CDC-RFA-CE20-2005:
Firearm Surveillance Through Emergency Rooms (FASTER)
May 18, 2020

Frequently Asked Questions

1. **Question: We are in the process of rolling over to the National Syndromic Surveillance Program's (NSSP's) version of the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) – we currently use our own form. Would this disqualify us from grant funds, or can we proceed using the system we have in place?**

   Answer: Please see Page 24 of the NOFO, which outlines that ***the applicant must use the national ESSENCE platform for their syndromic surveillance data management on or before the application due date:***

   Eligible applicants must submit a letter of support (LOS) or Memorandum of Understanding (MOU) from their NSSP Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE data explicitly confirming the following items:

   - Applicant uses the national ESSENCE platform for their syndromic surveillance data management on or before the application due date.
   - Applicant collects and accesses data on a minimum of 75% of emergency department (ED) visits occurring within their state at the time of application, including visits from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED visits and Level 1-3 trauma centers in the state collected by their surveillance system (e.g., currently, 75% of all ED visits in the state are reported into NSSP ESSENCE) should be specified.
   - Applicant confirms required access to NSSP ESSENCE data.
   - Applicant confirms that the state NSSP staff will manage the authorization process for future CDC users.

   Applications that do not meet these criteria will be considered non-responsive and will not move forward for review.

2. **Questions related to eligibility:**
   a. **Can an emergency department (ED) physician primarily employed by a hospital apply for this grant if collaborating with state public health departments?**
   b. **If we are primarily employed by a hospital for our research but can obtain a government sponsor or partner, are we eligible?**
   c. **Can the academic/ hospital employee be listed as the principal investigator (PI)? Or should that be the state partner?**

   Answer: Please see Page 24 of the NOFO, which states that per the program's statutory authority, the only types of entities listed as eligible to apply are: state governments or their bona fide agents (includes the District of Columbia), local governments or their bona fide

agents, territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Bona fide agents and fiscal intermediaries are organizations designated by the health department as eligible to submit a grant application in lieu of the health department. These organizations may simply apply for the grant and transfer funds to the health department, or may undertake more of the grant activities, depending on the local situation.

If applying as a bona fide agent or fiscal intermediary of a state or local government, documentation must be submitted that establishes the validity of the agent. The documentation should acknowledge the bone fide agent status. A letter on official letterhead is acceptable if the proper signature from an authorizing official is provided.

3. **Question: Validation study with medical record review is not required, but will it be funded?**

   Answer: Please see Page 8 of the NOFO, which states that ***extensive validation studies, including medical record review, are not required by this NOFO but are permitted.***

   Strategies to validate and revise the syndrome definition are expected to be ongoing during the first two years of the project and should not delay the production of quarterly reports outlined below. Validation should include at least one of the following, but may also include a combination of these methods: analyzing the ICD-10-CM codes from identified visits in a subset of hospitals that submit text information and ICD-10-CM codes; comparing historical trends generated using syndrome definitions with trends recorded in other data sources, such as ED discharge files; assessing the ability of syndrome definitions to identify past increases in firearm injuries; and comparing results of different types of keyword searches. Additionally, innovative methods, such as using machine learning or natural language processing to improve the ability to either filter out or include terms related to cases of interest, may be incorporated into syndrome definition validation approaches.
   - To facilitate validation efforts, applicants are strongly encouraged to calculate indicator trends from 2016 (based on the data availability) to present.
   - Extensive validation studies such as record review are not required by this NOFO.

4. **Questions related to syndrome definitions:**
   a. **Are the syndrome case definitions for firearm injury going to be provided by CDC for state/local use or will we develop and evaluate our own definitions?**
   b. **Will the program used by CDC be shared with states so we can use same method for validation?**

   Answer: Please see Page 7 of the NOFO. ***CDC will provide the syndrome definitions.*** More specifically:

Recipients will be required to use standard CDC syndrome definitions, which incorporate text related to firearm injury ED visit chief complaints and discharge diagnosis codes, to track the above indicators. As ED syndrome identification often relies on text searches of ED chief complaint, clinical impressions, and/or triage notes, these approaches may need to be customized in consultation with CDC to account for local variation in the text entry conventions and quality. CDC will provide more information and guidance around the use of standard syndrome definitions upon funding.

