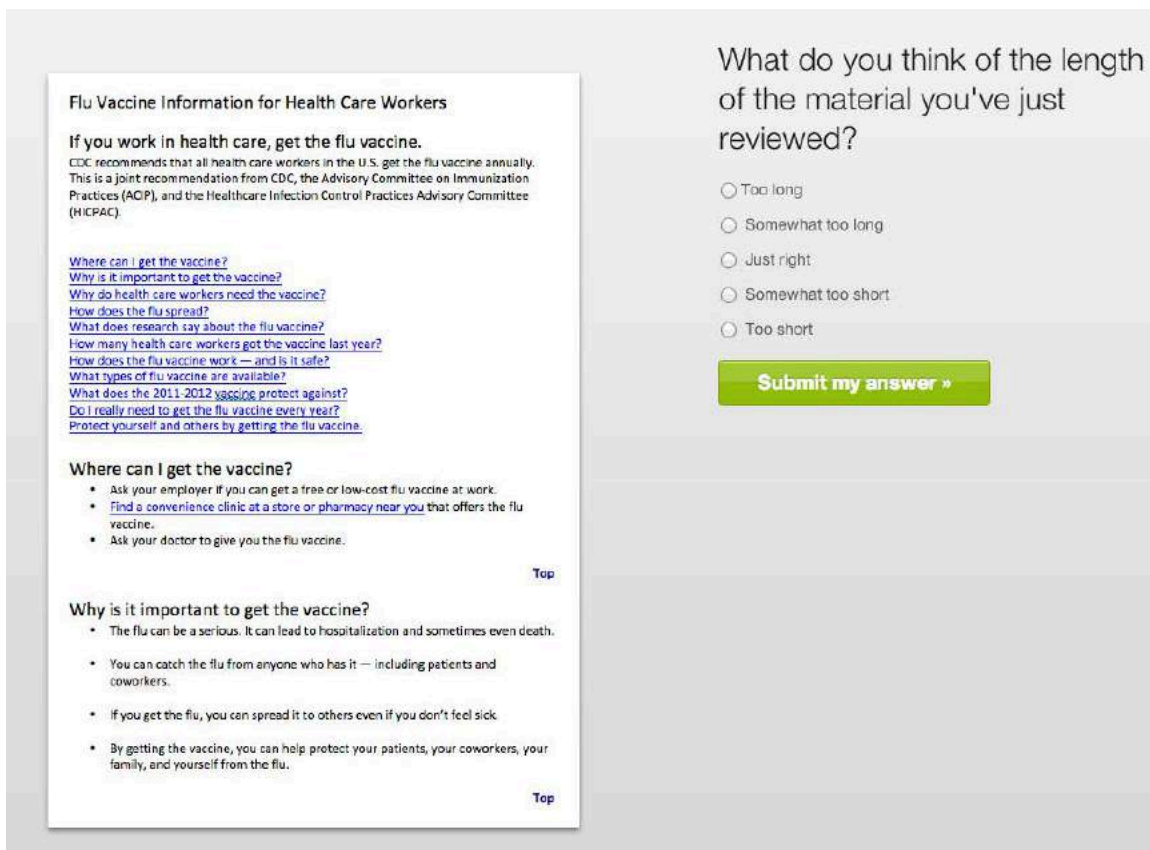
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15



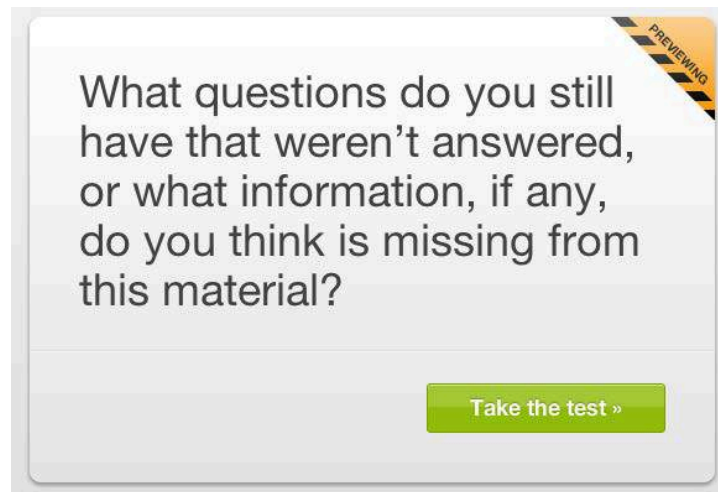
Screen 1



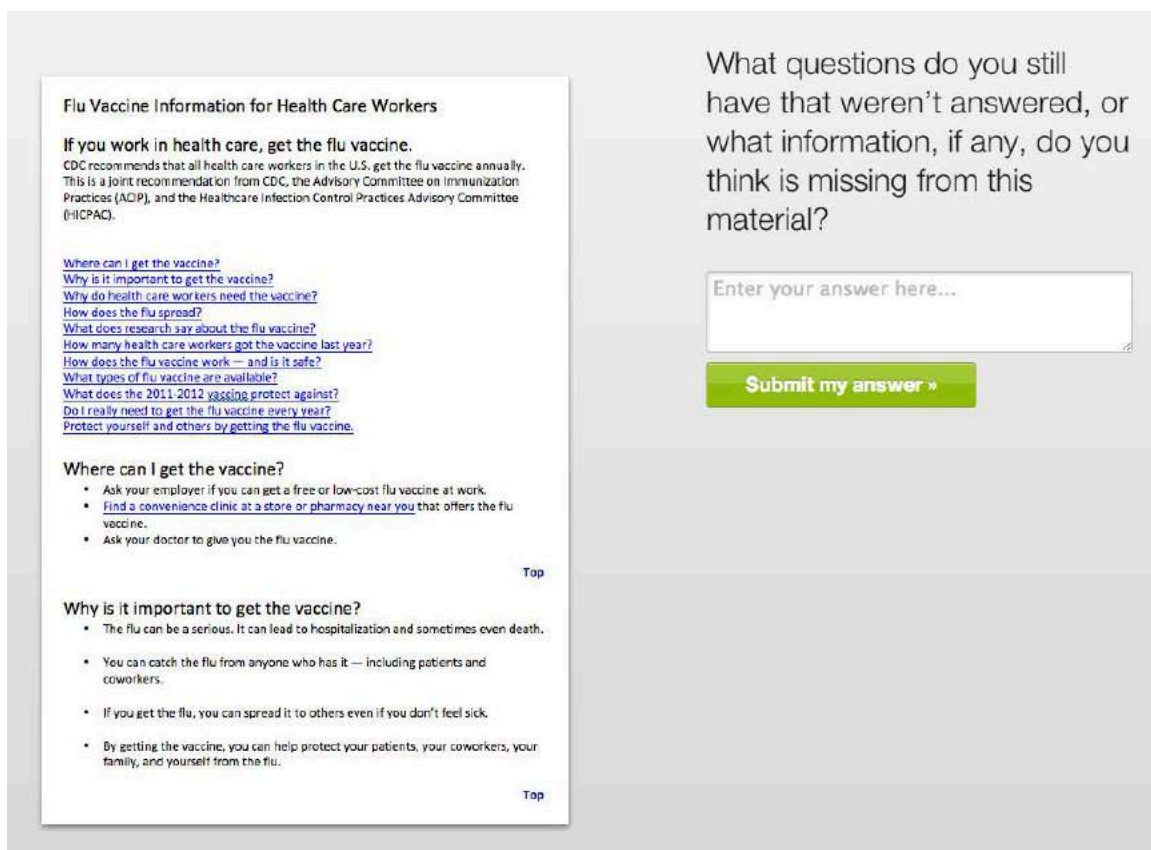
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 16



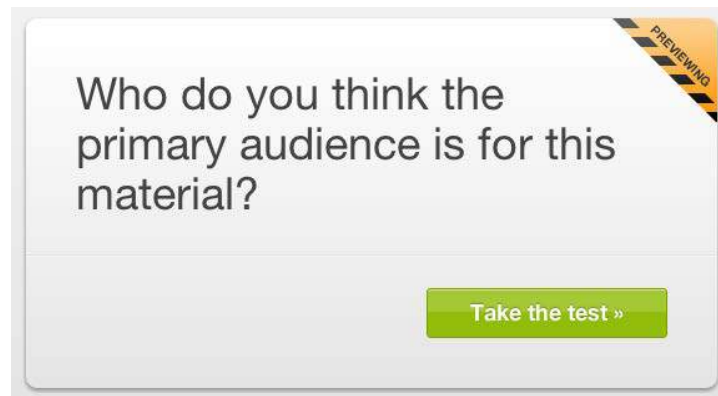
Screen 1



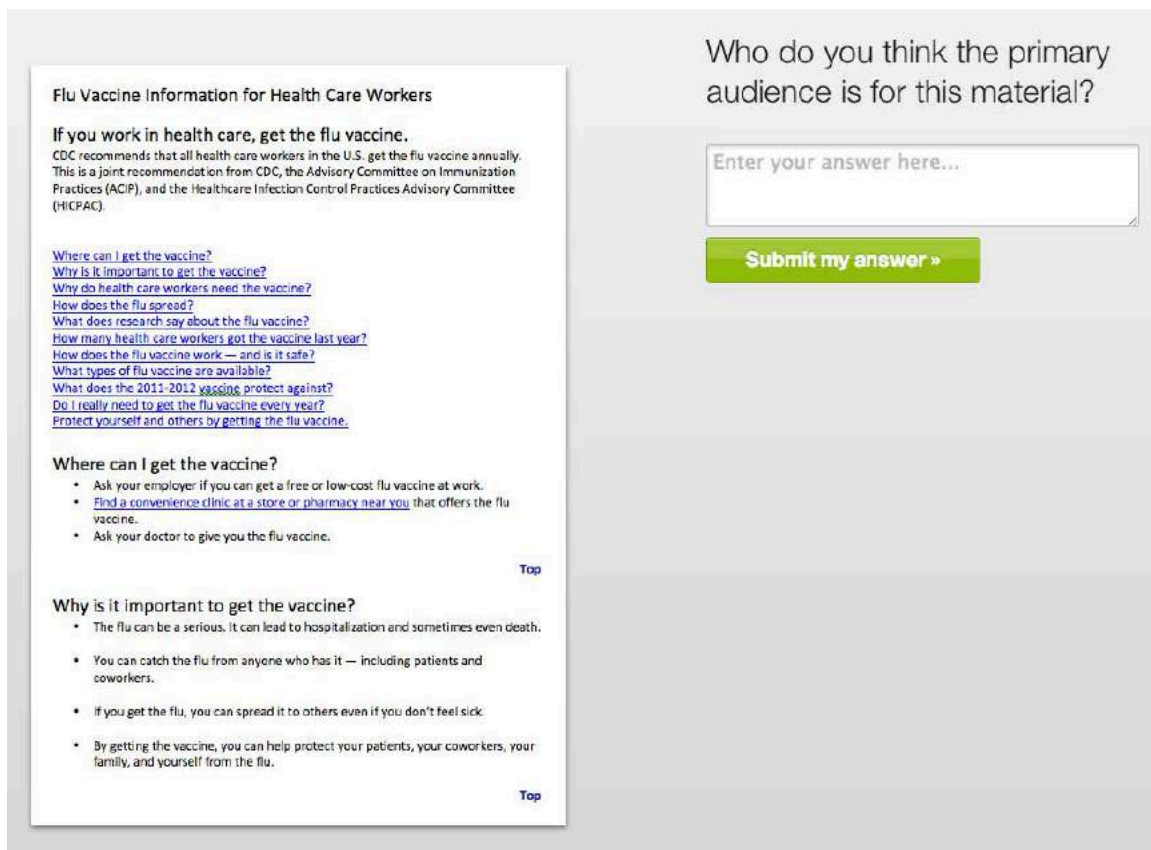
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 17



Screen 1

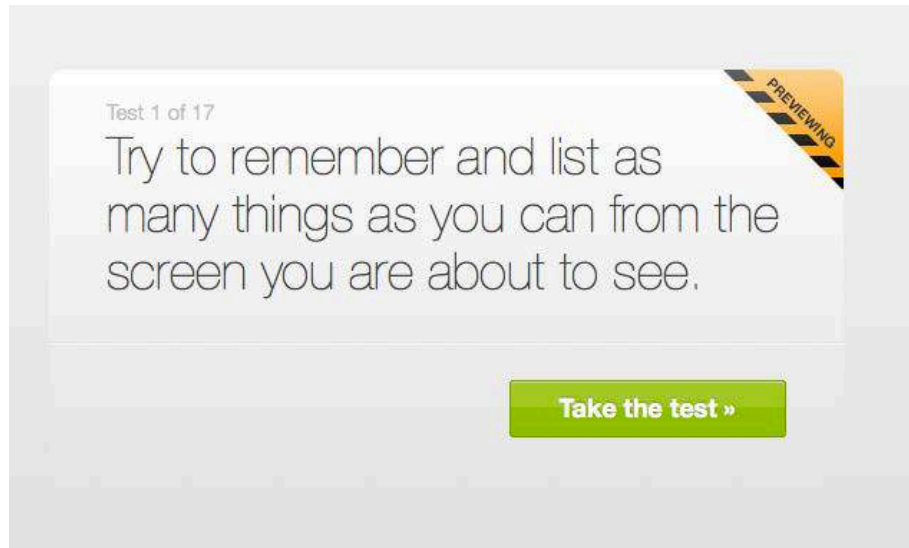


Screen 2

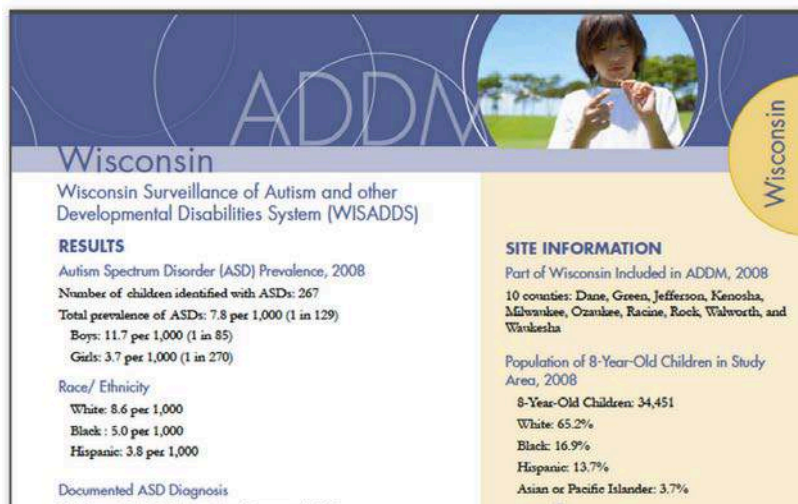
## Attachment 2: Click Testing Screen Shots

### Material: Wisconsin Surveillance of Autism

#### Task 1



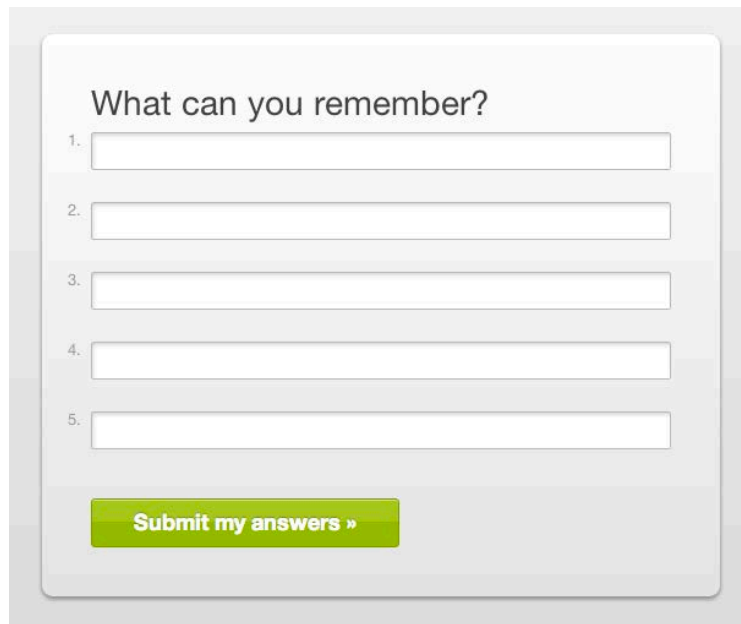
Screen 1



Screen 2



## Attachment 2: Click Testing Screen Shots



What can you remember?

1.
2.
3.
4.
5.

**Submit my answers »**

Screen 3



## Attachment 2: Click Testing Screen Shots

### Task 2

Test 2 of 17

What is your first impression of the material?

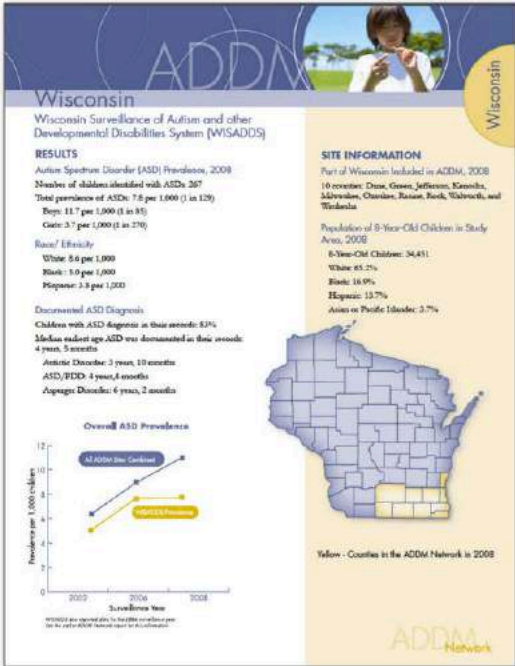
Take the test »

Screen 1

What is your first impression of the material?

Enter your answer here...

Submit my answer »



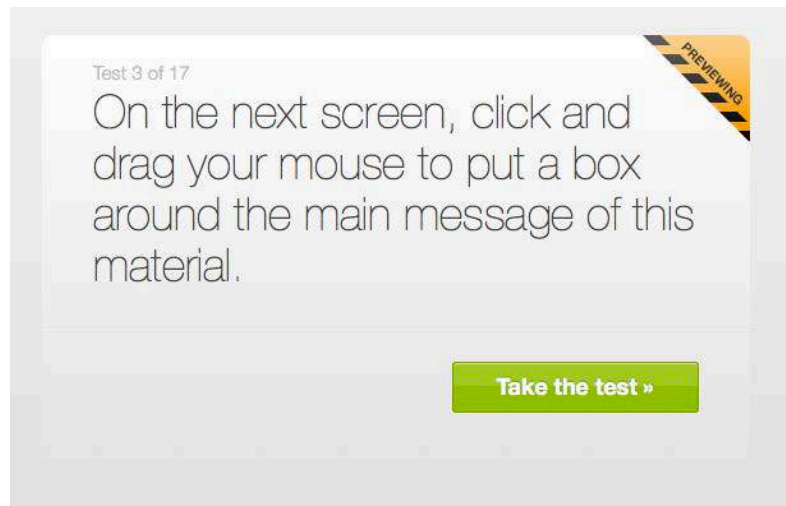
The screenshot displays the Wisconsin ADDM Network report. It includes a header with the ADDM logo and a photo of a child. The main content is divided into sections: RESULTS, SITE INFORMATION, and a map of Wisconsin. The RESULTS section provides data on ASD prevalence for 2008, including rates per 1,000 children and by race/ethnicity. The SITE INFORMATION section lists the counties included in the study and the population of 8-year-old children. The map highlights the counties in the ADDM Network in yellow. A line graph shows the overall ASD prevalence from 2002 to 2008, comparing the state average to the ADDM Network. The graph shows a steady increase in prevalence over time, with the ADDM Network rate consistently higher than the state average.

Surveillance Year	All After the Garden	ADDM Network
2002	~5.5	~4.5
2004	~7.5	~6.5
2008	~10.5	~8.5

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3

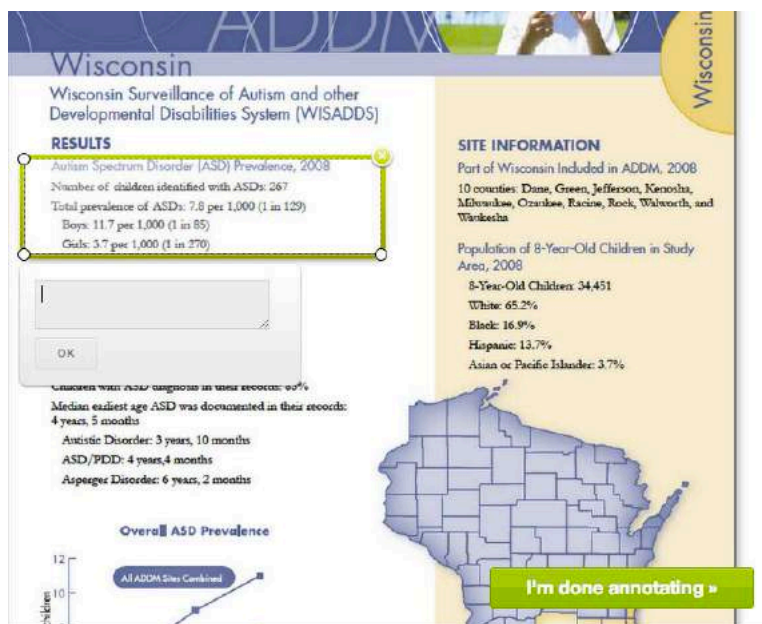


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



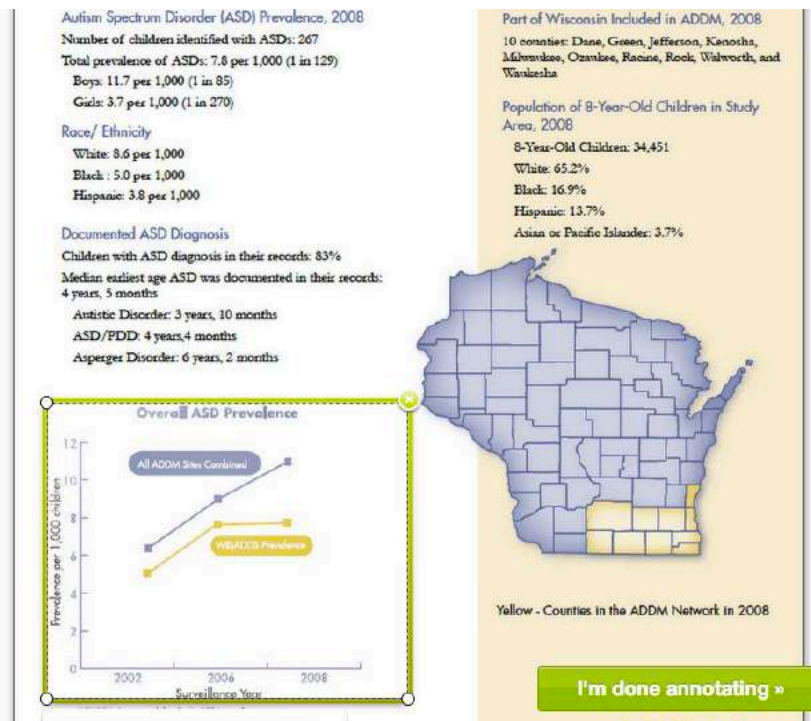
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 4



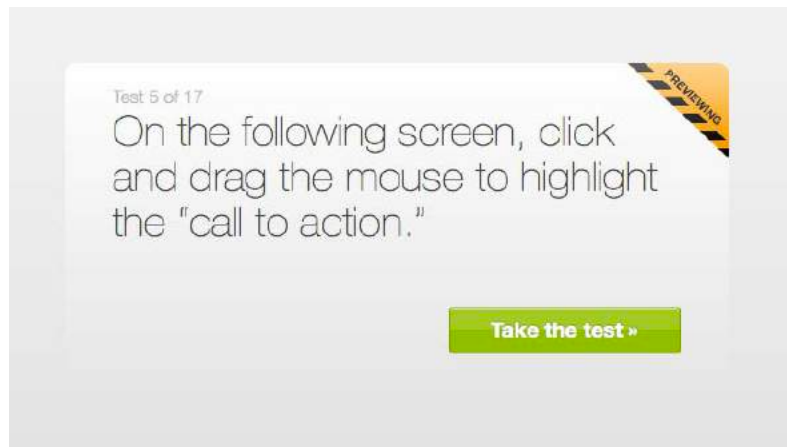
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 5



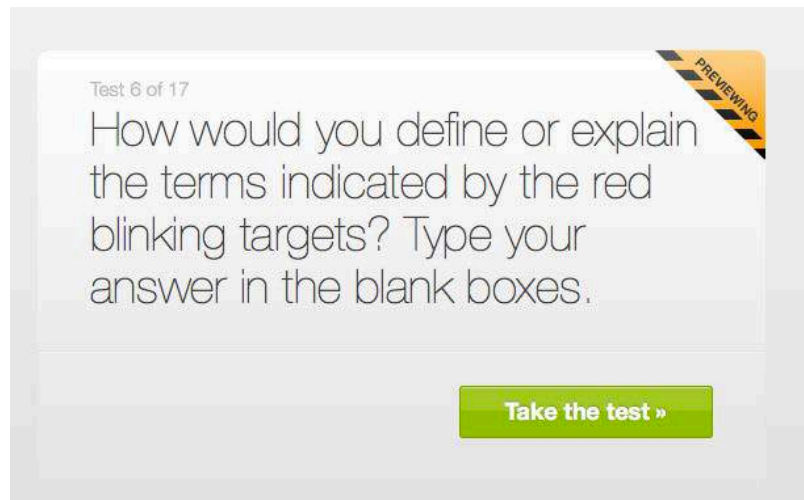
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 6



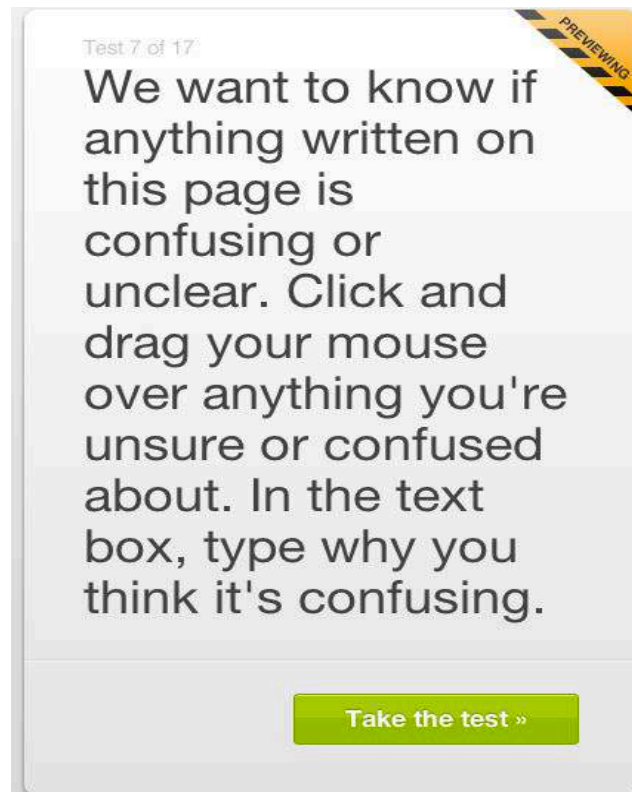
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7



Screen 1



## Attachment 2: Click Testing Screen Shots

# Wisconsin

## Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS)

Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS) is a multistate public health surveillance system established to monitor the number of children in the population with ASDs or other developmental disabilities. WISADDS was established in 2003 as an ADDM Network site in collaboration between the Wisconsin Department of Health Services and investigators from the Wisconsin Center and Department of Population Health Sciences at University of Wisconsin-Madison. WISADDS is currently conducting surveillance of ASDs and

has ASDs or other developmental disability?

The project sponsors workshops and training in early identification of developmental disabilities for pediatricians and other pediatric health care providers serving southeastern Wisconsin. The goal is to improve the ability of providers to recognize early signs of ASDs and establish policy and for standardized diagnostic practices related to ASDs, including childhood autism, Asperger syndrome, atypical autism, and pervasive developmental disorder not otherwise specified.

What are some of the resources available in Wisconsin for children with developmental disabilities, their families, and the professionals who serve them?

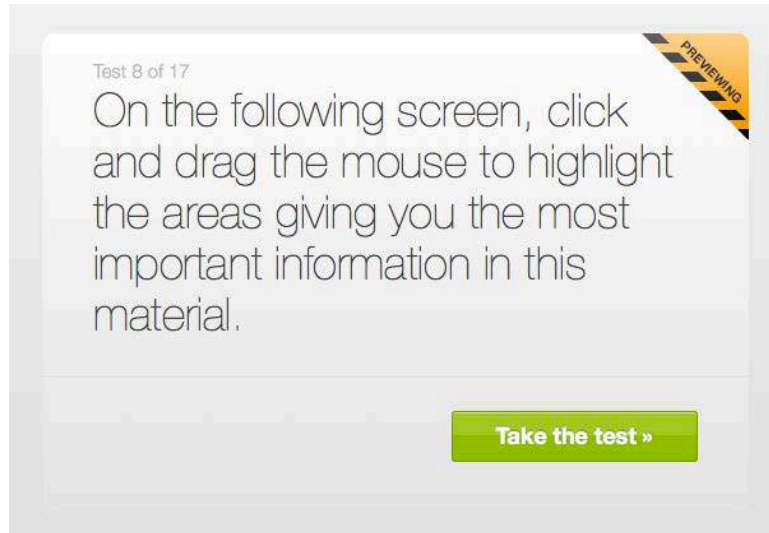
- Wisconsin promotes CDC's Learn the Signs. Act Early campaign in an effort to raise awareness about developmental milestones and the importance of screening and early intervention. Visit [www.ArtEarlywis.edu](http://www.ArtEarlywis.edu) for more information.
- Wisconsin Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) provide confidential information, referral and follow-up to all families of children and youth with special health care needs and providers have access to complete and accurate information. The Regional Center staff regularly provides training related to early identification, autism, developmental screening, and community-based resources. To find out what is available in your area, visit [www.dhs.wisconsin.gov/health/children/overview/index.htm](http://www.dhs.wisconsin.gov/health/children/overview/index.htm).
- Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities is another valuable resource that provides brief descriptions of programs, services and systems of support available in Wisconsin. You can download the booklet at [www.wisconsin.gov/eeds/cdd/pdfs/findingyourway.pdf](http://www.wisconsin.gov/eeds/cdd/pdfs/findingyourway.pdf).
- Wisconsin First Step is a 24-hour hotline and searchable online database for families with children and youth with special needs; call 1-800-642-7837 or visit [www.wisconsin.gov/eeds/cdd/firststep](http://www.wisconsin.gov/eeds/cdd/firststep).
- The Autism Society of Wisconsin is a rich resource for all affected by autism. Visit [www.autism.org](http://www.autism.org) for more information.

I'm done annotating

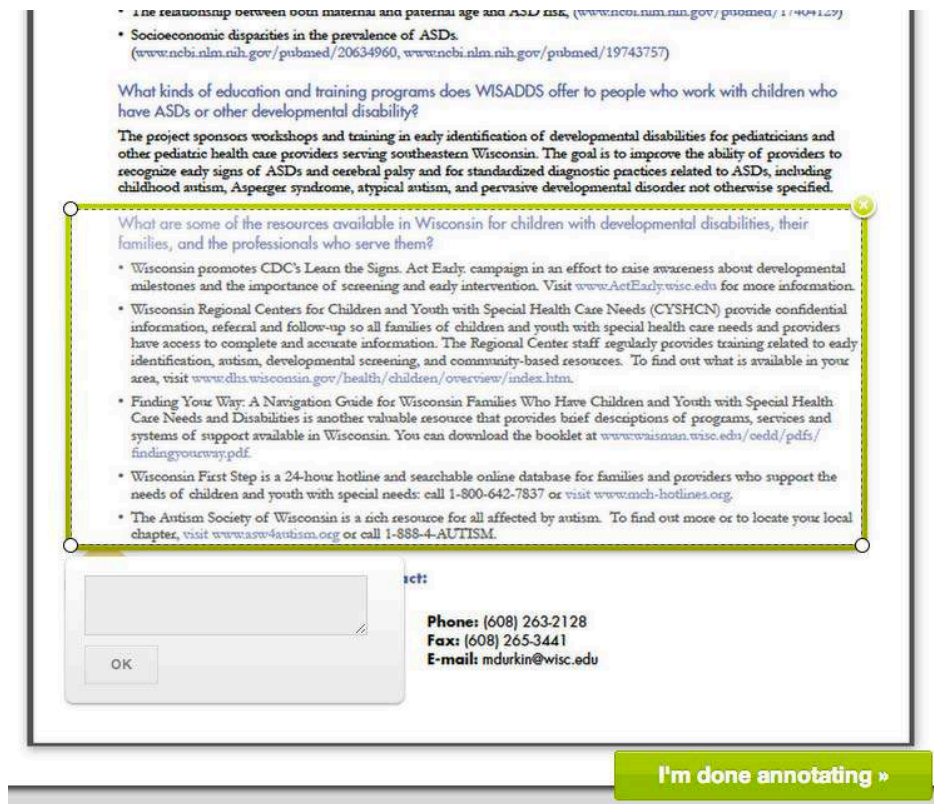
## Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 8



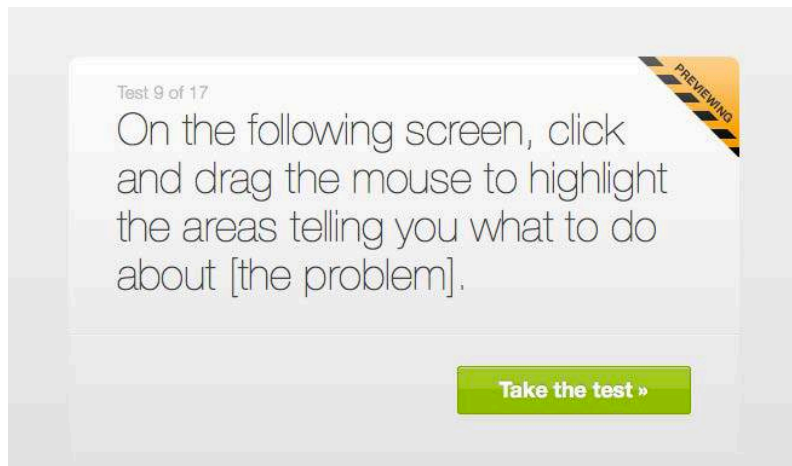
Screen 1



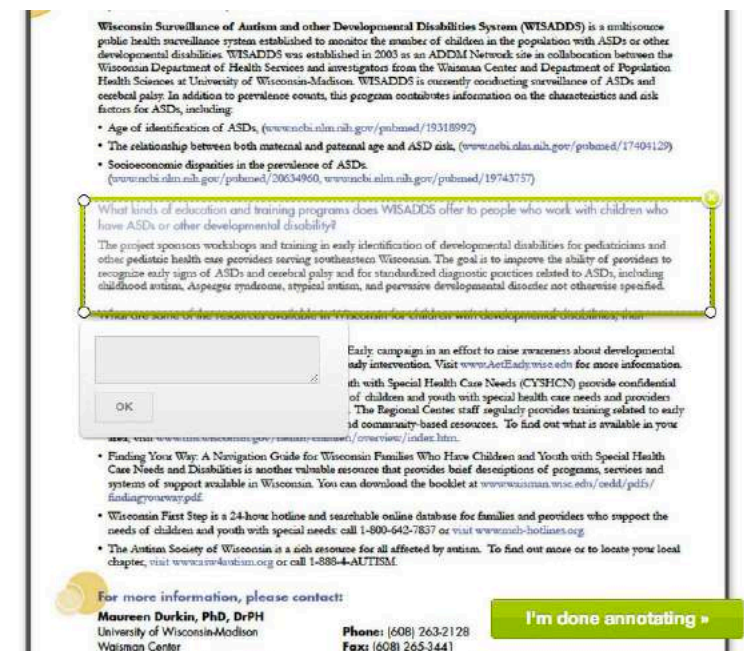
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



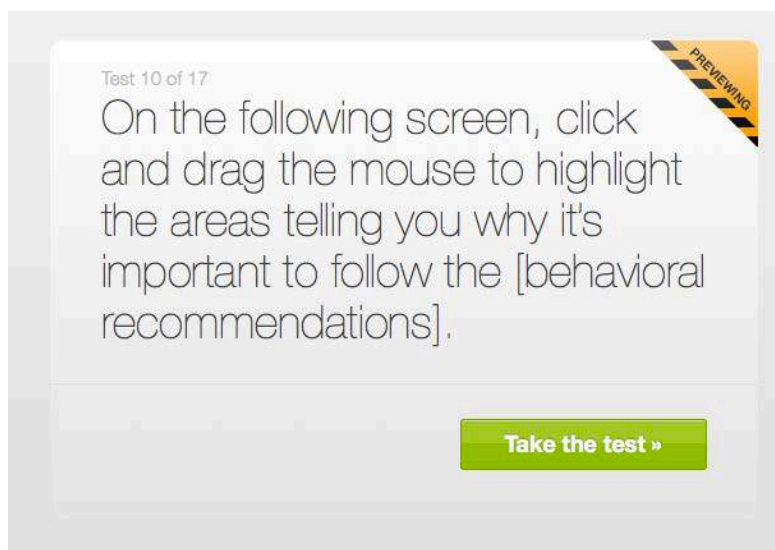
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

