

On Linkages

OUTBREAK INVESTIGATION PARTNERSHIPS: UTILIZING A STUDENT RESPONSE TEAM IN PUBLIC HEALTH RESPONSES

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The science of epidemiology began largely through the investigation of outbreaks. While the field evolved to encompass other types of health problems, outbreak investigations and the need to respond quickly to health concerns have remained critical services for public health departments. In addition to the traditional roles of health departments in investigating outbreaks, the expansion of activities focused on public health preparedness has increased the need to have well-trained volunteers available to provide surge capacity in the event of an emergency.

There is also an ongoing need in health departments for a well-educated public health workforce. One strategy to help students learn to practice public health has been through curriculum design of practical applications and opportunities for participation in either research projects or field experiences.^{1,2} Such applications can introduce students to the work of public health departments, provide opportunities for students to practice newly learned classroom skills and tools, and give practical assistance to health departments. While most public health professionals recognize the need for collaboration between schools of public health (SPHs) and health departments, there are often roadblocks due to competing interests and resources. The challenge in making these partnerships work is to find

a program that benefits all parties and makes as few extra demands as possible on the partners.

Establishing student teams able to respond to public health incidents benefits the fields of preparedness and epidemiology in two major ways. First, the students can serve as trained surge capacity for the health departments in the case of an outbreak or other public health incident. Second, participation allows public health graduate students to gain real-world experience in a health department, outside of an internship or thesis project. To date, approximately 25% of accredited SPHs have established some form of student response teams.

The Epidemiology Program at the Mel and Enid Zuckerman College of Public Health (MEZCOPH) at the University of Arizona in Tucson, Arizona, identified the need to provide additional opportunities for students to apply what they were learning in a practical setting. An assessment was conducted to determine the needs of local and state health departments and the level of interest for working with public health students. From this assessment and pilot student experiences, the Student Aid for Field Epidemiology Response (SAFER) team was developed to include trainings within health departments and field experiences. These efforts were sustained through funding from health departments and incorporation of experiences into coursework requirements. The following sections describe the development process, the joint health department-university training program, a summary of student experiences, and strategies used for program sustainability.

STRUCTURE AND TRAINING OF THE SAFER TEAM

Needs assessment for a student epidemiologic response team

The goal of SAFER was to create a student response team that could respond quickly to a health department's needs during an outbreak investigation. Interviews conducted with health department leaders and staff, college faculty and administration, and other student response programs (*1*) determined the level of

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readiness for health departments to use students and (2) identified types of outbreaks and health problems that could be addressed with students as well as training needs and responsibilities and expectations for both students and health departments.

The health departments raised several issues of concern. First, it was important to the health departments that students be trained before an event occurred. A second issue concerned identification of potential student activities. Other issues included confidentiality and funding.

The issue of training was addressed by having partnering health departments create their own training sessions and offer input regarding student training materials. Potential student activities identified by the health departments included data collection, data analysis, sample transport, questionnaire development, and contact tracing; many of these have since become core activities for SAFER students. Confidentiality issues were addressed by having students attend lectures both at the health departments and within the SAFER course on the importance of maintaining patient information and how laws such as HIPAA apply to public health. Students must also sign confidentiality forms with each health department prior to conducting any interviews. In addition, the program coordinator is trained in departmental procedures pertaining to confidentiality, and students are required to conduct interviews in private locations at the university or health department. Funding issues (specifically travel costs) are an ongoing issue and are discussed later in this article.

Team structure and management

During SAFER's development, other SPHs were also developing and refining their own student response teams.³⁻⁵ Team EpiAid at the University of North Carolina published recommendations for a single point of contact being identified at the university with whom partnering agencies could request assistance and coordinate activities.³ The county health department coordinator with Emory University's Student Outreach and Response Team provided further advice on establishing a team and identifying potential student activities in the fall of 2004. These recommendations led to the creation of a coordinator position with responsibilities for organizing trainings and seminars, teaching outbreak principles, maintaining contact with health departments during and between outbreaks, and organizing student response efforts when requested.

Training sessions at health departments

Participating health departments were asked to develop and host at least one training session. These sessions

helped the partners gain confidence that students had the proper training prior to assisting the department. The joint sessions also assured investment in the partnership. Ultimately, the Arizona Department of Health Services (ADHS), the Maricopa County Department of Public Health (MCDPH), and the Pima County Health Department (PCHD) each developed training sessions that were incorporated into the overall SAFER course and program. Content in these training sessions ranged from review of surveillance systems used in local health departments, to the specifics of conducting a foodborne outbreak (including mock interviews with health department staff), to working within a call center during a public health emergency. These training sessions also allowed students to become accustomed to the location and layout of the health departments and to meet current public health professionals.

