

Epi CASE Decision Support Tool

Pre-Incident

1. Did an incident occur?

It could be chemical, biological, radiological, nuclear, explosion, natural disaster.

No →

2. Have you noticed or been notified of an **unusual number** of people reporting or having similar symptoms with no known cause?

No →

Practice primary prevention. Train and drill on the Epi CASE toolkit and other disaster epi tools and methods.

Incident

Yes

Yes

3. Did an incident result in at least one of the following (check all that apply):

- Confirmed exposure, and short-term or long-term outcomes are possible or unknown?
- Confirmed disease and/or environmental cause is plausible or possible?
- Significant public health outcome or rare exposure?
- Significant political/public pressures to collect data?
- Potential for significant public health knowledge gains?

No →

No need to assess people at this time. Maintain situational awareness using existing tools and methods.

Yes

4. Consider immediately assessing people using the Epi CASE toolkit to better evaluate the situation and not lose the exposed to follow up. Communicate your current actions and future findings to partners and stakeholders (i.e., exposed persons, healthcare workers, responders, elected officials).

Post-Incident

5. Is it possible/practical to assess population status post-incident using the following methods?

Assessment of Environmental Exposures (ACE) – quick environmental epi assessment <https://www.atsdr.cdc.gov/ntsip/ace.html>
Community Assessment for Public Health Emergency Response (CASPER) – type of rapid needs assessment <https://www.cdc.gov/nceh/hsb/disaster/casper/default.htm>
Emergency Responder Health Monitoring and Surveillance (ERHMS) – worker exposure and disease monitoring <https://www.cdc.gov/niosh/erhms/default.html>
Surveillance – syndromic aberration detection, health outcome, and mortality data collection from various sources

Yes →

Use appropriate method to collect data. Use assessment from Step 4 as necessary. Report findings.

Proceed to Step 6

No

6. Do you need a method to evaluate long-term health outcomes that might take significant time to develop?

No →

Do not create a registry at this time. Retain assessment data and maintain situational awareness. Consider other methods as needed.

Yes

7. Will the method have a defined purpose, such as the following:

- Potential to reduce disease or death among the exposed?
- Potential to improve the delivery of health services to the affected population?
- Potential to justify an intervention?
- Ability to better identify population at risk?

No →

Do not create a registry at this time. Retain assessment data and maintain situational awareness. Consider other methods as needed.

Yes

8. Could **ALL** the following conditions be met (i.e., Yes to **all 7** questions below)?

- Is there adequate data to assess exposure?
- Can data be collected in a reasonable period?
- Will the sample size be sufficient to produce meaningful results?
- Is there sufficient long-term funding, considering that a registry might span many years?
- Is there sufficient staffing to complete data collection, entry, analysis, and long-term maintenance?
- Are there adequate communication channels to relay information and results to the registrants?
- Is there political or popular support (or at least no opposition)?

No →

Do not create a registry at this time. Consider a health study to answer the more immediate public health questions. If the exposure happened years in the past and there is no assessment of the exposed, consider doing a health statistics review to identify further investigation needs.

Yes

Establish a registry