

National Electronic Disease Surveillance System Base System (NBS) 7 Transition User Assessment

Language for email outreach and the assessment introduction:

The Council of State and Territorial Epidemiologists (CSTE), through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), convenes and supports the NBS Community of Practice to foster collaboration and to inform national NBS priorities and modernization activities.

CSTE's objective for this assessment is to collect information from jurisdictions who are currently utilizing the National Electronic Disease Surveillance System Base System (NBS) on what their plans are for moving from NBS 6 to NBS 7, and what else might be needed to make those plans a reality. This includes supporting the transition between systems, as well as supporting the operation of the upgraded system in the long term. Your feedback will be used to inform future strategy and resource allocation in support of adoption of NBS 7.

Completing the assessment is voluntary and takes approximately 30-45 minutes. Please submit one response per jurisdiction. We recognize that no one person will hold all the knowledge of topics assessed here, and request that each jurisdiction internally coordinates to ensure the right people respond to the appropriate sections. You will be able to save your responses and continue later.

Results of the assessment will be shared with CDC, as well as aggregated and shared with the NBS Community of Practice via a final report and/or webinar. CDC and CSTE will not share any identifying information about individual respondents or health departments/agencies to a larger audience.

If you have questions regarding this assessment, please contact Bridget Teevan at bteevan@cste.org.

Thank you for your participation.

Test	<input type="checkbox"/>						
Development	<input type="checkbox"/>						

[The following displays only if 'Other' selected at least once (1) within question 4.] Please indicate which other version of NBS is utilized in the applicable environments. *[open-ended text field]*

5. What environment currently hosts your NBS system?

	Cloud Hosted by Vendor or CDC	Cloud Hosted by Jurisdiction	Hosted On-Premises	Hosted On-Premises but Actively Working to Move to Cloud	Other	Not Applicable
Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[The following displays only if 'Other' selected at least once (1) within question 5.] Please describe what other type of hosting arrangement occurs in your jurisdiction for NBS. *[open-ended text field]*

- [This question only displays if "Cloud Hosted by Vendor or CDC", "Cloud Hosted by Internal Agency", or "Hosted On-Premises but Actively Working to Move to Cloud" were chosen in question 5.]* Who is your cloud provider and host? (e.g. Internal Agency AWS Cloud, XX Vendor Azure Cloud) *[open-ended text field]*
- [This question only displays if "Cloud Hosted by Vendor or CDC", "Cloud Hosted by Internal Agency", or "Hosted On-Premises but Actively Working to Move to Cloud" were chosen in question 5.]* What supports were/are essential to your success with implementing NBS in the cloud? (e.g., Vendor support, Additional funding, Technical skillset of internal staff) *[open-ended text field]*
- [This question only displays if "Cloud Hosted by Vendor or CDC", "Cloud Hosted by Internal Agency", or "Hosted On-Premises but Actively Working to Move to Cloud" were chosen in question 5.]* What

challenges did/do you need to overcome to implement NBS in the cloud? *[open-ended text field]*

9. *[This question only displays if “Hosted On-Premises” or “Other” were chosen in question 5.]* What cloud provider and host are preferred by your jurisdiction for hosting within the public health agency? (e.g. Internal Agency AWS Cloud, XX Vendor Azure Cloud) *[open-ended text field]*

10. *[This question only displays if “Hosted On-Premises” or “Other” were chosen in question 5.]* Have you previously attempted to move NBS into a cloud environment but were unsuccessful?

- Yes *[Selecting this option displays question 11.]*
- No
- Unsure

11. *[This question only displays if “Yes” was chosen in question 10.]* What challenges led to the previous attempt at cloud migration being unsuccessful? *[open-ended text field]*

12. Do you have maintenance control over your NBS environment, or do you work with a vendor for system updates?

- Jurisdiction Public Health conducts maintenance
- Public Health requests maintenance from related jurisdiction agency (e.g., State IT)
- Vendor conducts maintenance *[Selecting this option displays question 13.]*

13. *[This question only displays if “Vendor conducts maintenance” was chosen in question 12.]* Which vendor currently supports your NBS system? *[open-ended text field]*

14. What concerns do you have surrounding cloud hosting of NBS, either on a jurisdictionally-hosted cloud, vendor-hosted cloud, or CDC-hosted cloud? *Please select all areas that represent concerns.*

	No Major Concerns in this Area	Concerns with Jurisdiction-Hosted	Concerns with Vendor-Hosted	Concerns with CDC-Hosted Cloud
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		Cloud	Cloud	
Financial Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy/ Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Transition Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Technical Skillset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[The following displays only if 'Concerns with Vendor-Hosted Cloud' OR 'Concerns with Jurisdiction-Hosted Cloud' OR 'Concerns with CDC-Hosted Cloud' selected at least once (1) within question 14.] Please expand on why you selected concern with any of the above areas. Describe what it would take to alleviate these concerns. *[open-ended text field]*

15. Would the availability of CDC hosting be important to adoption of NBS 7?

- Yes, specify: *[open-ended text field]*
- No
- Unsure

16. Below is a list of software that will need to be run to support NBS 7. Do you have concerns about your ability to implement any of the following cloud-based technologies utilized by NBS 7, either due to lack of technical expertise (internally or with vendor) or agency IT security approval processes?