5. **Question: Support for the local Syndromic program can take what form? Staffing? Other activities?**

   Answer: Please see Page 33 of the NOFO. ***The applicant's budget must also include evidence of direct support of and collaboration with the staffing unit collecting their rapid ED data by budgeting at least $75,000 to the staffing unit collecting rapid ED data to support efforts to maintain and enhance collection of rapid ED data for this program.*** This funding allocation is designed to ensure that sufficient support is provided to the staffing unit collecting the data; funds may be used to support staff or infrastructure.

6. **Question: What type of data or elements are needed for the CDC report?**

   Answer: Please see Page 9 of the NOFO, which outlines what data elements will be included in the quarterly state/territory and county indicator reports stratified by month that are generated by CDC for recipients to verify.

   The recipient will be required to verify quarterly state/territory and county indicator reports stratified by month generated by CDC on an ongoing basis from January 1, 2021 until August 31, 2023. CDC will provide a template report and a brief overview of each report is provided below.

   - In the state/territory report, ***recipients will be asked to verify the number and rate of ED visits related to total nonfatal firearm injuries and nonfatal firearm injuries by intent (intentional self-inflicted, unintentional, and assault-related) for the most recent three-month period available by the following demographic information: sex, age group, race/ethnicity (if available), and disposition (if available).*** The data used in the reports should have a lag time of <3 months. For example, April 2021's report should include data no older than October 2020 to December 2020. Statistically significant quarterly and monthly changes should be highlighted. All available ED data should be used when calculating the demographic rates for each indicator.
   - In the county report, ***recipients will verify the number and rate of ED visits related to total firearm injuries and by intent (intentional self-inflicted, unintentional, and assault-related) occurring for each county with data from the most recent three-month period available.*** The data used in the reports should have a lag time of <3 months. For example, April 2021's report should include data no older than October 2020 to December 2020. Statistically significant quarterly and monthly changes should be highlighted.

7. **Question: The next webinar is set for next Monday (Memorial Day). Just confirming that the webinar is occurring on the holiday in case I have questions.**

   Answer: The next informational call has been changed to Thursday, May 28, 2020 at 2:30 pm EDT via Zoom meeting. Additional meeting information is below.

   Thursday, May 28, 2020 at 2:30 pm EDT Join ZoomGov Meeting
   https://cdc.zoomgov.com/j/1611024811?pwd=cGR0N2dJQ3RlVWhIUytWZXRRODJOQT 09

   Meeting ID: 161 102 4811
   Password: 679331
   One tap mobile +16692545252,,1611024811#,,1#,679331# US (San Jose)
   +16468287666,,1611024811#,,1#,679331# US (New York)

   Dial by your location +1 669 254 5252 US (San Jose)
   +1 646 828 7666 US (New York)
   Meeting ID: 161 102 4811
   Password: 679331
   Find your local number: https://cdc.zoomgov.com/u/abzQ6hhhKy

8. **Question: The eligibility criteria include having 90% participation from Level 1-3 trauma centers in the state. As I read it, this means 90% of the visits to these facilities. In our state, we have military hospitals that are included in our trauma system as level 3 facilities, but they do not provide data for our syndromic surveillance activities, with the National Syndromic Surveillance Program (NSSP). Is this likely to be a problem for our application? We have all the visits from all our civilian hospitals, including all the civilian trauma centers.**

   Answer: 90% of ED visits from level 1-3 trauma centers that are civilian hospitals should be covered by applicant's syndromic surveillance system and contributing data into NSSP/ESSENCE (i.e., military hospitals do not need to be included in these calculations).