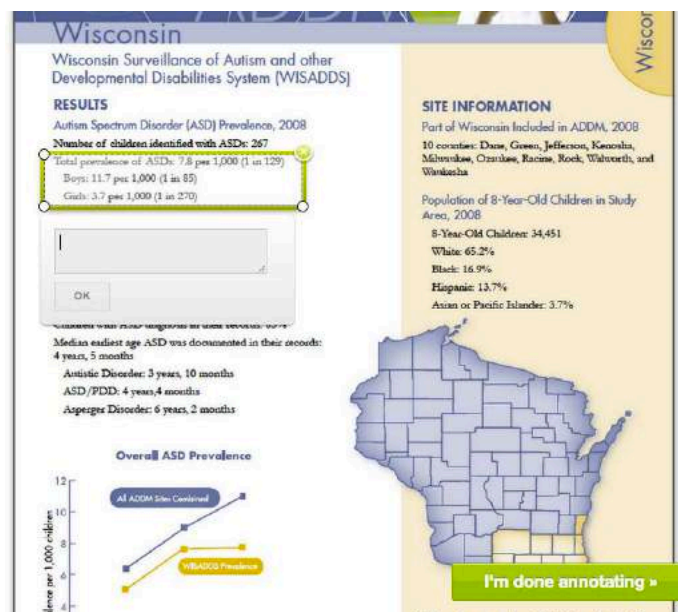
### Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**

Screen 1

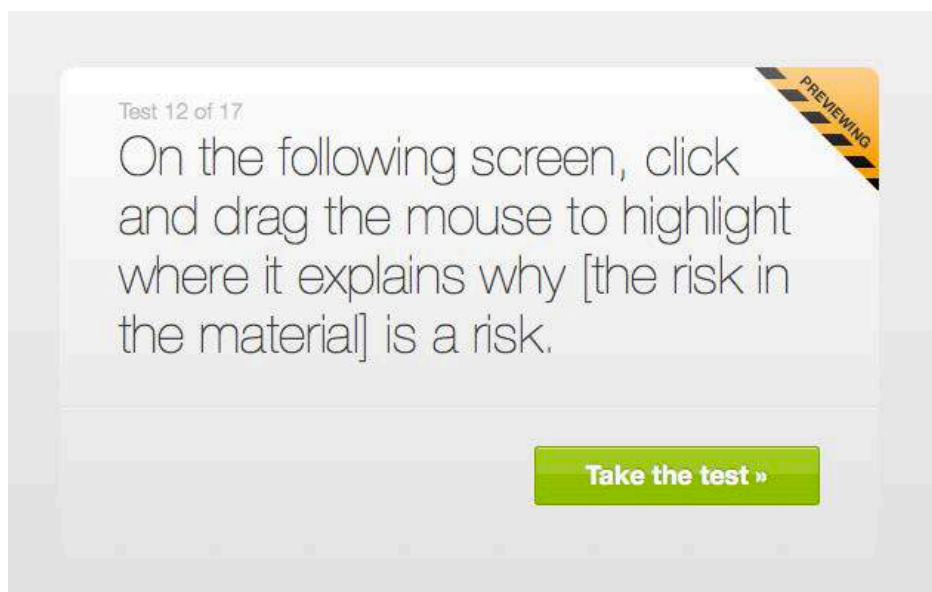


Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 12



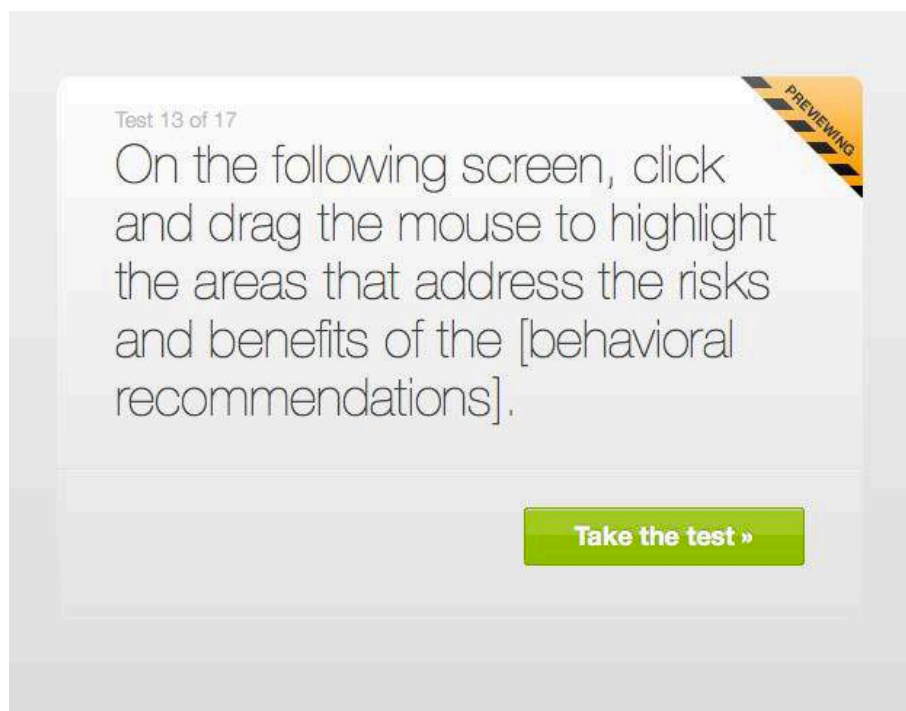
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13



Screen 1

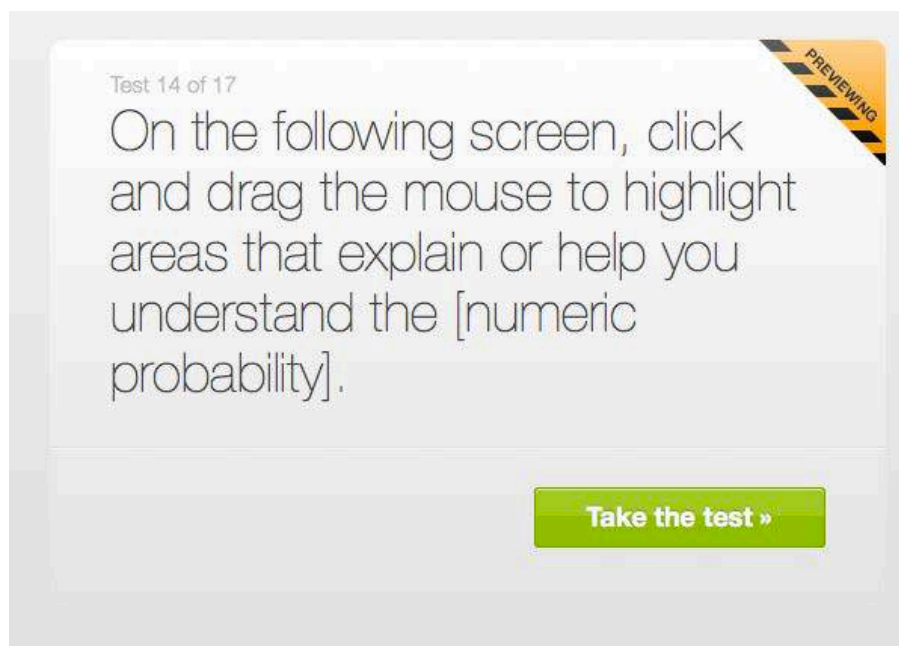


Screen 2

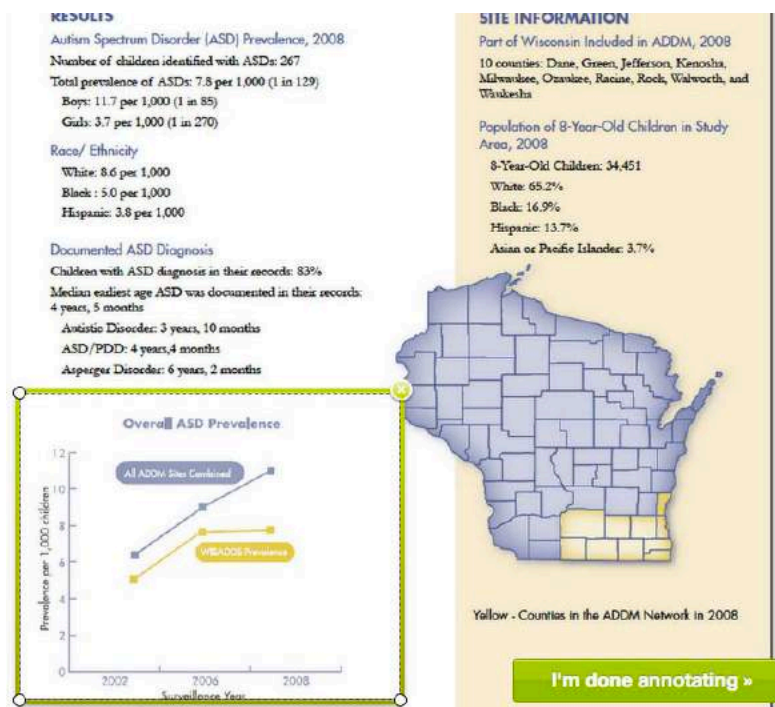


## Attachment 2: Click Testing Screen Shots

### Task 14



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

**Take the test »**

Screen 1

What do you think about the overall length of the material you reviewed?

☐ Too long  
☐ Somewhat too long  
☐ Just right  
☐ Somewhat too short  
☐ Too short

**Submit my answer »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

**Take the test »**

Screen 1

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

**Submit my answer »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 17

Test 17 of 17

Who do you think the primary audience is for this material?

**Take the test »**

Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

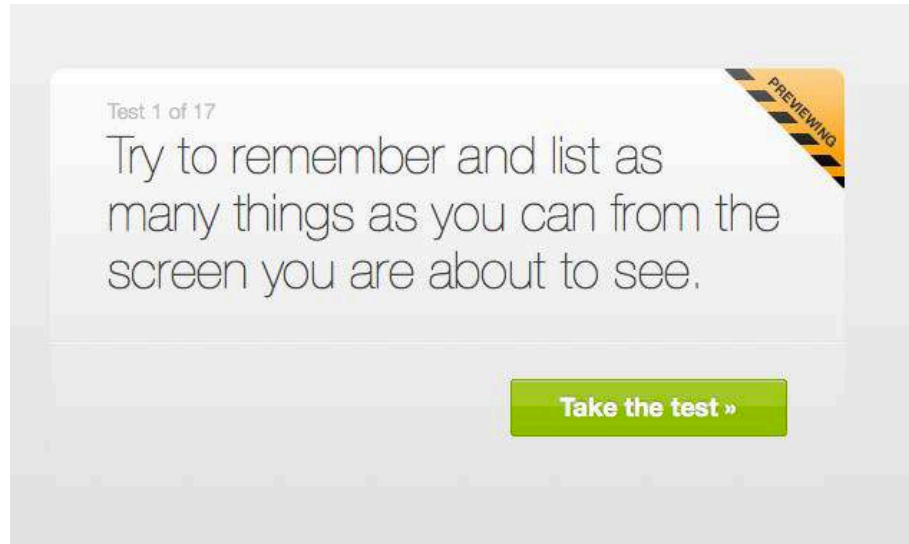
**Submit my answer »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Material: Healthcare-Associated Infections

#### Task 1



Screen 1

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

### Healthcare-associated Infections (HAIs)

[Healthcare-associated Infections > Monitoring HAIs](#)

**Healthcare-associated Infections**

- HAIs: The Burden
- Monitoring HAIs
- National Healthcare Safety Network (NHSN)
- Emerging Infections Program
- NHSN National HAI Reports
- NHSN State HAI Reports
- Frequently Asked Q and A: Summary Data Reports**
- Types of Infections
- Diseases and Organisms
- Preventing HAIs
- Map: HAI Prevention Activities
- Research
- Patient Safety
- Outpatient Settings
- Long-term Care Settings
- Laboratory Resources
- Outbreak and Patient Notifications
- Widgets, Buttons and Badges
- Multistate Meningitis

#### CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A

- What are these reports?
- How can these reports be used?
- What do these reports tell us about how states are doing at preventing Central line-associated bloodstream infections (CLABSI)?
- What do these reports tell us about progress in preventing surgical site infections (SSIs)?
- What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
- What is a standardized infection ratio (SIR)?
- How should the SIR be interpreted?
- What does it mean that some states are validating their data?
- Will a state that looks hard for infections have a higher SIR?
- What does "predicted number of infections" mean?
- How do these reports adjust for different types of patients seen in different hospitals?
- What are some reasons a state SIR is higher than 1.0?
- What are some reasons a state SIR is lower than 1.0?
- What is CDC doing about low-performing healthcare facilities?
- What is CDC doing about the states with high SIRs?
- What is the benefit of state HAI reporting?
- Why is NHSN a good surveillance tool to measure HAIs?
- Does my state have a legislative mandate to report healthcare-associated infection data?
- My facility wants to do more to track and reduce infection rates. How can I find out more information?

**What are these reports?**  
The National and State Healthcare-associated Infections (HAI) Standardized Infection Ratio Reports give a snapshot of where the country stands in its efforts to prevent HAIs. They provide both national and state-specific information and are based on data that is reported to CDC's [National Healthcare Safety Network \(NHSN\)](#). Healthcare facilities using NHSN have real-time access to their data for local improvement efforts. This annual report provides analysis of national and state-level HAI data to help

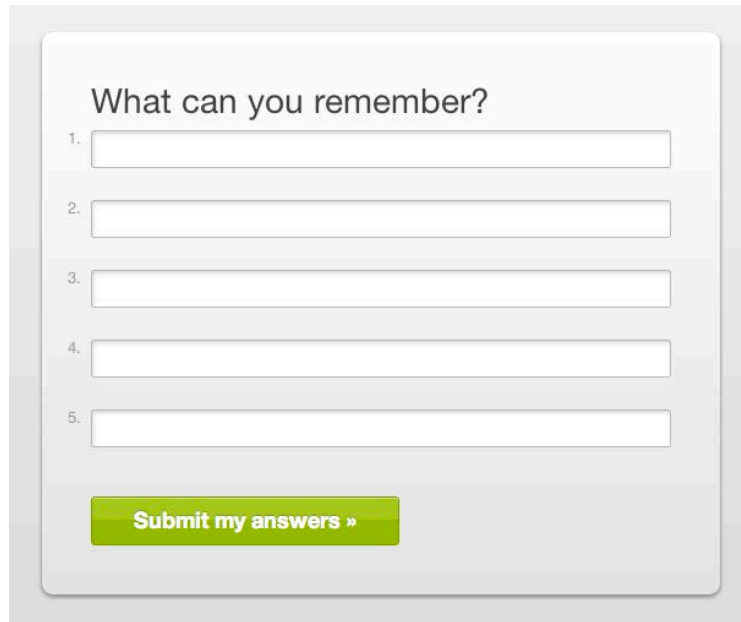
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Atlanta, GA 30333  
 800-CDC-INFO  
(800-232-4636)  
 TTY: (606) 232-6232  
[Contact CDC-INFO](#)

Screen 2

## Attachment 2: Click Testing Screen Shots



What can you remember?

1.
2.
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**Submit my answers »**

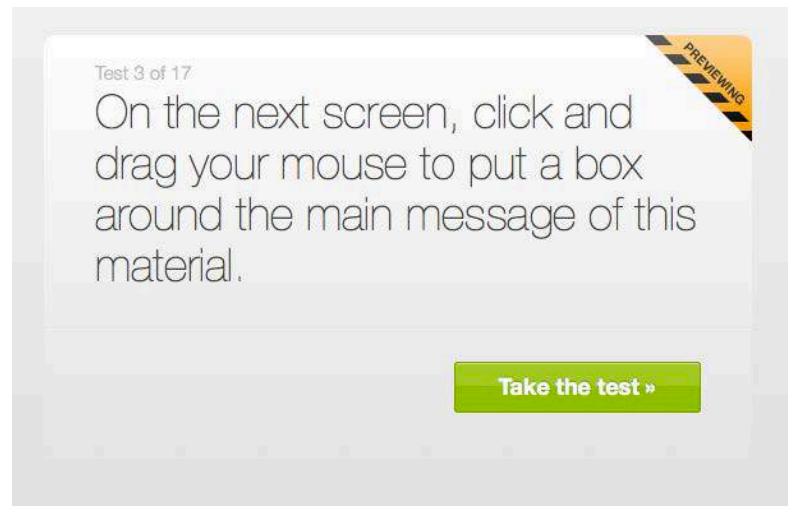
Screen 3



## Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

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A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

### Healthcare-associated Infections (HAIs)

**Healthcare-associated Infections**

- HAIs: The Burden
- Monitoring HAIs
- National Healthcare Safety Network (NHSN)
- Emerging Infections Program
- NHSN National HAI Reports
- NHSN State HAI Reports
- Frequently Asked Q and A: Summary Data Reports**
- Types of Infections
- Diseases and Organisms
- Preventing HAIs
- Map: HAI Prevention Activities
- Research
- Patient Safety
- Outpatient Settings
- Long-term Care Settings
- Laboratory Resources
- Outbreak and Patient Notifications
- Widgets, Buttons and Badges
- Multi-state Meningitis Outbreak

**Healthcare-associated Infections > Monitoring HAIs**

#### CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A

- What are these reports?
- How can these reports be used?
- What do these reports tell us about how states are doing at preventing Central line-associated bloodstream infections (CLABSI)?
- What do these reports tell us about progress in preventing surgical site infections (SSIs)?
- What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
- What is a standardized infection ratio (SIR)?
- How should the SIR be interpreted?
- What does it mean that some states are validating their data?
- Will a state that looks hard for infections have a higher SIR?
- What does "predicted number of infections" mean?
- How do these reports adjust for different types of patients seen in different hospitals?
- What are some reasons a state SIR is higher than 1.0?
- What are some reasons a state SIR is lower than 1.0?
- What is CDC doing about low-performing healthcare facilities?
- What is CDC doing about the states with high SSIs?
- What is the benefit of state HAI reporting?
- Why is NHSN a good surveillance tool to measure HAIs?
- Does my state have a legislative mandate to report healthcare-associated infection data?
- My facility wants to do more to track and reduce infection rates. How can I find out more information?

**What are these reports?**  
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**Related Links**

- Antibiotic / Antimicrobial Resistance
- From the national perspective in the U.S. Department of Health and Human Services

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To receive email updates about this page, enter your email address:  
  
**What's this?** **Submit**

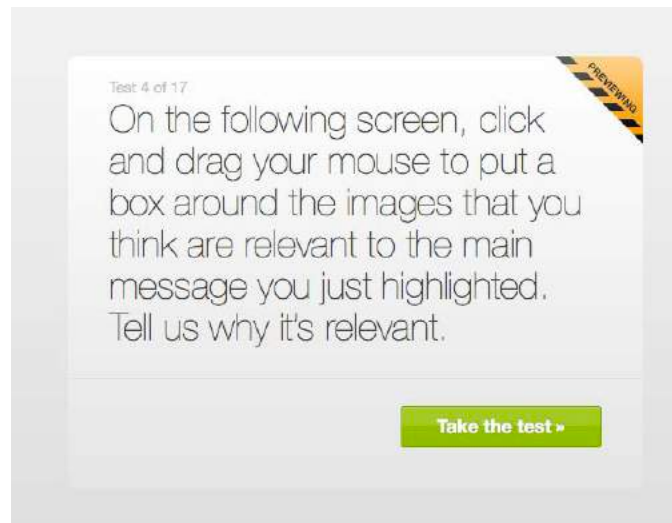
**Contact Us:**  
**Centers for Disease Control and Prevention**  
1600 Clifton Rd  
Atlanta, GA 30333  
**800-CDC-INFO**  
(800-232-4636)  
TTY: (888) 232-6368  
[Contact CDC-INFO](#)

**I'm done annotating**

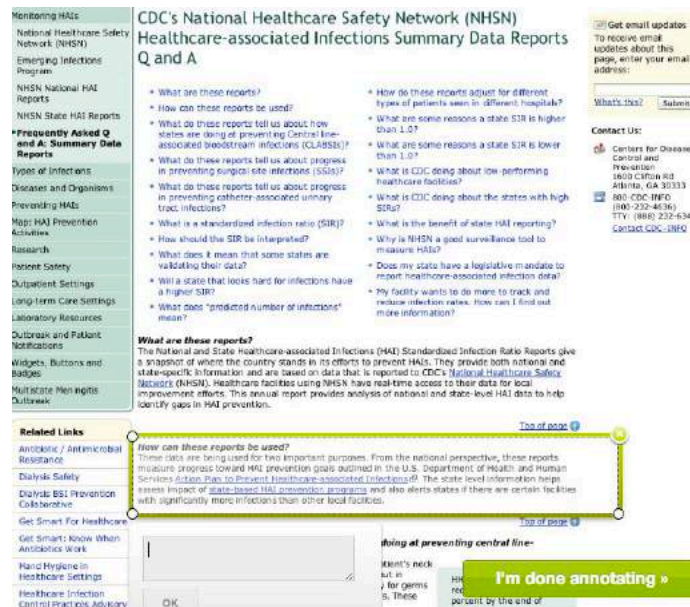
Screen 3

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### Task 4



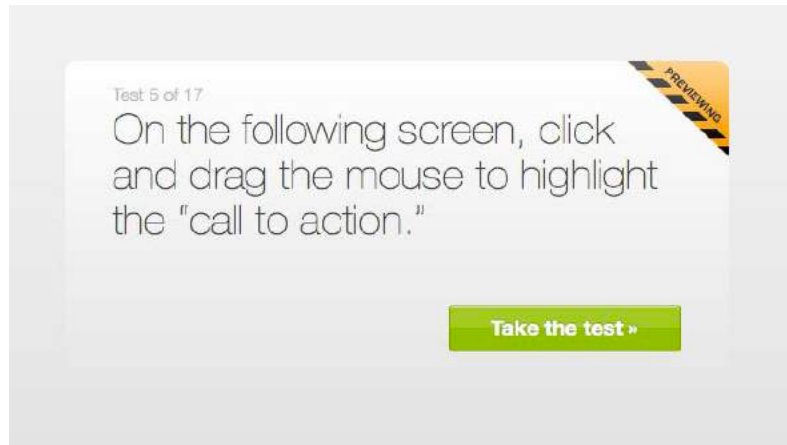
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 5



Screen 1

**Monitoring HAI's:**  
National Healthcare Safety Network (NHSN)  
Emerging Infections Program  
NHSN National HAI Reports  
NHSN State HAI Reports  
**\*Frequently Asked Q and A: Summary Data Reports**  
Types of Infections  
Diagnosis and Outcomes  
Preventing HAI's  
Major HAI Prevention Activities  
Research  
Patient Safety  
Outpatient Settings  
Long-term Care Settings  
Laboratory Resources  
Outbreak and Patient Notifications  
Widgets, Buttons and Badges  
Multistate Menigitis Outbreak

**CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A**

- What are these reports?
- How can these reports be used?
- What do these reports tell us about how states are doing at preventing Central line-associated bloodstream infections (CLABSI)?
- What do these reports tell us about progress in preventing fungal site infections (SSIs)?
- What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
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**What are these reports?**  
The National and State Healthcare-associated Infections (HAI) Standardized Infection Ratio Reports give a snapshot of where the country stands in its efforts to prevent HAI's. They provide both national and state-specific information and are based on data that is reported to CDC's [National Healthcare Safety Network \(NHSN\)](#). Healthcare facilities using NHSN have real-time access to their data for local improvement efforts. This annual report provides analysis of national and state-level HAI data to help identify gaps in HAI prevention.

**How can these reports be used?**  
These data are being used for two important purposes. From the national perspective, these reports measure progress toward HAI prevention goals outlined in the U.S. Department of Health and Human Services [Action Plan to Prevent Healthcare-associated Infections](#). The state-level information helps assess impact of state-based HAI prevention programs and also alerts states if there are certain facilities with significantly more infections than other local facilities.

**Related Links**  
[Antibiotic / Antimicrobial Resistance](#)  
[Dialysis Safety](#)  
[Dialysis BSI Prevention Collaborative](#)  
[Get Smart For Healthcare](#)  
[Get Smart: Know When Antibiotics Work](#)  
[Hand Hygiene in Healthcare Settings](#)  
[Healthcare Infection Control Practices Advisory](#)

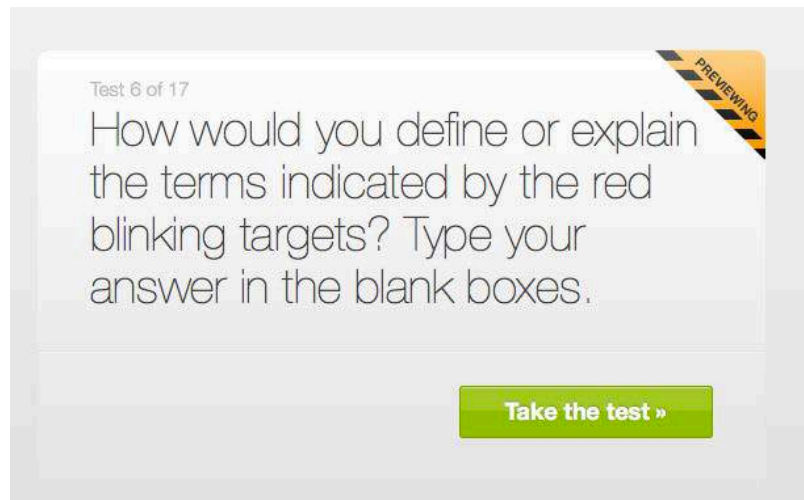
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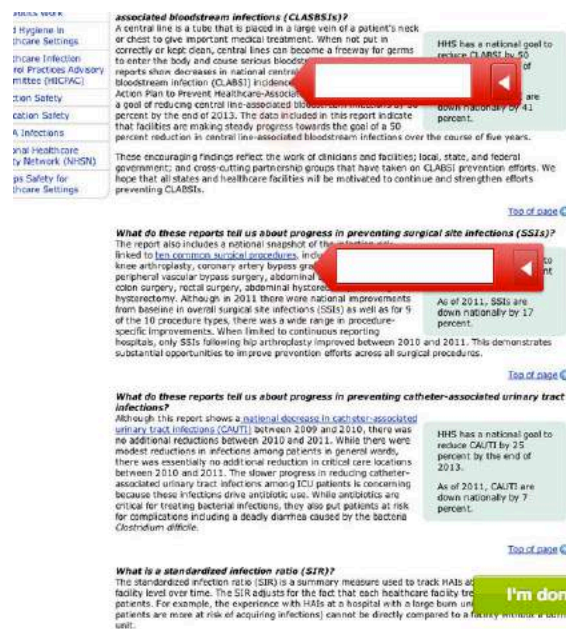
Screen 2

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### Task 6



Screen 1

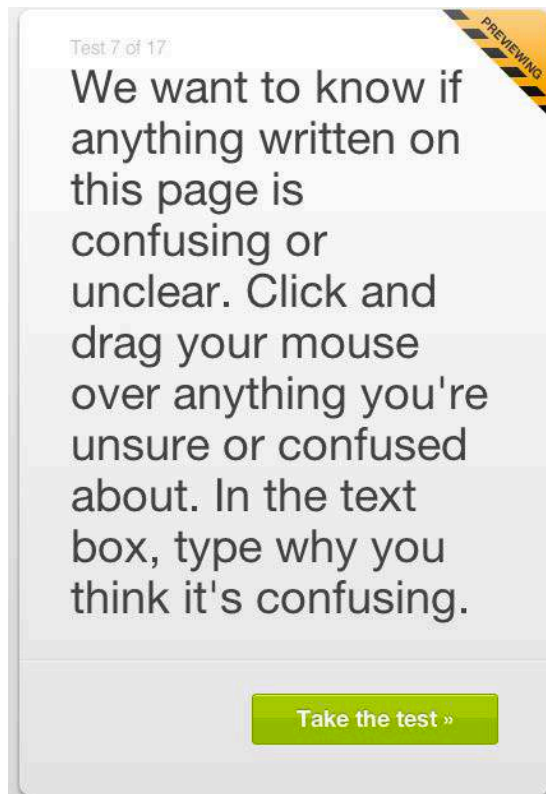


Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 7



Screen 1

## Attachment 2: Click Testing Screen Shots

<ul style="list-style-type: none"> <li>• Infections have been prevented since the baseline period</li> </ul>	<ul style="list-style-type: none"> <li>• Infections have increased since the baseline period</li> </ul>
<ul style="list-style-type: none"> <li>• 1 minus the SIR = percent reduction: For example, the SIR of 0.50 means that there was a 50 percent reduction in 2011 from the baseline period</li> </ul>	<ul style="list-style-type: none"> <li>• SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period</li> </ul>

**What does it mean that some states are validating their data?**  
Healthcare facilities and states are encouraged to validate, or double-check, their infection data. In many cases, validating data involves completing an assessment to ensure that all of the required infections were captured in the system. Currently, states that are validating are using different methods. For example, some may evaluate one facility while others may look more broadly. CDC is working with states to determine best practices and to develop standards for validation that can assist states in their validation efforts.

**Why is it important to validate data?**  
States that are validating their data are able to more accurately report their infection rates. This is important because the SIR is used to compare infection rates across states. If a state's data is not accurate, its SIR will be skewed, which could lead to incorrect conclusions about the state's infection control efforts.

**What are some challenges to validating data?**  
Validating data can be a time-consuming and expensive process. It may also require the use of specialized personnel or equipment. Additionally, there may be challenges in ensuring that all relevant data is captured and that the data is accurate.

**How can states overcome these challenges?**  
States can overcome these challenges by developing a clear plan for validation, allocating resources appropriately, and working closely with CDC and other stakeholders for guidance and support.

**What are some best practices for validating data?**  
Some best practices for validating data include: developing a clear plan, allocating resources appropriately, working closely with CDC and other stakeholders, and ensuring that all relevant data is captured and accurate.

**What are some examples of states that are validating their data?**  
Several states, including Arizona, California, and Texas, have implemented validation programs. These programs have helped these states to more accurately report their infection rates and to identify areas for improvement.

**What are some lessons learned from these validation programs?**  
Some lessons learned from these validation programs include the importance of having a clear plan, allocating resources appropriately, and working closely with CDC and other stakeholders.

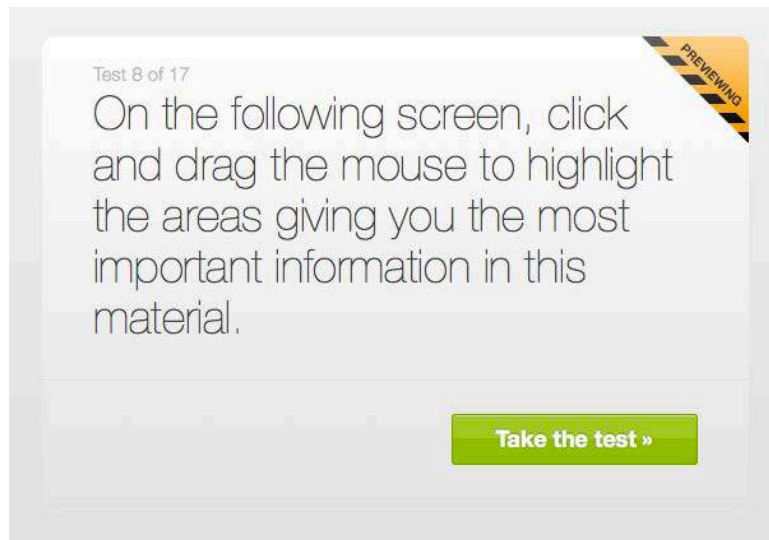
**What are some next steps for validation?**  
CDC is working with states to develop standards for validation and to provide technical assistance to states that are implementing validation programs.

**What are some resources for more information on validation?**  
For more information on validation, please visit the CDC website at <https://www.cdc.gov/nhsr/>.

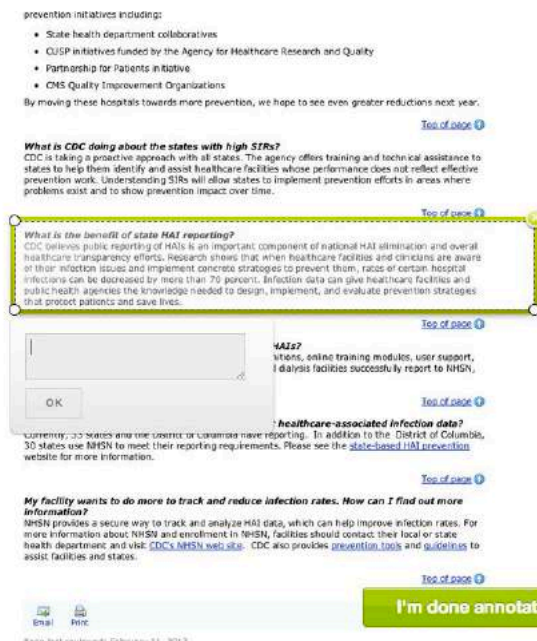
## Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 8



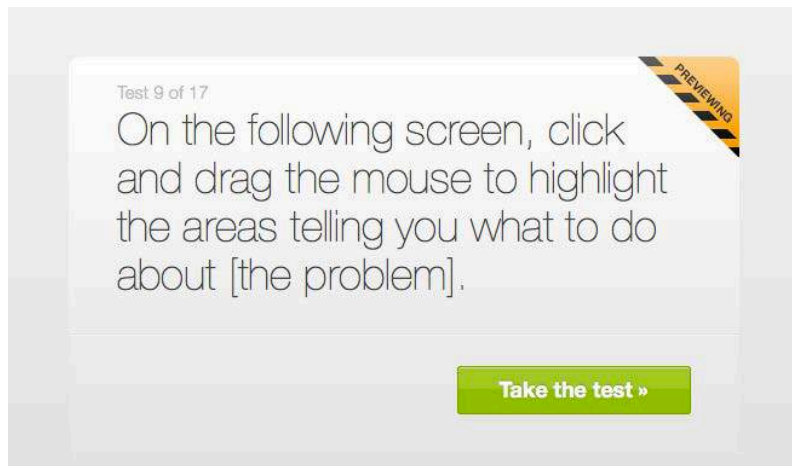
Screen 1



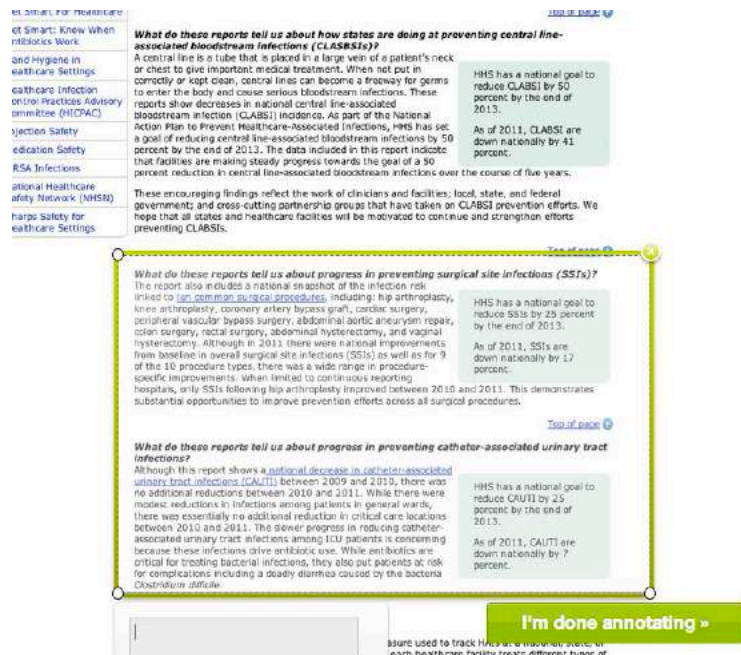
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



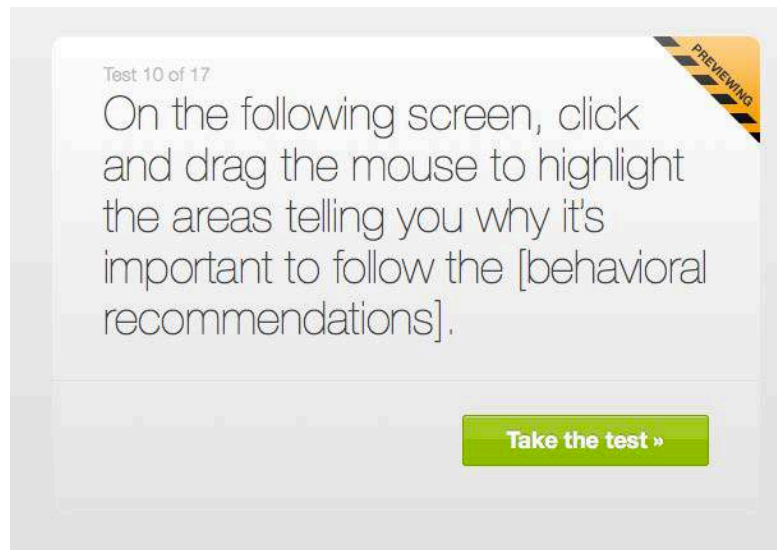
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**

#### Screen 1

unE.

The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs in a facility or state with the baseline U.S. experience (i.e., standard population), adjusting for several risk factors that have been found to be most associated with differences in infection rates.

[Top of page](#)

**How should the SIR be interpreted?**

If the **SIR is 1**, then the number of infections reported to NHSN is the same as the number of predicted infections. Another way to think about this – if the SIR is 1, then we saw the same number of infections in 2011 as we did during the baseline period – no progress has been made in reducing infections since the baseline period.

If the SIR is less than 1, then there were fewer infections reported in 2011 than what we would have predicted given the baseline data. In other words, progress has been made since the baseline period.

If the SIR is **greater than 1**, then there were more infections reported in 2011 than what we would have predicted given the baseline data.

