

Welcome!

Form Approved

OMB Control No.: 0920-1071

Expiration date: 06/30/2018

**Welcome! Thank you for your interest in helping the Centers for Disease Control and Prevention (CDC) evaluate and improve the Electronic Disease Notification (EDN) system. Your feedback is extremely important. We are assessing EDN to see how well it works for refugee clinics across the country and what we can do to improve the system. This survey is for clinical and nonclinical staff and is intended primarily for providers who see refugees.**

**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. No personal identifiers will be recorded, and an aggregated report will be available upon request. We anticipate the survey will take about 15 minutes to complete.**

**If you have questions and/or comments about this survey, please contact [OSamson@cdc.gov](mailto:OSamson@cdc.gov) or 404-718-5632.**

**If you have any questions about EDN, please contact the Migration Health Information Nexus at [MHINx@cdc.gov](mailto:MHINx@cdc.gov).**

**The MHINx unit is within the Immigrant, Refugee, and Migrant Health Branch of DGMQ at CDC and coordinates efforts within CDC to oversee the quality of the data provided by overseas panel physicians to the EDN health partners. CDC and its federal partners are working closely to improve the timeliness and completeness of the overseas medical information that is critical for your work and care of newly arrived persons.**

**By clicking Next, you are providing your voluntary consent to participate in this assessment. To proceed through the survey, select your answer for each question, and then click Next.**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

Background Information

\* 1. In which state do you work?

\* 2. Please select which of the following best describes the organization you work for.

- Academic institution or university affiliated
- Community-based or philanthropic organization or health center
- Healthcare institution or health plan
- State Health Department
- Local Health Department
- Other (please specify)

\* 3. What is your primary job function within your organization? (You may select more than one if you spend significant time in multiple roles.)

- Nurse
- Epidemiologist
- Administrative or Clerical
- Refugee Coordinator
- TB Coordinator
- TB/Refugee Coordinator
- Physician
- Other (please specify)

\* 4. Do **you** provide direct refugee patient care as part of this job?

- Yes
- No

# EDN User Assessment

## EDN Background

1. Please select how often **you** typically use the following information (when available) from the overseas medical exam to provide medical care to a refugee patient (See screenshot of panel below):

	Always	Very Often	Sometimes	Rarely	Never	Don't know
Pre-Departure Medical Screening Document (IOM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alien Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Examination (DS-2054)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis Worksheet (DS-3030)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical History and Physical Examination Worksheet (DS-3026)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccination Documentation Worksheet (DS-3025)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### EDN Forms panel

EDN Forms
<a href="#">Alien Information</a>
<a href="#">DS-2054 Medical Exam</a>
<a href="#">DS-3025 Vaccination</a>
<a href="#">DS-3026 Medical History</a>
<a href="#">DS-3030 TB Worksheet</a>

EDN Vaccination Documentation

**The following questions focus on how the information in EDN currently influences your decisions on refugee vaccinations in your clinic.**

1. Before or during a refugee's first visit for vaccines, how often do **you** have access to his or her DS-3025 Vaccination Documentation Worksheet in EDN?

- Always
- Very Often
- Sometimes
- Rarely
- Never

2. What prevents you from accessing the DS-3025 in EDN?

3. For each of the following options for accessing the Vaccination Documentation Worksheet, please indicate how often you refer to each (see examples below):

	Always	Very Often	Sometimes	Rarely	Never
EDN web form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanned PDF of DS-3025	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DS-3025 form hand-carried by client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DS-3025 form sent by Volunteer Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DS-3025 form sent by Local/State Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Electronic Disease Notification (EDN)

1 of 2? 100% Find | Next

### VACCINATION DOCUMENTATION WORK SHEET

DS-3025

Name (Last, First, MI)		Exam Date (mm/dd/yyyy)
Birth Date (mm/dd/yyyy)	Passport Number	Allen (Case) Number