- Elastic Search
- Kafka
- Microsoft SQL Server
- Docker
- Kubernetes
- NGINX Ingress Controller
- FluentBit
- Istio
- Terraform
- Rhapsody
- SAS

- Cert-Manager (optional)
 - Prometheus and Grafana (optional)
 - No concerns about implementing cloud-based technologies
 - Other, specify: *[open-ended text field]*
17. *[Only display this question if any selections other than “No concerns about implementing cloud-based technologies” are made on question 16.]* Please elaborate on your concerns with the technologies selected in the previous question. *[open-ended text field]*
18. CDC’s future goal is to have all NBS jurisdictions on NBS version 7. When does your jurisdiction plan to adopt NBS version 7?
- Currently testing or proceeding with NBS 7 adoption *[Selecting this option displays questions 20, 21, 22.]*
 - Actively scoping and likely to adopt *[Selecting this option displays questions 20, 21, 22.]*
 - No current plans, but not opposed to NBS 7 adoption *[Selecting this option displays question 19.]*
 - Leaning away from adoption *[Selecting this option displays questions 19, 23.]*
 - Will not adopt NBS 7 *[Selecting this option displays question 23.]*
 - Unsure about future plans *[Selecting this option displays question 19.]*
19. *[This question only displays if “No current plans, but not opposed to NBS 7 adoption” OR “Unsure about future plans” OR “Leaning away from adoption” were chosen in question 18.]* What additional information do you need in order to help make your decision about adoption of NBS version 7? *[open-ended text field]*
20. *[This question only displays if “Currently testing or proceeding with NBS 7 adoption” or “Actively scoping and likely to adopt” were chosen in question 18.]* Do you have a cloud provider planned for NBS 7?
- Yes, specify: *[open-ended text field]*
 - No
 - Unsure

21. *[This question only displays if “Currently testing or proceeding with NBS 7 adoption” or “Actively scoping and likely to adopt” were chosen in question 18.]* What additional resources do you anticipate needing to support this transition?
- User Acceptance Test Worksheets
 - Customization Guide (i.e., how to ensure custom code transfers)
 - Data Migration Assistance
 - External Technical Assistance, please provide details: *[open-ended text field]*
 - System Documentation, please provide details: *[open-ended text field]*
 - Training Materials, please provide details: *[open-ended text field]*
 - Additional Staffing, please provide details: *[open-ended text field]*
 - Additional Funding, please provide details: *[open-ended text field]*
 - Other, specify: *[open-ended text field]*
22. *[This question only displays if “Currently testing or proceeding with NBS 7 adoption” or “Actively scoping and likely to adopt” were chosen in question 18.]* How do you anticipate that this transition will affect your other current or planned work/priorities? *[open-ended text field]*
23. *[This question only displays if “Leaning away from adoption” or “Will definitely not adopt NBS 7” were chosen in question 18.]* What are your current plans for the future?
- Stay on NBS 6 only if there is continued CDC support
 - Stay on NBS 6, even without CDC support
 - Adopt a new surveillance system *[Selecting this option displays questions 24, 25.]*
 - Unsure, please elaborate: *[open-ended text field]*
24. *[This question only displays if “Adopt a new surveillance system” was chosen in question 23.]* Which surveillance system do you anticipate adopting?
- Build a local system
 - EpiTrax
 - Inductive Health EDSS
 - Maven
 - RSM Disease Surveillance System

- o Salesforce Health Cloud
- o WorldCare
- o Unsure
- o Other, specify: *[open-ended text field]*

25. *[This question only displays if “Adopt a new surveillance system” was chosen in question 23.]* What were your top deciding factors for adopting this new surveillance system? *[open-ended text field]*

26. Please describe your planned timeline for any upcoming surveillance system transition (to NBS 7 or another system). (e.g., When do you plan to start testing with a new system and then how long do you think it will take to have it fully implemented in production?) *[open-ended text field]*

27. What concerns do you have around your capacity and resources to transition to and maintain NBS version 7? *Please select all areas that represent concerns.*

	No Major Concerns	Concerns with Transition to NBS 7	Concerns with On-Going Operation of NBS 7
Staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training of End Users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Knowledge and Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of NBS Technical Support Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBS System Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[The following displays only if ‘Concerns with Transition to NBS 7’ OR ‘Concerns with On-Going Operation of NBS 7’ OR selected at least once (1) within question 27.]</i> Please expand on why you selected concern with any of the above areas. Describe what it would take to alleviate these concerns. <i>[open-ended text field]</i>			

28. What features must exist within or be in a clear phase of development within NBS 7 for you to transition or consider transitioning? *[open-ended text field]*
29. Has the communication from CDC to NBS user jurisdictions surrounding the transition from NBS 6 to 7 been sufficient?
- o Yes
 - o No *[Selecting this option displays question 30.]*
 - o Unsure *[Selecting this option displays question 30.]*
30. *[This question only displays if “No” or “Unsure” was chosen in question 29.]* What additional communication surrounding this transition would be helpful? *[open-ended text field]*
31. Are there any other questions or concerns you’d like to communicate to CSTE and CDC about the transition to NBS 7? *[open-ended text field]*

Thank you for participating in this assessment. Your input will help inform CDC's planning and support for NBS jurisdictions' transition to NBS 7.

Advancing to the next page will save and submit your responses.

We thank you for your time spent taking this survey. Your response has been recorded.

Public reporting burden of this collection of information is estimated to average 45 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1050