SIR less than 1	SIR greater than 1
<ul style="list-style-type: none"><li>• Fewer infections than what would have been predicted given baseline data</li><li>• Infections have been prevented since the baseline period</li><li>• 1 minus the SIR = percent reduction: For example, the SIR of 0.80 means that there was a 20 percent reduction in 2011 from the baseline period</li></ul>	<ul style="list-style-type: none"><li>• More infections than what would have been predicted given baseline data</li><li>• Infections have increased since the baseline period</li><li>• SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period</li></ul>

[Top of page](#)

**their data?**

For double-check, their infection data, in many to ensure that all of the required infections auditing are using different systems. For y look more broadly, CDC is working with ds for validation that can assist states in their

[Top of page](#)

**higher SIR?**

States that validate data and employ other advanced tools for detecting HAIs are likely to discover and report more infections. For that reason, we have indicated in the report those states that are validation data so that these efforts are taken into consideration when evaluating the s

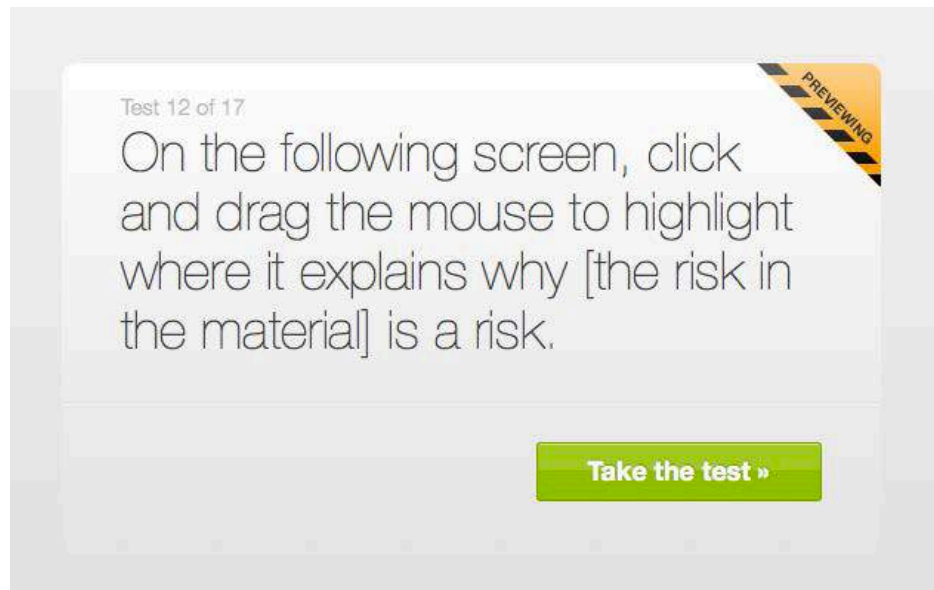
**I'm done annotating »**

#### Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 12



Screen 1

**Related Links**

- Antibiotic / Antimicrobial Resistance
- Dialysis Safety
- Dialysis BSI Prevention Collaborative
- Get Smart For Healthcare
- Get Smart: Know When Antibiotics Work
- Hand Hygiene in Healthcare Settings
- Healthcare Infection Control Practices Advisory Committee (HICPAC)
- Injection Safety
- Medication Safety
- MRSA Infections
- National Healthcare Safety Network (NHSN)
- Sharps Safety for Healthcare Settings

**How can these reports be used?**

These data are being used for two important purposes. From the national perspective, these reports measure progress toward HAC prevention goals outlined in the U.S. Department of Health and Human Services [Action Plan to Prevent Healthcare-associated Infections](#) (AP). The state level information helps assess impact of state-based HAI prevention programs and also alerts states if there are certain facilities with significantly more infections than other local facilities.

**What do these reports tell us about how states are doing at preventing central line-associated bloodstream infections (CLABSIs)?**

A central line is a tube that is placed in a large vein of a patient's neck or chest to give important medical treatment. When not out in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections. These reports show decreases in national central line-associated bloodstream infection (CLABSI) incidence. As part of the National Action Plan to Prevent Healthcare-Associated Infections, HHS has set a goal of reducing central line-associated bloodstream infections by 50 percent by the end of 2013. The data included in this report indicate that facilities are making steady progress towards the goal of a 50 percent reduction in central line-associated bloodstream infections over the course of five years.

As of 2011, CLABSI are down nationally by 41 percent.

These encouraging findings reflect the work of clinicians and facilities; local, state, and federal government; and cross-cutting partnership groups that have taken on CLABSI prevention efforts. We hope that all states and healthcare facilities will be motivated to continue and strengthen efforts preventing CLABSIs.

**What do these reports tell us about progress in preventing catheter-associated urinary tract infections (CAUTIs)?**

Although this report shows a national decrease in catheter-associated urinary tract infections (CAUTI) between 2009 and 2010, there was no additional reductions between 2010 and 2011. While there were modest reductions in infections among patients in general wards, there was essentially no additional reduction in critical care locations between 2010 and 2011. The slower progress in reducing catheter-associated urinary tract infections among ICU patients is concerning.

HHS has a national goal to reduce CAUTIs by 25 percent by the end of 2013. As of 2011, CAUTIs are down nationally by 17 percent.

**What do these reports tell us about progress in preventing surgical site infections (SSIs)?**

Surgical site infections (SSIs) are a risk for many types of surgery, including hip and knee replacement, coronary artery bypass graft, and major abdominal surgery. As of 2011, SSIs are down nationally by 17 percent.

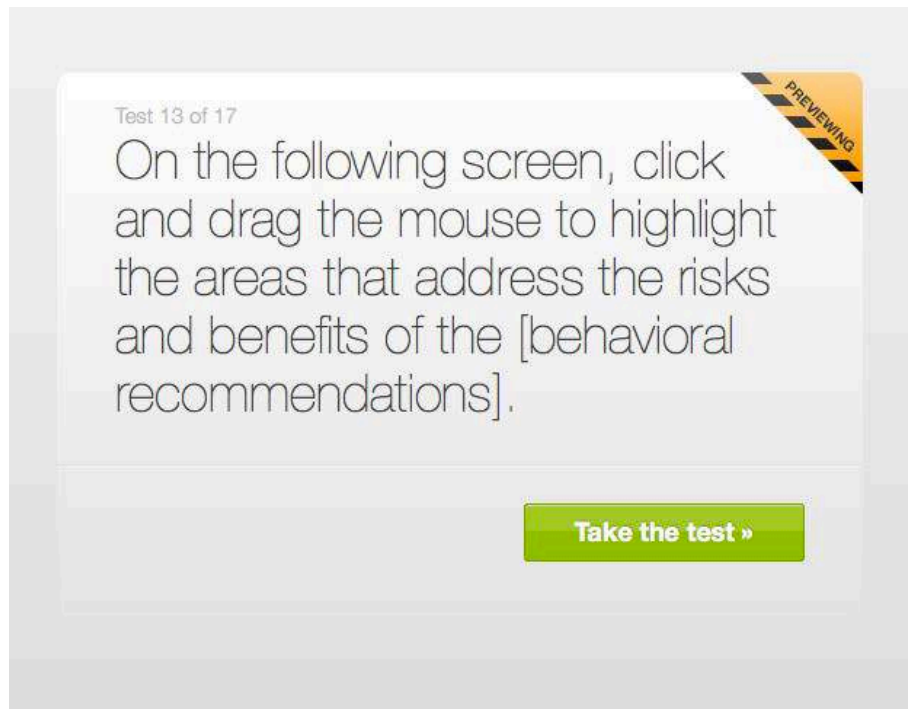
Of the 10 procedure types, there was a wide range in procedure-specific improvements. When limited to continuous reporting hospitals, only SSIs following hip arthroplasty improved between 2010 and 2011. This demonstrates substantial opportunities to improve prevention efforts across all surgical procedures.

**I'm done annotating »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13



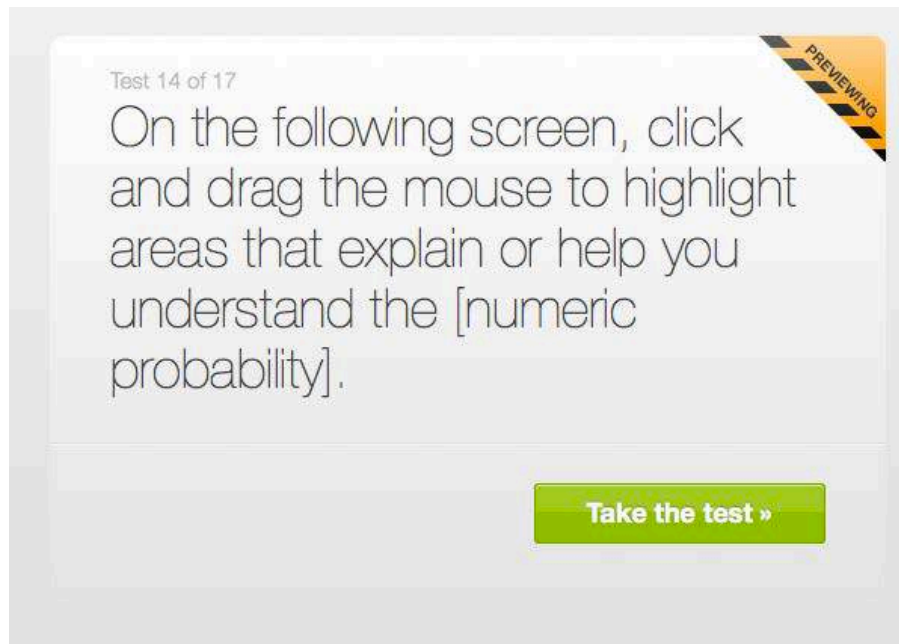
Screen 1



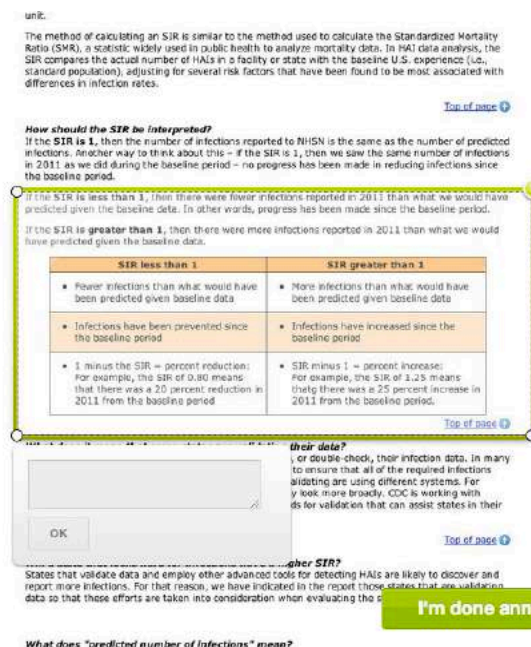
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 14



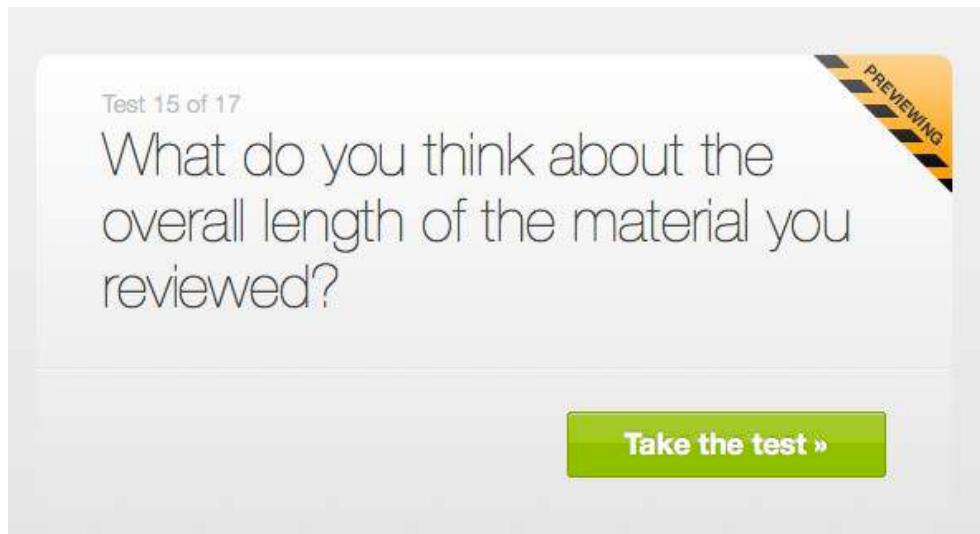
Screen 1



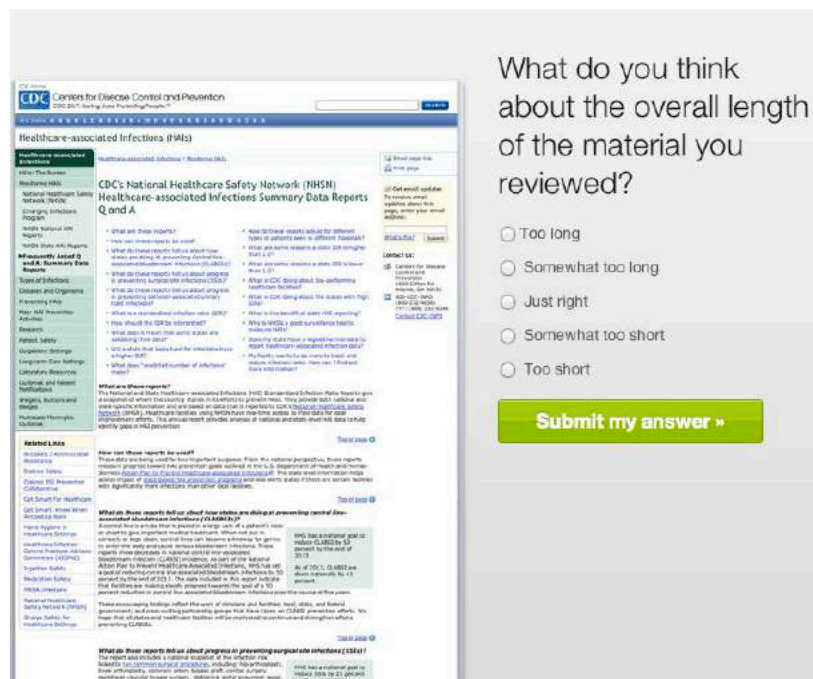
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15



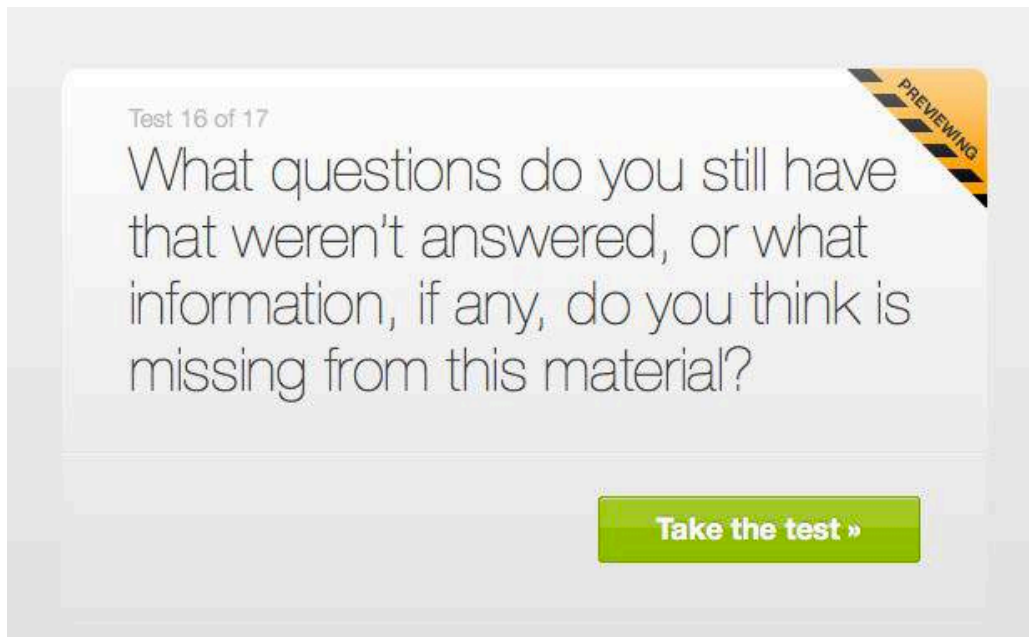
Screen 1



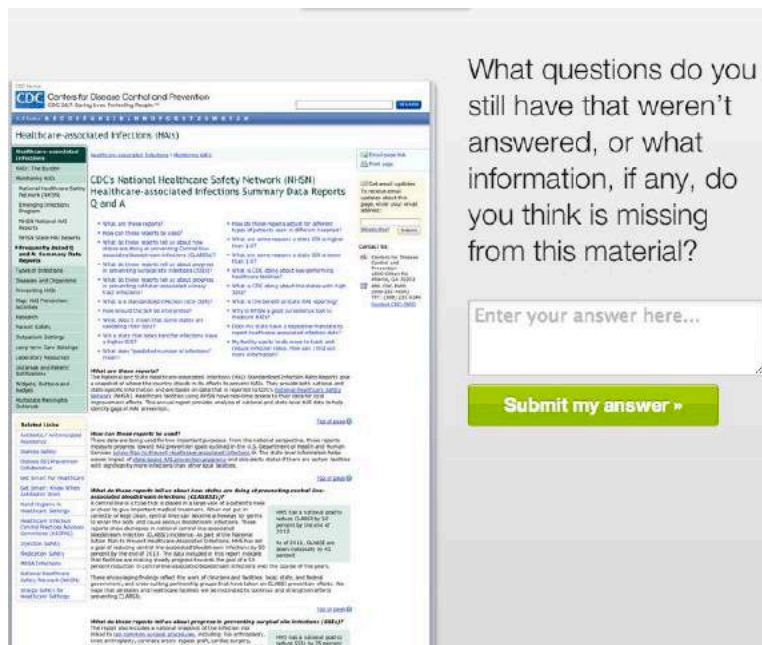
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 16



Screen 1

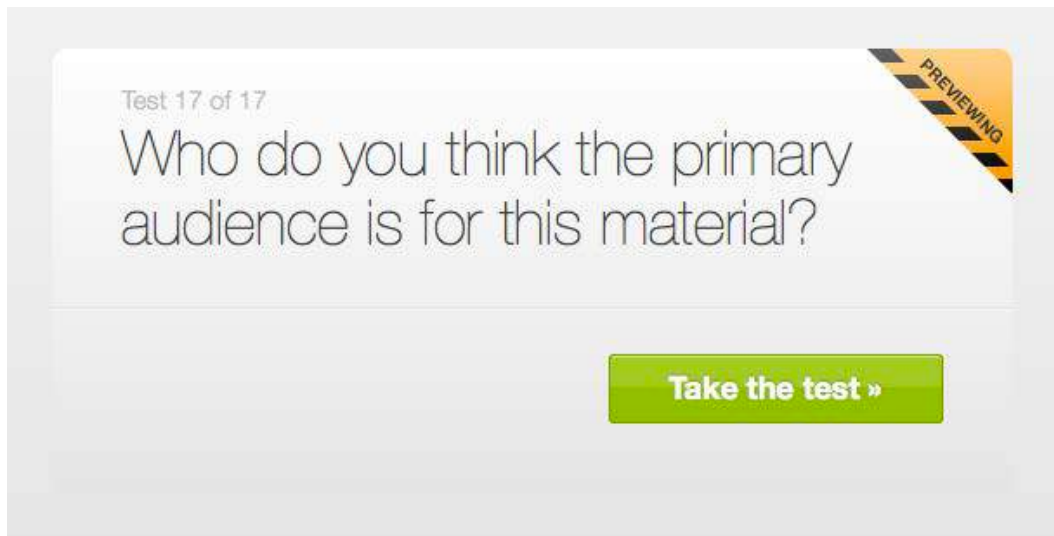


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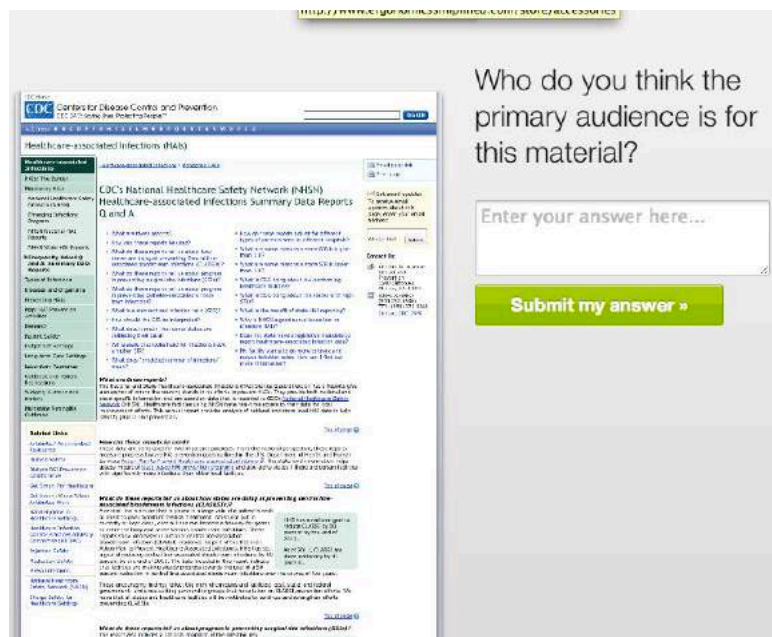


## Attachment 2: Click Testing Screen Shots

### Task 17



Screen 1



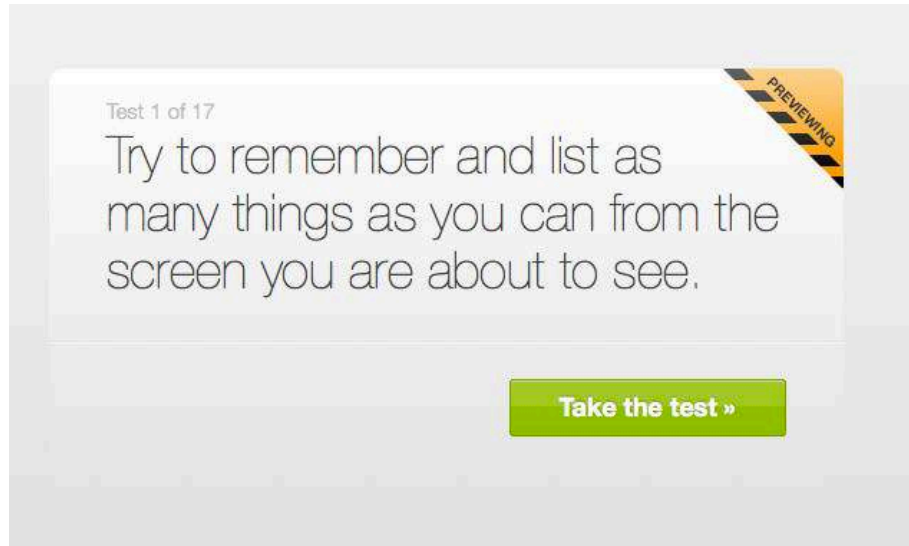
Screen 2



## Attachment 2: Click Testing Screen Shots

### Material: Heart Disease Fact Sheet

#### Task 1



Screen 1

## Attachment 2: Click Testing Screen Shots

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Home | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

### Heart Disease

Home  
About Heart Disease  
Facts and Statistics  
Facts  
Maps and Statistics  
Statistical Reports  
Press Kits  
Risk Factors  
Prevention  
Publications  
CDC Addresses Heart Disease  
Educational Materials  
FAQs  
Other Resources

**Related CDC Web Sites**

Heart Disease and Stroke Prevention  
Division for Heart Disease and Stroke Prevention  
Stroke  
High Blood Pressure  
Salt  
Cholesterol  
WISEWOMAN Program

**Other Chronic Disease Topics**

Diabetes  
Nutrition  
Obesity  
Physical Activity  
Stroke

State Facts and Statistics  
Recommended 1,294 Tweet 171 Share

#### Heart Disease Facts

##### America's Heart Disease Burden

- About **600,000 people** die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.<sup>1</sup>
- Every year about **715,000 Americans** have a heart attack. Of those, 225,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.



**Contact Us:**  
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4770 Buford Hwy, NE  
Mail Stop F-15  
Atlanta, GA 30341-3717  
Call: 1-800-CDC-INFO  
TTY: 1-888-232-6348  
Fax: 770-488-9151  
Email


#### Deaths Vary by Ethnicity

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2008, listed by ethnicity.<sup>4</sup>

Race or Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	22.2
Hispanics	20.8
Whites	25.1
All	25.0

#### Deaths Vary by Geography

During 2007–2009, death rates due to heart disease were highest in the South and lowest in the West.



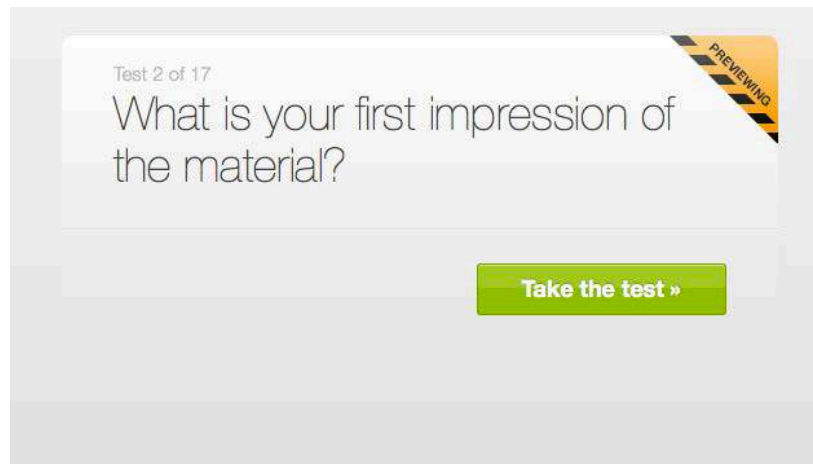
**Heart Disease Death Rates, 2007-2009  
Adults Ages 35+, by County**

Legend: No reported data for 2009  
Number of Counties

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## Attachment 2: Click Testing Screen Shots

### Task 2

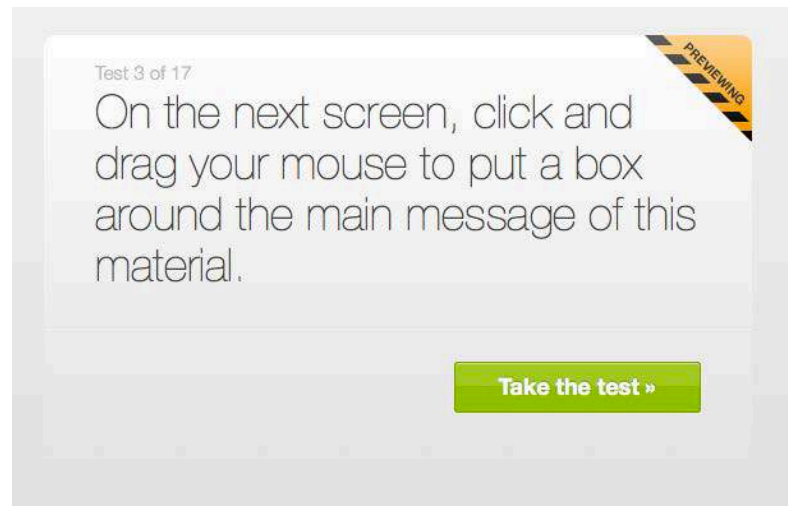


Screen 1



## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

CDC Home  
Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

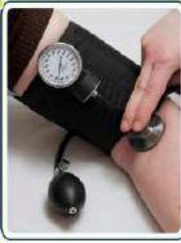
Home > Facts and Statistics

### Heart Disease Facts

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#### America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.<sup>1</sup>
- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.



Related CDC Web Sites

- Heart Disease & Stroke Prevention
- Division for Heart Disease and Stroke Prevention
- Stroke
- High Blood Pressure
- Salt
- Cholesterol

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Contact Us:

- CDC/MCCDPHP/DHDP
- 4770 Buford Hwy, NE
- Mail Stop F-72
- Atlanta, GA 30341-2717
- Call: 1-800-CDC-INFO
- TTY: 1-888-232-6348
- Fax: 770-488-8151
- [Email](#)

OK

Most ethnicities in the United States, including African Americans, have similar percentages of deaths due to heart disease.

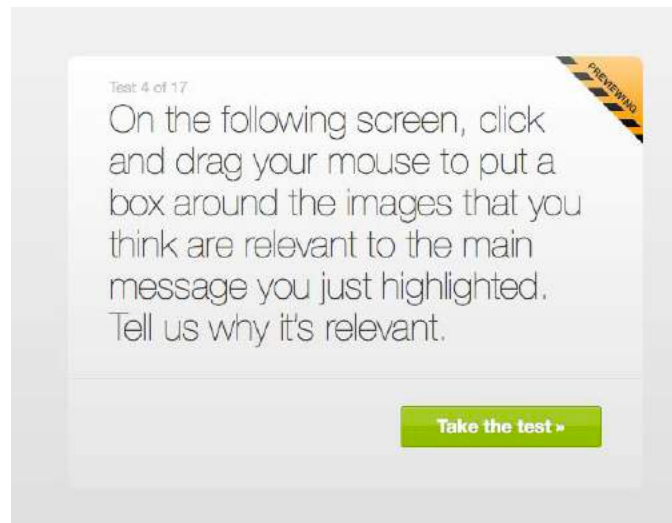
Ethnicity	% of Deaths
African Americans	24.9%

I'm done annotating »

Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 4



Screen 1

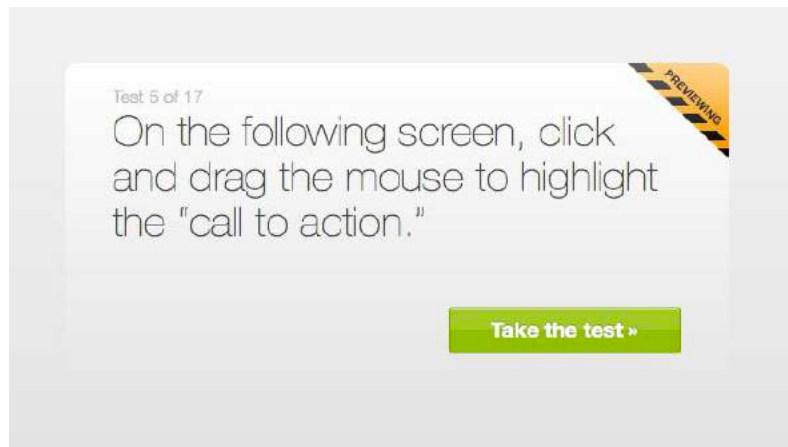


Screen 2

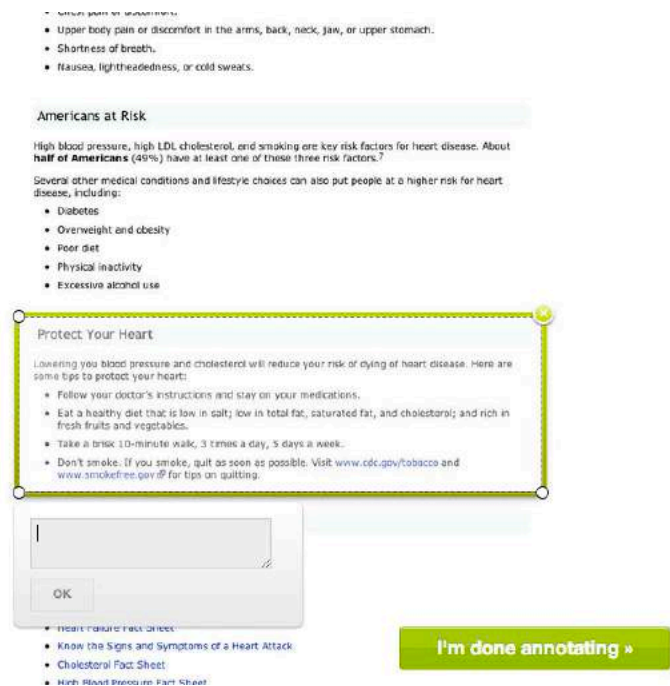


## Attachment 2: Click Testing Screen Shots

### Task 5



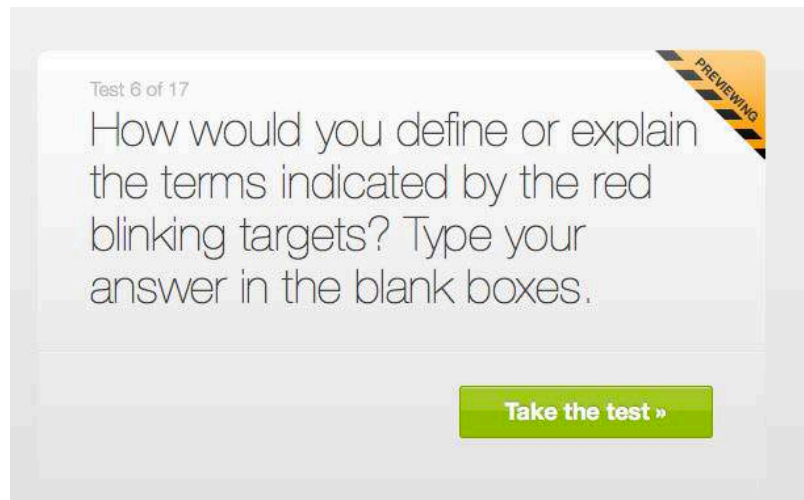
Screen 1



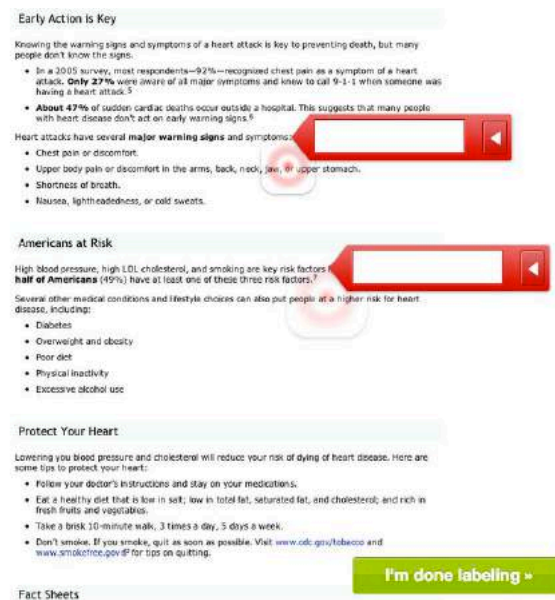
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 6



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7

Test 7 of 17

PREVIEWING

We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.

Take the test »

Screen 1

Early Action is Key

Knowing the warning signs and symptoms of a heart attack is key to preventing death, but many people don't know the signs.

In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. Only 22% were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.<sup>5</sup>

About 47% of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.<sup>6</sup>

Heart attacks have several major warning signs and symptoms:

- Chest pain or discomfort
- Discomfort or pain in the arm, shoulder, back, neck, jaw, or upper stomach.