Creation of class for credit

Originally, the program was to be an extracurricular program with a college-sponsored program coordinator facilitating activities. After the program's pilot experiences, it became apparent that the SAFER team could work within the university's structure and serve as an asset for the university in maintaining its partnerships with health departments. The epidemiology academic program created a specific course in which membership on the team was mandatory. Later, this course became a required part of the Master of Public Health curriculum for the epidemiology concentration. The course was designed as a seminar style class that incorporated lectures on infectious disease outbreaks, guest speakers with knowledge in infectious disease investigations, and student presentations.

Students were required to commit two two-hour blocks of time each month to be available for response activities, with the understanding that if a large-scale outbreak occurred, all students would be notified and expected to make a best effort to respond. During time periods when an active outbreak investigation was not ongoing, students worked collectively on projects that were predetermined by the coordinator and health department partners. Examples of projects include literature reviews, revising health department questionnaires, or conducting data analyses on prior investigations.

The decision to create the course for credit was made not only to provide students academic credit for the experience they were gaining, but also to gain consistency in schedules. Due to the fact that outbreaks cannot be predicted, it was difficult to maintain an ongoing relationship with students during an academic year and to keep them engaged if there was a long lag time between outbreak responses.

Responding to an outbreak

The SAFER program coordinator is informed of an outbreak investigation by contact from a health department epidemiologist. Together, they determine the type of student activities required, the number of students needed, the timeline, and any special skills needed. This communication process and the required course hours per student have created a process whereby the team can typically respond within 24 hours (Figure 1). To address issues of distance and travel time (the distance between Tucson [MEZCOPH] and Phoenix [ADHS and MCDPH] is more than 100 miles), the program coordinator was given access to a secure e-mail account allowing confidential information, such as line lists, to be transmitted.

Due to confidentiality concerns, telephone interviews must always be made from the university in a private location. Students are required to input all interview responses into established health department databases. The interview forms are then either faxed back to the health department or entered into a database. Originals are securely stored until they are no longer needed and then destroyed. All of this is not to imply that students never leave the building. Students have also conducted door-to-door interviews, worked at the county health department's call center, conducted field surveillance, and taken part in points-of-dispensing (POD) activities.

TYPES OF STUDENT RESPONSES

Student response to outbreaks

Beginning in the spring semester of 2005 until the spring semester of 2010, 79 students have contributed a total of 962 hours to responding to activities

of collaborating health departments. The activities have included 35 outbreak investigations, eight surveillance activities, and two POD activities. As shown in Figure 2, the amount of student hours varied by semester depending on outbreak detection in the community and ongoing team surveillance projects. The Table details the various types of outbreaks that students have been called upon to help investigate. The most common activities are outbreak investigations of gastrointestinal illnesses. SAFER has investigated five laboratory-confirmed norovirus outbreaks, including one involving multiple groups of river rafters on the Colorado River in the Grand Canyon,⁶ in which cases had to be tracked all over the world. While most of the outbreaks involved foodborne-related diseases (e.g., salmonellosis, shigellosis, and hepatitis A infection), SAFER has also worked on two community-wide outbreaks of pertussis and measles.⁷

Student involvement in surveillance projects and activities

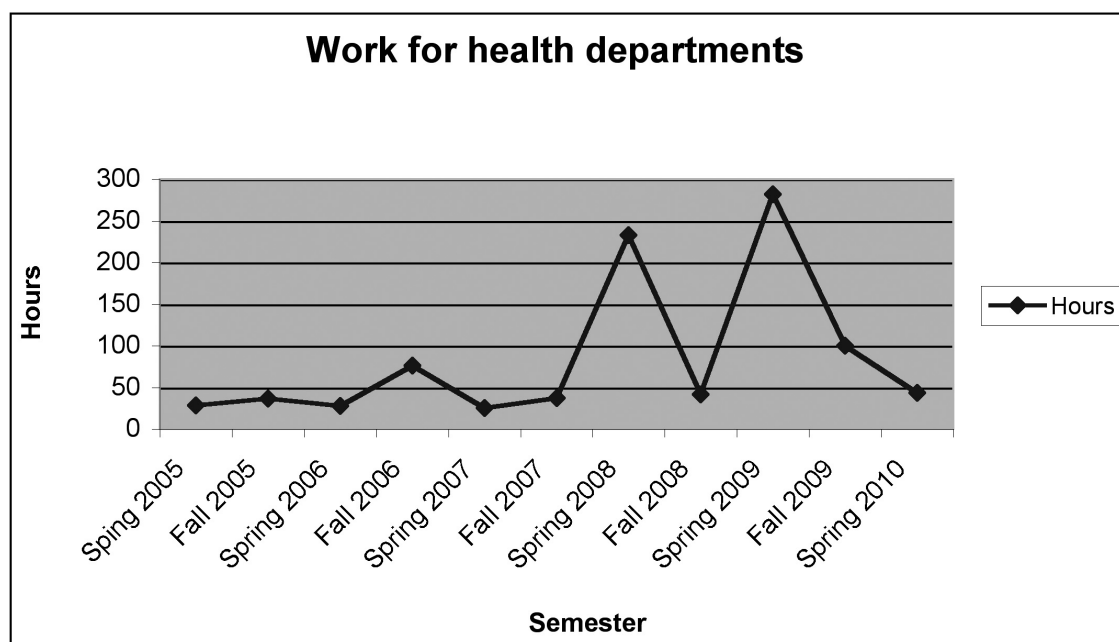
SAFER also trained and participated in various surveillance activities. These have included an assessment of a neighborhood West Nile virus educational campaign, assisting county health departments to complete routine investigations of laboratory-confirmed enteric cases, and participation in real-time syndromic surveillance at several special events. The SAFER coordinator assisted the Epidemiology Division of MCDPH in planning for enhanced surveillance for Super Bowl XLII, which was held in Glendale, Arizona, in February 2008. A plan was developed for students to work with the local fire department, which had responsibility for the on-site first aid stations.

