APPENDIX D: FUNDING FACT SHEET TEMPLATE

Funding Fact Sheet Tool for States

Fact sheets and success/impact stories are useful tools when requesting additional funds and resources to meet surveillance requirements. Appendix D provides a funding justification “fact sheet” template that can be modified and used as a tool by public health laboratory leaders to highlight a specific jurisdiction’s program impact and funding needs for influenza virologic surveillance. To see other example fact sheets, please visit http://www.aphl.org/policy/facts/Pages/default.aspx.

Intended Use: Public health laboratory leaders can customize this document using the editable version of Appendix D located at http://www.aphl.org/aphlprograms/infectious/influenza/Documents/ID_2013July_Editable-Funding-Fact-Sheet.docx. This is intended to be used to highlight surveillance program successes, impact, and funding needs to non-public health audiences such as policy makers and other government officials.

Instructions for Use: To create a jurisdiction-specific fact sheet, go to http://www.aphl.org/aphlprograms/infectious/influenza/Documents/ID_2013July_Editable-Funding-Fact-Sheet.docx for an editable version of Appendix D that users can modify to highlight their own program’s success and funding needs. For example, the current template includes a story for the 2009 H1N1 pandemic to provide an example of a captivating story structure. Users should replace this story with a jurisdiction-specific story. Finding a story that is both recent and has major impact on the specific jurisdiction will improve the reception by target readers.

Users will notice that the fact sheet uses basic, non-scientific language; the level of technical detail included should be tailored to the target audience. In the example language in Appendix D, the target audience would be a lay person that has no prior knowledge of influenza testing, surveillance, or public health laboratories. For example, the term such as “influenza” is replaced with “flu,” a widely recognized, colloquial reference.

The template also includes a box to highlight funding needs. It is recommended that this box only include the funding needs being requested of the specific target audience. In some jurisdictions this fact sheet is more useful for promoting impact and success, in which case the funding needs box can be deleted. Lastly, keep the fact sheet focused on a specific topic and/or request. The recommended maximum length is approximately 900 words or two pages to allow for printing on both sides of a single sheet.
PREVENT FLU ILLNESS AND DEATHS

THE <STATE> PUBLIC HEALTH LABORATORY: PROTECTING US AGAINST FLU

Every year in <state>, flu (the type that causes respiratory, or breathing-related illness) leads to <3,000> hospitalizations, around <200> deaths, more than <20,000> doctors room and emergency room visits, and more than <500,000> work and school days lost. These figures add up and the bottom line is a major impact on the health of state residents, not to mention lost wages, lost learning and added healthcare costs.

If flu viruses did not constantly evolve and change, it would be easier to control them. Unfortunately, these viruses are highly unpredictable, which means that public health laboratories and their health partners are in a race against a moving target. Prevention lies in laboratories and their health partners are in a

OUTPACING THE FLU VIRUS

Because flu viruses will not stop evolving and changing, our <state> cannot stop monitoring them. If we do, we imperil the health of state residents. The work required is extensive and requires highly skilled professionals.

• Extend outreach, training and coordination with health care providers, hospitals and private sector laboratories.

• Build capability for electronic reporting of laboratory results, which is critical for rapid response to flu outbreaks.

• Train laboratory staff to monitor flu viruses and respond to a surge in testing during a pandemic.

• Add/remove modify funding needs statements as appropriate for your jurisdiction.

During the 2009 flu pandemic, the laboratory testing performed at PHLS was “the sine qua non of every action in public health regarding the virus, from closing a neighborhood school to shutting down international flights. Effects near and far rippled from what the test could tell about the virus.”

-Thomas R. Frieden, MD, MPH, Director, CDC adapted from Lessons from a Virus

ALWAYS PREPARED AND PROTECTING <STATE>

<NOTE: THIS IS AN EXAMPLE STORY ADAPTED FROM LESSONS FROM A VIRUS PLEASE REPLACE WITH A STATE/JURISDICTION SPECIFIC STORY.>

In Wisconsin on April 9, 2009 an unusual flu specimen was detected. By the end of that month, a pandemic would be declared, caused by this novel virus that would soon be identified as H1N1. Soon after, CDC also confirmed a case in California and there was an uptick cases in Mexico.

“As soon as we had heard (H1N1) was out west, we thought ‘what can we do here to detect it right away,” said Dr. Sara Beatrice, Assistant Commissioner of Health and Director of the Public Health Laboratory, New York City Department of Health and Mental Hygiene.

Early on Thursday, April 23, 2009, at St. Francis Preparatory School in Queens, a line of students complaining of fever and sore throat trickled out of the school nurse’s office and into the hallways.

That Thursday the school nurse, Mary Pappas, had known “something was going on.” She had seen illnesses come and go—even been through an outbreak of whooping cough—but this was worse. Her two assistants were so overwhelmed taking temperatures and putting sticky notes with the results on children’s foreheads.