OK

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors.<sup>7</sup>

Several other medical conditions and lifestyle choices can also put people at risk for heart disease, including:

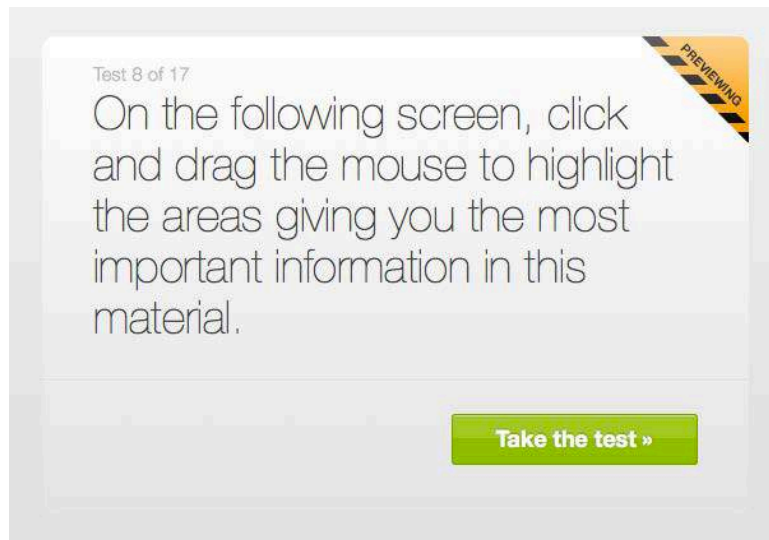
- Diabetes

I'm done annotating »

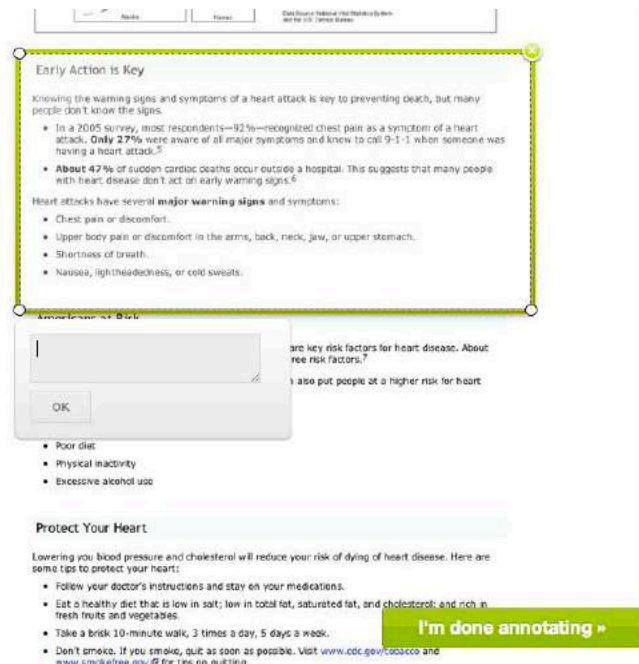
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 8



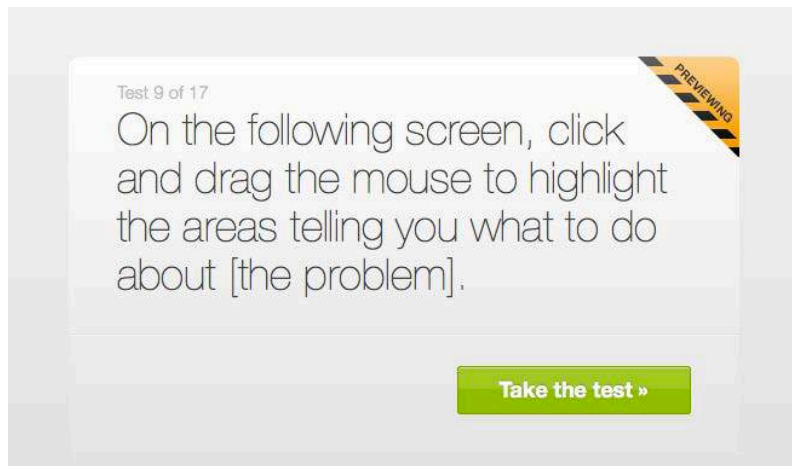
Screen 1



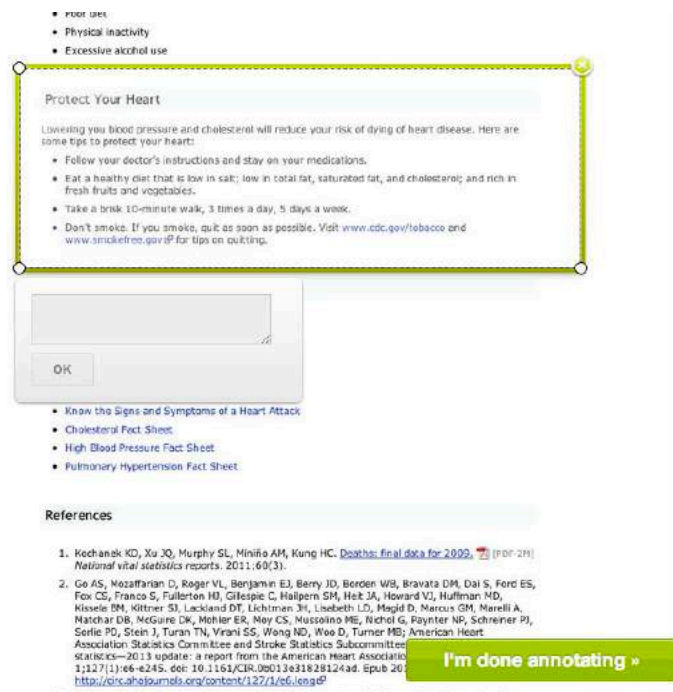
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



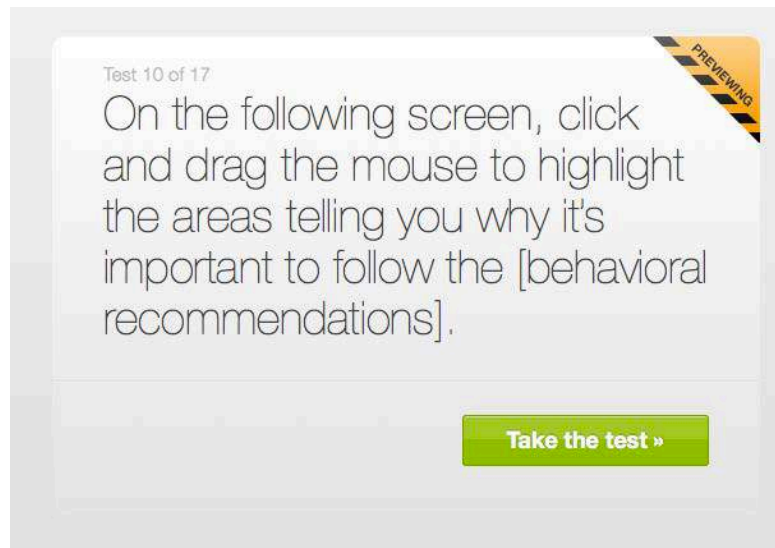
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



Screen 1

Heart Disease

Home

About Heart Disease

Facts and Statistics

Facts

Maps and Statistics

Statistical Reports

MMWRs

Risk Factors

Prevention

Publications

DC Addresses Heart Disease

Educational Materials

AQs

Other Resources

Related CDC Web Sites

Heart Disease

Division for Heart Disease and Stroke Prevention

Stroke

High Blood Pressure

Salt

Cholesterol

WISEWOMAN Program

Other Chronic Disease Topics

Diabetes

Nutrition

Obesity

Physical Activity


Home > Facts and Statistics

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### Heart Disease Facts

#### America's Heart Disease Burden

- About 600,000 people die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>2</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.<sup>1</sup>
- Every year about **715,000 Americans** have a heart attack. Of those, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>3</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.



OK

st ethnicities in the United States, including  
ians or Alaska Natives and Asians or Pacific  
the percentages of all deaths caused by

	% of Deaths
African Americans	26.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Vary by Geography

I'm done annotating »

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Contact Us:

CDC/NCCDHP/DHDSR  
4770 Buford Hwy, NE  
Atlanta, GA 30341-3717

Calls 1-800-CDC-INFO  
TTY: 1-888-232-6348  
Fax: 770-488-8151

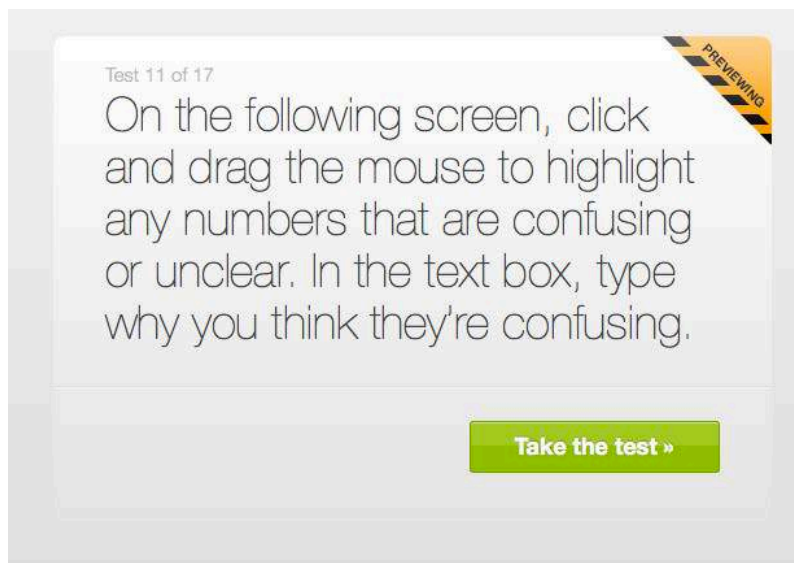
Email

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 11



Screen 1

DC Addresses Heart Risks  
Educational Materials  
FAQs  
Other Resources

**Related CDC Web Sites**

- Heart Disease and Stroke Prevention
- Stroke
- High Blood Pressure
- Salt
- Cholesterol
- WISEWOMAN Program

**Other Chronic Disease Topics**

- Diabetes
- Heart Failure
- Chronic Kidney Disease
- Physical Activity
- Stroke

- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.<sup>1</sup>
- Every year about **715,000 Americans** have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.

**Deaths Vary by Ethnicity**

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2008, listed by ethnicity.<sup>4</sup>

Race or Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

**Deaths Vary by**

During 2007-2009, \_\_\_\_\_ and lowest in the \_\_\_\_\_.

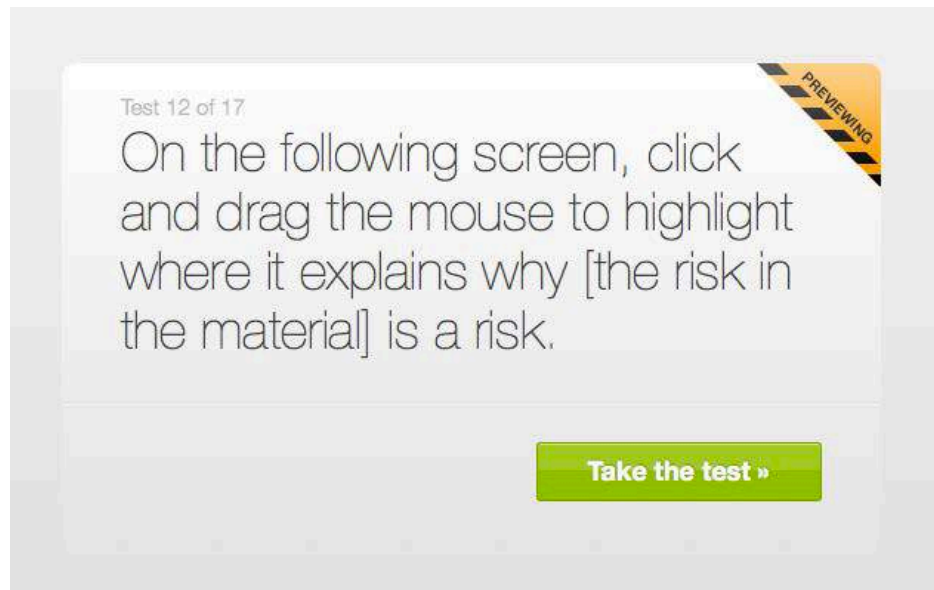
OK

**I'm done annotating »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 12



Screen 1

Heart Disease

Home

About Heart Disease

Facts and Statistics

Facts

Maps and Statistics

Statistical Reports

MMWRs

Risk Factors

Prevention

Publications

CDC Addresses Heart Disease

Educational Materials

FAQs

Other Resources

Related CDC Web Sites

Heart Disease

Division for Heart Disease and Stroke Prevention

Stroke

High Blood Pressure

Salt

Cholesterol

WISEWOMAN Program

Other Chronic Disease Topics

Diabetes

Nutrition

Obesity

Home > Facts and Statistics

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### Heart Disease Facts

#### America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.<sup>2</sup>
- Every year about **715,000** Americans have a heart attack. Of those, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.

OK

most ethnicities in the United States, including Asians or Alaska Natives and Asians or Pacific re the percentages of all deaths caused by

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths: US, by Cause

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To receive email updates about this page, enter your email address:

What's this? Submit

Contact Us:

CDC/MCCDHP/DHDP

4770 Buford Hwy, NE

Mail Stop F-72

Atlanta, GA 30341-2717

Call: 1-800-CDC-INFO

TDD: 1-800-232-6348

Fax: 770-488-8151

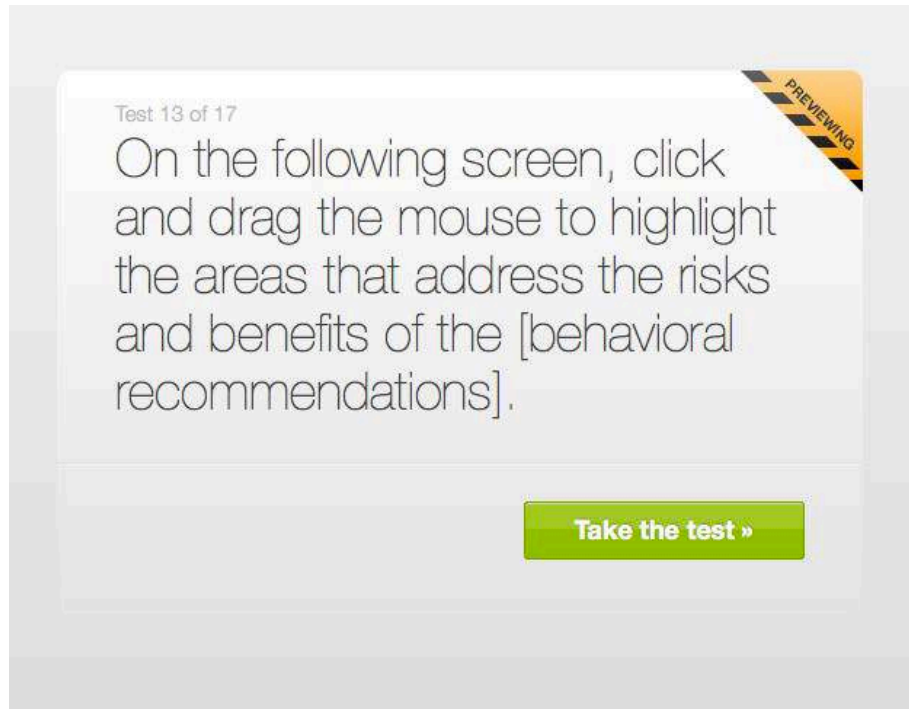
Email

I'm done annotating »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13



Screen 1

## Attachment 2: Click Testing Screen Shots

**Early Action is Key**

Knowing the warning signs and symptoms of a heart attack is key to preventing death, but many people don't know the signs.

- In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. **Only 27%** were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.<sup>5</sup>
- **About 67%** of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.<sup>6</sup>

Heart attacks have several **major warning signs** and symptoms:

- Chest pain or discomfort.
- Upper body pain or discomfort in the arms, back, neck, jaw, or upper stomach.
- Shortness of breath.
- Nausea, lightheadedness, or cold sweats.

**Americans at Risk**

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors.<sup>7</sup>

Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

OK

your risk of dying of heart disease. Here are medications. it, saturated fat, and cholesterol; and rich in

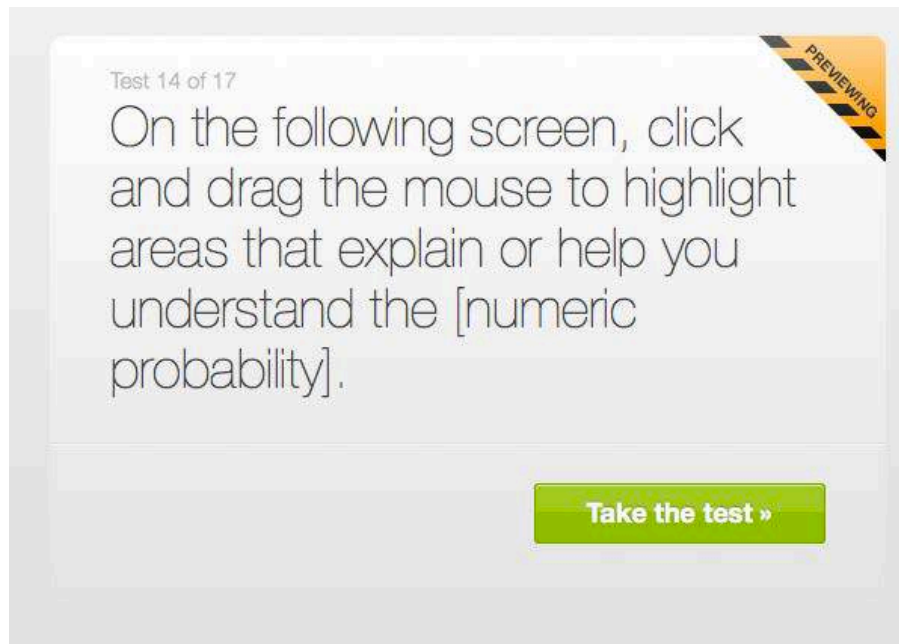
- Take a brisk 10-minute walk, 3 times a day, 3 days a week.
- Don't smoke. If you smoke, quit as soon as possible. Visit [www.cdc.gov](http://www.cdc.gov) or [www.smoketree.gov](http://www.smoketree.gov) for tips on quitting.

**I'm done annotating »**

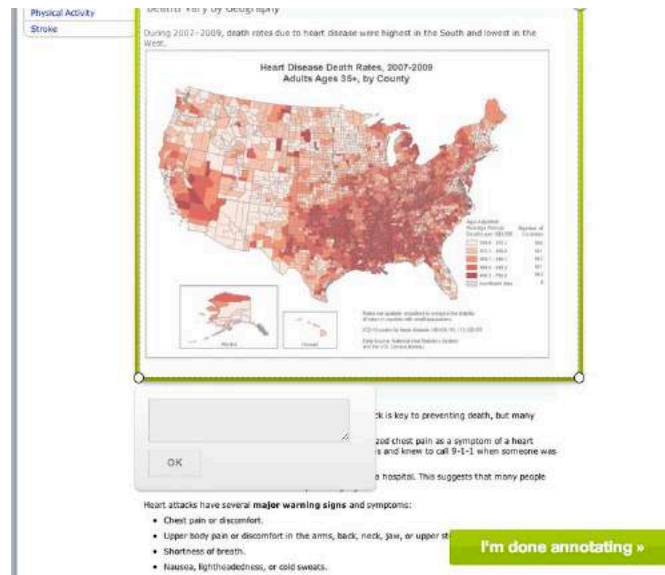
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 14



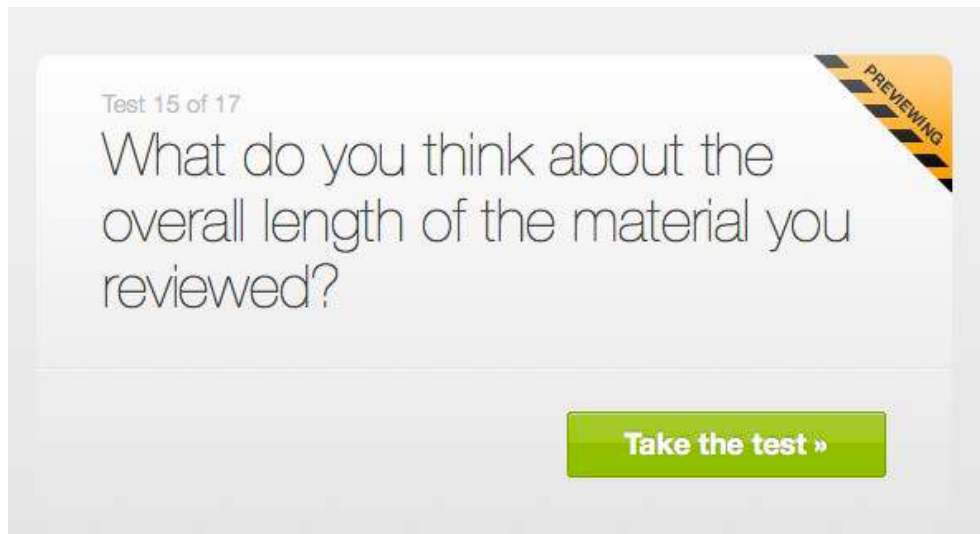
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15



Screen 1

CDC Centers for Disease Control and Prevention  
Heart Disease

Heart Disease Facts

America's Heart Disease Burden

- About **400,000** people die of heart disease in the United States every year—that's **one every 40 seconds**.
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2010 were in men.
- Coronary heart disease is the most common type of heart disease, killing more than **300,000** people annually.
- Every year about **715,000 Americans** have a heart attack. Of those, **215,000** are fatal heart attacks and **500,000** recover. **1.5 million** people have stroke each year. This total includes the cost of health care services, medications, and lost productivity.

Deaths Vary by Ethnicity

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2010, listed by ethnicity.

Race or Ethnic Group	% of Deaths
African Americans	24.3
American Indians or Alaska Natives	19.2
Asians or Pacific Islanders	13.2
Hispanics	12.8
Whites	13.1
HP	20.2

Deaths Vary by Geography

During 2007–2010, death rates due to heart disease were highest in the South and lowest in the West.

Heart Disease Death Rates, 2007–2010  
Adults Ages 35+, by County

What do you think about the overall length of the material you reviewed?

☐ Too long  
☐ Somewhat too long  
☐ Just right  
☐ Somewhat too short  
☐ Too short

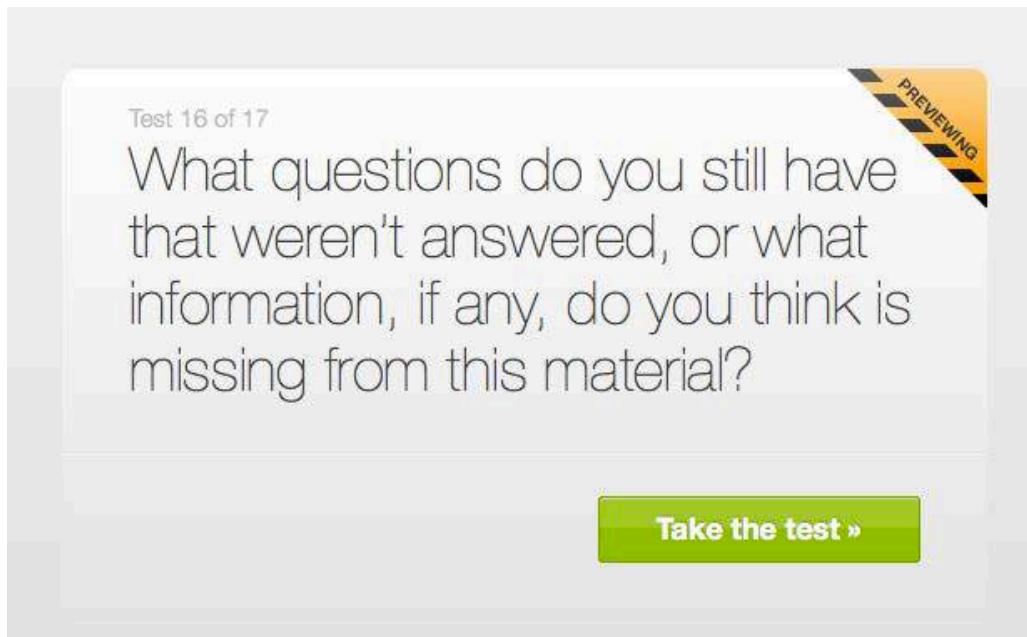
Submit my answer »

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 16



Screen 1

The screenshot shows the CDC Heart Disease Facts page. It includes a sidebar with navigation links, a main content area with text and a blood pressure image, a table of death rates by ethnicity, and a map of the United States showing heart disease death rates by county.

**Heart Disease Facts**

**America's Heart Disease Burden**

- About **685,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2010 were in men.
- Coronary heart disease is the most common type of heart disease, killing more than **350,000** people annually.
- Every year about **715,000** Americans have a heart attack. Of these, **125,000** are a first heart attack and call for hospitalization or people who have already had a heart attack.
- Coronary heart disease alone costs the United States **\$186.6** billion each year. This cost includes the cost of health care services, medications, and lost productivity.

**Deaths Vary by Ethnicity**

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Here are the percentages of all deaths caused by heart disease in 2010, listed by ethnicity.

Race or Ethnic Group	% of Deaths
African Americans	24.3
American Indians or Alaska Natives	18.7
Asians or Pacific Islanders	23.2
Hispanics	21.8
Whites	21.1
All	20.5

**Deaths Vary by Geography**

During 2007–2010, death rates due to heart disease were highest in the South and lowest in the West.

**Heart Disease Death Rates, 2007–2010**  
Adults Ages 18+, by County

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »

Screen 2

Test 17 of 17

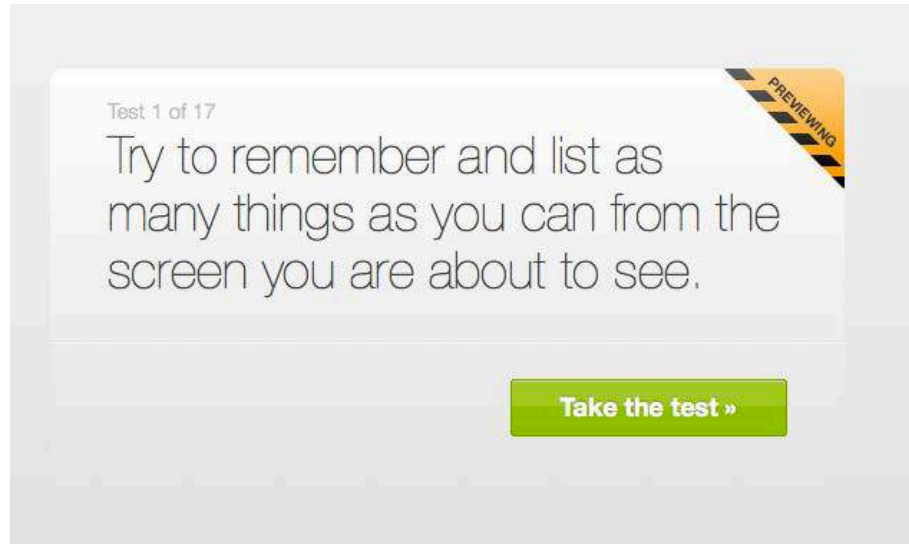
Who do you think the primary audience is for this material?

[Take the test »](#)

## Attachment 2: Click Testing Screen Shots

### Material: Model Aquatic health Code

#### Task 1

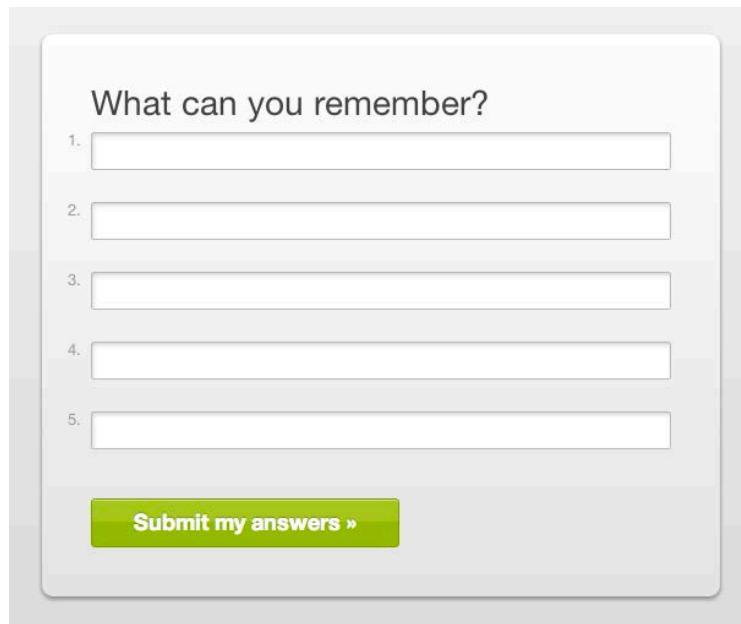


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



What can you remember?

1.

2.

3.

4.

5.

**Submit my answers »**

Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 2

Test 2 of 17

What is your first impression of the material?

PREVIEWING


Take the test »

Screen 1

What is your first impression of the material?

Enter your answer here...

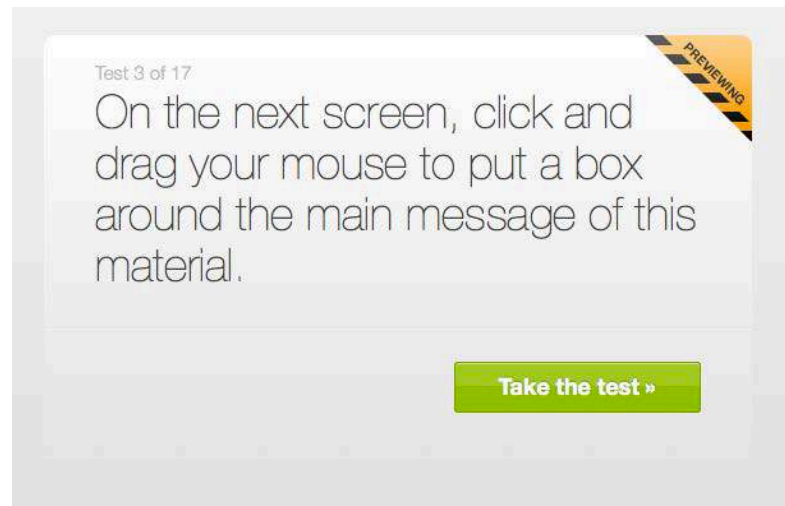
Submit my answer »



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2




## Attachment 2: Click Testing Screen Shots

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, water parks, and other aquatic venues—many of them are preventable.



#### Code Help Make Swimming Safer?

State and local public health officials, and industry experts are a guidance document that can help local and state authorities make The MAHC offers guidelines for the design, construction, operation, d spas, waterparks, and other aquatic facilities.

**Use:**

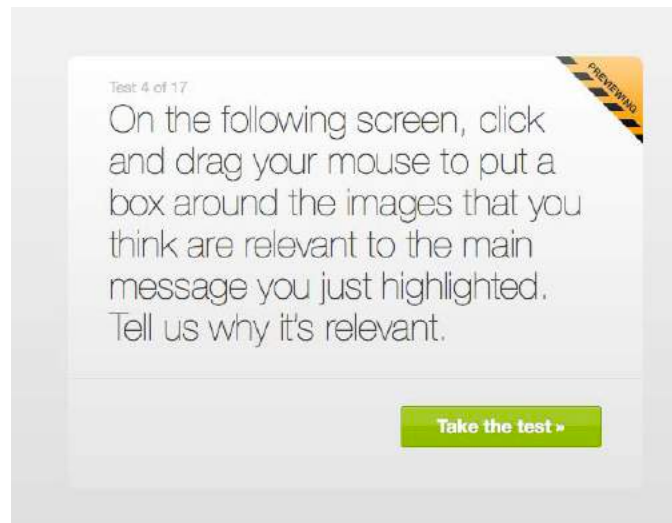
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.

- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. of public pool inspections resulted in immediate closure due to serious violations.

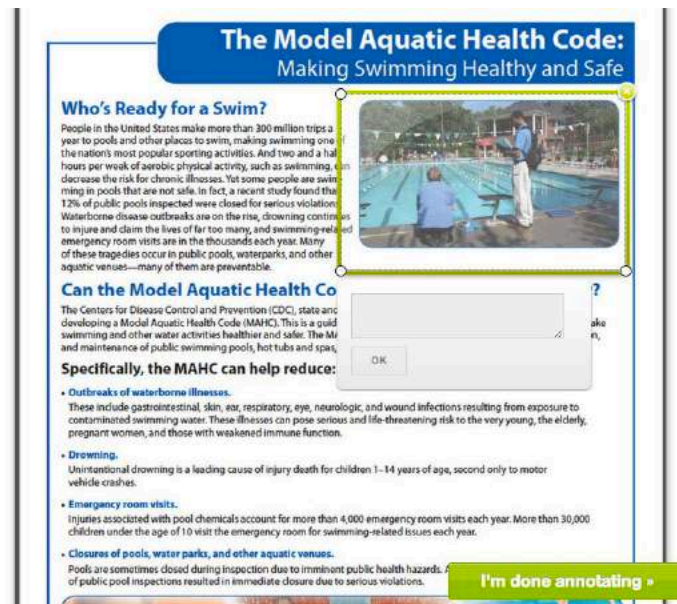
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 4



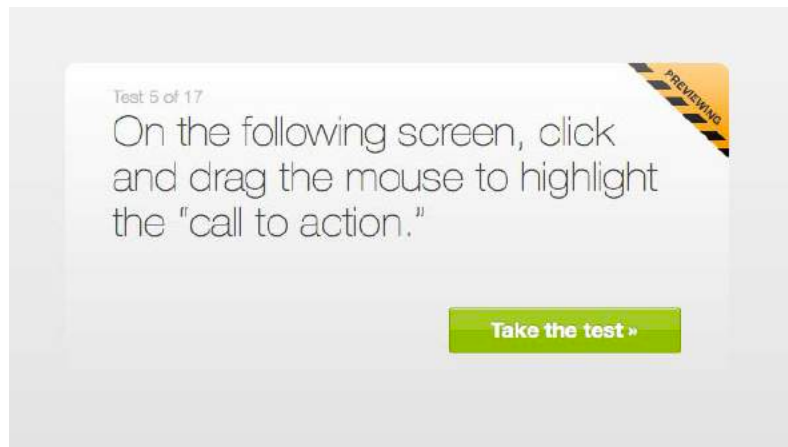
Screen 1



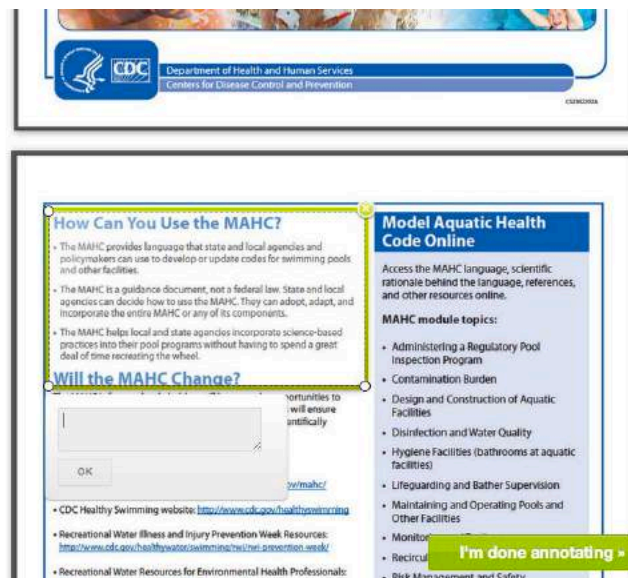
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 5



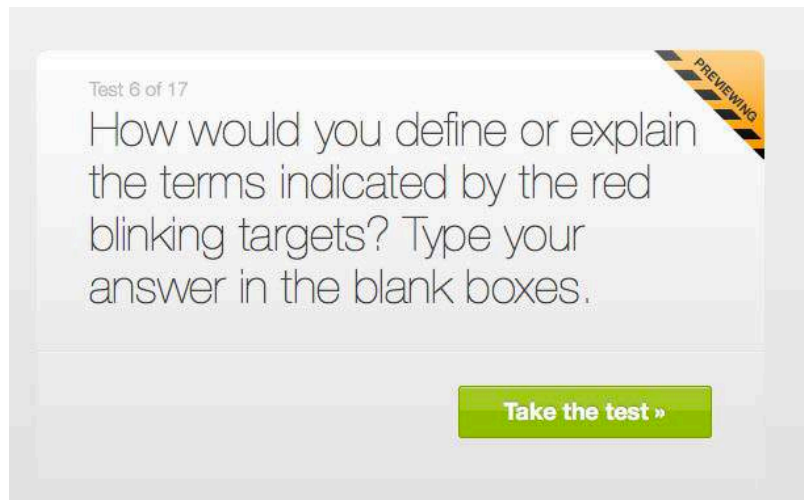
Screen 1



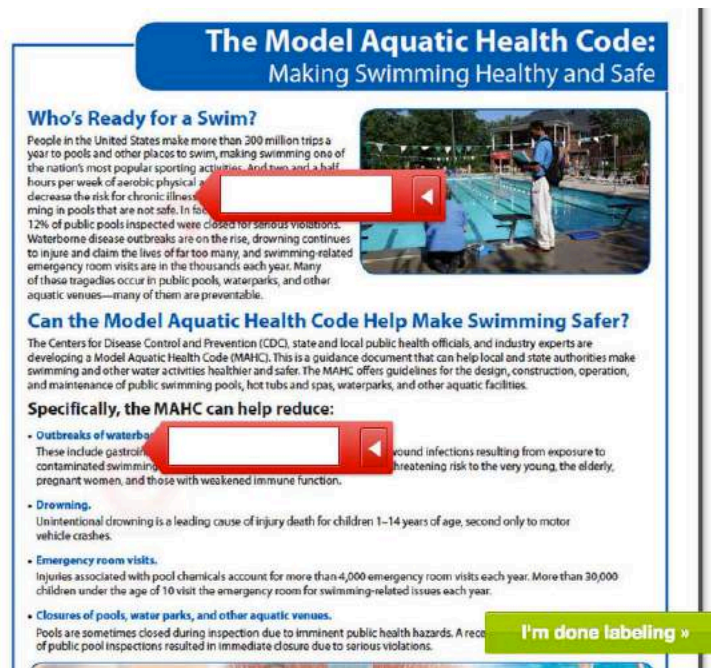
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 6



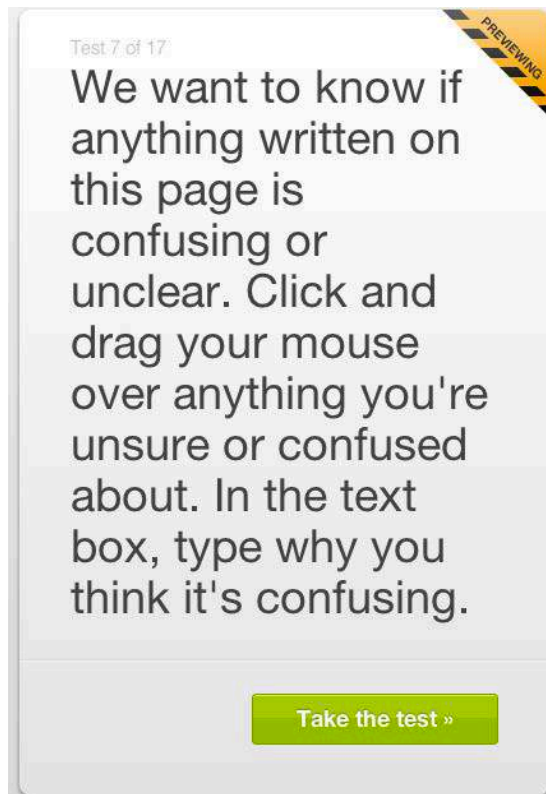
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7




Screen 1

## Attachment 2: Click Testing Screen Shots

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.




#### Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

#### Specifically, the MAHC can help reduce:

- Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- Drowning.**  
For children 1–14 years of age, second only to motor vehicle accidents as a leading cause of death. More than 4,000 emergency room visits each year. More than 30,000 or swimming-related issues each year.
- Water quality issues.**  
Swimming-related public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

OK



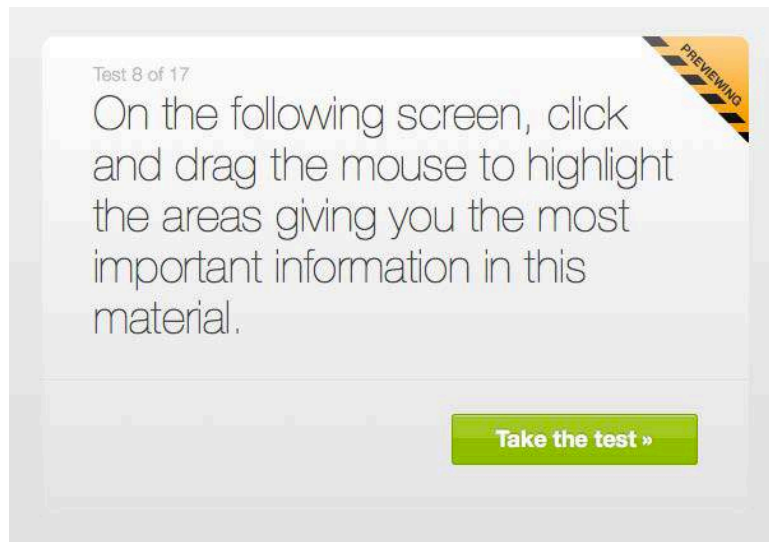
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Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 8



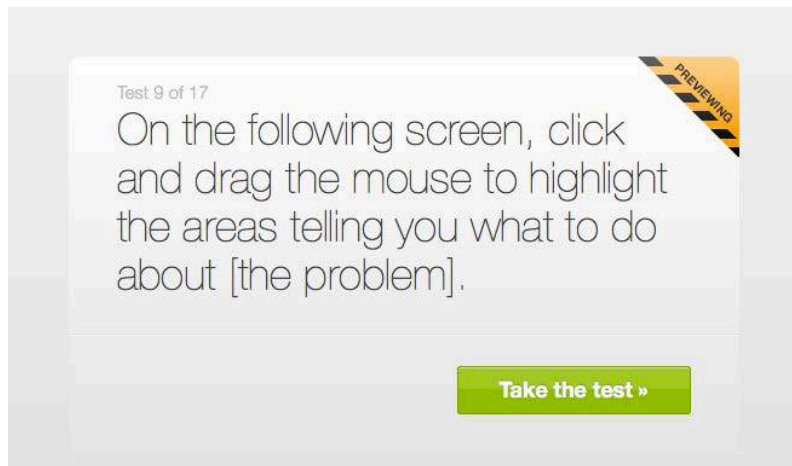
Screen 1



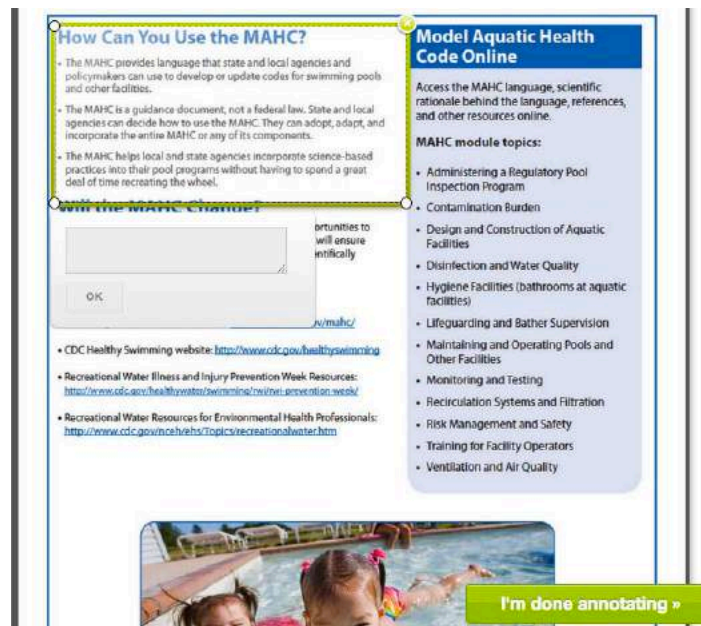
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



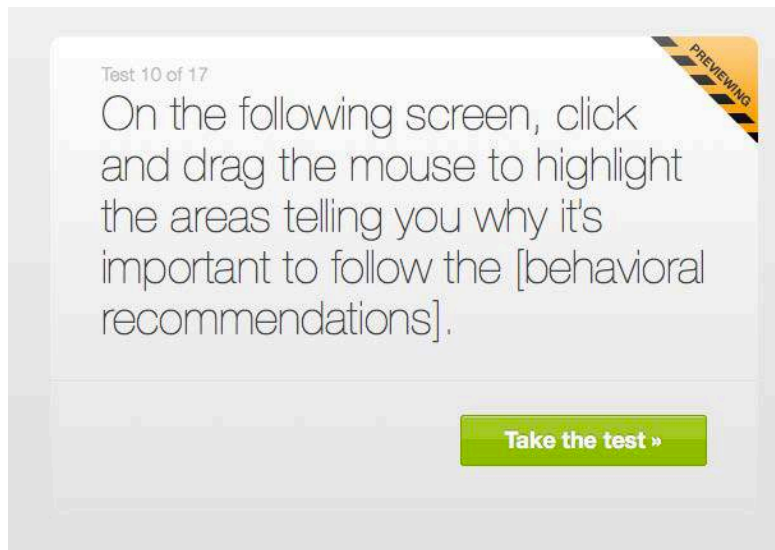
Screen 1



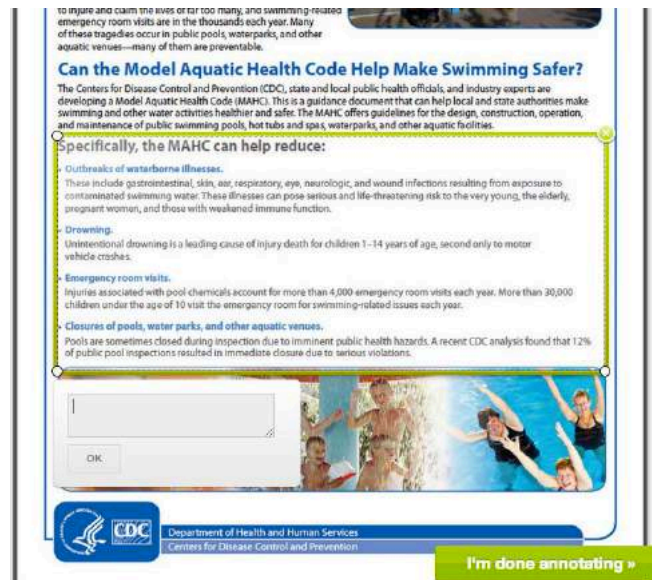
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



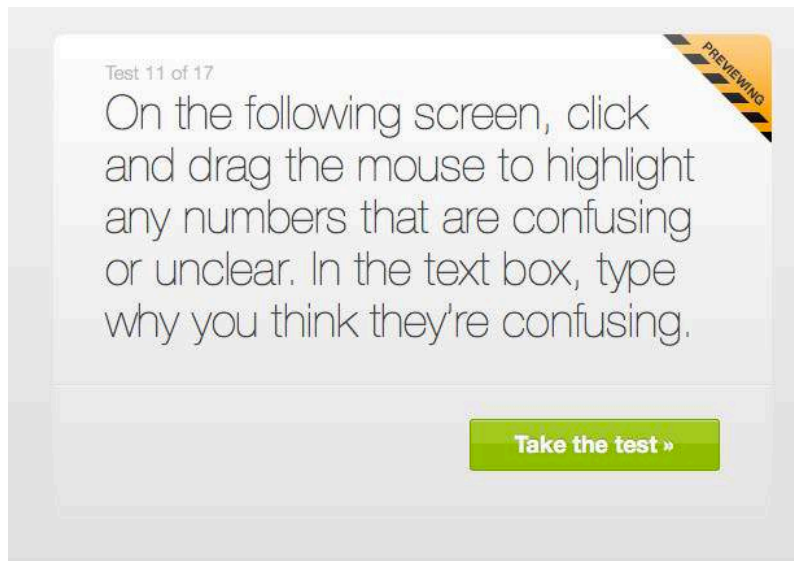
Screen 1



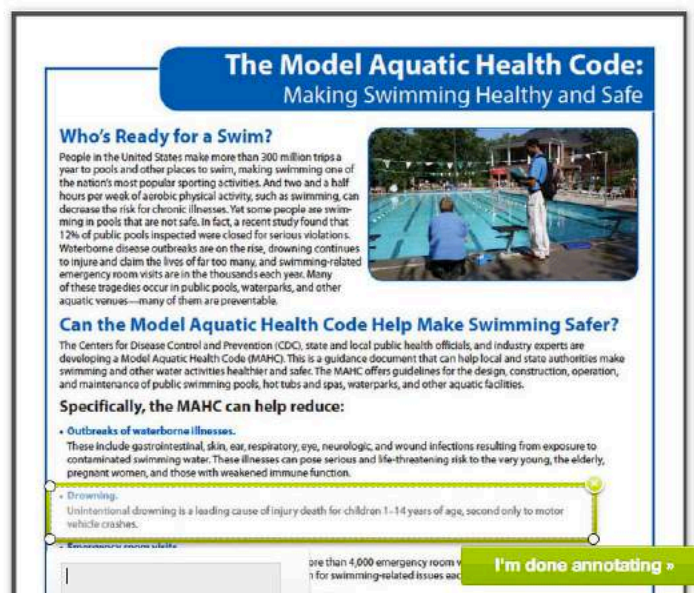
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 11



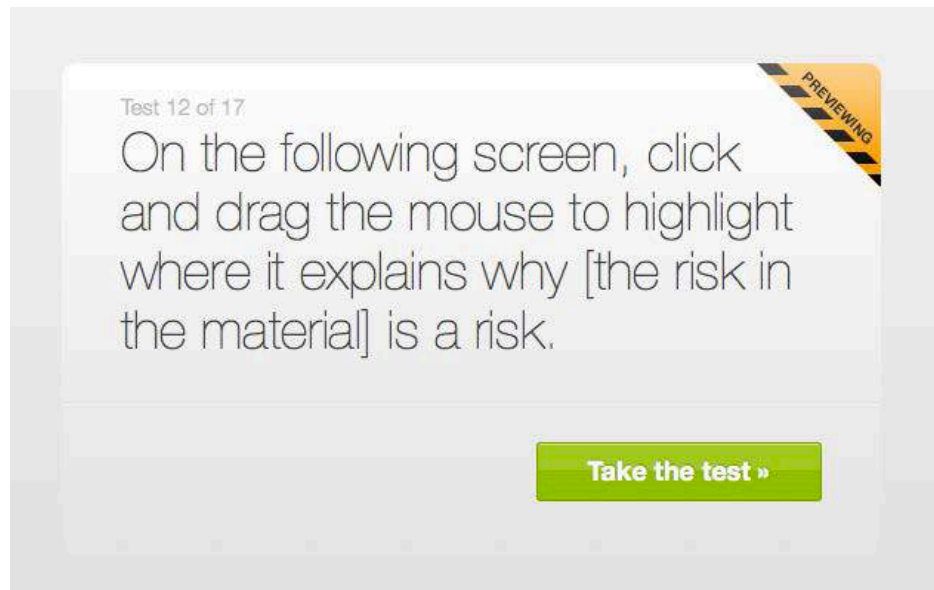
Screen 1



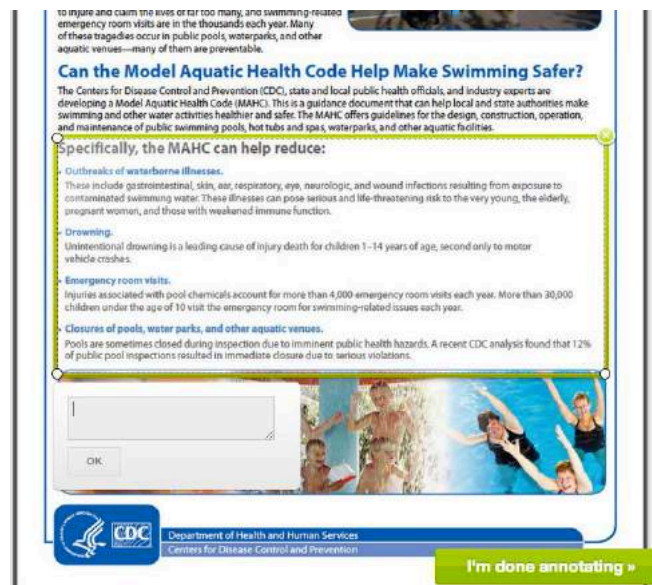
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 12



Screen 1

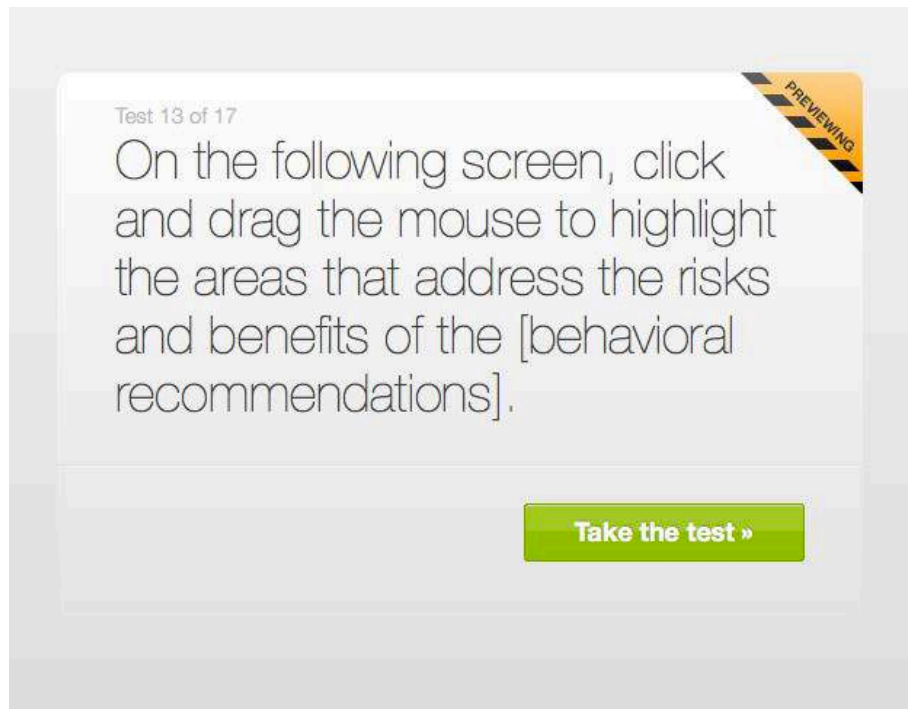


Screen 2

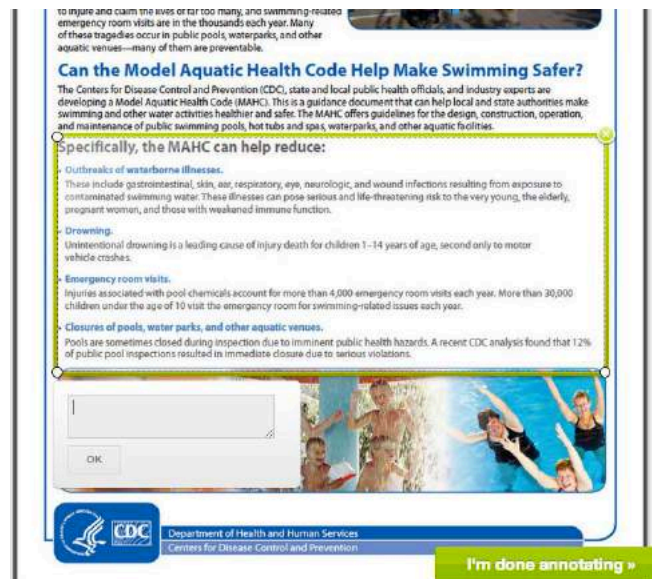


## Attachment 2: Click Testing Screen Shots

### Task 13



Screen 1



Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 14

# The Model Aquatic Health Code: Making Swimming Healthy and Safe

## Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half



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other

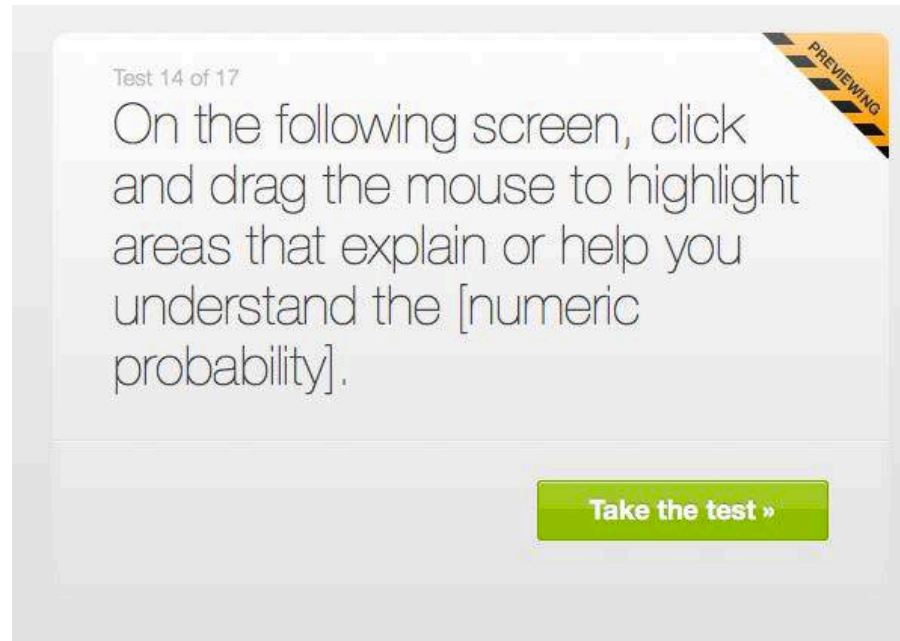
## Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

### Specifically, the MAHC can help reduce:

- **Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. A of public pool inspections resulted in immediate closure due to serious violations.

## Attachment 2: Click Testing Screen Shots



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

PREVIEWING

Take the test »

Screen 1

What do you think about the overall length of the material you reviewed?

☐ Too long

☐ Somewhat too long

☐ Just right

☐ Somewhat too short

☐ Too short

Submit my answer »

**The Model Aquatic Health Code: Making Swimming Healthy and Safe**

**Who's Ready for a Swim?**

People in the United States make more than 100 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic diseases. Yet some people are less than ready to get in the water. In fact, a recent study found that 1.2% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, swimming continues to grow, and the time of day is far too long, and swimming-related emergencies occur in the thousands each year. Making swimming safer is a public health priority, and one that requires action from many different groups.

**Can the Model Aquatic Health Code Help Make Swimming Safer?**

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidance for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

**Specifically, the MAHC can help reduce:**

- **Outbreaks of waterborne illness.** Thermotolerant gastrointestinal, viral, and respiratory, and wound infections resulting from exposure to contaminated swimming water. These illnesses can cause serious and life-threatening illness to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drownings.** Unintentional drowning is a leading cause of injury/death for children 1-14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year, more than 30,000 children under the age of 15 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

EDC  
Centers for Disease Control and Prevention

Screen 2

## Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

**Take the test »**

# Screen 1

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

## Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 17

Test 17 of 17

Who do you think the primary audience is for this material?

PREVIEWING


Take the test »

Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

Submit my answer »

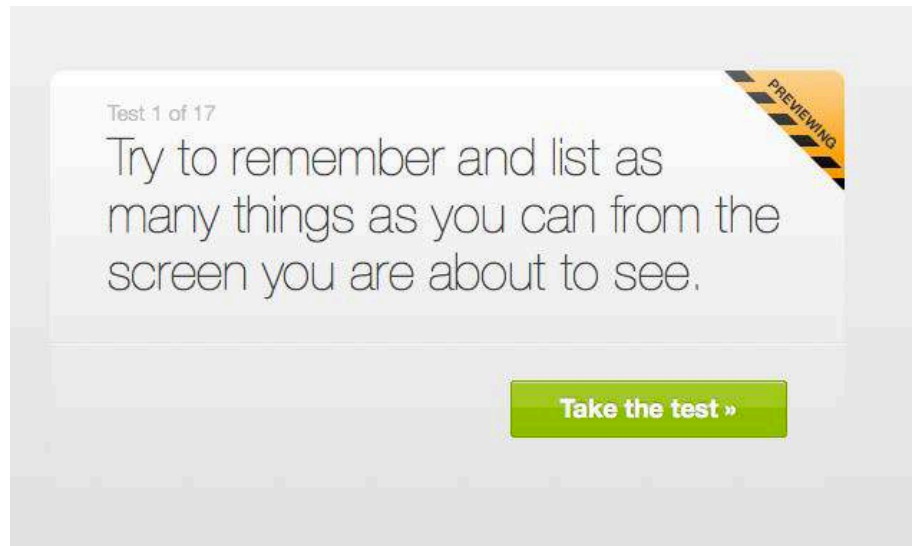


Screen 2

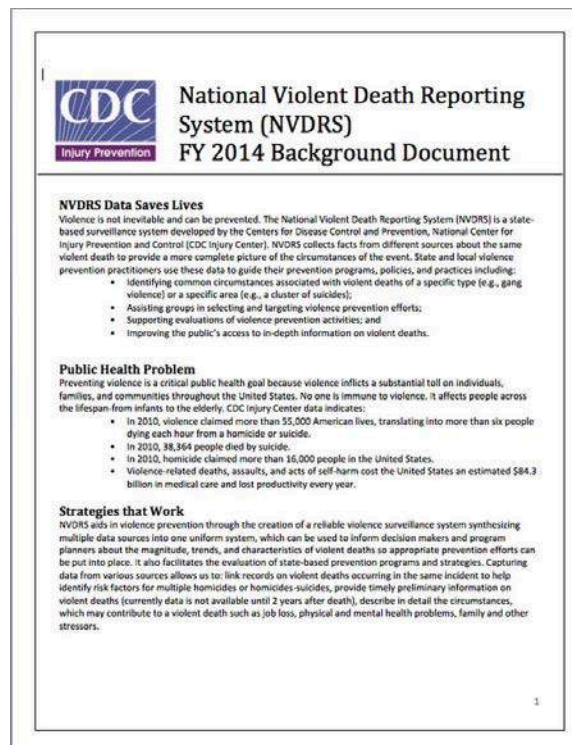
## Attachment 2: Click Testing Screen Shots

### Material: National Violent Death Reporting System

#### Task 1



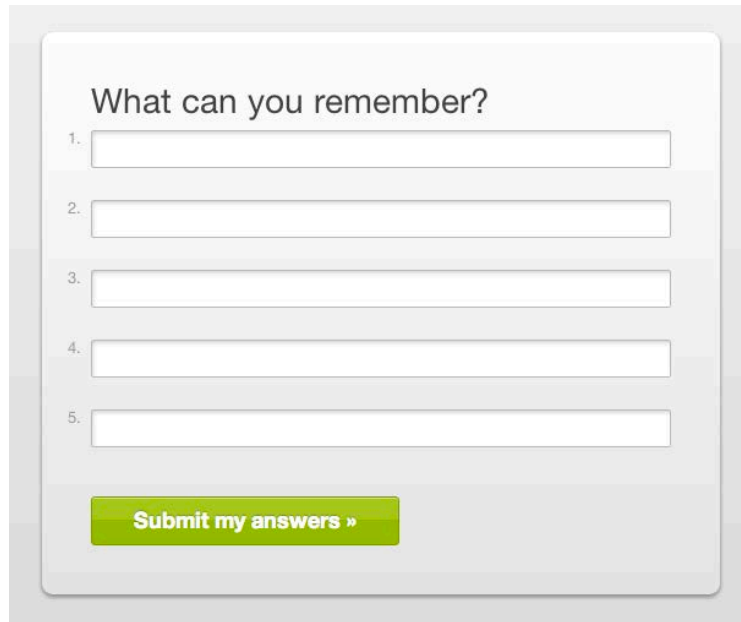
Screen 1



Screen 2



## Attachment 2: Click Testing Screen Shots



What can you remember?

1.

2.

3.

4.

5.

**Submit my answers »**

Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 2

Test 2 of 17

What is your first impression of the material?

Take the test »

PREVIEWING

Screen 1

Instructions

What is your first impression of the material?

Enter your answer here...

Submit my answer »

**CDC** National Violent Death Reporting System (NVDRS) FY 2014 Background Document

**NVDRS Data Saves Lives**

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

**Public Health Problem**

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan from infants to the elderly. CDC Injury Center data indicate:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,344 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

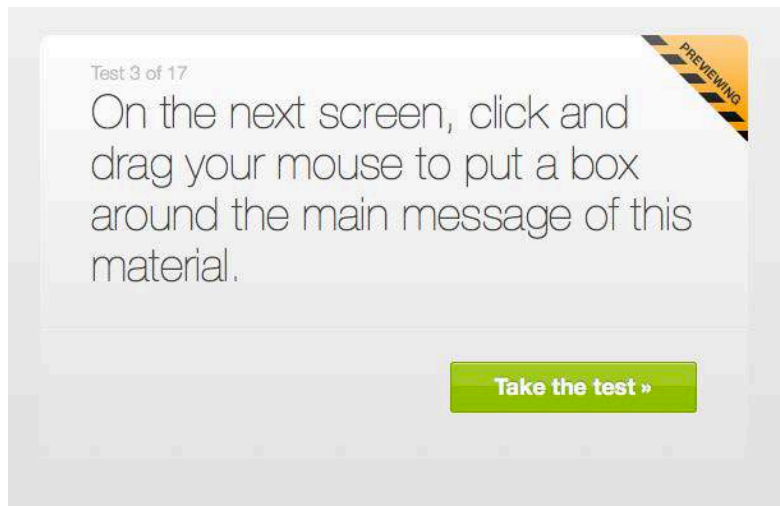
**Strategies that Work**

NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3




Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



# National Violent Death Reporting System (NVDRS)

## FY 2014 Background Document

### NVDRS Data Saves Lives

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

### Public Health Problem

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

the creation of a reliable violence surveillance system synthesizing information, which can be used to inform decision makers and program characteristics of violent deaths so appropriate prevention efforts can be implemented. The system will capture information on violent deaths occurring in the same incident to help identify common circumstances associated with violent deaths. To help state-based prevention programs and strategies. Capturing records on violent deaths occurring in the same incident to help identify common circumstances associated with violent deaths. To help state-based prevention programs and strategies. Capturing records on violent deaths occurring in the same incident to help identify common circumstances associated with violent deaths. To help state-based prevention programs and strategies.

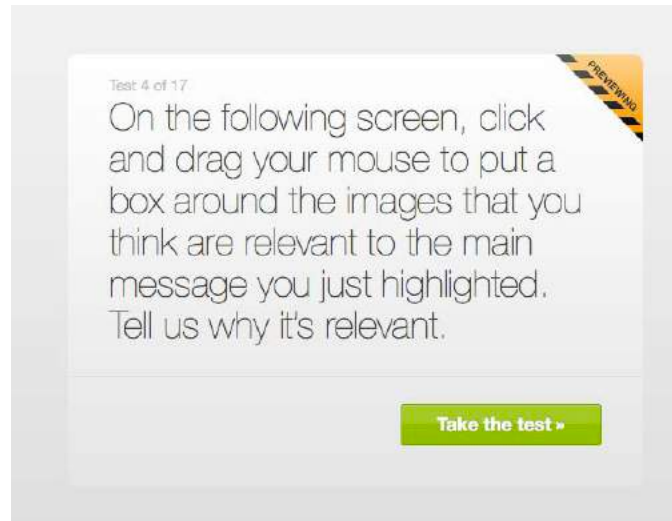
violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

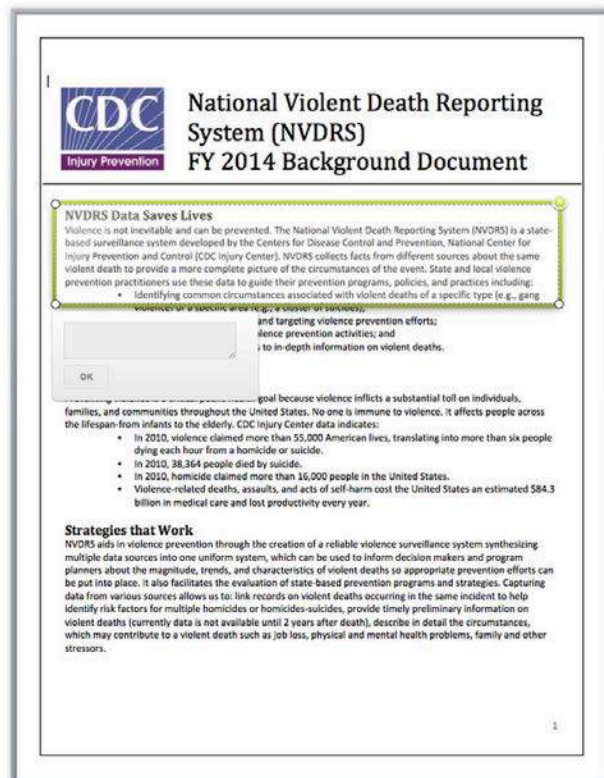
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 4



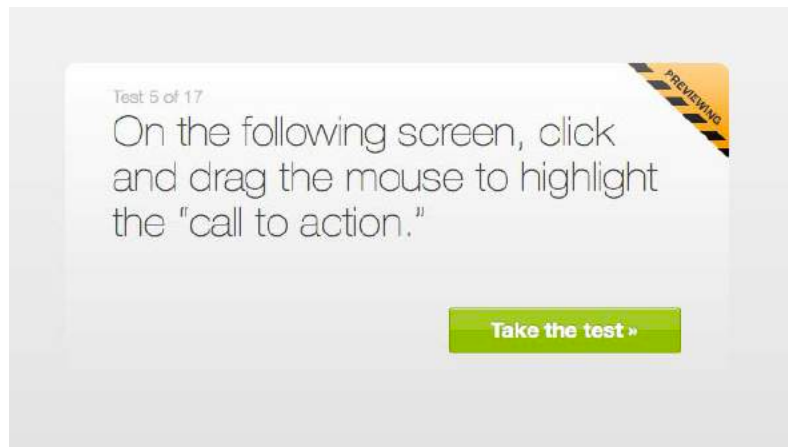
Screen 1



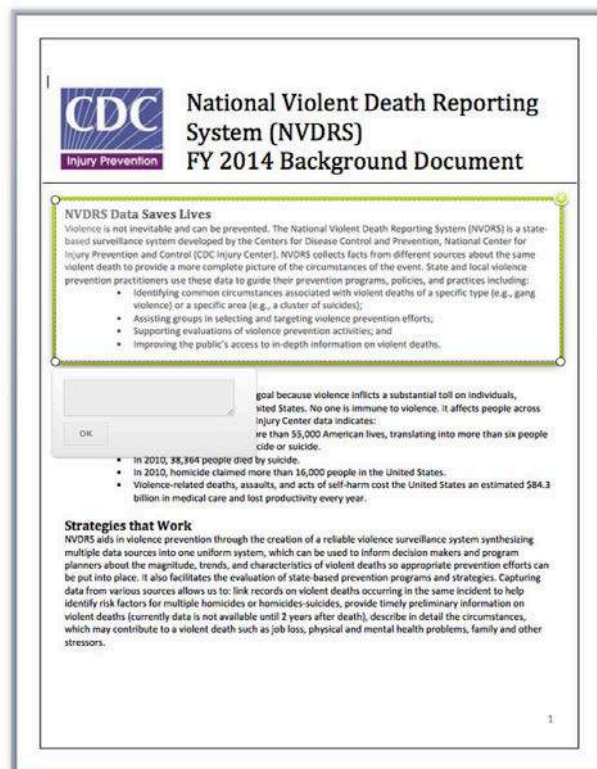
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 5



Screen 1

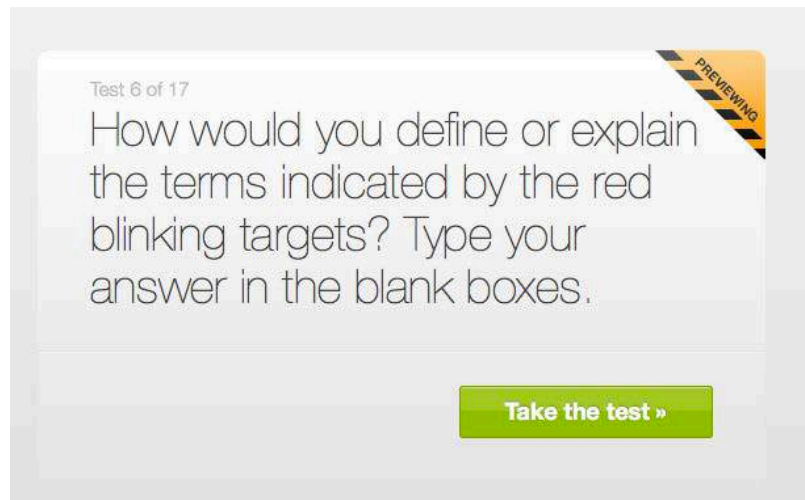


Screen 2

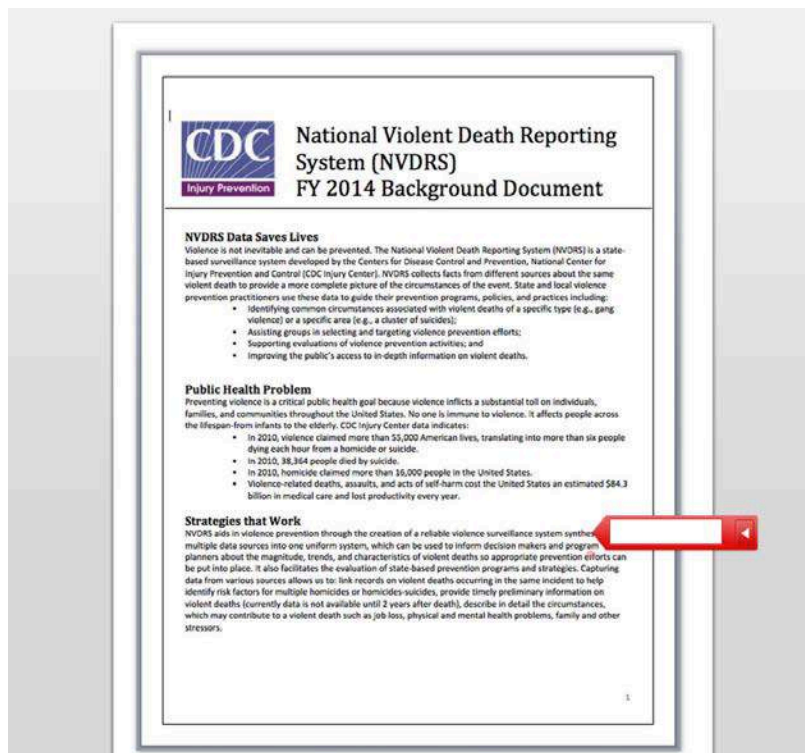


## Attachment 2: Click Testing Screen Shots

### Task 6



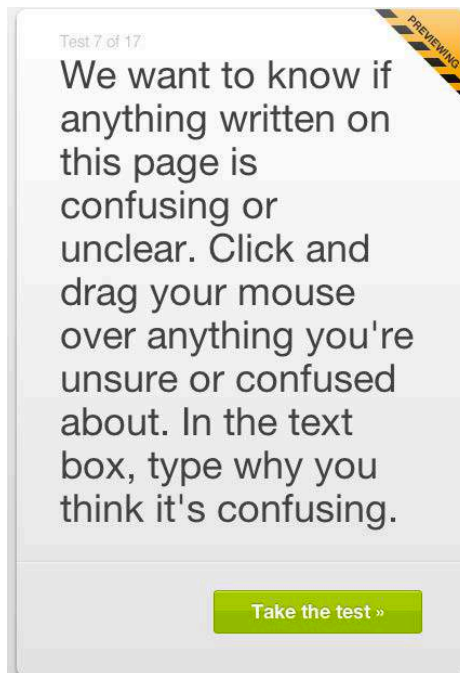
Screen 1



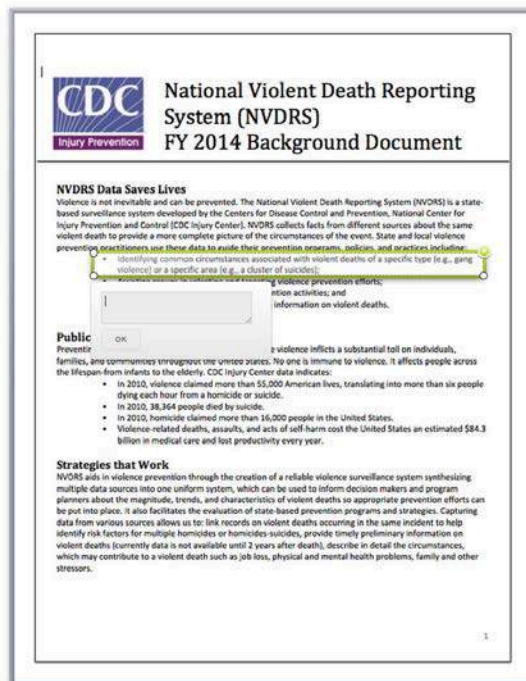
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7