#### 1. Immunization Record

Vaccine	Vaccine History Transferred From a Previous Record List Chronologically from Left to Right. Provide dates mm-dd-yyyy				Vaccine Given by Panel Site	For Designated Refugees Only: Additional Vaccine Given Q/IGV*	Test for Immunity	Blanket Waiver(s) To Be Requested if Vaccination Not Medically Appropriate
	Date	Date	Date	Date				
Hib								
Hepatitis B								
Influenza								
Hepatitis A								
[ ] DT, DTP, DTap								
[ ] Td								
[ ] Tdap								
[ ] Polio-OPV								
[ ] Polio-IPV								
[ ] MMR								
[ ] Measles								
[ ] Mumps								
[ ] Rubella								
[ ] Rotavirus RotaTeq(RV5)								
[ ] Rotavirus Rotarix(RV1)								
[ ] Meningococcal MCV4								
[ ] Other Meningococcal MCV conjugate								
[ ] Varicella Vaccine								
[ ] Varicella history								
[ ] Pneumococcal PCV7								
[ ] Pneumococcal PCV10								
[ ] Pneumococcal PCV13								
[ ] Pneumococcal PPV23								
Other								

\* Only for designated refugees in special ICM vaccination program. Blanket waiver legend: A - Not age appropriate B - Insufficient time interval to complete series C - Contra-indicated D - Not routinely available F - Not flu season H - Known chronic hepatitis B virus infection

#### 2. Summary for Immigrant Visa Applicants

<input type="checkbox"/> US vaccination requirements COMPLETE (Requesting a Blanket Waiver)	US vaccination requirements NOT Complete:
	<input type="checkbox"/> Requesting Individual Waiver based on religious or moral convictions
	<input type="checkbox"/> Requesting Adoptee Exemption
	<input type="checkbox"/> Applicant refuses vaccinations

3. Panel Physician (Name)	Date (mm-dd-yyyy)
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U.S. Department of State  
**VACCINATION DOCUMENTATION WORKSHEET**  
 To Be Completed by Panel Physician Only  
 For US Vaccination Requirements

OMB No. 1405-0113  
 EXPIRATION DATE: 09/30/2017  
 ESTIMATED BURDEN: 30 minutes  
 (See Page 2 of 2)

**GIVE COPY TO APPLICANT**

Photo	Name (Last, First, MI)	Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
	Passport Number	Alien (Case) Number		

1. Immunization Record Vaccine History Transferred From a Written Record <i>List Chronologically from Left to Right. Provide date as mm-dd-yyyy</i>	Vaccine Given By Panel Site	For Designated Refugees Only: Additional Vaccine Given by IOM*	Test for Immunity	Indicate reason below. Mark all that apply (see legend): A, B, C, D, F, H
Vaccine	Date	Date	Date	Date
Diphtheria, tetanus, pertussis <input type="checkbox"/> DT, DTP, DTaP				
<input type="checkbox"/> Td				
<input type="checkbox"/> Tdap				
Polio <input type="checkbox"/> OPV				
<input type="checkbox"/> IPV				
Measles, mumps, rubella <input type="checkbox"/> MMR				
<input type="checkbox"/> Measles				
<input type="checkbox"/> Mumps				
<input type="checkbox"/> Rubella				
Rotavirus <input type="checkbox"/> RotaTeq (RV5)				
<input type="checkbox"/> Rotarix (RV1)				
Hib				
Hepatitis A				
Hepatitis B				
Meningococcal <input type="checkbox"/> MCV4				
<input type="checkbox"/> Other MCV conjugate				
Varicella <input type="checkbox"/> Vaccine				
<input type="checkbox"/> Varicella History				
Pneumococcal <input type="checkbox"/> PCV 7				
<input type="checkbox"/> PCV 10				
<input type="checkbox"/> PCV 13				
<input type="checkbox"/> PPSV 23				
Influenza				
Other				

<b>2. Summary for Immigrant Visa Applicants</b> <input type="checkbox"/> US vaccination requirements COMPLETE <i>(Requesting a Blanket Waiver)</i>	US vaccination requirements NOT Complete: <input type="checkbox"/> Requesting Individual Waiver based on religious or moral convictions <input type="checkbox"/> Requesting Adoptee Exemption <input type="checkbox"/> Applicant refuses vaccinations
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3. Panel Physician Name (printed) _____	Panel Physician signature	Date (mm-dd-yyyy)
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I attest I performed this examination and have an agreement with the Department of State or supervised completion of this form. I am the same Panel Physician that signs the DS 2054.

