**Supplemental Material**

**Appendix 1: i3Lab Notifiable Condition Information Transfer Questionnaire – Phase I**

1. What is your title at your organization?

a. How long have you been at your current organization?

b. What role do you play related to gathering or transforming reportable conditions information?

2. What are the three most common/important reportable diseases?

3. What system(s) does your health department use for reportable conditions information?

a. Do the state and the local health department share a system?

b. Do you use multiple system(s)? If so, which ones?

c. If you have multiple systems in use, please describe the purpose of each one.

d. Do you have access to all of the systems, or are they separated by program?

4. Who are you receiving reportable conditions data from?

a. How often?

5. How do you receive your data (e.g., paper or electronic)?

a. How often?

b. From how many different systems?

c. Is follow-up required to obtain information for incomplete reports?

d. Can you share some of your key challenges or barriers to collecting your data?

6. What type of data are you receiving?

a. How many data elements are typically collected to report an incidence of disease?

b. Are all of the data elements you collect utilized at the local/state level? Or are some of the elements collected specifically for use by the CDC?

c. Do the data elements differ by common/important diseases?

7. At the local level, is the data from the provider complete when you receive it?

a. Is it usually sent in a timely fashion?

b. Do you have to follow-up with the providers? Why?

8. Who do you share data with?

a. How do you share it (e.g., paper or electronic)?

9. Do you have to modify the data prior to sending it to the next level (e.g., transform, map, etc.)?

a. Does the transformation depend on the type of disease data or on the system it is being sent to?

b. If you act (follow up) on data, do you delay sending the case report data to the next level until the follow-up is complete?

c. How do you prepare/transform your data to share it?

d. How often must you prepare/transform your data?

e. How long does this take to prepare/transform?

10. Do you receive feedback after you have shared your data?

11. Can you share some of your key challenges or barriers to efficiently and accurately sharing your data?

12. Can you share any business process flows or any other documentation that may help us better understand the work that you do?

**Questions for Massachusetts State/Local Health Department Notifiable Conditions Surveillance Programs**

1. Total number of staff involved with capturing and reporting notifiable conditions data (in total and by major programs (Infectious Disease, Immunization, STI, TB, HIV, etc.)?

2. An estimation of the number of FTEs that you would estimate enter the data into the system (in total and by major programs)?

3. Number of cases reported in 2013 (state and Cambridge)?

4. Of all of the cases, how many cases require manual data entry per (day, week or month)?

5. What disease is the biggest driver of that manual data entry (i.e., which disease has the most incidents reported requiring manual entry)?

6. Based on that disease, can you ask a staff member to time themselves or give a rough estimate on how long it takes to manually enter cases?

7. What percentage of all laboratory reports received are electronic?

8. When Massachusetts started planning to purchase and implement MAVEN, what was the reason that Boston did not transition to the state MAVEN system?

9. In general, how were the purchase, implementation and maintenance of MAVEN funded? (I.e., CDC, state funds, combo...?)

10. What is the catchment population for "Boston"?

11. Number of cases reported in 2013 from Boston? (This is of interest since this is the only jurisdiction that does not use MAVEN.)

**Appendix 1: i3Lab Notifiable Condition Information Transfer Questionnaire – Phase II**

1. What is your title at your organization?

a. How long have you been at your current organization?

b. What role do you play related to gathering or transforming reportable conditions information?

2. What are the three most common/important reportable diseases?

a. How many notifiable disease reports were completed in 2014? (or 2013 if 2014 is not available).

b. Can you provide a breakdown by disease for the most common/important reportable diseases?

3. What system(s) does your health department use for reportable conditions information?

e. Do the state and the local health departments share a system?

a. Do you use multiple system(s)? If so, which ones?

b. If you have multiple systems in use, please describe the purpose of each one.

c. Do you have access to all of the systems, or are they separated by program?

d. What are/were the costs for purchasing the system(s) and were there external sources of funding to cover those costs?

e. What are the maintenance costs of the system(s)?

4. How do you receive your data (e.g., paper or electronic)?

a. How often?

b. From how many different systems?

c. Which data elements are required for a complete report? Do mandatory data elements differ from disease to disease? Is follow up required to obtain information for incomplete reports?

d. Can you share some of your key challenges or barriers to collecting your data?

5. What type of data are you receiving?

a. How many data elements are typically collected to report an incidence of disease?

b. Are all of the data elements you collect utilized at the local/state level? Or are some of the elements collected specifically for use by the CDC?

c. Do the data elements differ by common/important diseases?

6. At the local level, is the data from the provider complete when you receive it?

a. If no, how often is it incomplete?

b. Is it usually sent in a timely fashion?

c. Do you have to follow-up with the providers? Why?

7. Who do you share data with?

a. How do you share it (e.g., paper or electronic)?

b. How frequently do you share (e.g., weekly, monthly, quarterly, etc.)?

8. Do you have to modify the data prior to sending it to the next level (e.g., transform, map, etc.)?

a. Does the transformation depend on the type of disease data, the system it is being sent to, or both?

b. If you act (follow up) on data, do you delay sending the case report data to the next level until the follow-up is complete?

c. If not, when do you send the follow up data to the next level?

d. How do you prepare/transform your data to share it?

e. How often must you prepare/transform your data?

f. How long does this take to prepare/transform?

9. Do you receive feedback after you have shared your data?

10. Can you share some of your key challenges or barriers to efficiently and accurately sharing your data?

11. Can you share any business process flows or any other documentation that may help us better understand the work that you do?

**Questions for Idaho State/Local Health Department Notifiable Conditions Surveillance Programs**

12. Total number of staff involved with capturing and reporting notifiable conditions data (in total and by major programs (Infectious Disease, Immunization, STI, TB, HIV, etc.)?

13. An estimation of the number of FTEs that you would estimate enters the data into the system (in total and by major programs)?

14. Number of cases reported in 2013 (state and local)?

15. Of all of the cases, how many cases require manual data entry per (day, week or month)?

16. What disease is the biggest driver of that manual data entry (i.e., which disease has the most incidents reported requiring manual entry)?

17. Based on that disease, can you ask staff members to time themselves or give a rough estimate on how long it takes to manually enter cases?

18. What percentage of all laboratory reports received is electronic?

19. Which levels, state and/or local, are utilizing the NEDSS Base System (NBS)? Which diseases are tracked/reported utilizing NBS? Are case reports shared across Health Districts in Idaho?

20. To what extent is NBS utilized? [For example, reporting only or managing disease outbreaks and identifying when patients might be counted more than once.]

21. Describe the process for reporting notifiable diseases to the next level utilizing the NBS