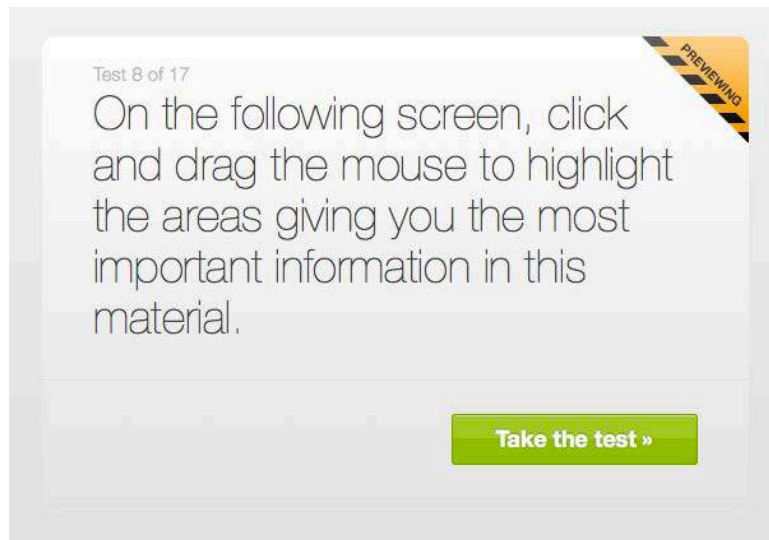
Screen 1



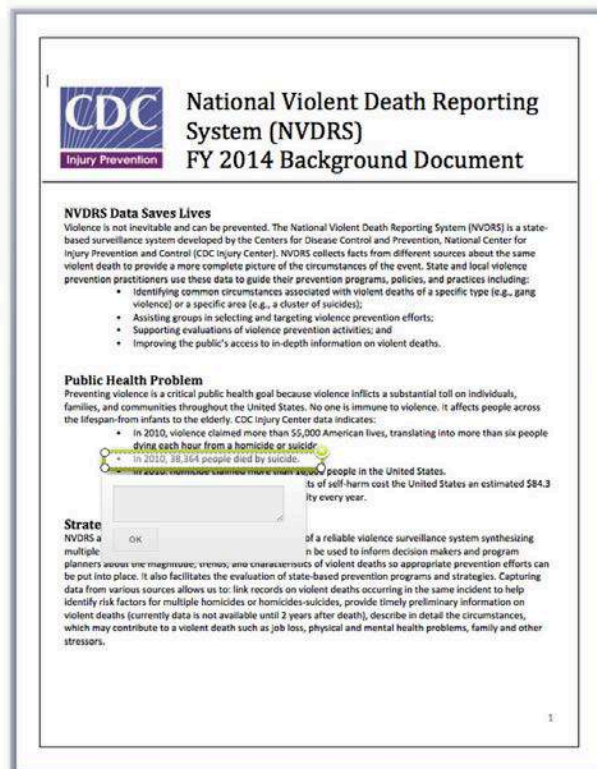
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 8



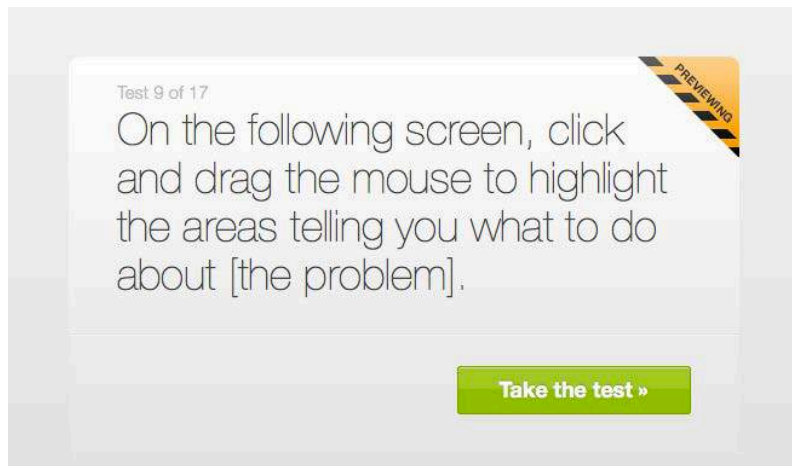
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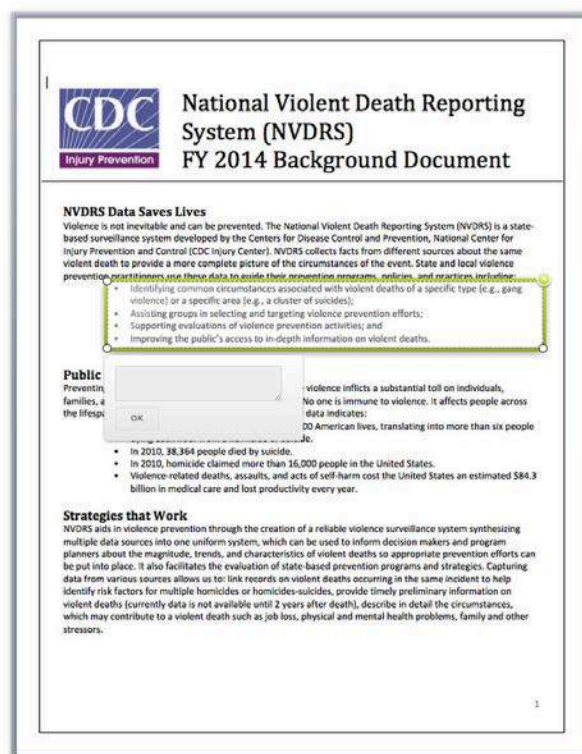
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



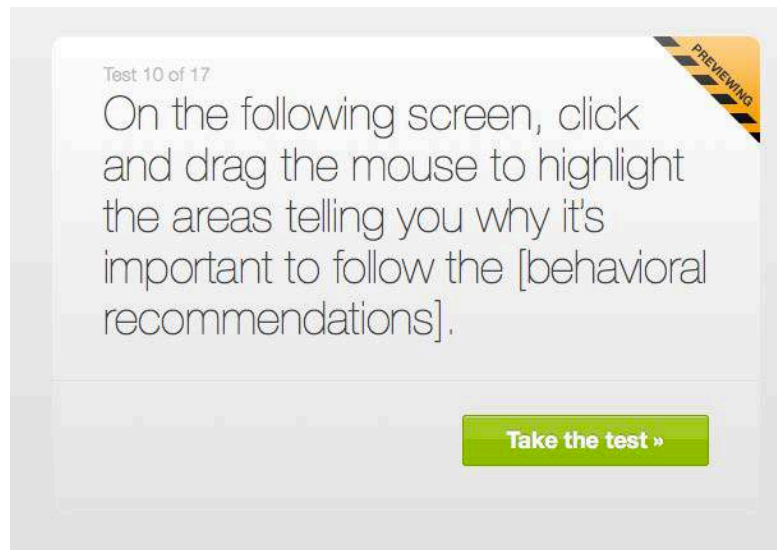
Screen 1



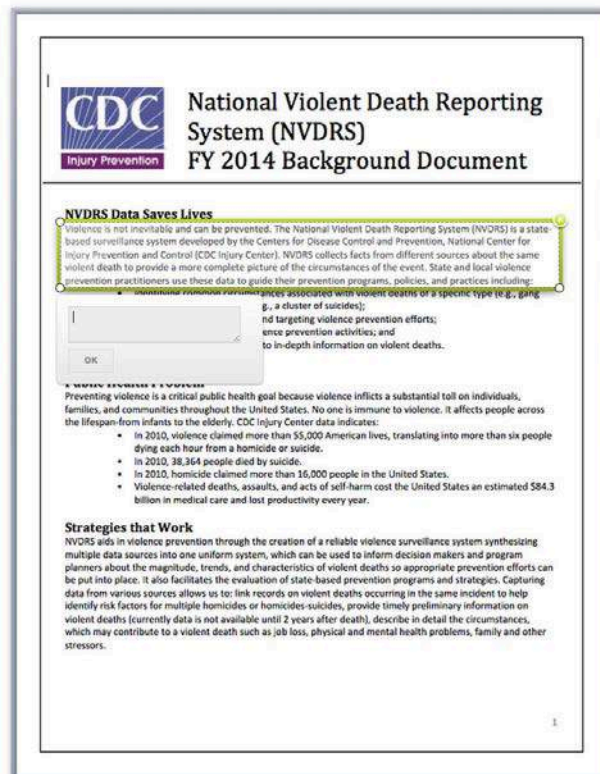
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



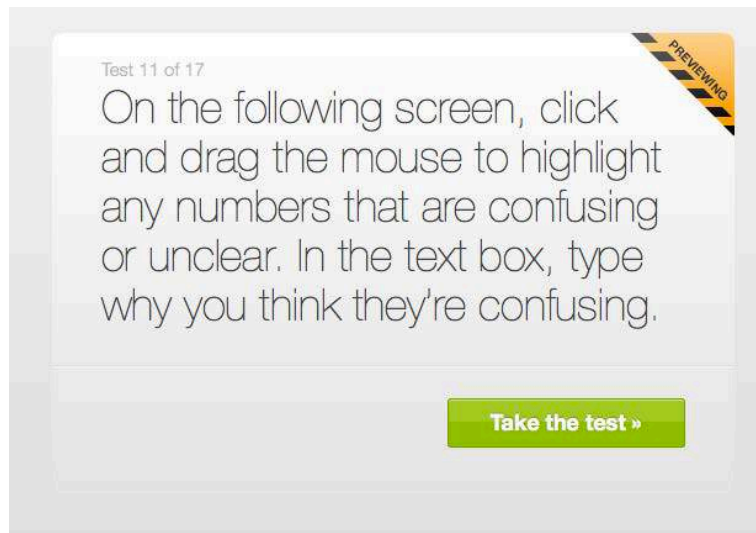
Screen 1



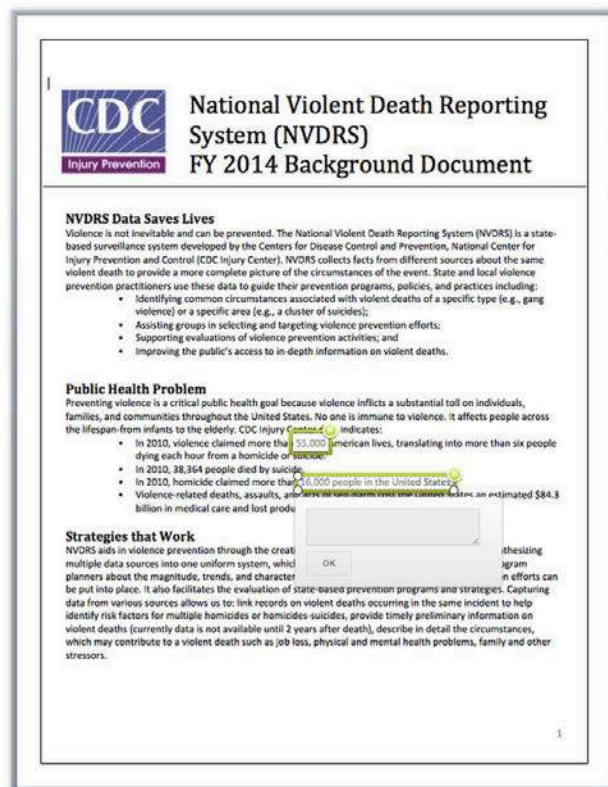
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 11



Screen 1

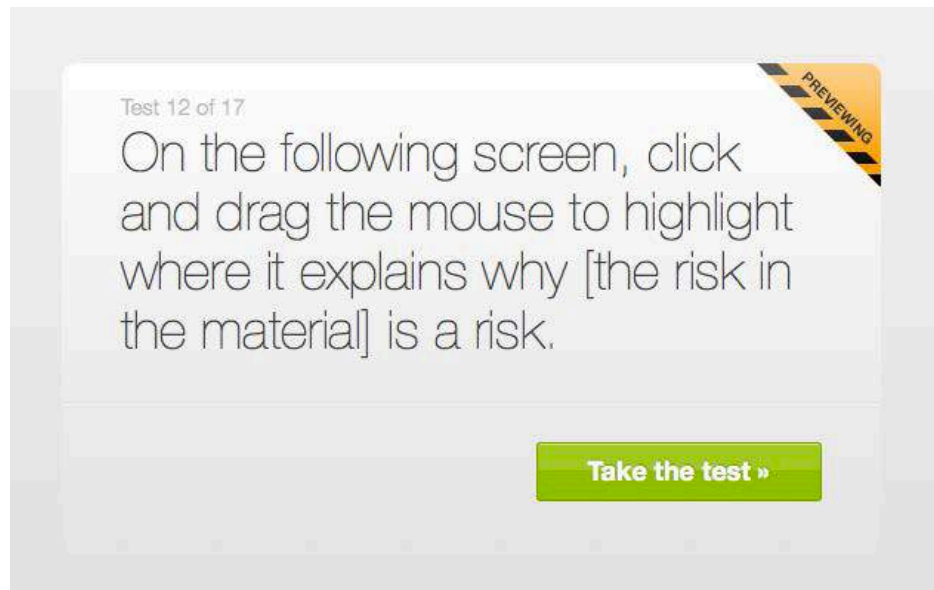


Screen 2

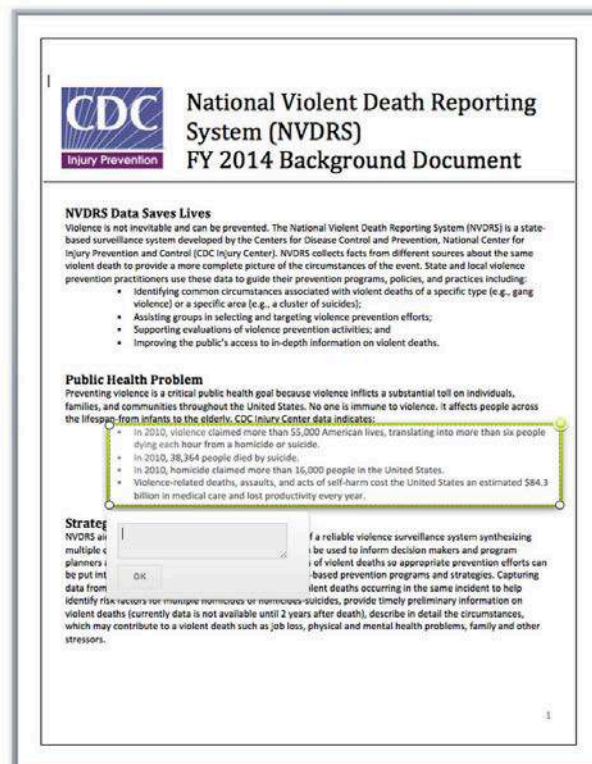


## Attachment 2: Click Testing Screen Shots

### Task 12



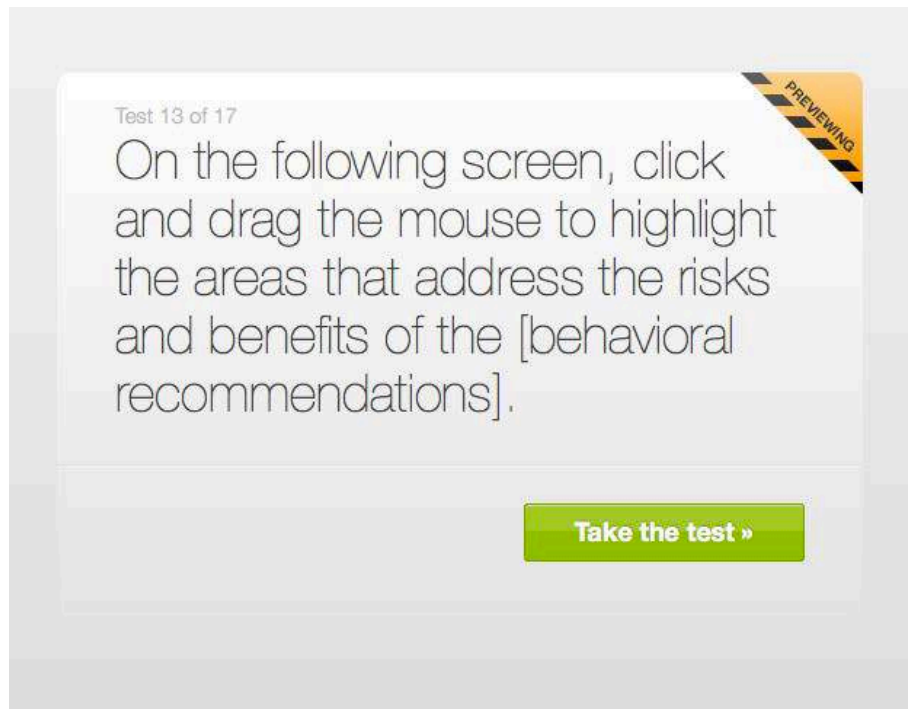
Screen 1



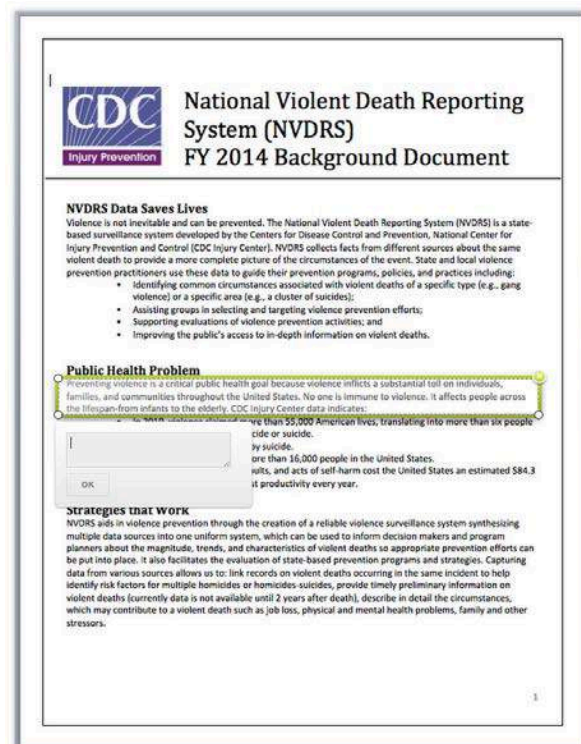
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13



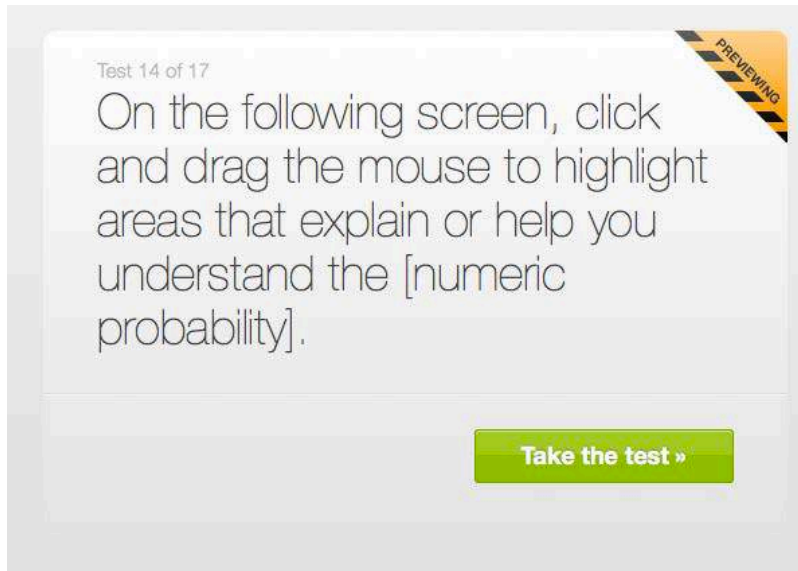
Screen 1



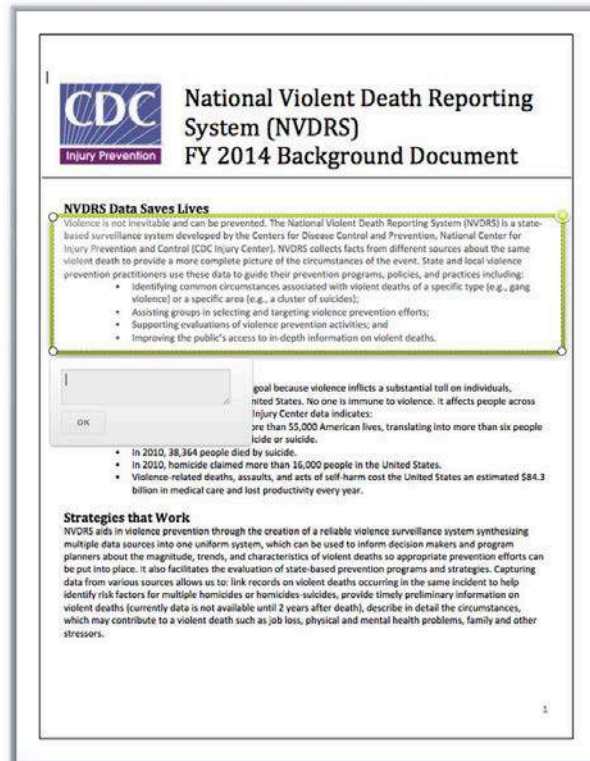
## Attachment 2: Click Testing Screen Shots

### Screen 2

#### Task 14



### Screen 1



### Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15


Test 15 of 17

What do you think about the overall length of the material you reviewed?

PREVIEWING

Take the test »

Screen 1



**National Violent Death Reporting System (NVDRS)**  
**FY 2014 Background Document**

**NVDRS Data Saves Lives**

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides).
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

**Public Health Problem**

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan from infants to the elderly. CDC Injury Center data indicates:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

**Strategies that Work**

NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicide-suicide, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

What do you think about the overall length of the material you reviewed?

☐ Too long

☐ Somewhat too long

☐ Just right

☐ Somewhat too short

☐ Too short

Submit my answer »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

**Take the test »**

Screen 1

**CDC** **National Violent Death Reporting System (NVDRS)**  
**Injury Prevention** **FY 2014 Background Document**

**NVDRS Data Saves Lives**  
Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- assisting groups in selecting and targeting violence prevention efforts;
- supporting evaluations of violence prevention activities; and
- improving the public's access to in-depth information on violent deaths.

**Public Health Problem**  
Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan from infants to the elderly. CDC Injury Center data indicates:

- in 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide;
- in 2010, 35,364 people died by suicide;
- in 2010, homicide claimed more than 16,700 people in the United States;
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

**Strategies that Work**  
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What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

**Submit my answer »**

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 17

Test 17 of 17

Who do you think the primary audience is for this material?

PREVIEWING

Take the test »

Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

Submit my answer »

**CDC** National Violent Death Reporting System (NVDRS) FY 2014 Background Document

**NVDRS Data Saves Lives**

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**Public Health Problem**

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- In 2010, 38,384 people died by suicide;
- In 2010, homicide claimed more than 16,000 people in the United States;
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

**Strategies that Work**

NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

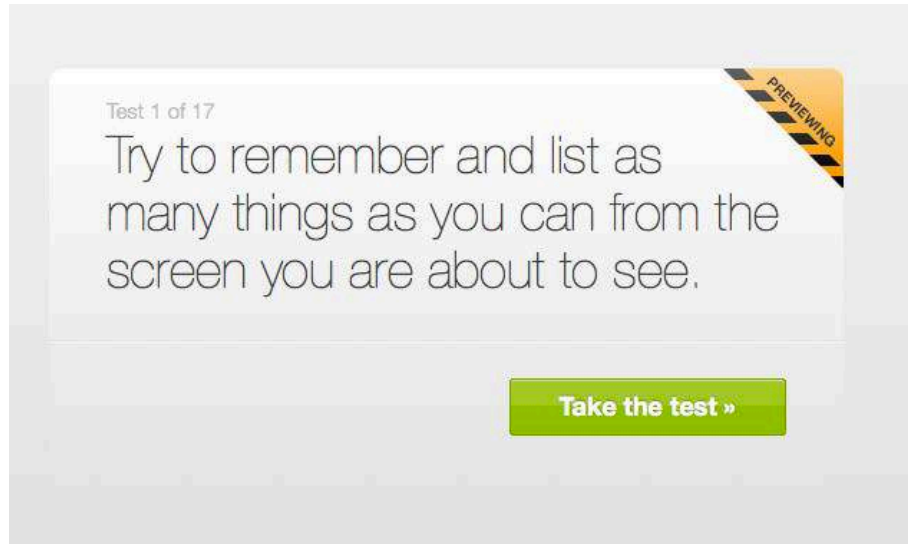
Screen 2



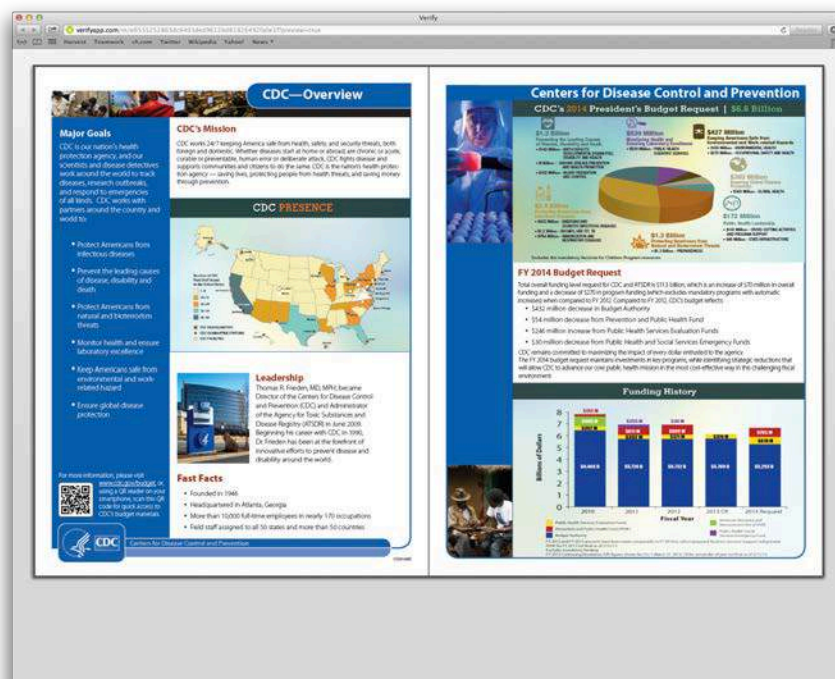
## Attachment 2: Click Testing Screen Shots

### Material: CDC Budget Overview

#### Task 1

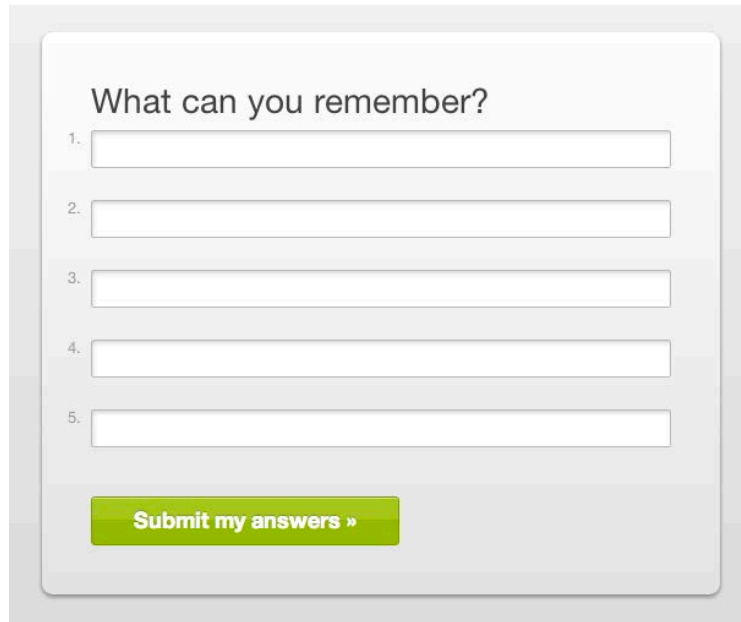


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



What can you remember?

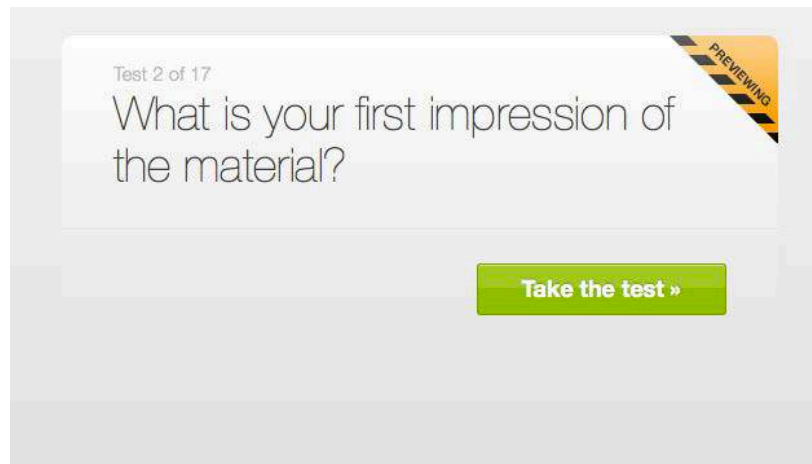
1.
2.
3.
4.
5.

**Submit my answers »**

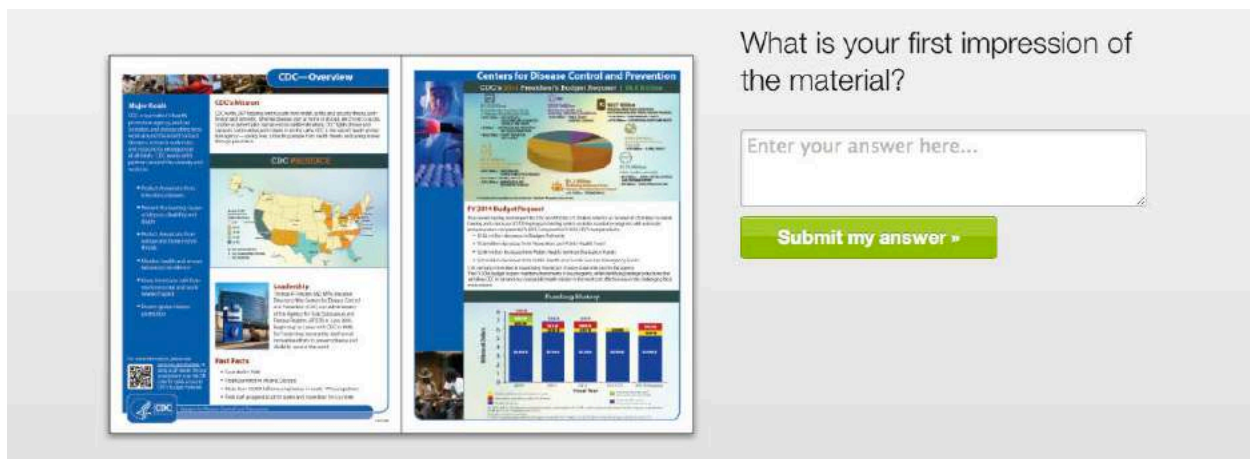
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 2



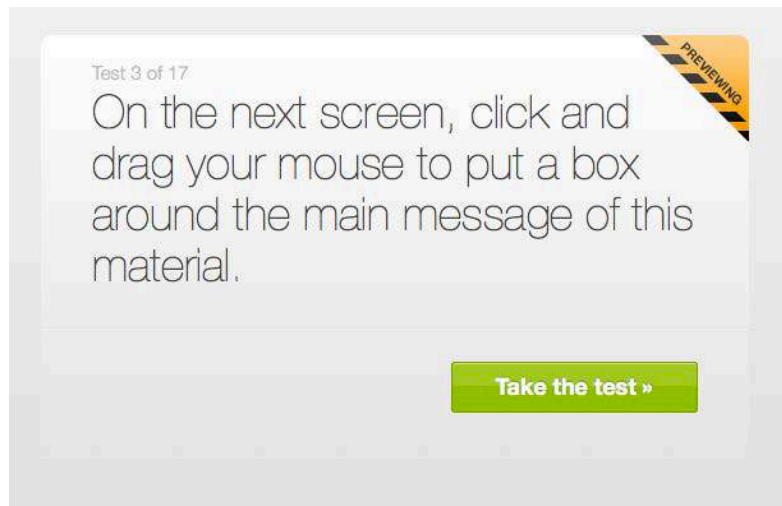
Screen 1



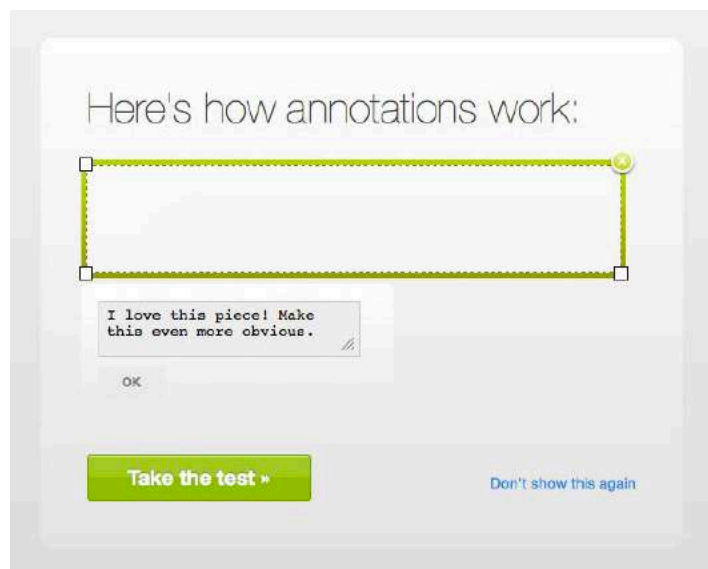
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3

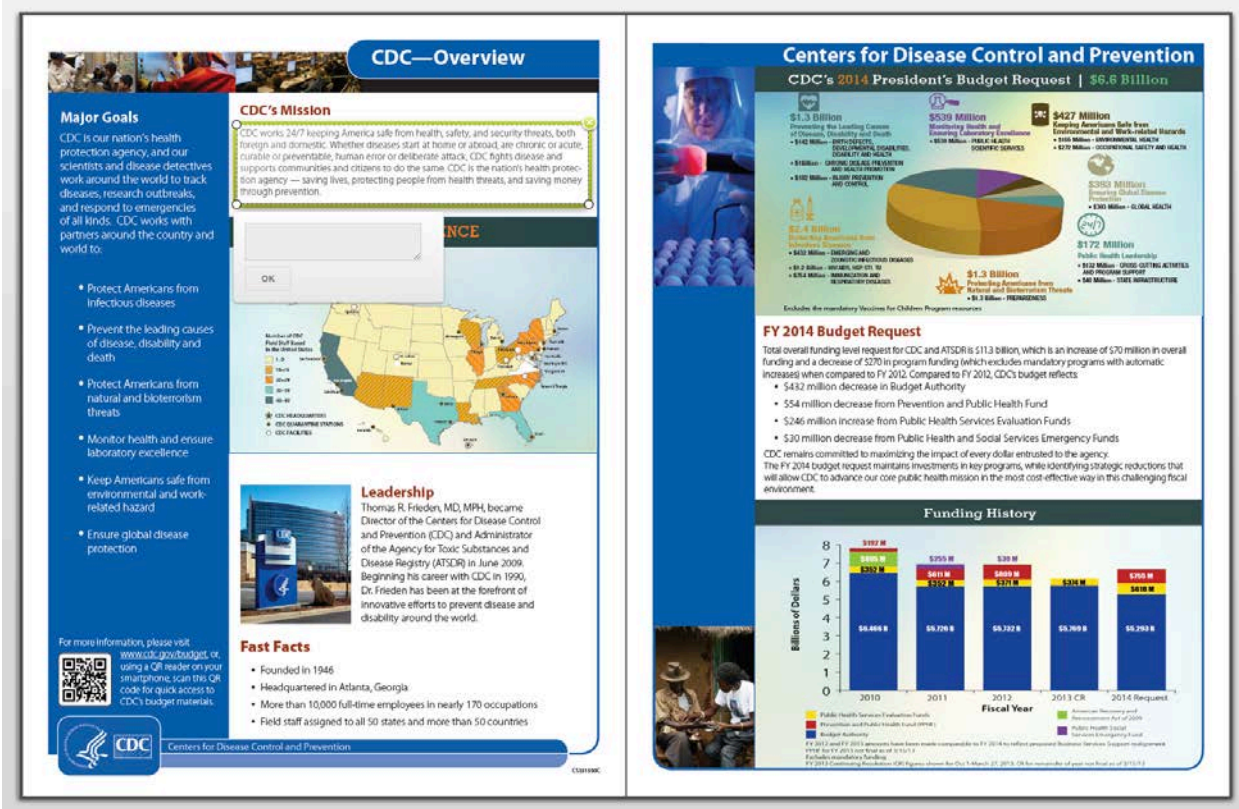


Screen 1



Screen 2

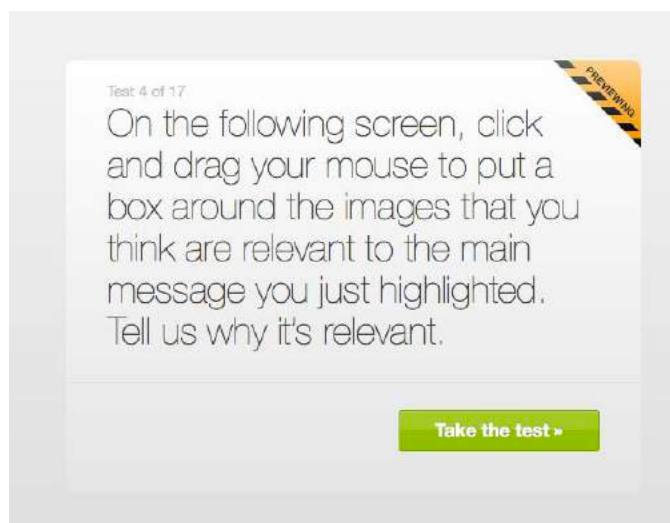
## Attachment 2: Click Testing Screen Shots