On game day, assessments were made on individuals

Figure 1. Potential student activities with a health department based on the situation and time frame in which the team responds

<i>Situation in which team would be activated</i>	<i>Time in which students are needed following notification</i>	<i>Examples</i>
Rapid response	<24 hours	<ul style="list-style-type: none"> • Foodborne outbreak • Vaccine-preventable disease outbreak • Bioterrorism event
Outbreak response follow-up	Within 2–3 days	<ul style="list-style-type: none"> • Events from a previous outbreak • Contact tracing • Follow-up • Report generation
Planned activities	Within 3–7 days	<ul style="list-style-type: none"> • Bioterrorism preparedness drills • Community assessments • Long-term studies
Long-term projects	A few weeks to months	<ul style="list-style-type: none"> • Exploring internships • Proactive public health response

Figure 2. Number of student hours spent on Student Aid for Field Epidemiology Response health department projects by semester, University of Arizona MEZCOPH, 2005–2009



MEZCOPH = Mel and Enid Zuckerman College of Public Health

seeking medical care at the station as to whether they met the criteria for one of four syndromes (e.g., gastrointestinal, respiratory, neurological, or skin). If they did meet one of these criteria, a SAFER team member completed an additional questionnaire on potential suspect exposures. The student member then immediately entered the data on numbers of illnesses and possible exposures and sent the information to the health department. While no unusual health-related events were detected during this Super Bowl, the other first-responder agencies appreciated having public health personnel present. The county health department representatives also felt it was helpful to have reporting personnel on-site. SAFER students have since worked four large events, including the Fiesta Bowl, the National Basketball Association All-Star Game, the Tucson Gem Show, and President Obama's convocation speech at Arizona State University, for a total of 318 hours.

Preparedness activities

One of the strategies for sustaining the SAFER program was to work in collaboration with the Arizona Center for Public Health Preparedness (AzCPHP). Students were required to complete training on the public health incident command system.⁸ As a result of these

trainings, SAFER students received opportunities to take part in community preparedness activities with county health departments. Two of these opportunities included working a POD exercise in which the PCHD tested its ability to vaccinate large numbers of people quickly by providing seasonal influenza vaccine to children and conducting POD checks (annual checking of equipment) at sites around Maricopa County. The third opportunity was a mass-dispensing drive-through clinic for seasonal flu vaccine with Campus Health at the university.

LESSONS LEARNED

There have been many lessons learned from this process that can be helpful for an SPH or a health department looking to establish a student response team. They are listed and then explained subsequently in greater detail:

1. Establish a position for a dedicated program coordinator.
2. Work to integrate the team into the health department system.
3. Establish protocols including those related to information sharing.

4. Find ways to fund the program that benefits both sides.
5. Look for other ways to collaborate to strengthen relationships.
6. Recognize that student schedules may be different from those of health department employees.

Establish a program coordinator

It is highly recommended that a coordinator position dedicated to managing the team be created. This person can be employed either by the university or the health department (or, in the case of SAFER, can receive funding from both agencies). However, it is important to have consistency from year to year for the students, faculty, and the health department staff. The program coordinator should meet regularly with

Table. Student time spent on Student Aid for Field Epidemiology Response health department projects by disease or activity, University of Arizona MEZCOPH, 2005–2009