\* Only for designated refugees in special IOM vaccination program

Blanket waiver legend: A Not age appropriate B Insufficient time interval to complete series C Contraindicated D Not routinely available F Not flu season H Known chronic hepatitis B virus infection

4. How much do you agree with the following statement?

I trust the vaccination documentation available for refugees in the EDN web form.

- Strongly Agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

5. Do you rely on the vaccination information in the EDN web form, either directly on your computer or printed from EDN, to make clinical decisions?

- Yes
- No

6. Please explain how the vaccination information in the EDN web form impacts your clinical decisions:



EDN Vaccination Documentation continued

**The following questions will be asked for refugee children (<19 years of age) and adults separately. If you provide care for only adults or children, please leave the other section blank.**

**Refugee Children**

1. Does the vaccination information in the EDN web form determine which vaccines you administer to refugee **children**?

- Yes
- No
- N/A

2. If yes, please select the vaccines that apply:

- MMR
- DTP/DTap
- Hep B
- Hib
- Polio
- PCV
- Rotavirus
- Td
- Other (please specify)

3. If EDN included the results of Hepatitis B surface antigen screening, a component of the overseas vaccination program, how would that impact your clinical practice for refugee **children**?

EDN Vaccination Documentation continued

**The following questions will be asked for refugee children (<19 years of age) and adults separately. If you provide care for only adults or children, please leave the other section blank.**

**Refugee Adults**

1. Does the vaccination information in the EDN web form determine which vaccines you administer to refugee **adults**?

- Yes
- No
- N/A

2. If yes, please select the vaccines that apply:

- MMR
- Hep B
- Td
- Other (please specify)

3. If EDN included the results of Hepatitis B surface antigen screening, a component of the overseas vaccination program, how would that impact your clinical practice for refugee **adults**?

Learning More About EDN Vaccination Documentation

1. How often do you access the CDC Immigrant Refugee Migrant Health Branch (IRMHB) website at <https://www.cdc.gov/immigrantrefugeehealth/index.html> to learn more about EDN?

- Always
- Very often
- Sometimes
- Rarely
- Never

2. How often do you access the IRMHB website to learn more about vaccination information that is included in EDN such as the overseas vaccination schedule that is provided for some refugees during the overseas medical exam process?

(<https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html>)

- Always
- Very often
- Sometimes
- Rarely
- Never

3. Has the information on the IRMHB website communicated to you that the Vaccination Documentation Worksheet in EDN is an up to date source of information on a refugee's vaccination history?

(<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-refugee-questions.html>)

- Yes
- No
- N/A

EDN Use

\* 1. Which of the following best describes your EDN use?

- I use EDN for clinical purposes
- I use EDN for surveillance, program evaluation, or public health assessment purposes
- I use EDN for **BOTH** clinical and other purposes
- I have not used EDN

Using EDN

The following questions will focus on your current use of EDN and access to EDN records.

1. How often do you use EDN?

- Daily
- Weekly
- Monthly
- A few times a year
- Yearly
- Less than once per year
- Never

2. Which internet browsers (if any) have you used to open the EDN portal on your computer?

- Google Chrome
- Safari
- Firefox
- Internet Explorer
- Other (please specify)

3. Of the internet browsers you have used, which (if any) havenot been able to open the EDN portal?

- Google Chrome
- Safari
- Firefox
- Internet Explorer
- No problems with browsers
- Other (please specify)

4. In general, what is your experience with EDN load times?

- EDN usually loads quickly enough (even if quicker still would be better)
- EDN is usually pretty slow but that doesn't stop me from using it (it is a minor annoyance)
- I have sometimes given up on waiting for something to load (it is a major annoyance)
- I avoid using EDN at all costs because load times are so slow (it is broken)

5. How often do you typically use the following functions in EDN? (Please see screenshots from EDN panel below)

	Always	Very Often	Sometimes	Rarely	Never
Alien List	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alien Search	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Batch Print	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Download	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enter information on TB follow-up worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generate blank TB follow-up worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access and print scanned documents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

