

Form Approved OMB No. 0920-0879 Expiration Date 01/31/2021

CDC estimates the average public reporting burden for this collection of information as **9 minutes** including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).



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2020 Vector Control Assessment

Background:

This assessment aims to collect information on the status of mosquito and tick surveillance and control programs in your district or jurisdiction. Your responses to this questionnaire will inform the CDC of the status and needs of each district or jurisdiction in your state regarding mosquito and tick control.

This assessment was supported by the Centers for Disease Control and Prevention (CDC) under cooperative agreement 6 NU38OT000306 02 01. NACCHO is grateful for this support. Its contents are solely the responsibility of NACCHO and do not necessarily represent the official views of the sponsor.

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0920-0879, "Vector Surveillance and Control Assessment: Post Zika-Response and Tick Capacities," expiration date 01/31/2021.



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Instructions:

This questionnaire is designed so that it can be completed in multiple sittings, however it is estimated to take 9 minutes or less to complete. As you complete the questionnaire, all of your responses will be saved and can be changed at any time, up until the final page.

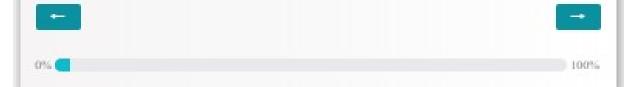
Read and answer each question based on if your program completes an activity in house, contracts the service to another organization, or has another type of agreement with an external agency who performs the service on your program's behalf unless otherwise stated. Questions that directly ask for your program's in house capabilities should be answered based on your program's internal capacity to perform the activity.

This survey is unique to . If you support multiple agencies, the email you received will indicate the health department that we are surveying. The results of this assessment will be reported and shared in an aggregate format only. Your individual responses will not be shared with anyone else.

We recommend that you use the latest version of the browser of your choice. The web browsers supported by the assessment software are Mozilla Firefox, Google Chrome, Apple Safari, and Internet Explorer. Please do not use your web browser's back button when working on this assessment. Only use the navigation buttons provided by the survey's application program.

We ask that you complete this assessment by [MONTH, DAY, 2020].

If you experience problems with the questionnaire, please contact Danielle Chatelain at dchatelain@naccho.org or at 202-559-4318.



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