<i>Disease or activity</i>	<i>Type of outbreak (multiple events)</i>	<i>Student hours contributed</i>
Pertussis	Pima County outbreak	32.0
Norovirus (n=134.5 hours)	Assisted living facility	12.0
	Grand Canyon	36.5
	High school	2.5
	Fraternity house	16.0
	Wedding	24.0
	Bridge tournament	40.5
	Graduation party	3.0
Measles	Statewide outbreak	62.5
Salmonella (n=14.5 hours)	Community wide	12.5
	Lab surveillance follow-up	2.0
Shigella	Middle school	3.5
MRSA	High school sports team	6.0
Foodborne illness (unknown cause) (n=101.5 hours)	Restaurant linked (3)	27.0
	Weddings (4)	32.5
	Conferences (2)	11.0
	Assisted living facility	8.0
	Potlucks (3)	23.0
Chemical exposure (n=28 hours)	Hospital (unknown)	4.0
	Mercury exposure in high school	24.0
Hepatitis A	Restaurant exposure	8.0
Cryptosporidium	City pools	9.0
West Nile virus (n=51.5 hours)	Call center	12.5
	Surveillance project	39.0
Enteric surveillance	Lab surveillance follow-up	18.0
Hepatitis B surveillance	Short- and long-term follow-up	12.0
Special events surveillance (n=318 hours)	Super Bowl XLII	100.0
	Gem Show 2008 ^a	20.0
	Fiesta Bowl 2009	14.0
	NBA All-Star Game 2009	96.0
	President Obama commencement 2009	88.0
Points of dispensing (n=123 hours)	Pima County	15.0
	Maricopa County	18.0
	Campus Health	90.0
H1N1 case investigations	Maricopa County	40.0

^aSurveillance conducted from the health department, not on-site

MEZCOPH = Mel and Enid Zuckerman College of Public Health

MRSA = methicillin-resistant *Staphylococcus aureus*

NBA = National Basketball Association

agency counterparts and could serve as a backup epidemiologist during public health responses. Finally, it is important that the coordinator be integrated into the academic program so that faculty members can assist the coordinator in fielding responses both from the university and the health departments.

Incorporate student teams into the health department

One of the challenges for a new team is to weave itself into the existing infrastructure for an outbreak response. The health department must remember to call the student team early in the investigation. This heightened awareness of the team can be facilitated by having the student team included in the health department's response plans and lists. The students can be considered as surge capacity, which then allows students to be part of general response. One way to promote this practice is to have students register as volunteers with the various health departments. Doing so addresses two important issues: credentialing and liability. Students who are preregistered with departments have already been credentialed and are ready to respond where appropriate. The issue of liability is also resolved because people who are officially registered as volunteers with the health department are covered under the department's liability insurance during a response. Liability is covered by the university during other activities, such as traveling to training sessions.

Establish protocols for student response

While it is important for student teams to be incorporated into health department plans, it is even more important for the team to have its own set of protocols. These protocols should include programmatic issues (e.g., training curricula, travel, or reimbursement procedures) and communication issues (e.g., between the health department and the program coordinator, between the program coordinator and the students, and among students). There should also be protocols for operational and epidemiologic topics such as contact tracing, data collection, data entry, or questionnaire storage and disposal.

Secure funding from all partners

Sustainability of the SAFER teams has been achieved through support from all participating partners: MEZCOPH, AzCOPH, and the health departments. The college provides partial financial support for the program coordinator for teaching the course each semester. The team has received acceptance by the state and county health departments for use of the student teams, demonstrated through increasing paid

internships from the infectious disease offices of the health departments and specific financial support. One of the greatest successes SAFER has had toward maintaining its longevity is receipt of funding through an annual contract with MCDPH, which funds 50% of the program's expenses.

Enhance collaborations between the university and health departments

Sustainability is also assisted with enhanced collaborations between the university and the health departments. When the teams began, the state and county health departments noted that few public health students were completing internships with their agencies. Two outcomes of this collaboration have been an increased number of graduate students who complete their internships at either the state or local health departments and the increased number of MEZCOPH graduates who are beginning their careers at state and local health departments. Approximately 25% of SAFER students have either completed an internship or taken jobs with a health department following their participation with the team.

Recognize the need for flexibility when working with students

It is important that health departments recognize that these response teams include graduate students working within a limited time frame. The faculty and coordinator need to remind the health department partners of several realities:

1. While SAFER team members are all technically students, graduate students can take on substantial responsibility. It is important to reiterate this notion to a health department when selling the concept of a student team. The time taken to train students can be an investment that pays off either in the short term, through additional outbreak assistance, or in the long term, through a workforce more thoroughly trained in the health department's activities.
2. Schedules will be different from those of a health department employee. However, students are able to make interview calls between classes and do not shy away from responding in the evenings and on weekends.
3. Students find this work fascinating. For students who have only been able to conduct interviews in a training session, it is exciting, interesting, and offers a practical way for them to learn important skills.

CONCLUSIONS

A student epidemiology response team can be developed that fulfills the need of public health students to gain field experiences and to introduce them to the workings of local and state health departments. Strategies must be developed to sustain the program within the academic institution and build collaborations with health departments. The development and maintenance of this response team enables students to gain important field experiences in public health, while also creating a well-trained group that is capable of serving as surge capacity for Arizona health departments.