It was instinct that led her to call a supervising doctor with the city’s School Health Bureau and into the hallway that secretaries and an assistant principal had to help. Even a school security guard pitched in, taking temperatures and putting sticky notes with the results on children’s foreheads.

By the end of the day, that school was isolated. That Thursday, the New York City Lab tested them into the night.

Funding: the laboratory test being performed at PHLS was “the sine qua non of every action in public health regarding the virus, from closing a neighborhood school to shutting down international flights. Effects near and far rippled from what the test could tell about the virus.”

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STATE FUNDING

FY2013 <$150k> (Enacted)
FY2014 <$185k> (State Required Amount)

Public health laboratories deliver the data essential to answer these questions. Their capabilities were proven again in 2009 during the nationwide flu outbreak and have subsequently detected and investigated a number of potential pandemic strains. However, cuts in federal and state funding coupled with a shortage of staff with expertise in public health testing have undermined public health laboratory capability to respond to pandemic threats.

NEW YORK CITY (EXAMPLE)

State Funding

FY2014 <$85k> (State Required Amount)

• Extend outreach, training and coordination with health care providers, hospitals and private sector laboratories.

• Build capability for electronic reporting of laboratory results, which is critical for rapid response to flu outbreaks.

• Train laboratory staff to monitor flu viruses and respond to a surge in testing during a pandemic.

• Add/remove modify funding needs statements as appropriate for your jurisdiction.

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Early on Thursday, April 23, 2009, at St. Francis Preparatory School in Queens, a line of students complaining of fever and sore throat trickled out of the school nurse’s office and into the hallways.

That Thursday the school nurse, Mary Pappas, had known “something was going on.” She had seen illnesses come and go—even been through an outbreak of whooping cough—but this was worse. Her two assistants were so overwhelmed taking temperatures and putting sticky notes with the results on children’s foreheads.

It was instinct that led her to call a supervising doctor with the city’s School Health Bureau to report the unusual number of high fevers and other symptoms. He in turn contacted a nurse who works with the CDC.

The school collected lab samples that Friday, and the New York City Lab tested them into the night. By 2 am, the lab called CDC with the news that the school samples were probably the new H1N1 virus. It immediately shipped samples to CDC for further testing and within 24 hours, the city had results. The outbreak was caused by the H1N1 virus. Because of rapid action by public health officials and the laboratory, health officials were able to close the school to prevent other children from becoming ill.

CONTACT

For more information, contact <NAME, <TITLE>, <PHONE NUMBER, <EMAIL>.
THE <STATE > PUBLIC HEALTH LABORATORY: PROTECTING US AGAINST FLU

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If flu viruses did not constantly evolve and change, it would be easier to control them. Unfortunately, these viruses are highly unpredictable, which means that public health laboratories and their health partners are in a race against a moving target. Prevention lies in rapid detection of emerging flu viruses -- so we control them before they control us -- combined with routine monitoring of viruses circulating in our communities.

ANSWERS FOR ACTION

To combat flu viruses, policy makers, health care providers and the public need answers. Are there new flu viruses circulating in our community? Have these viruses mutated to become more contagious or more deadly? Do they respond to current antiviral medications? Are there sectors of our community where flu viruses are more prevalent? Should we close our schools to control a flu outbreak? What viral strains should be included in next year’s flu vaccine? The health of <state> residents depends upon fast and accurate answers to these questions.

STATE FUNDING

FY2013 <$50k> (Enacted)
FY2014 <$85k>(State Required Amount)

Public health laboratories deliver the data essential to answer these questions. Their capabilities were proven again in 2009 during the nationwide flu outbreak and have subsequently detected and investigated a number of potential pandemic strains. However, cuts in federal and state funding coupled with a shortage of staff with expertise in public health testing have undermined public health laboratory capability to respond to pandemic threats.

OUTPACING THE FLU VIRUS

Because flu viruses will not stop evolving and changing, our <state> cannot stop monitoring them. If we do, we imperil the health of state residents. The work required is extensive and requires highly skilled professionals to:

- Test flu samples to assist federal and state health officials to make informed decisions and to provide real-time details on flu activity in our state.
- Identify new flu viruses to support policy decisions such as school closures and patient treatment.
- Extend outreach, training and coordination with health care providers, hospitals and private sector laboratories.
• Build capability for electronic reporting of laboratory results, which is critical for rapid response to flu outbreaks.

• Train laboratory staff to monitor flu viruses and respond to a surge in testing during a pandemic.

• <ADD/REMOVE/MODIFY FUNDING NEEDS STATEMENTS AS APPROPRIATE FOR YOUR JURISDICTION>.

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The school collected lab samples that Friday, and the New York City Lab tested them into the night. By 2 a.m., the lab called CDC with the news that the school samples were probably the new H1N1 virus. It immediately shipped samples to CDC for further testing and within 24 hours, the city had results: The outbreak was caused by the H1N9 virus. Because of rapid action by public health officials and the laboratory, health officials were able to close the school to prevent other children from becoming ill.

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