*EDN Workflow panel*

<b>EDN Workflow</b>
<a href="#">Home</a>
<a href="#">Alien List</a>
<a href="#">Alien Search</a>
<a href="#">Batch Print</a>
<a href="#">Reports</a>
<a href="#">Data Download</a>

*EDN TB Worksheet panel*

<b>Worksheet</b>
<a href="#">Worksheet Data Entry</a>
<a href="#">Generate Alien's TB Follow-Up Worksheet</a>

EDN Activities panel

EDN Activities
<a href="#">View/Update Address</a>
<a href="#">View All Documents</a>
<a href="#">View Scanned Docs</a>
<a href="#">Migration Report</a>

6. How often have you been able to access EDN medical forms of refugees from other counties or states outside of your EDN user jurisdiction who came into your organization? *(For example, secondary migration of refugee from Florida to Georgia jurisdiction)*

- Always
- Very Often
- Sometimes
- Rarely
- Never
- N/A

7. Of the times you are **unable** to access a refugee's EDN record, how often is it either because of the load time or inability to open the record?

- Always
- Very Often
- Sometimes
- Rarely
- Never
- N/A

EDN User Approval

**This question will focus on the process of getting credentials to access EDN.**

1. Did you have difficulty becoming an authorized EDN User? Please select where you had difficulty (Choose all that apply):

- Registering for SAMS (Secure Access Management Services)
- Completing EDN User Agreement
- Completing EDN Rules of Behavior
- Obtaining approval signatures from Refugee Health Coordinator or State TB Coordinator
- None
- Can't remember
- Other (please specify)



EDN Support

The following questions will focus on technical support for using EDN.

1. Please select which of the following you use or would consider using in the future for support if you have a problem with EDN.

	Currently use	Would use	Neither
Fellow Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact at CDC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EDN Help Desk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EDN Help Links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal trainings at workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

2. Have you used any of the following EDN Help Links? (located in left panel in EDN under “Help”, see screenshot below)

	Yes	No
New User Training	<input type="radio"/>	<input type="radio"/>
EDN Quick Help Document	<input type="radio"/>	<input type="radio"/>
New DS Forms Webinar	<input type="radio"/>	<input type="radio"/>
EDN Interjurisdictional Transfer Protocol	<input type="radio"/>	<input type="radio"/>
Data Dictionary for Data Download	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## EDN Help Links

<b>Login</b>
<a href="#">Logout</a>
<a href="#">Administrative Tasks</a>
<b>EDN Workflow</b>
<a href="#">Home</a>
<a href="#">Alien List</a>
<a href="#">Alien Search</a>
<a href="#">Batch Print</a>
<a href="#">Reports</a>
<a href="#">Data Download</a>
<b>Help</b>
<a href="#">Contacts</a>
<a href="#">Help</a>

## Help Links

- [New User Training](#)
- [EDN Quick Help Document](#)
- [New DS Forms Webinar](#)
- [Old TB Follow-Up Guide \(2013 and earlier\)](#)
- [New TB Follow-Up Guide](#)
- [New TB Worksheet with Vairable Names](#)
- [New TB Follow-Up Worksheet Webinar](#)
- [EDN Interjurisdictional Transfer Protocol](#)
- [Data Dictionary for Data Download](#)

EDN Helpdesk 1-866-226-1617

EDN Helpdesk Email [edn@cdc.gov](mailto:edn@cdc.gov)

3. To what degree do you find the EDN Help Links helpful?

- Very helpful
- Somewhat helpful
- Unhelpful
- Very unhelpful
- N/A

EDN Satisfaction

1. What is your overall level of satisfaction with the EDN system?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

2. What could we do to improve the EDN system? Please feel free to describe any difficulties you have encountered with EDN.

Closing Question

1. Please use the space below to leave any comments you have about EDN.

**You have reached the end of the survey—thank you for your participation!**

**Please contact [MHINx@cdc.gov](mailto:MHINx@cdc.gov) with questions.**

**For more information on the overseas vaccination program for U.S. bound refugees, visit <https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html>**