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On Academics

EXPERIENCES OF THE STUDENT EPIDEMIC INTELLIGENCE SOCIETY IN STRENGTHENING PUBLIC HEALTH RESPONSE AND EPIDEMIOLOGIC CAPACITY

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The Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists have identified a deficit in the resources and infrastructure for epidemiologic capacity in the United States.¹ This deficit is particularly evident during public health emergencies, such as infectious disease outbreaks and natural disasters, which require an acute surge in the

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number of public health responders. Disruptions in daily health department operations due to the need to reorganize personnel during public health emergencies have prompted interest in developing and maintaining a dependable source of surge capacity.²

In response to this identified need, graduate student epidemiology response programs (GSERPs) have been created at numerous schools of public health around the U.S. GSERPs provide an innovative solution to the need for skilled public health labor while simultaneously offering students the benefit of hands-on experience working with public health practitioners to complement their academic training. Numerous GSERPs operate as programs supported through CDC-funded Centers for Public Health Preparedness (CPHPs) or other similarly funded support mechanisms; a growing number operate as independent student organizations.³

The Student Epidemic Intelligence Society (SEIS) at The University of Texas School of Public Health (UTSPH) is a GSERP that has operated as both a CPHP-funded program and an independent student organization. Under both support structures, the SEIS has fostered an ongoing and mutually beneficial

relationship that links trained student volunteers with opportunities afforded by local health departments (LHDs). This article details the structure and response operations of the SEIS. Drawing on feedback from program participants after a preliminary evaluation, we illustrate the organization's ability to facilitate service-learning opportunities for students while fulfilling LHDs' surge capacity needs. We also highlight the challenges of integrating the resources offered by a student volunteer group into the infrastructure of public health preparedness and response and provide perspective on maintaining a sustainable student-run organization.

THE STUDENT EPIDEMIC INTELLIGENCE SOCIETY

The SEIS was created in 2003 in response to the need for both increased public health surge capacity and opportunities for hands-on field training of future public health professionals. The SEIS is modeled after CDC's Epidemic Intelligence Service, and its action plan encompasses education, response, and training activities. The objectives of the SEIS are to (1) provide emergency assistance to health departments during infectious disease outbreaks and other public health emergencies, (2) offer students didactic training and hands-on field experience in outbreak and disaster preparedness and response, and (3) develop competency in emergency operations management.⁴ Training activities were recently organized into a more formal Public Health Preparedness Training Program (PHPTP) that was developed and launched by SEIS student officers in 2008. The PHPTP's 11 training modules reflect practical skills that may be requested of volunteers during response activities, including outbreak investigation, rapid assessment methods, and risk communication.

The SEIS has core partnerships with the Houston Department of Health and Human Services, Harris County Public Health and Environmental Services, and the Texas Department of State Health Services. Additional partnerships have been established with local emergency medical personnel, the Texas Medical Rangers, and a student readiness initiative paralleling the inactive reserve corps of the U.S. Public Health Service.

SEIS membership is open to faculty, students, alumni, and staff from the various institutions within the Texas Medical Center, where UTSPH is located. The majority of its members are graduate students of public health, although a number of student members are in the biomedical sciences, medical, and nursing

fields. There are 328 members registered on an electronic membership database maintained by the SEIS; of these, approximately 93 are currently active members who have participated in at least one SEIS event in the past year. The organization follows a set of bylaws registered with the university, which are available on the SEIS website.⁴ The SEIS is led by eight student officers who are elected annually by student members enrolled at UTSPH. The organization's faculty advisor and founder provide guidance on the organization's operation and continuance. Two officers serve as health department liaisons to maintain active communication and relay expressed needs from the health departments to the student group.

Membership records are maintained by the SEIS in an electronic database that is updated each semester with information on each member's pertinent training and skills, interests, and affiliation (e.g., student, faculty, or other). In the event of a need for public health surge capacity, health department personnel contact SEIS officers to request assistance. SEIS officers responsible for coordinating response activities solicit volunteers by sending out a mass e-mail to all members in the database or by activating a telephone contact system to organize volunteers according to the immediate needs identified by the health department. The SEIS recently implemented a "volunteer reserve" system for imminent public health response needs, such as impending hurricanes or suspected epidemic situations. Through this new system, these reserve volunteers inform officers of their anticipated availability prior to the event and are contacted if and when the need arises.

RESPONSE OPERATIONS

Since its inception, SEIS members have assisted the LHDs in several infectious disease outbreak responses and community and disaster needs assessments (Table). Recent infectious disease responses have included interviewing cases for the local response to the H1N1 epidemic, interviewing cases and controls for a multi-state *Salmonella* outbreak (in coordination with CDC officials), case finding and contact tracing for a *Shigella* outbreak at a local daycare, exposure screening for a meningococcal outbreak at a local university, screening and crowd control for a hepatitis A virus outbreak at a large restaurant chain, and manning telephone hotlines for a citywide syphilis outbreak. Students have also provided pretouch contacting and interviewing for multiple community needs assessments.