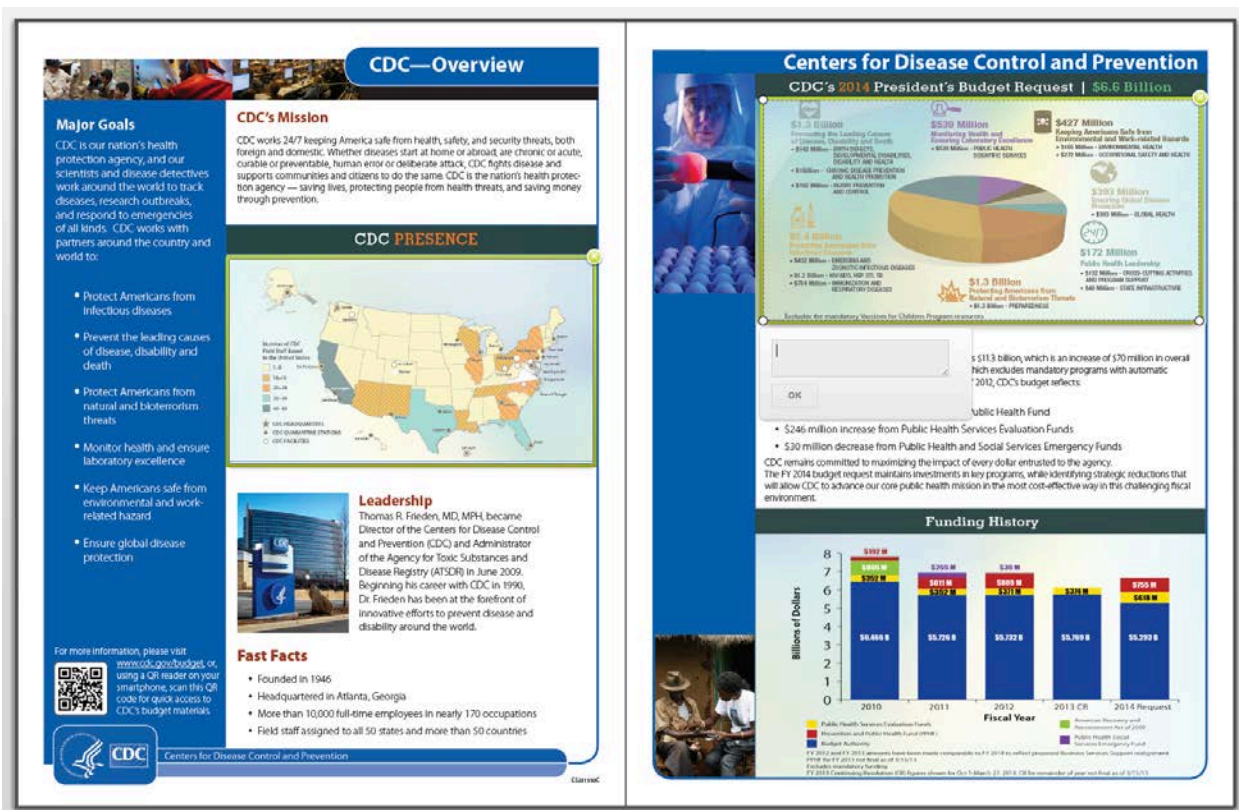
Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 4



Screen 1

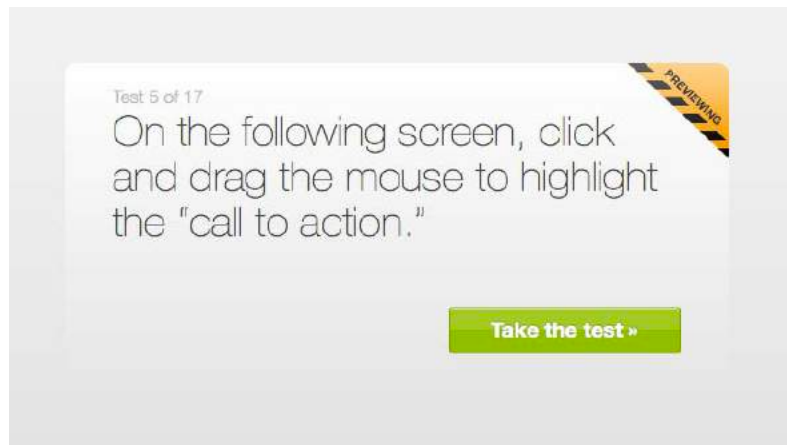


Screen 2

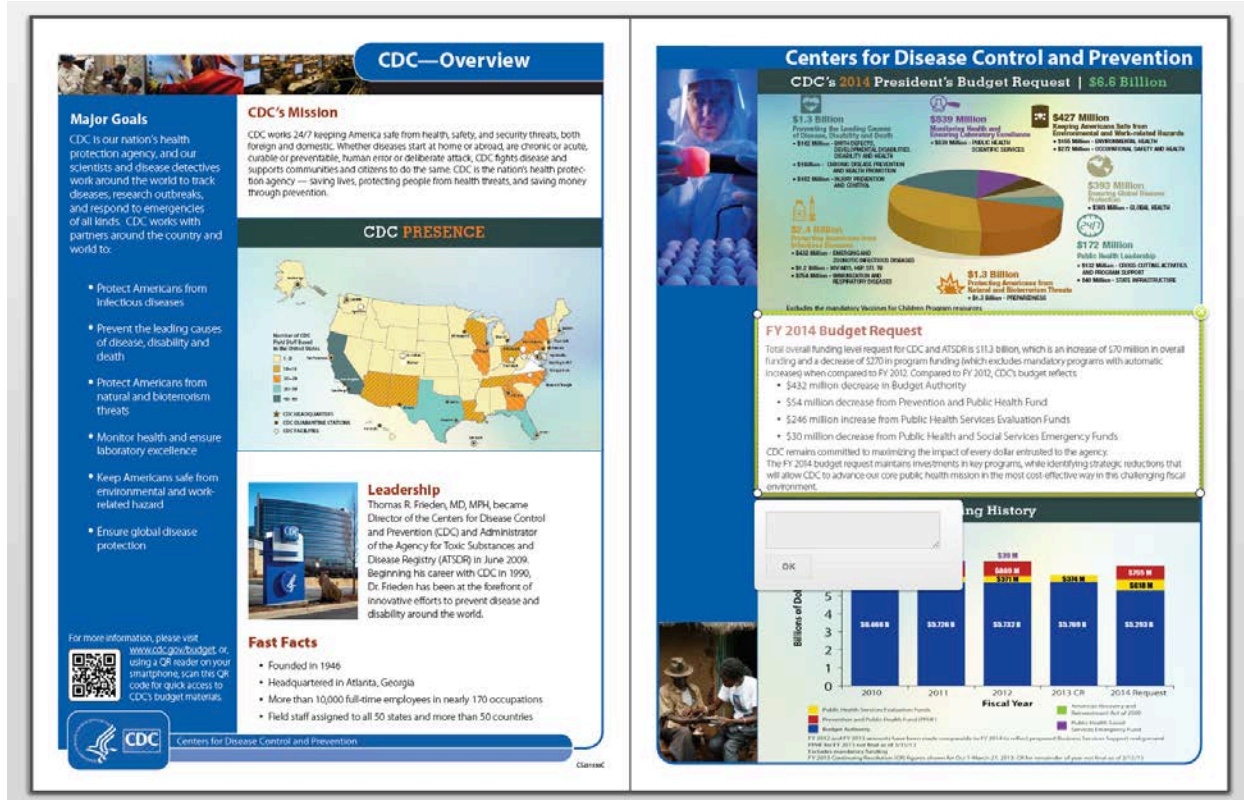


## Attachment 2: Click Testing Screen Shots

### Task 5



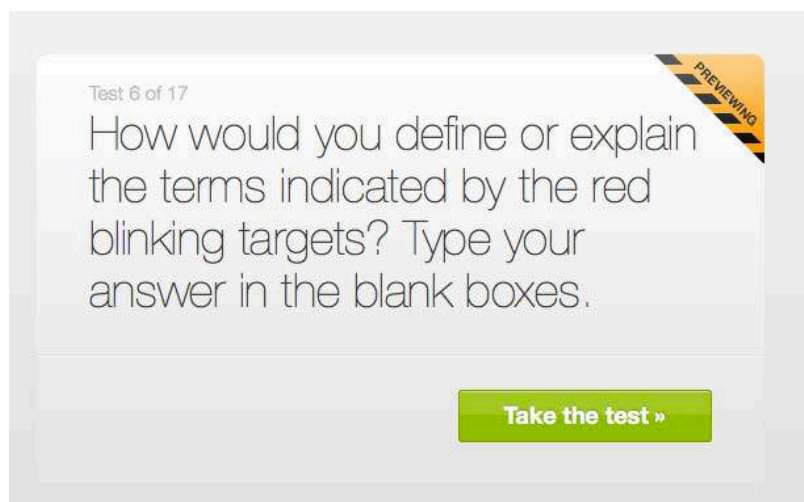
Screen 1



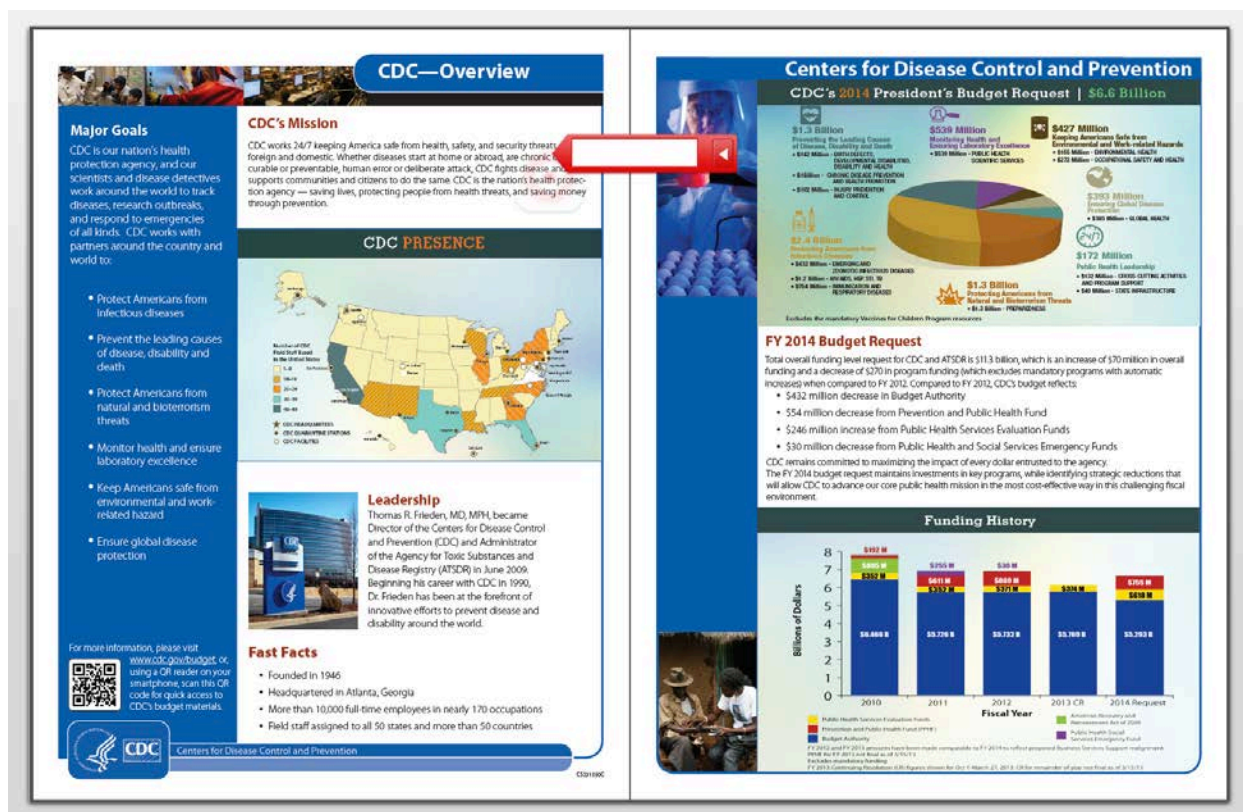
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 6

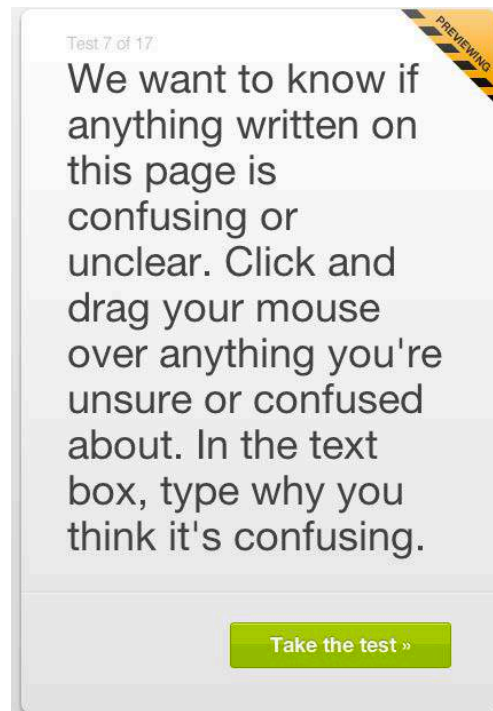


Screen 1

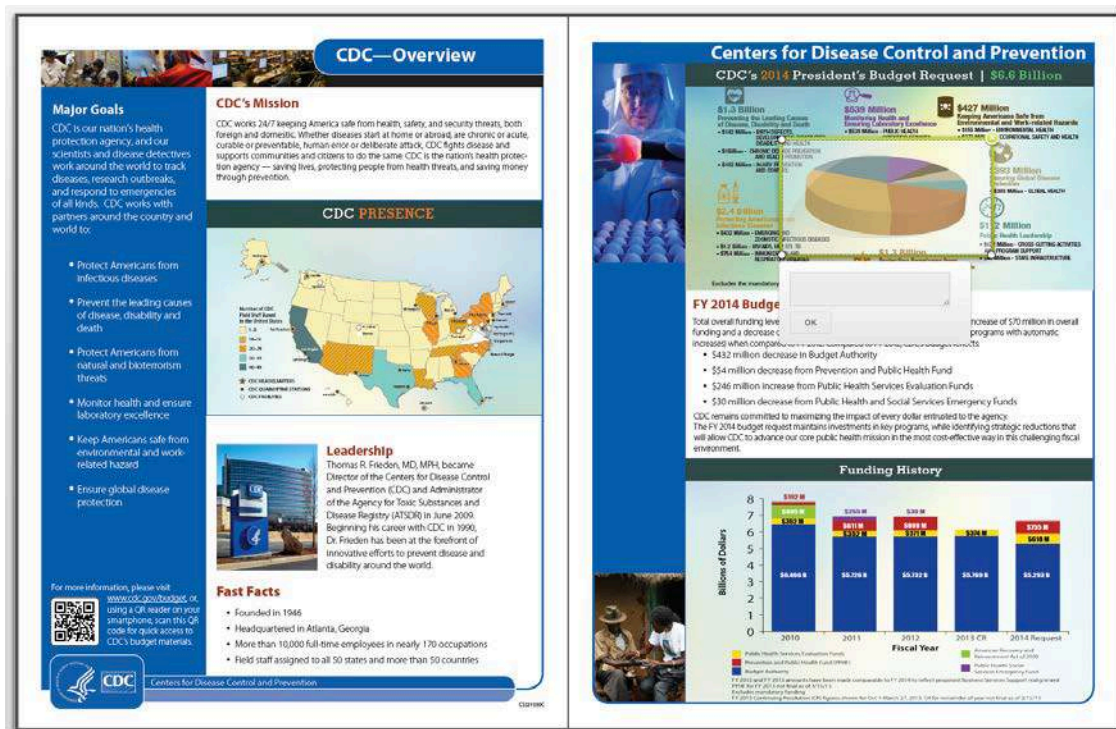


## Attachment 2: Click Testing Screen Shots

### Task 7



Screen 1



Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

**Take the test »**

Screen 1


### CDC—Overview

#### Major Goals

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

For more information, please visit [www.cdc.gov/budget](http://www.cdc.gov/budget), or, using a QR reader on your smartphone, scan the QR code for quick access to CDC's budget materials.




Centers for Disease Control and Prevention

### CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

### CDC PRESENCE



### Leadership

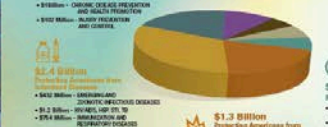
Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

### Fast Facts

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

### Centers for Disease Control and Prevention

#### CDC's 2014 President's Budget Request | \$6.6 Billion



Category	Amount
Preventing the Leading Causes of Disease, Disability and Death	\$1.3 Billion
Ensuring Americans Safe from Environmental and Work-related Hazards	\$427 Million
Ensuring Global Health	\$539 Million
Public Health Leadership	\$172 Million
Supporting the Nation's Health System	\$1.3 Billion


#### FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2012. Compared to FY 2012, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Service/Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

#### Budget History



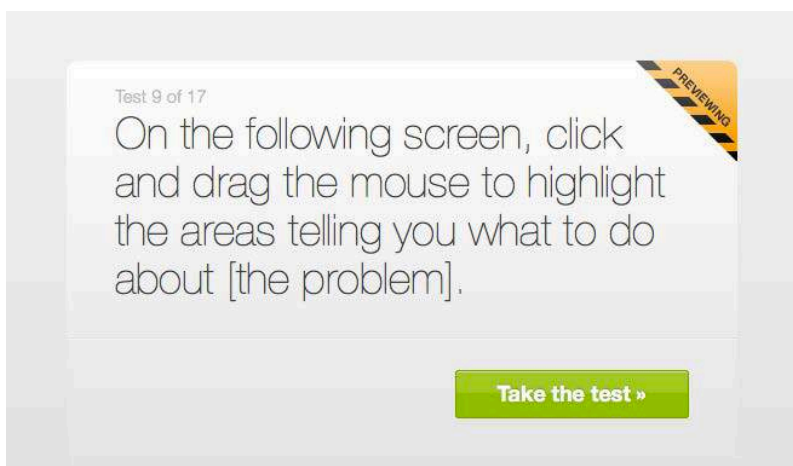
Fiscal Year	Amount (Billions of Dollars)
2010	\$6.468 B
2011	\$6.726 B
2012	\$6.722 B
2013 CR	\$6.769 B
2014 Request	\$6.730 B

Public Health Service/Evaluation Funds, Prevention and Public Health Fund, Budget Authority, FY 2010 and FY 2011 amounts from House report accompanying the FY 2014 budget request, Business Services Support and Information Management, FY 2014 Request as of 10/1/13, FY 2013 Continuing Resolution (CR) request from the House report accompanying the FY 2013 CR for supplemental of year and from the FY 2013 CR.

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



Screen 1

**CDC—Overview**

**Major Goals**

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

**CDC PRESENCE**

Map showing CDC Field Office locations across the United States.

**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

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**Centers for Disease Control and Prevention**

**Centers for Disease Control and Prevention**

**CDC's 2014 President's Budget Request | \$6.6 Billion**

**\$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death

- \$400 Million - PREVENTABLE DISEASES, DISABILITIES, AND DEATH
- \$100 Million - CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
- \$100 Million - PUBLIC PROTECTION AND CONTROL

**\$2.4 Billion** Strengthening America's Public Health System

- \$400 Million - CONTROL AND ZOOZOOZING DISEASE
- \$1.2 Billion - MONITORING AND RESPONSE TO EMERGING AND REEMERGING DISEASES

**\$1.3 Billion** Protecting Americans from Natural and Bioterrorism Threats

- \$1.3 Billion - PREVENTION

**\$427 Million** Keeping Americans Safe from Environmental and Work-related Hazards

- \$100 Million - ENVIRONMENTAL HEALTH
- \$100 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$100 Million - PUBLIC PROTECTION AND CONTROL
- \$100 Million - PUBLIC PROTECTION AND CONTROL

**\$172 Million** Public Health Laboratory

- \$100 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
- \$100 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT

**FY 2014 Budget Request**

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases) compared to FY 2013. Compared to FY 2013, CDC's budget reflects:

- \$432 million decrease in Budget Authority
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- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC continues to maintain its commitment to the protection of the public health and the environment, while identifying strategic reductions that are in the most cost-effective way in this challenging fiscal year.

**Funding History**

Bar chart showing funding history from 2010 to 2014 Request.

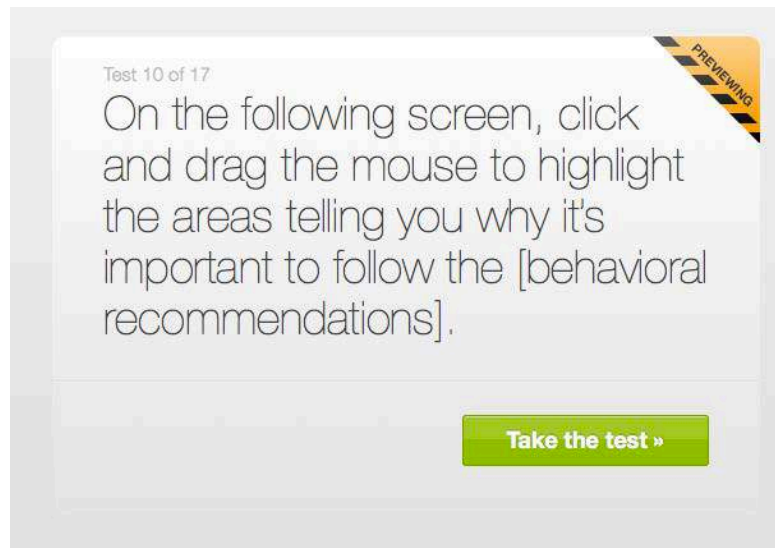
Fiscal Year	Public Health Services Evaluation Funds	Prevention and Public Health Fund (PPHF)	Budget Authority	ATSDR Receipt and Reconciliation Act of 2008	Public Health Social Services Emergency Fund	Total
2010	\$0.600 B	\$0.600 B	\$0.600 B	\$0.000 B	\$0.000 B	\$1.200 B
2011	\$0.726 B	\$0.600 B	\$0.600 B	\$0.000 B	\$0.000 B	\$1.926 B
2012	\$0.726 B	\$0.600 B	\$0.600 B	\$0.000 B	\$0.000 B	\$1.926 B
2013 CR	\$0.726 B	\$0.600 B	\$0.600 B	\$0.000 B	\$0.000 B	\$1.926 B
2014 Request	\$0.726 B	\$0.600 B	\$0.600 B	\$0.000 B	\$0.000 B	\$1.926 B

FY 2012 and FY 2013 amounts have been revised to reflect proposed Budget Authority for FY 2014 to reflect proposed Revenue Service Request. Excludes mandatory funding. FY 2014 and FY 2013 amounts have been revised to reflect proposed Budget Authority for FY 2014 to reflect proposed Revenue Service Request. Excludes mandatory funding. FY 2014 and FY 2013 amounts have been revised to reflect proposed Budget Authority for FY 2014 to reflect proposed Revenue Service Request. Excludes mandatory funding.

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 10



Screen 1



### CDC—Overview

#### Major Goals

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Centers for Disease Control and Prevention

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### Leadership


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### Centers for Disease Control and Prevention

#### CDC's 2014 President's Budget Request | \$6.6 Billion



Category	Amount
Preventing the Leading Causes of Disease, Disability and Death	\$1.3 Billion
Protecting Americans from Infectious Diseases	\$539 Million
Monitoring Health and Ensuring Laboratory Excellence	\$539 Million
Protecting Americans from Environmental and Work-related Hazards	\$427 Million
Public Health Laboratories	\$172 Million
Preventing Disease Through Immunization and Biodefense Threats	\$1.3 Billion
Other CDC Programs	\$1.3 Billion

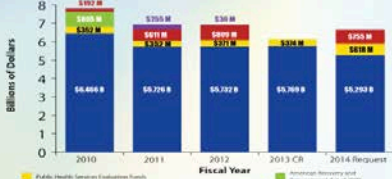
#### FY 2014 Budget Request

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CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

#### Funding History



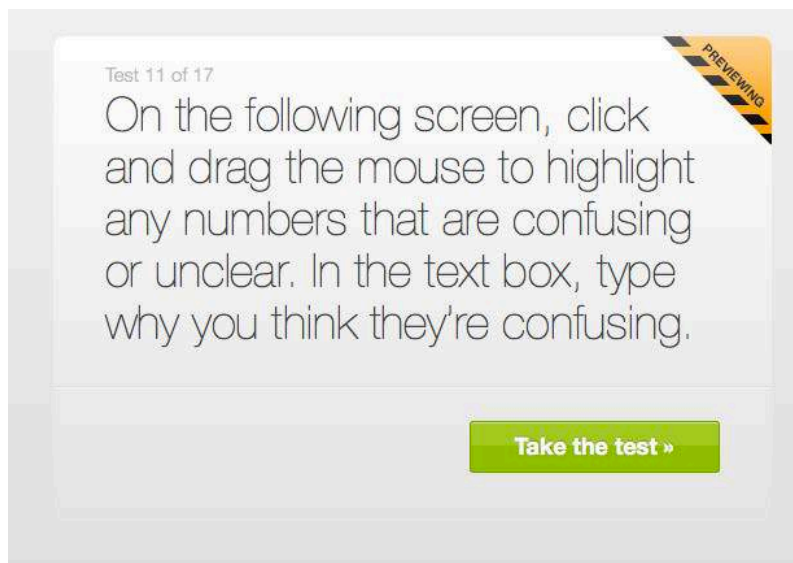
Fiscal Year	Public Health Services Evaluation Funds	Prevention and Public Health Fund (PPHF)	Budget Authority	Emergency Response Fund	Reinvestment Act of 2009	Public Health Service	Other CDC Programs
2010	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M
2011	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M
2012	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M
2013 CR	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M
2014 Request	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M	\$1,922 M

Screen 2

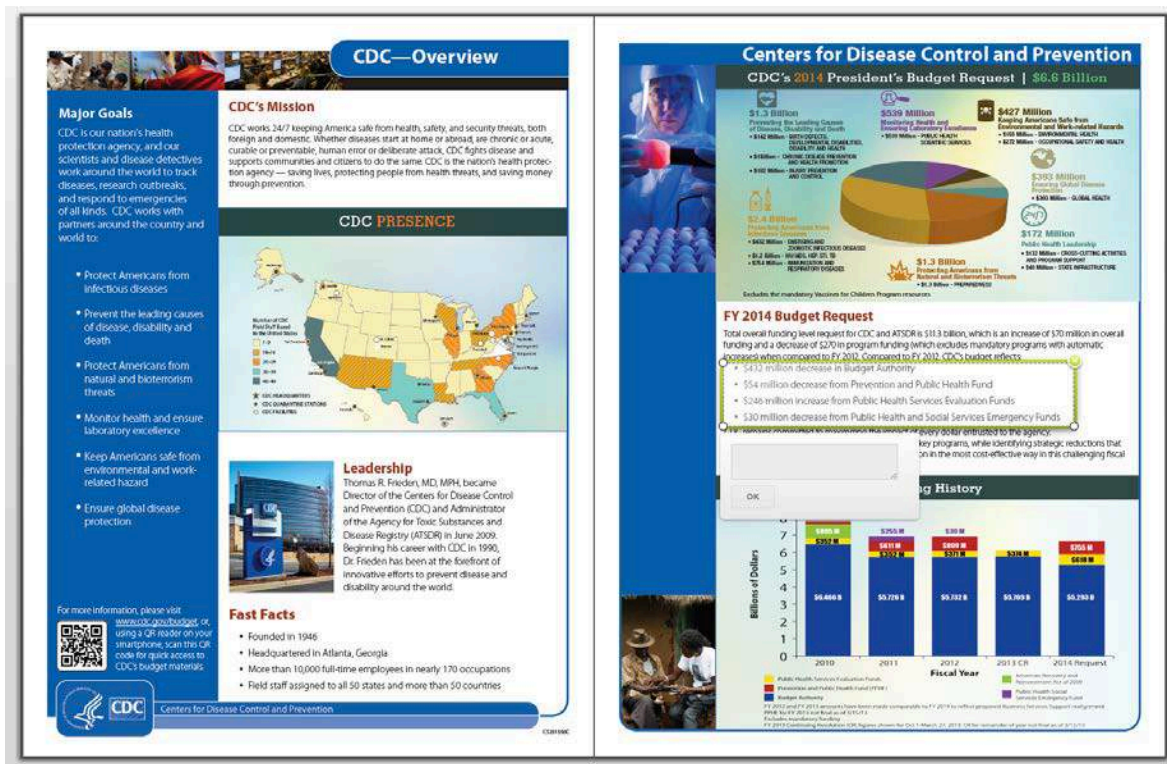


## Attachment 2: Click Testing Screen Shots

### Task 11



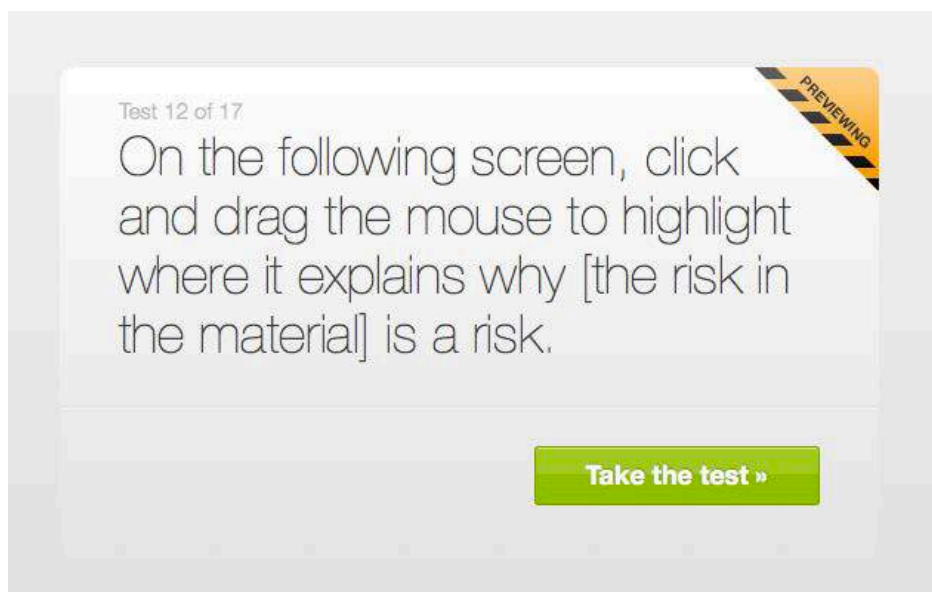
Screen 1



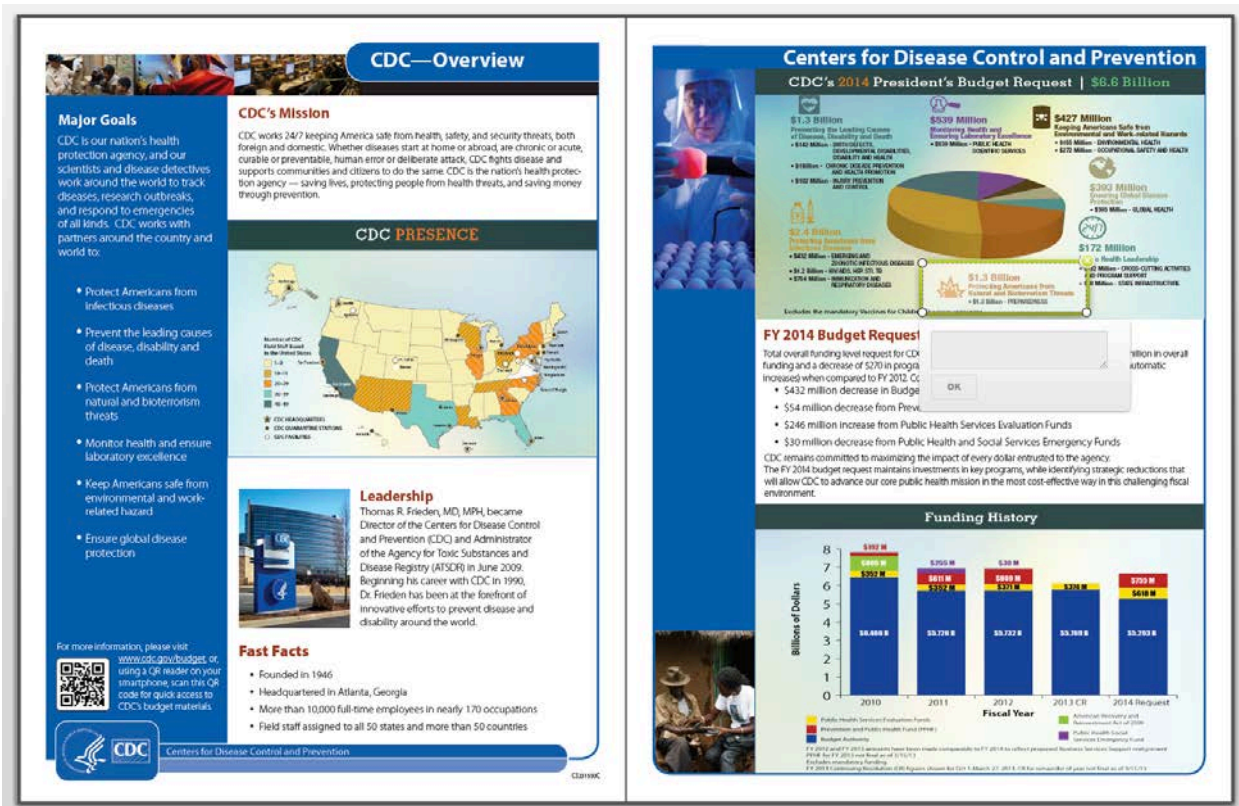
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 12



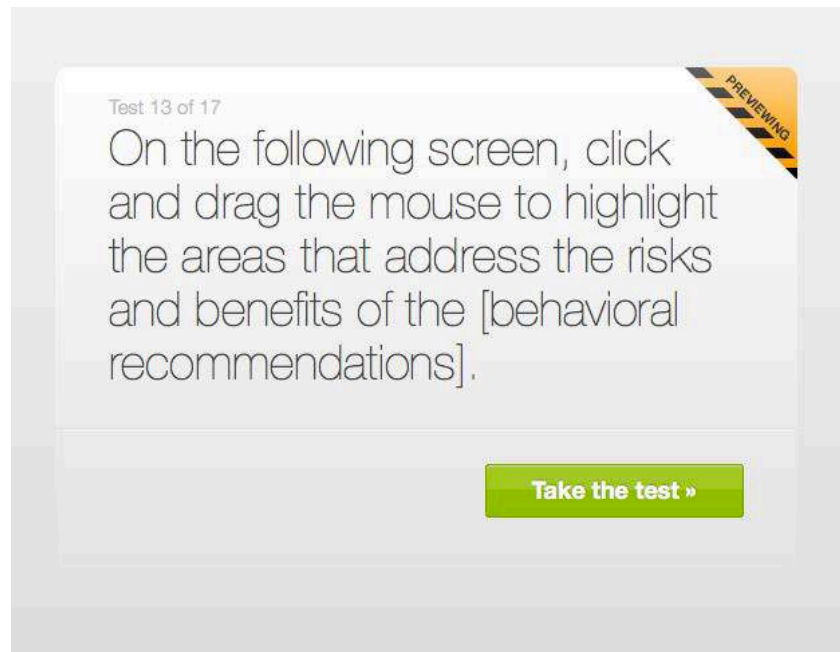
Screen 1



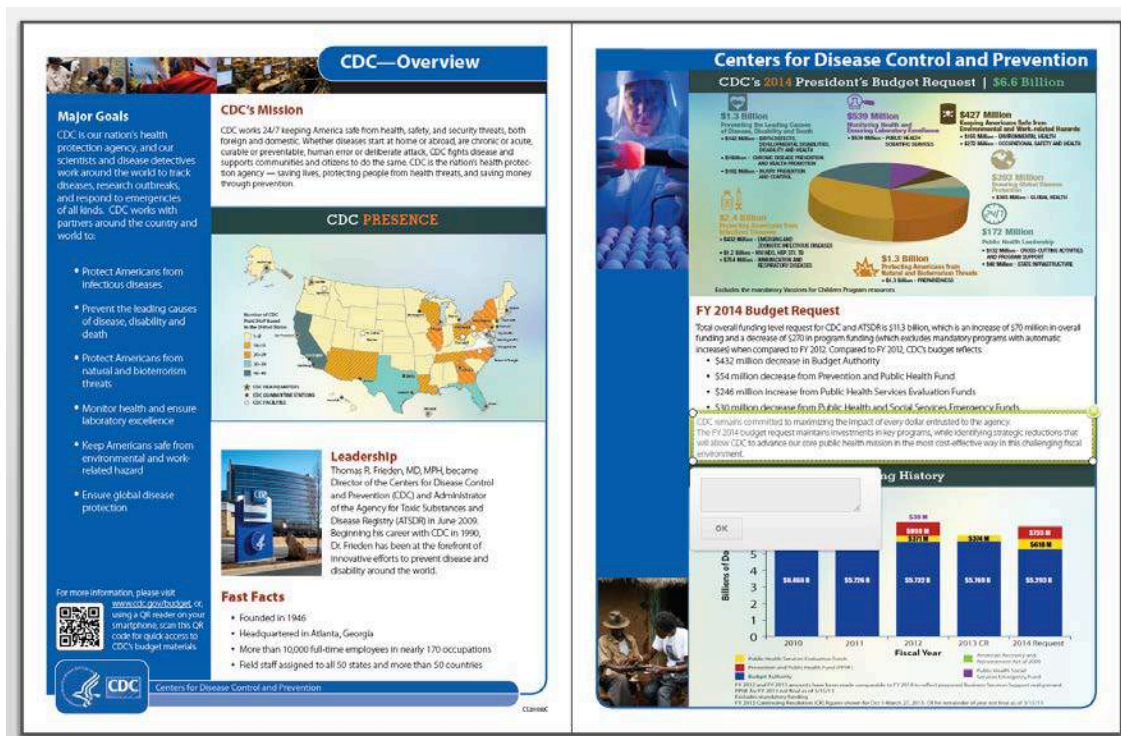
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13



Screen 1

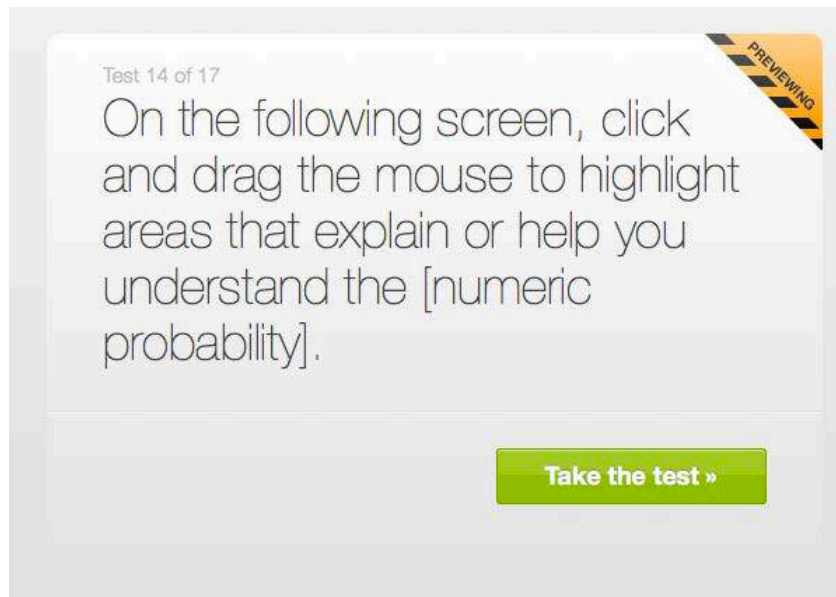


Screen 2

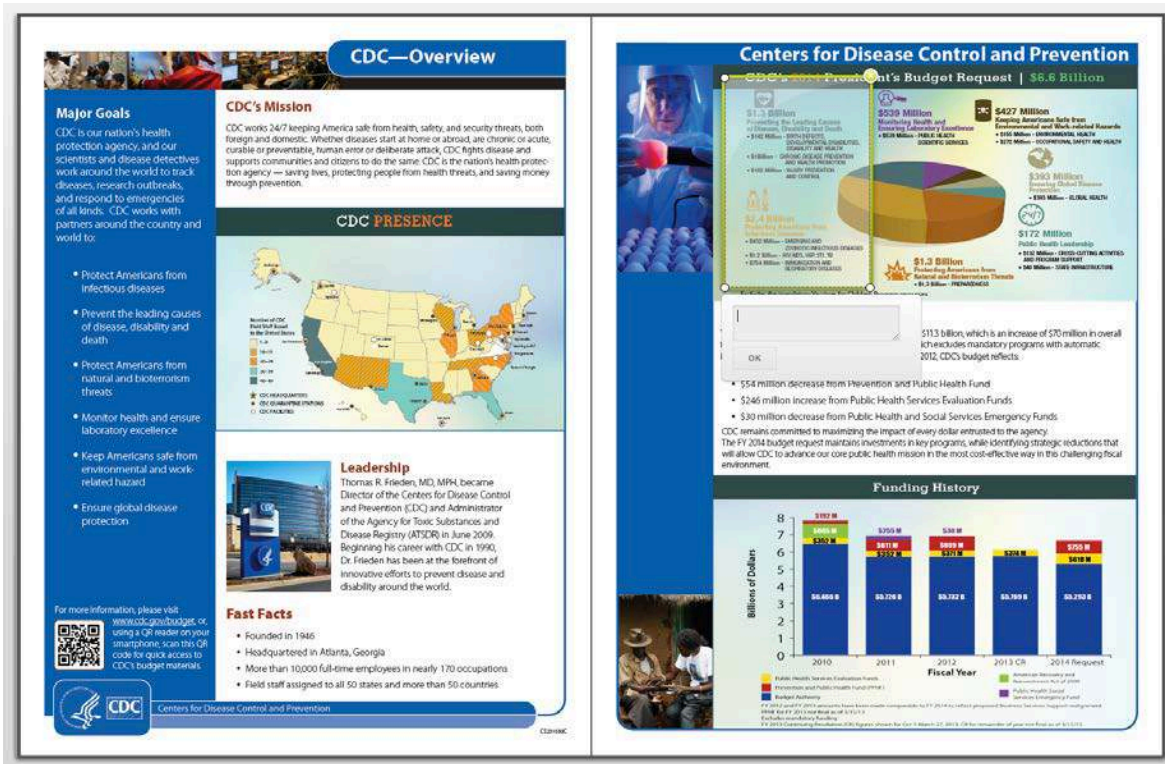


## Attachment 2: Click Testing Screen Shots

### Task 14



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

**Take the test »**

Screen 1

What do you think about the overall length of the material you reviewed?

