

OVERVIEW OF REPORTING REQUIREMENTS

REPORTING REQUIREMENTS FOR PREVENTION & PERFORMANCE MEASURES

REPORT	WHEN TO SUBMIT
<ul style="list-style-type: none"> Recipient Evaluation and Performance Measurement Plan** Recipient Data Management Plan (DMP)** 	6 months into the Cooperative Agreement (CoAg)
<ul style="list-style-type: none"> Data on Performance Measures 	Annual/Semi-annual reporting beginning in Year 2 of the Cooperative agreement*
<ul style="list-style-type: none"> Targeted Evaluation Project (TEP) 	Year 4 of the Cooperative Agreement
<ul style="list-style-type: none"> Evaluation Translational Product 	Final year of Cooperative Agreement (CoAg)
<ul style="list-style-type: none"> Annual Performance Report (APR), Workplan, Budget** 	No later than 120 days before the end of the budget period. Serves as a yearly continuation application.
<ul style="list-style-type: none"> Federal Financial Reporting Forms Final Performance and Financial Report 	90 days after the Period of Performance (PoP) ends

*Specific performance measures for required activities, such as naloxone distribution and linkage to care, will be prioritized for semi-annual reporting to inform CDC about these critical efforts in reducing overdose deaths. CDC will confirm the frequency of all performance measure reporting based on reporting needs and the feasibility of reporting more frequently than annually.

**Please see the table below for the due date for these deliverables.

REPORTING REQUIREMENTS FOR MORBIDITY AND MORTALITY SURVEILLANCE

As part of the OD2A-S funding opportunity, recipients are required to regularly share with CDC data collected on emergency department (ED) visits and hospital admissions involving suspected nonfatal drug overdose for the Drug Overdose Surveillance and Epidemiology (DOSE) system and drug overdose deaths using the State Unintentional Drug Overdose Reporting System (SUDORS).

- DOSE REPORTING:** Recipients are required to submit DOSE data to CDC either monthly (syndromic-sharing only) or annually (hospital/billing data-sharing only).

Note: For the first year of reporting, recipients must submit Historic data for syndromic (January 2018 - December 2023) and hospital/billing (January 2018 - December 2022). Please see below Year 1 Milestones and Reporting Timeline for specifics.

- SUDORS REPORTING:** As part of the OD2A-S funding opportunity, recipients are required to regularly share with CDC data collected on confirmed unintentional and undetermined intent drug overdose (UUDO) deaths using the State Unintentional Drug Overdose Reporting System (SUDORS). Recipients must share case-level de-identified data from all required data sources with CDC using the SUDORS web-based data entry system.

Note: For the first year of reporting, recipients must complete abstraction for UUDO deaths occurring January-June by January of the following calendar year and must complete abstraction for UUDO deaths occurring during July-December by July of the following calendar year. In years 2-5, recipients must complete data abstraction on UUDO deaths occurring during January-June by December of the same calendar year and complete data abstraction on UUDO deaths occurring July - December by June of the following calendar year.

- BIOSURVEILLANCE:** Biosurveillance data submissions do not have specific "dates." The data submission will be ongoing throughout the year and will have access to the latest available data at any point. Contact Biosurveillance functional mailbox (OD_LAB_SURVEILLANCE@cdc.gov) for additional questions.
- DATA LINKAGE:** Recipients will submit the required aggregate indicators and metadata to CDC on an annual basis, during Annual Progress Report (APR) reporting timelines.

YEAR 1 MILESTONES AND REPORTING TIMELINE

MONTH	MILESTONE
SEPTEMBER 2023	
September 1, 2023	✓ Welcome to OD2A-S
September 7, 2023	✓ Kickoff Webinar (2:30pm – 4:00pm EST)
September 11 – 29, 2023	✓ Introductory Calls <i>CDC POs and EOs with Recipient PIs/PMs</i>
September 25, 2023	✓ Partner’s Portal Training Session
OCTOBER 2023	
October 2, 2023	✓ Revised Budgets Due
October 27, 2023	✓ Response to Technical Review Comments Due ✓ Revised Work Plan Entered into Partner’s Portal Due
NOVEMBER 2023	
November 2, 2023	✓ Evaluation Webinar
DECEMBER 2023	
December 1, 2023	✓ Final FFRs and FPRs Due <i>(For OD2A 1.0 Recipients)</i> <i>FPRs submitted in both Partner’s Portal and Grant Solutions</i>
December 7, 2023	✓ OD2A-S Revised Work Plans are Due in Partner’s Portal
JANUARY 2024	
January 4, 2024	✓ Continuation Guidance Released
January 5, 2024	✓ APRs are Generated in Partner’s Portal
January 26, 2024	✓ SUDORS bi-annual data reporting deadline (Required CDC Reporting) <i>For recipients who previously received OD2A funding for SUDORS (CDC-RFA-CE16-1608)</i> <i>Drug overdose deaths occurring during January 1, 2023 – June 30, 2023, submitted to CDC</i>
FEBRUARY 2024	
February 29, 2024	<ul style="list-style-type: none"> • OD2A-S Year 2 Continuation Application Due • Data Linkage indicators will be reported in the APR • Data Management Plan Due
MARCH 2024	
March 11, 2024	DOSE Discharge/Billing <u>Historic</u> Data Due <i>For data from January 1, 2018 – December 31, 2022</i>
March 16, 2024	Draft Evaluation and Performance Measurement Plan (EPMP) Due