As the SEIS has progressed in establishing its role within the local public health infrastructure, its

Table. Summary of response activities of The University of Texas School of Public Health Student Epidemic Intelligence Society, 2003–2009

<i>Response activity</i>	<i>Date</i>	<i>Location</i>	<i>Description of volunteer activities</i>	<i>Number of volunteers</i>	<i>Number of hours</i>
Infectious disease outbreaks					
H1N1 influenza epidemic	May–June 2009	HD	Telephone interviewing of cases; collecting laboratory reports; fielding questions from cases	50	400
Multistate <i>Salmonella</i> outbreak	July–August 2008	HD	Telephone interviewing of cases; collecting laboratory reports; fielding questions from cases	12	122
<i>Shigella</i> outbreaks	July 2008	HD	Telephone interviewing of potential cases	4	17
Gastroenteritis outbreak	June 2008	HD	Telephone interviewing of potential cases	6	22
<i>Salmonella</i> outbreak	May 2008	HD	Telephone interviewing of potential controls for a case-control study	11	32
Syphilis outbreak	October 2007	HD	Fielding questions from potential cases on telephone hotline	23	102
Meningococcal contact investigation at university	April 2007	Field	Screening students; in-person interviewing of potential contacts; controlling student flow	12	40
Hepatitis A virus restaurant contact investigation	February 2007	Field	Controlling crowds; organizing screening process; supporting HD distribution of immunoglobulin	25	120
<i>Shigella</i> outbreaks	October 2006	HD	Telephone interviewing of potential cases	9	36
Assessments					
Homeless count and needs assessment	January 2009	Field	Locating homeless individuals; in-person interviewing of identified individuals	6	48
Sunnyside community assessment	August–September 2007	Field	Collecting “pretouch” questionnaires for sample planning; in-person interviewing of residents	3	12
Independence Heights community assessment	October 2007	Field	In-person interviewing of residents	6	12
Viral seroprevalence in the homeless ^a	May 2004	Field	In-person interviewing of participants; entering data; phlebotomy	44	1,320
Disaster response					
Hurricane Gustav emergency operations center support	September 2008	Field	Assessing damage to hospitals by phone and visit; conducting shelter count and needs assessment	3	108
Hurricane Ike rapid needs assessment	September 2008	Field	In-person interviewing of community members; distributing informational materials	7	70
Hurricane Ike shelter surveillance	September 2008	HD	Telephone interviewing of shelters daily to obtain census, provide syndromic surveillance, and identify issues of public health concern	6	25
Hurricane Rita responder education	September 2005	HD	Preparing educational materials	4	14
Hurricane Katrina shelter surveillance ^b	September 2005	Field	Daily in-person interviewing of shelter residents for syndromic surveillance; reporting observed public health needs to HD	155	1,690

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Table (continued). Summary of response activities of The University of Texas School of Public Health Student Epidemic Intelligence Society, 2003–2009

Response activity	Date	Location	Description of volunteer activities	Number of volunteers	Number of hours
Research					
West Nile virus cohort patient meeting	February 2009,	Field	Conducting in-person patient interviews; collecting blood samples; registering patients	30	100
	March 2008,			6	24
	August 2007,			9	36
	June 2005,			NA	NA
	July 2003			NA	NA
West Nile virus knowledge, beliefs, and attitudes survey	February 2008	Field	Conducting in-person participant interviews	14	153
Participatory action research project on eating habits and physical activity of schoolchildren	November 2006	Field	Conducting participatory sessions with schoolchildren; entering results into computer database	4	16
Total				449	4,519

^aMeyer TE, Bull LM, Cain Holmes K, Pascua RF, Travassos da Rosa A, Gutierrez CR, et al. West Nile virus infection among the homeless, Houston, Texas. *Emerg Infect Dis* 2007;13:1500-3.

^bMurray KO, Kilborn C, DesVignes-Kendrick M, Koers E, Page V, Selwyn BJ, et al. Emerging disease syndromic surveillance for Hurricane Katrina evacuees seeking shelter in Houston's Astrodome and Reliant Park Complex. *Public Health Rep* 2009;124:364-77.

HD = health department

NA = not available

response and training activities have steadily increased (Figure). The SEIS's response requests increased markedly following its collaboration with LHDs in conducting syndromic surveillance in evacuation centers for Hurricane Katrina evacuees in 2005. The Hurricane Katrina rapid assessment was by far the largest and most prominent response in which SEIS members have been involved. When more than 25,000 New Orleans residents were evacuated to Houston and temporarily placed in the Houston Astrodome/Reliant Park Complex and the George R. Brown Convention Center, the SEIS was requested by the city and county health departments to design and implement a rapid "cot survey" assessment. The cot survey, which included a checklist of symptoms administered to each occupied cot at the shelter, proved critical in detecting and monitoring the course of a norovirus outbreak and identifying preventive measures for stopping its spread.⁵

The Hurricane Katrina response demonstrated the SEIS's ability to serve as a reliable resource for emergency public health surge capacity. As shown in the Figure, requests for SEIS assistance have steadily increased since 2005. More recently, following Hurricane Ike, student volunteers used the expanded program on immunization cluster sampling method to assess the health needs of Houston residents and conducted syndromic surveillance activities in area evacuation centers. During the 2008–2009 academic

year, SEIS members volunteered more than 750 hours of service with the health departments. Recognizing this growing demand for response assistance, the SEIS initiated its PHPTP in 2008 to ensure a prepared and skilled volunteer base. This initiative led to an increased number of training opportunities offered in the 2008–2009 academic year. Skills-based training events have increasingly replaced the SEIS's educational guest lecture activities.