☐ Too long

☐ Somewhat too long

☐ Just right

☐ Somewhat too short

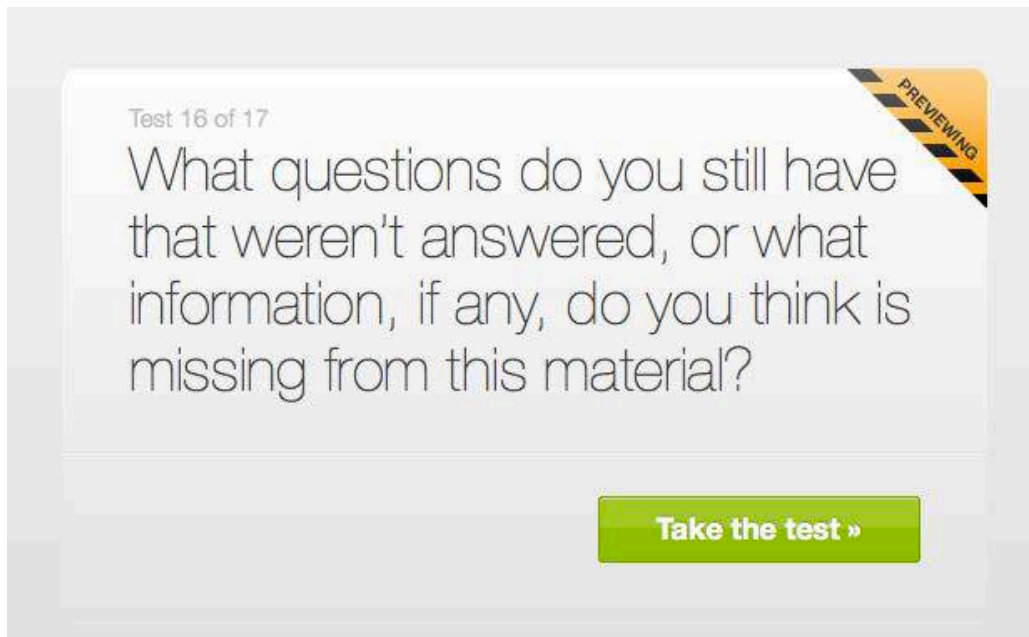
☐ Too short

**Submit my answer »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 16



Screen 1

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »

The image shows two side-by-side slides from a CDC presentation. The left slide is titled 'CDC—Overview' and includes sections for 'Major Goals', 'CDC's Mission', 'CDC's Focus Areas', 'Leadership', and 'Fast Facts'. The right slide is titled 'Centers for Disease Control and Prevention' and includes sections for 'CDC's Mission', 'FY2014 Budget Request', and 'Funding History'. The 'Funding History' section shows a bar chart of CDC's budget from 2009 to 2014, with a total of \$1.1 billion in 2014.

Screen 2



## Task 17

Test 17 of 17

Who do you think the primary audience is for this material?

[Take the test »](#)

# Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

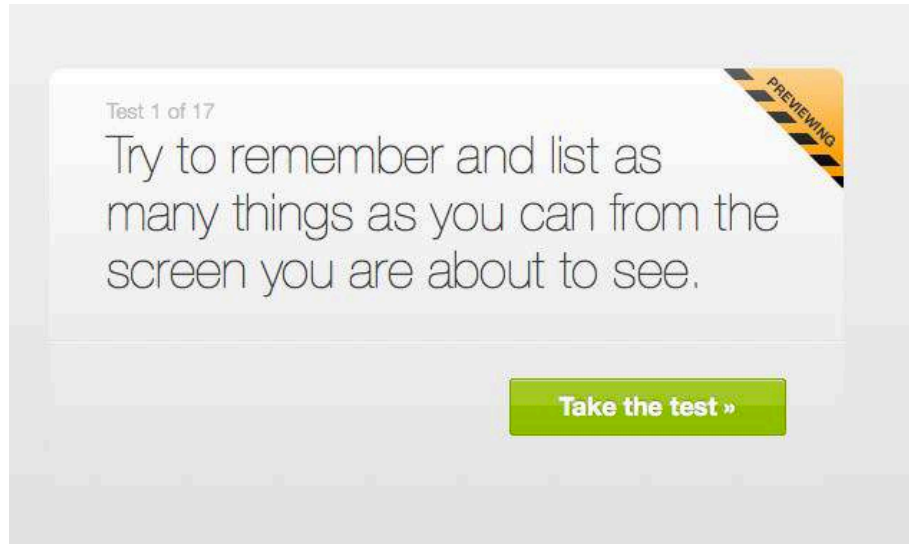
Submit my answer »

## Screen 2

## Attachment 2: Click Testing Screen Shots

### Material: Introduction to Epidemiology

#### Task 1

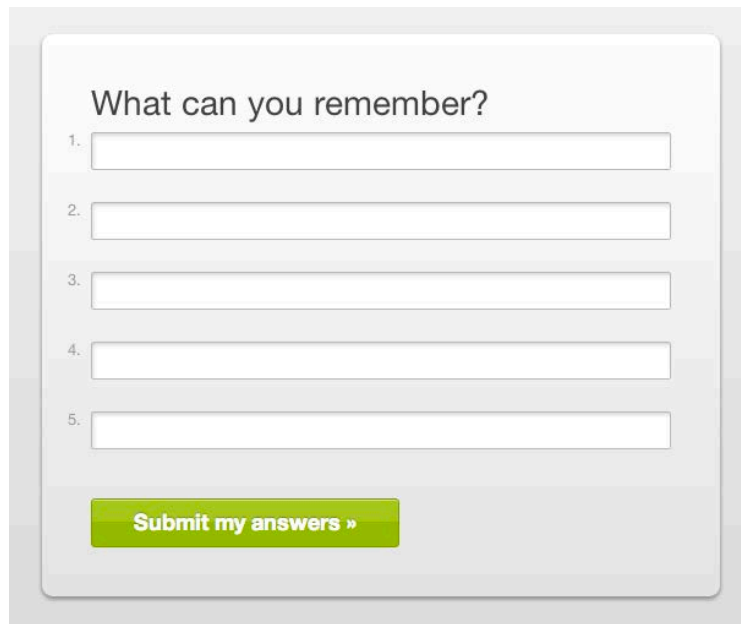


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



What can you remember?

1.

2.

3.

4.

5.

**Submit my answers »**

Screen 3

## Attachment 2: Click Testing Screen Shots

### Task 2

Test 2 of 17

What is your first impression of the material?

Take the test »

Screen 1

What is your first impression of the material?

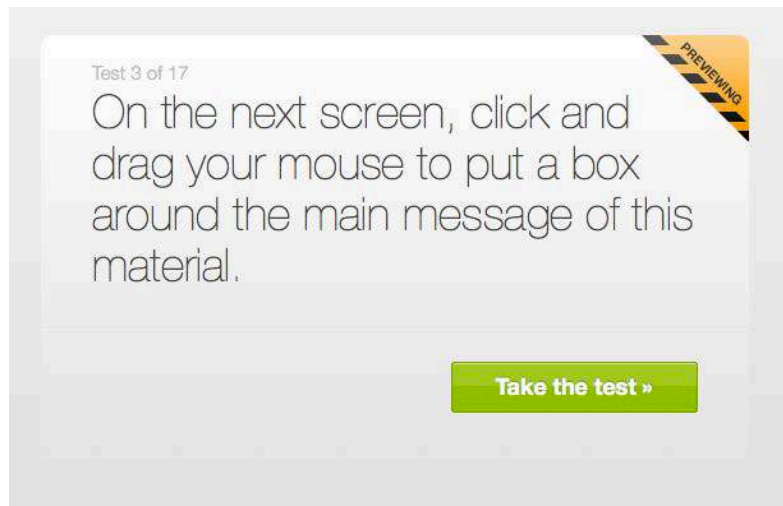
Enter your answer here...

Submit my answer »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3

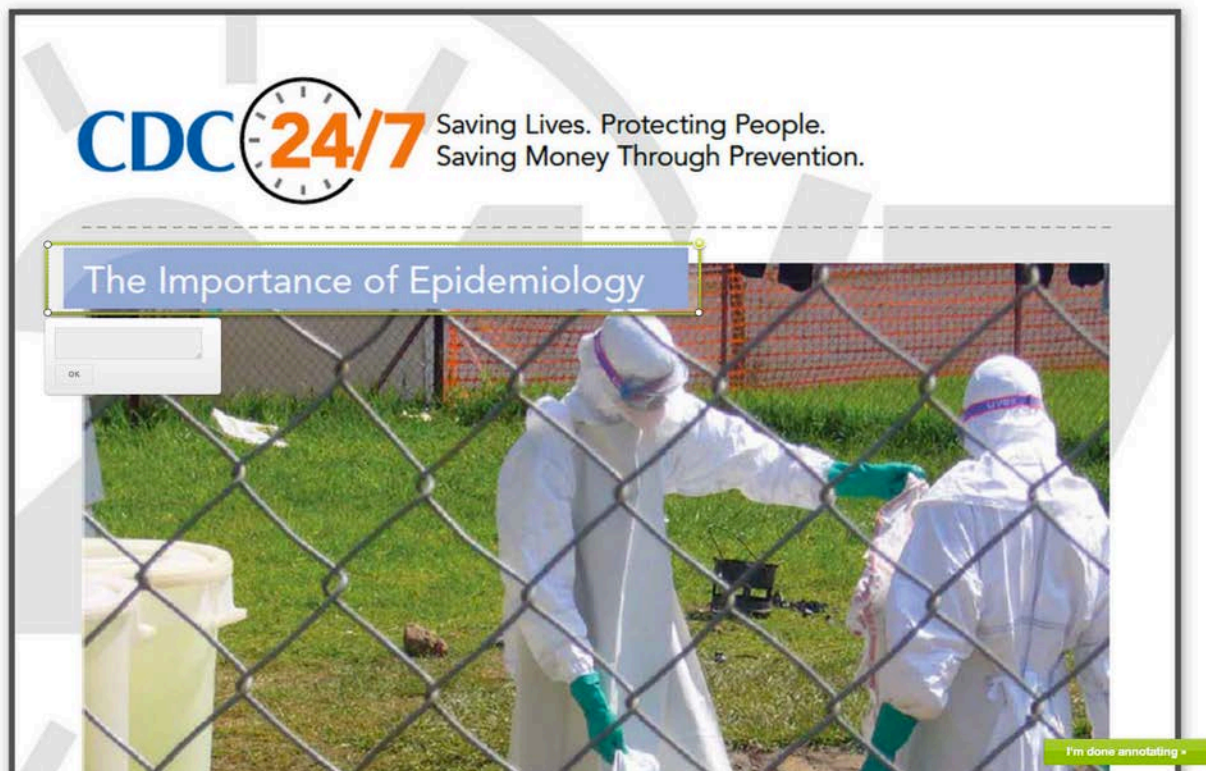


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

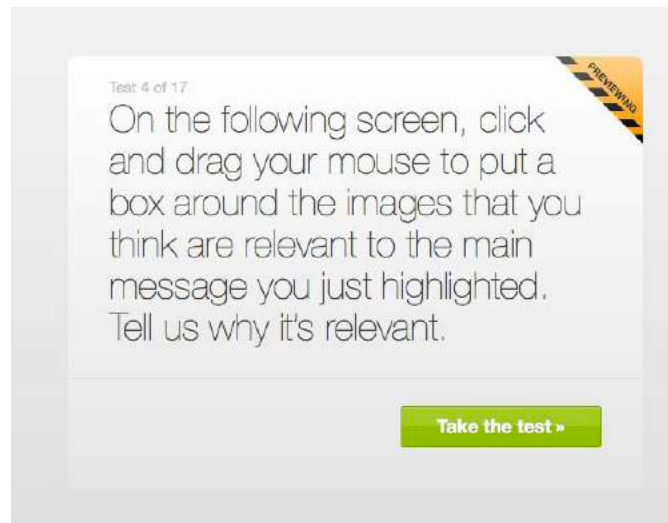


Screen 3



## Attachment 2: Click Testing Screen Shots


### Task 4



Screen 1

CDC 24/7 Saving Money Through Prevention.

### The Importance of Epidemiology



he study of the origin and causes of munity. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 200

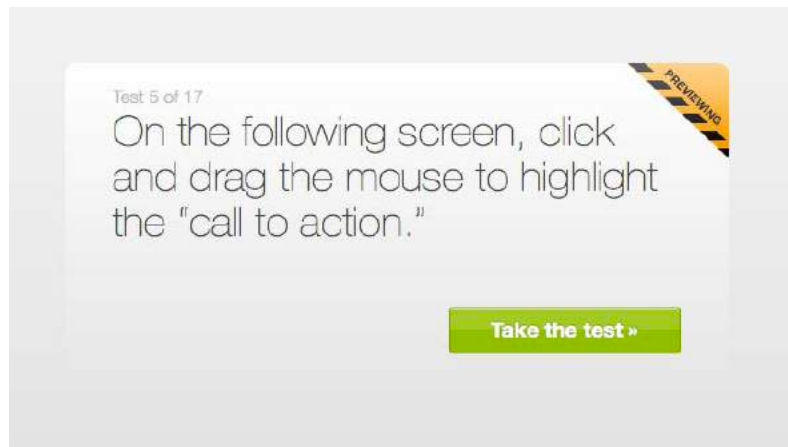
OK

I'm done annotating »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 5



Screen 1

◊ Treatment with antibiotics during the investigation period

After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.

### Results

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

### Conclusions

The epidemiologists used what they learned to prevent future outbreaks from occurring. They were able to stop the outbreak after trainees and training staff received vaccinations and antibiotics, and after hand hygiene and cough etiquette were strengthened. The information gained from this investigation will improve outbreak detection and timely response at military training installations, and new vaccines may provide opportunities to reduce pneumonia among military trainees in the future.

OK

of Pneumonia in the Setting of Fatal Pneumo-  
US Army Trainees: Potential Role of Chlamyd-  
IMC Infectious Diseases 2011 11:157



I'm done annotating »

Screen 2

## Attachment 2: Click Testing Screen Shots


### Task 6

Test 6 of 17

How would you define or explain the terms indicated by the red blinking targets? Type your answer in the blank boxes.

**Take the test »**

Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumonia meningitis* and died

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

 Centers for Disease Control and Prevention  
Office of the Director

CS26601C

I'm done labeling »

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 7

Test 7 of 17

PREVIEWING

We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.

Take the test »

Screen 1

**The Importance of Epidemiology**

**Investigation period**

During the investigation period, February 1-21, 2009, epidemiologists surveyed all trainees and training staff of the 554th Battalion, and trainees who came to the camp from their homes in the community. Nasal and throat swabs were collected from certain trainees and staff.

The survey collected:

- Demographic information
- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period

ected, the epidemiologists created  
imation. The data were analyzed to  
aining staff characteristics thought to  
nfection.

**Results**

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees

CDC 24/7

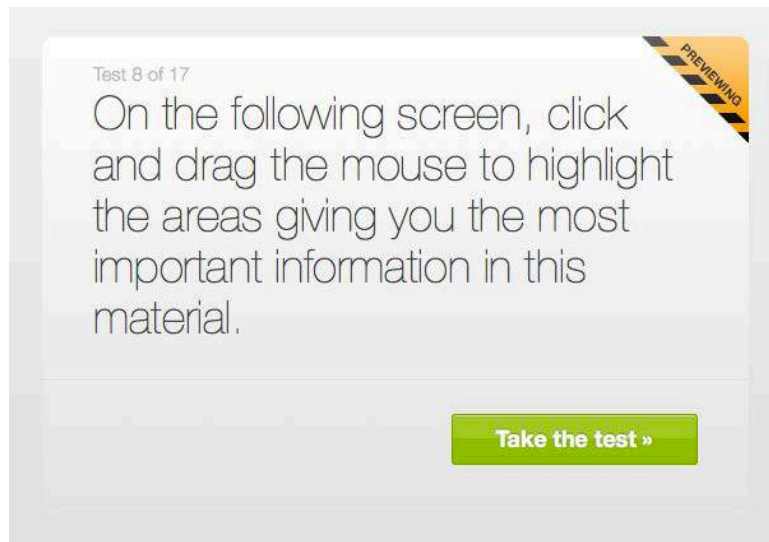
防控禽流感

I'm done annotating »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 8



Screen 1

The screenshot shows a document titled "outbreak investigation" with a background image of people in white protective suits behind a chain-link fence. The document contains the following sections:

- Epidemiology** is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.
- outbreak investigation**  
two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.
- The outbreak**
  - Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died
- Gathering information**  
Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

On the right side, there is a list of bullet points:

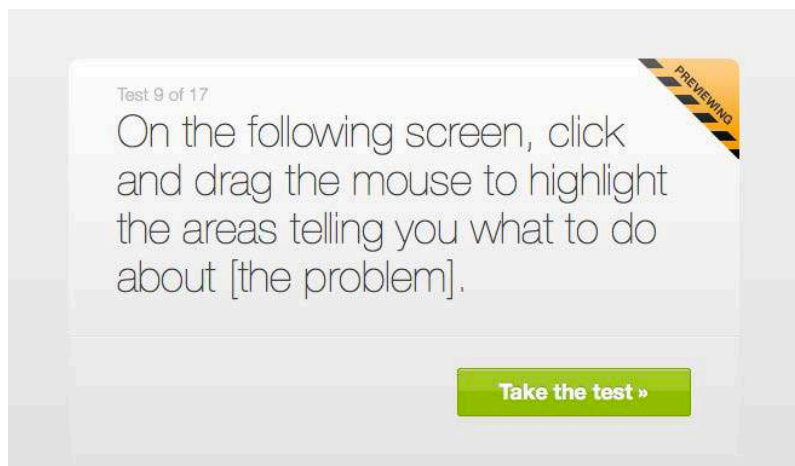
- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
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At the bottom left, there is a logo for the Centers for Disease Control and Prevention (CDC) and the text "Centers for Disease Control and Prevention Office of the Director". At the bottom right, there is a green button with the text "I'm done annotating »".

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



Screen 1

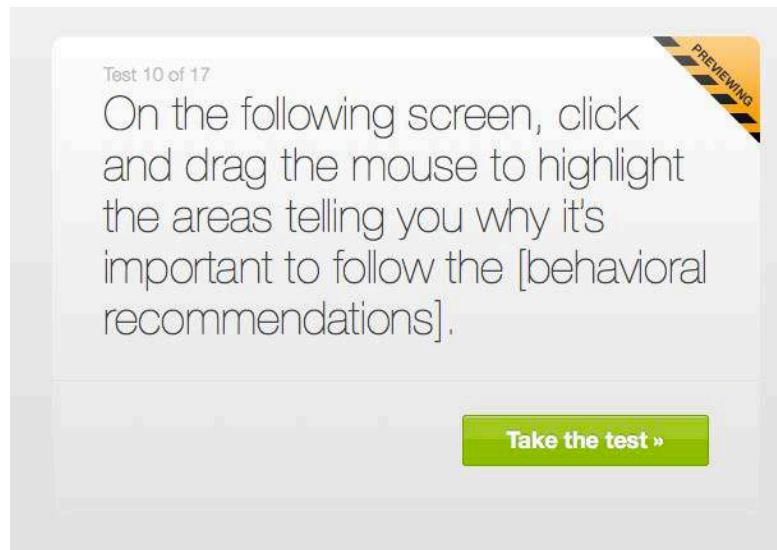
A screenshot of a presentation slide titled "The Importance of Epidemiology" with the CDC 24/7 logo in the top right. The slide is divided into two main sections. The left section, titled "Investigation period", contains text about a survey conducted from February 1-21, 2009, at the 554th Battalion. It lists the survey collected: Demographic information, Information on symptoms of illness, Health care use, Influenza vaccination status, and Treatment with antibiotics during the investigation period. It also mentions that a database was created and analyzed to determine characteristics associated with the infection. The right section features two photographs: the top one shows a large room with many people working at computers, and the bottom one shows two people in a room with a red banner that reads "防控禽流感" (Prevention and Control of Avian Influenza). A green button at the bottom right of the slide says "I'm done annotating »".

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 10



Screen 1

- Demographic information
- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period

After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.



**Results**

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

OK

ied what they learned to prevent future outbreaks from occurring. They were able to stop the outbreak after trainees and training staff received vaccinations and antibiotics, and after hand hygiene and cough etiquette were strengthened. The information gained from this investigation will improve outbreak detection and timely response at military training installations, and new vaccines may provide opportunities to reduce pneumonia among military trainees in the future.

Dawood et al.: Outbreak of Pneumonia in the Setting of Fatal Pneumococcal Meningitis among US Army Trainees: Potential Role of Chlamydia pneumonia Infection. BMC Infectious Diseases 2011 11:157

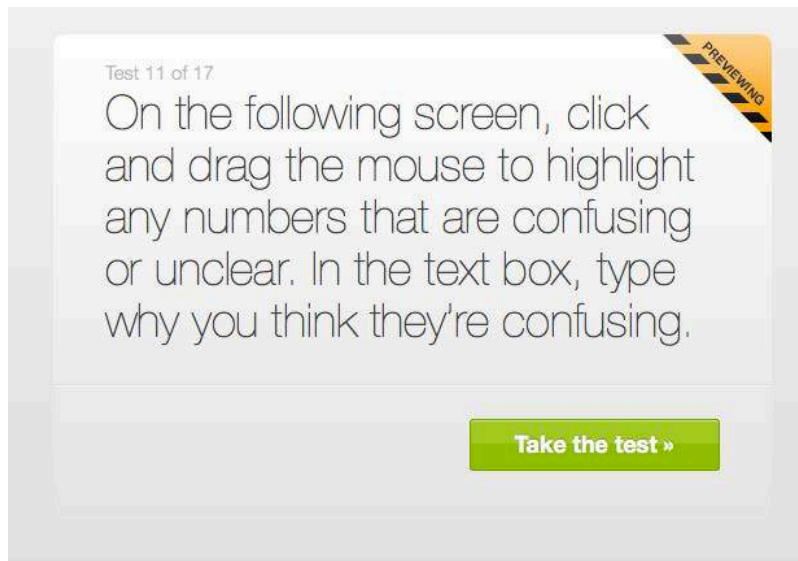


I'm done annotating »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 11



Screen 1

**The Importance of Epidemiology**



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

Both trainees belonged to Alpha Company, which consisted of 303 trainees total.

of pneumonia increased during this

d during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

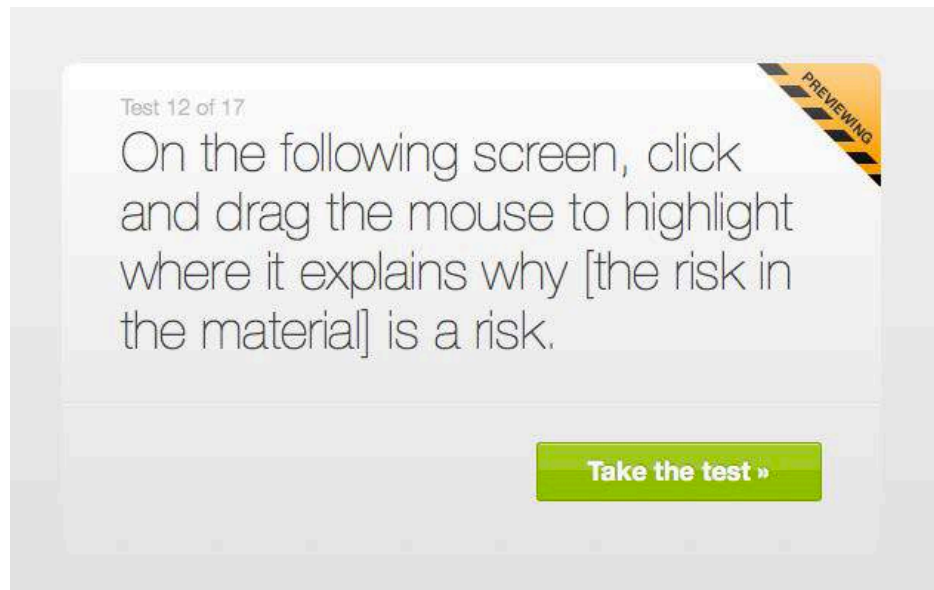
Epidemiologists collected data on symptoms, past history, laboratory testing, exam findings, and recent

I'm done annotating

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 12



Screen 1

<https://communitask12b.epimark.com/en/>

### The Importance of Epidemiology



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**outbreak investigation**

two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

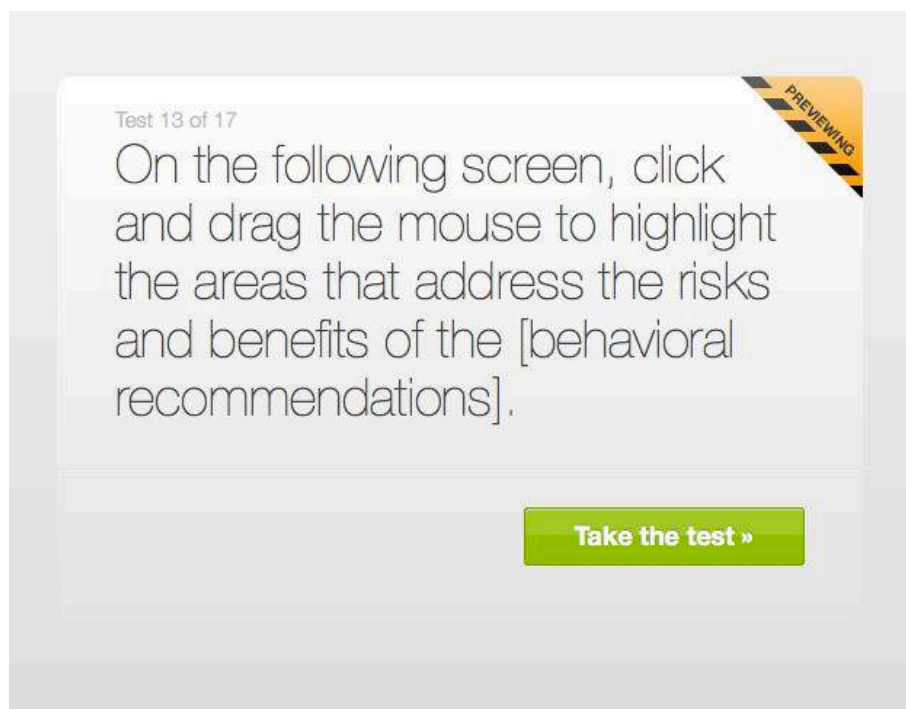
I'm done annotating »

Screen 2

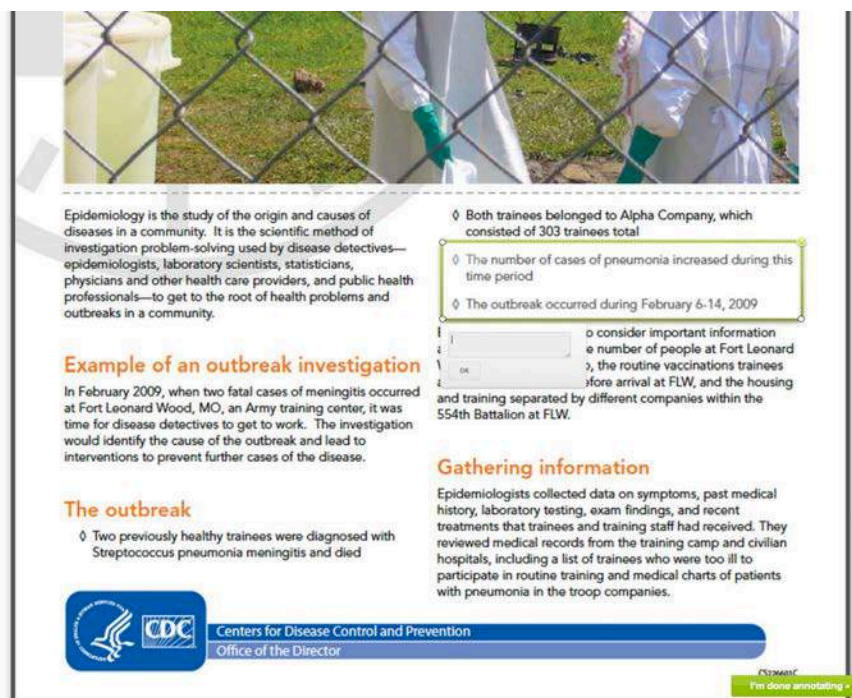


## Attachment 2: Click Testing Screen Shots

### Task 13



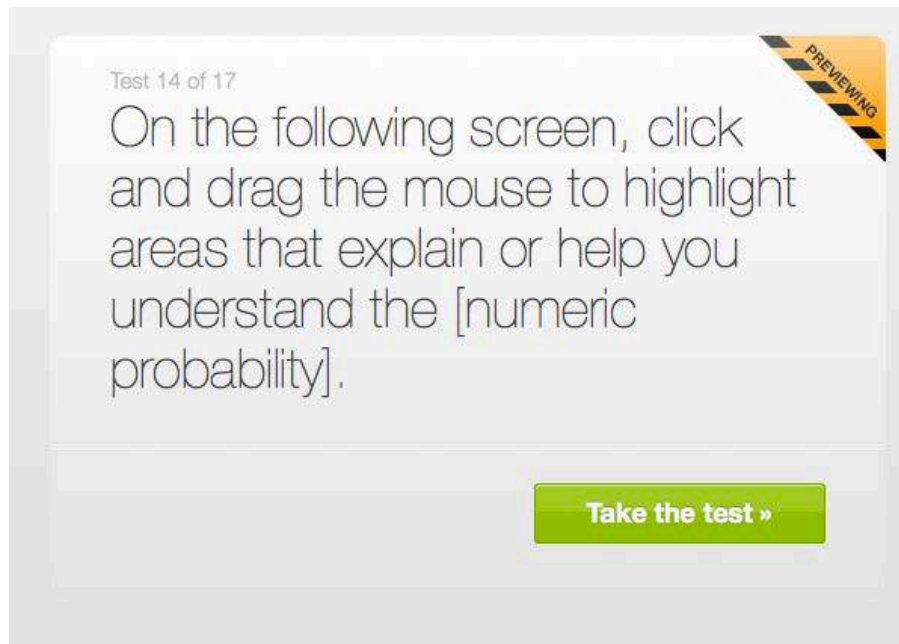
Screen 1



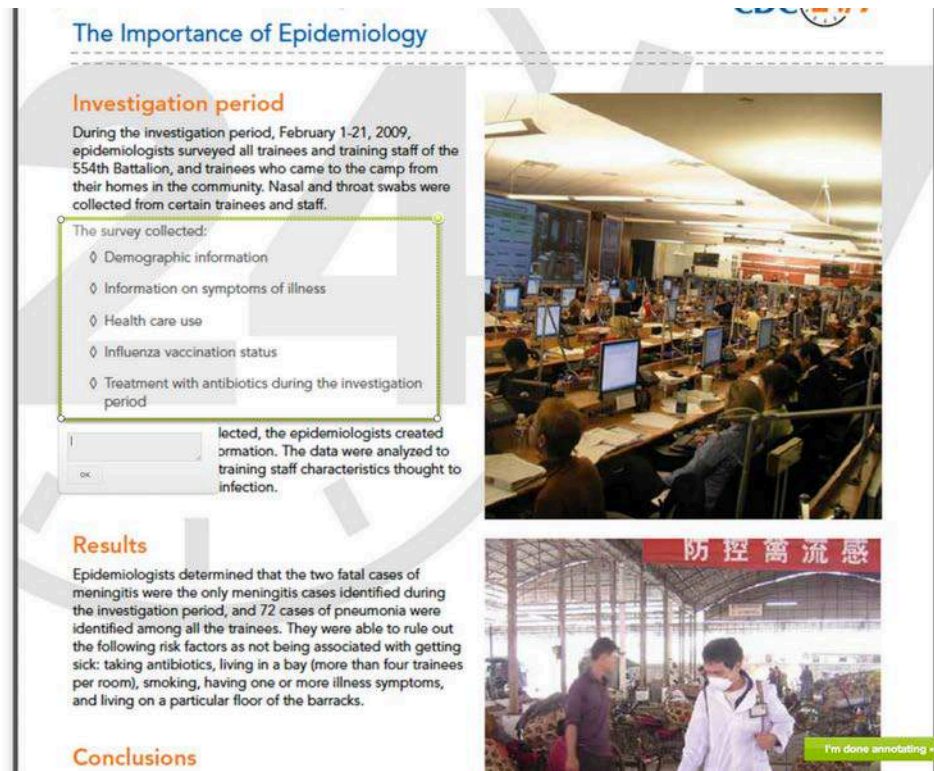
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 14



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

**Take the test »**

Screen 1

What do you think about the overall length of the material you reviewed?

☐ Too long


☐ Somewhat too long

☐ Just right

☐ Somewhat too short

☐ Too short

**Submit my answer »**



**CDC 24/7** Saving Lives. Protecting People. Saving Money Through Prevention.

### The Importance of Epidemiology

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2006, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total.
- The number of cases of pneumonia increased during this time period.
- The outbreak occurred during February 6–14, 2006.

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

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Screen 2



## Attachment 2: Click Testing Screen Shots


### Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?


Take the test »

Screen 1



Saving Lives. Protecting People.  
Saving Money Through Prevention.

The Importance of Epidemiology



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigators would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**


- Two previously healthy trainees were diagnosed with Streptococcus pneumoniae meningitis and died.

- Both trainees belonged to Alpha Company, which consisted of 200 trainees total.
- The number of cases of pneumonia increased during this time period.
- The outbreak occurred during February 6-14, 2009.

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccination trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 54th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were not ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.



Centers for Disease Control and Prevention  
Office of the Director

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 17

Test 17 of 17

Who do you think the primary audience is for this material?


**Take the test »**

Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

**Submit my answer »**



The screenshot shows a CDC 24/7 document titled "The Importance of Epidemiology". The document includes a photo of two people in white protective suits and masks standing behind a chain-link fence. The text on the page is as follows:

**CDC 24/7** Saving Lives. Protecting People. Saving Money Through Prevention.

**The Importance of Epidemiology**

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

**Key facts:**

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total.
- The number of cases of pneumonia increased during this time period.
- The outbreak occurred during February 6-14, 2009.

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 55th Battalion at FLW.

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Screen 2