Notification e-mail invitation with link to Web-based survey assessment

Subject: EDN User Assessment

Dear [recipient],

The Immigrant, Refugee, and Migrant Health Branch at the Centers for Disease Control and Prevention (CDC) is assessing the CDC Electronic Disease Notification (EDN) system to see how well it works for refugee clinics across the country and what can be done to improve the system.

We would like to get your feedback through your participation in a Web-based survey. Your feedback is extremely important. Your participation is voluntary, and there is no penalty if you choose not to participate. All responses to questions will be kept in a secure manner. Information will be reported in aggregate and individual answers will not be used. Email addresses are not linked to responses.

To take this assessment, please click the link below. By clicking "Next" on the link provided, you are providing your voluntary consent to participate in this assessment. It should take about 15 minutes to complete.

If you have questions or comments about this survey, please contact OSamson@cdc.gov or (404) 718-5632.

If you have any questions about the Electronic Disease Notification (EDN) system, please contact the Migration Health Information Nexus at MHINx@cdc.gov.

Please complete the assessment by [insert date].

[Insert link]

Thank you in advance for your time and for your interest in helping CDC evaluate and improve EDN.

Sincerely,

Olivia Samson
ORISE Fellow, Epidemiology Team
Immigrant, Refugee, and Migrant Health Branch
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention
Atlanta, GA 30329
(404) 718-5632
OSamson@cdc.gov

Reminder e-mail with link to Web-based survey assessment

Subject: Reminder: EDN User Assessment

Dear [recipient],

This is a reminder to complete the voluntary assessment survey for the Immigrant, Refugee, and Migrant Health Branch of the Centers for Disease Control and Prevention (CDC).

To take this assessment, please click the link below. By clicking "Next" on the link provided, you are providing your voluntary consent to participate in this assessment. It should take about 15 minutes to complete.

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Please complete the assessment by [insert date].

[Insert link]

Thank you for your time and for your interest in helping CDC evaluate and improve EDN.

Sincerely,

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