FEEDBACK FROM PROGRAM PARTICIPANTS

In the fall of 2008, the SEIS conducted a preliminary evaluation of its education, training, and response activities. Using SurveyMonkey™ Pro,⁶ SEIS sent an electronic invitation to participate in an online questionnaire to the 328 student and faculty members registered in the electronic database and nine health department personnel who have worked directly with SEIS officers during response activities. Both open- and closed-ended questions were included in the questionnaire. SEIS members were asked questions that assessed their utilization and satisfaction with SEIS response opportunities (hereafter referred to as the SEIS Member Survey). Health department personnel were asked questions that assessed their perceptions of the SEIS's ability to fulfill their surge capacity needs and challenges to SEIS volunteer utilization (hereafter referred

to as the Health Department Personnel Survey). The results of the pilot evaluation are summarized in the next section of this article.

Survey results

A convenience sample of 64 participants completed the SEIS Member Survey, yielding a 69% response rate among the 93 members who have participated in one or more SEIS activities in the past year. Ninety-five percent of the participants were students affiliated with UTSPH. Among SEIS member participants, 58% indicated that they had attended at least one SEIS educational guest lecture or social networking activity, 53% had participated in at least one training activity, and 44% had volunteered in at least one response activity.

Among SEIS members, the most common theme that emerged from the open-ended questions was the positive role of the SEIS in supplementing classroom education. One participant said, “SEIS field response activities created a hands-on approach to learning public health skills . . . [which] compliments the classroom experience.” Participants also reported that volunteering in SEIS response activities gave them practical experience: “Volunteering at the health department gave me real-world experience I would have not have had otherwise through my education at [UTSPH].”

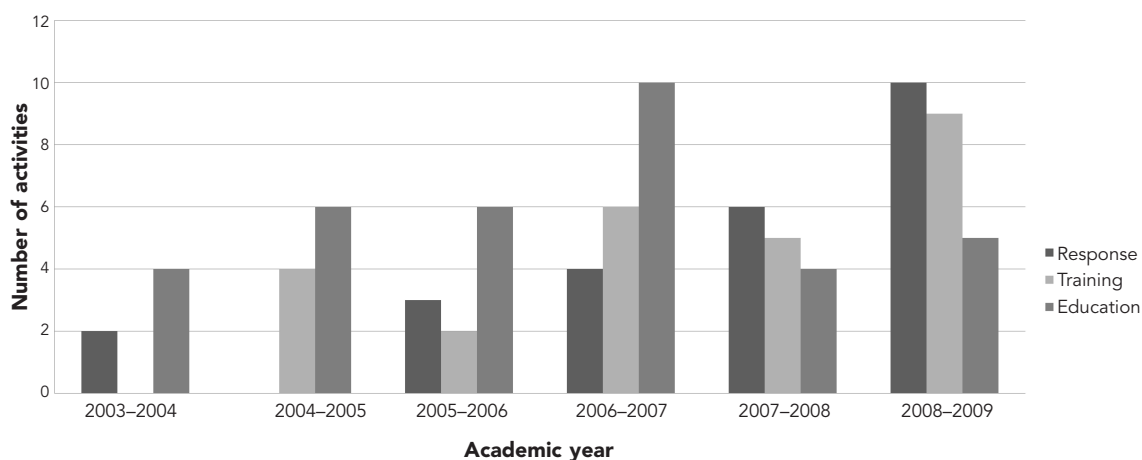
These findings were supported by quantitative results indicating that 65% of participants agreed or strongly agreed that they gained practical experience in public health through SEIS activities, and 64% agreed or strongly agreed that programs sponsored by the SEIS increased their knowledge of procedures used to address infectious disease outbreaks and public health

emergencies. Among SEIS member participants, 78% agreed or strongly agreed that the SEIS provided students the opportunity to get involved in public health responses conducted in the local area. As one participant stated, “[The SEIS] provides a nice platform for students to work [with] health department officials and better serve the community.” Overall, the survey results indicated positive attitudes toward the SEIS, with 83% of participants indicating that they agreed or strongly agreed that they would recommend membership to fellow students, faculty, and/or staff.

A convenience sample of five of the nine health department personnel who have worked directly with SEIS officers completed the online Health Department Personnel Survey. Results showed general satisfaction in working with SEIS volunteers. Health department participants cited surge capacity as the most helpful service offered by SEIS volunteers. All participants indicated that they agreed or strongly agreed that SEIS volunteers improved their health department’s capacity for responding to infectious disease outbreaks and emergency situations. One health department participant stated that SEIS volunteers “increase our capacity to provide quality public health,” while another reported that SEIS participation in responses “enables us to more thoroughly complete outbreak investigations and follow-ups as necessary.”

Beyond manpower, all health department participants also indicated that they agreed or strongly agreed that SEIS volunteers were well prepared with the public health skills required for their work with the health departments. Comments indicated that SEIS officers “demonstrated excellent temperament and

Figure. Trends in education, training, and response activities of The University of Texas School of Public Health Student Epidemic Intelligence Society, 2003–2009



PHPTP = Public Health Preparedness Training Program

skills appropriate for tasks required,” and volunteers “were professional, have strong knowledge of public health, and greatly assist in outbreak monitoring.” Cited challenges to SEIS participation in response activities included difficulties in communicating and coordinating response logistics. One participant said, “There is occasional miscommunication in setting up times for students.” Regarding this challenge, it was suggested by the participant that “a more formalized method of contacting someone” would be helpful.

CHALLENGES AND SUSTAINABILITY

Through numerous response activities during the past six years, the SEIS has developed and maintained ongoing partnerships with LHDs. The result is a system that allows for the integration of student volunteers within the public health preparedness and response infrastructure. Beyond the foremost need for surge capacity manpower, LHDs benefit from trained volunteers who offer specific skills needed for community assessments and outbreak and natural disaster response. Students receive such training through their classes and participation in the SEIS PHPTP.

Feedback from program participants indicates that students appreciate the complimentary hands-on learning opportunities offered by SEIS response activities. Health departments benefit from the availability of skilled student volunteers, although there are barriers to integrating the SEIS within the LHDs’ operations. One of the cited barriers was difficulty in communicating with SEIS officers and coordinating logistics during response operations. This difficulty may be due to the fact that, although there is an established protocol for communicating with the health departments regarding response activities, the proximity and convenience of preexisting contacts often cause deviations from the procedures. The survey has drawn attention to the need for stricter adherence to the established procedures by SEIS officers and the need to periodically review the procedures with health department personnel.

In the SEIS’s experience, communication during response activities is greatly improved by maintaining an ongoing relationship with the health departments. Accordingly, SEIS officers designated as health department liaisons serve as valuable links between the needs of the health department partners and the resource base offered by the SEIS. Health department personnel are regularly invited to instruct and participate in trainings and to attend and deliver educational events and guest lectures. Additionally, the SEIS hosts semi-annual socials in which students, faculty, and health department personnel can network and discuss pos-

sible collaboration, including student internships and practica. These events provide opportunities to share successes and concerns while strengthening professional relationships. By maintaining ongoing visibility and interaction with the health departments, the SEIS is able to reinforce its position as a go-to organization for emergency surge capacity needs.

Ongoing visibility is likewise needed to build SEIS membership, maintain interest during nonemergency periods, and strengthen institutional support for the organization. The SEIS works to build its core membership by actively recruiting students at its semiannual orientation and networking events. The SEIS maintains student involvement by hosting regular guest lectures, conducting PHPTP training events, and hosting and promoting special annual events, such as World AIDS Day and World Rabies Day. Communication with its members is accomplished by sending out e-mail messages alerting members of upcoming PHPTP events, member meetings, and other activities of interest and by providing monthly electronic newsletters and outbreak reports. The SEIS logo is incorporated into all promotional materials and SEIS T-shirts, which serve the dual function of fundraising and strengthening organizational identity.

Institutional support for the SEIS has been garnered over the years by encompassing the broader UTSPH community in SEIS activities. The SEIS hosts the Annual Public Health Field Day, a day of family-oriented fun focused on physical activity, which the UTSPH administration enthusiastically supports as a community-building event. Partnerships have been established with the school administration and other UTSPH entities (e.g., the Global Health Concentration and student government) to cohost other events such as World AIDS Day and receptions for distinguished speakers. Another way in which the SEIS has garnered institutional support has been by opening activities to the entire Texas Medical Center, which augments UTSPH’s presence in the local health science community.

Institutional support, in combination with an engaged member base, allows the SEIS to operate as a cohesive functioning system. This enables the SEIS to dependably fulfill the needs of LHDs for sudden and temporary increases in public health workforce resources. Graduate student epidemiology response groups are an ideal volunteer base in that they provide dependable, flexible, and skilled public health labor that can be readily mobilized to respond to public health emergencies. While establishing a successful and independent student organization is a challenging endeavor, the lessons described in this article

provide insight on how to overcome some of the most common obstacles. As the nation continues to build its public health preparedness infrastructure, local GSERP initiatives may be an attractive resource that health departments can call on to fulfill their surge capacity needs.

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