APRIL 2024	
April 1, 2024	<p>DOSE Historic Submission Due <i>(For recipients who received funding from CE16-1608)</i> <i>For data from January 2018 – December 2023</i></p> <p>Two DOSE Monthly Submissions are DUE:</p> <ol style="list-style-type: none"> For data from January 1 - 31, 2024 For data from February 1 - 29, 2024. <p>Note: A total of 3 mutually exclusive files will be submitted.</p>
MAY 2024	
May 6, 2024	<p>DOSE Monthly Submission Due <i>(For recipients who received funding from CE16-1608)</i> <i>For data from March 1 – 31, 2024</i></p>
May 6 – 8, 2024	OD2A Recipient Meeting in Atlanta, GA
JUNE 2024	
June 3, 2024	<p>DOSE Monthly Submission Due <i>(For recipients who received funding from CE16-1608)</i> <i>For data from April 1 – 30, 2024</i></p>
JULY 2024	
July 1, 2024	<p>DOSE Monthly Submission Due <i>(For recipients who received funding from CE16-1608)</i> <i>For data from May 1 – 31, 2024</i></p>
July 8, 2024	<p>Discharge/Billing Data (Optional Surveillance Strategy) Due <i>For recipients selecting annual ED hospital discharge/billing data submission and optional annual DOSE ED/inpatient hospital/billing data submission activities</i></p>
July 26, 2024	<p>SUDORS (Required CDC Reporting) <i>For recipients who previously received OD2A funding for SUDORS (CDC-RFA-CE16- 1608)</i> <i>Drug overdose deaths occurring during July 1, 2023 – December 31, 2023, submitted to CDC</i></p>
July 31, 2024	Final Evaluation and Performance Measurement Plan (EPMP) Due
AUGUST 2024	
TBD	Year 2 NOA Released
August 5, 2024	<p>DOSE Monthly Submission Due <i>(For recipients who received funding from CE16-1608)</i> <i>For data from June 1 – 30, 2024</i></p>
August 31, 2024	<ul style="list-style-type: none"> • Last Day of Budget Period • Year 1 Partner’s Portal Modules Close
SEPTEMBER 2024	
September 1, 2024	Year 2 Funding Period Begins

**If the report due date falls on a holiday, program staff will issue instructions for reporting due date adjustments.*



Recall on Cinnamon Applesauce Pouches That Have High Lead and Chromium Levels

Recalled Products

- WanaBana brand apple cinnamon fruit purée pouches
- Schnucks brand cinnamon-flavored applesauce pouches
- Weis brand cinnamon applesauce pouches



Recommendations

1. Do not buy, eat, sell, or serve recalled cinnamon applesauce pouch products because they may contain lead and chromium.
2. Parents and caregivers of children who may have eaten recalled products should contact the child's healthcare provider about getting a blood test for lead and further evaluation.

More Information

- [Health Alert Network \(HAN\) 00500: High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches \(cdc.gov\)](#)
- [COCA Now](#)



From: Pan, Erica S@CDPH
To: [Jackson, Brendan R. \(CDC/NCIRD/OD\)](mailto:Jackson, Brendan R. (CDC/NCIRD/OD))
Subject: Automatic reply: CA updates to COVID-19 isolation guidance
Date: Wednesday, January 17, 2024 8:13:31 AM

Thank you for your message. I am out of the office at a Council of State & Territorial Epidemiologists meeting from 1/16/2024 through 1/19/2024; returning to the office on Monday, January 22nd. I will only be checking emails intermittently during this time.

If you need immediate State Epidemiologist response, please contact Dr. James Watt (james.watt@cdph.ca.gov), Deputy State Epidemiologist, (including any COVID-19, mpox, or other current infectious disease emergency issues)

For items needing Center for Infectious Diseases attention, please contact Assistant Deputy Director, Adrian Barraza (Adrian.Barraza@cdph.ca.gov)

For scheduling please contact Cinthya Quintero (Cinthya.Quintero@cdph.ca.gov).
If you are expecting a response from me, please resend your email after January 22nd, 2024.

Thank you,

Erica
Erica Pan, MD, MPH, FIDSA, FAAP

California State Epidemiologist
Deputy Director, Center for Infectious Diseases
California Department of Public Health

Erica.pan@cdph.ca.gov

850 Marina Bay Parkway
Richmond, CA 94804
Office 510.620.6265

1616 Capitol Ave
Sacramento, CA 95804
Office 916.440.7434

From: [Aragon, Tomas@CDPH](mailto:Aragon_Tomas@CDPH)
To: [OT21-2103 Support \(CDC\)](#)
Subject: Automatic reply: Call for Sessions Due Jan 10: COVID-19 Health Disparities Grant Reverse Site Visit
Date: Wednesday, January 3, 2024 7:08:24 AM

I am out of the office.

For State Public Health Officer issues, contact
Dr Rita Nguyen, Assistant Public Health Officer
rita.nguyen@cdph.ca.gov

For communicable disease issues contact
Dr Eric Pan, erica.pan@cdph.ca.gov

For administrative issues, contact either

Christine Siador, Assistant Director
christine.siador@cdph.ca.gov

Susan Fanelli, Chief Deputy Director
susan.fanelli@cdph.ca.gov

Thank you,
Dr. Tomas Aragon

==

Tomás J. Aragón, M.D., Dr.P.H.
Director and State Public Health Officer
California Department of Public Health
PO Box 997377, MS 0500
Sacramento, CA 95899-7377
Office: (916) 558-1700

===

The [CDPH Way](#) (“Becoming the best at getting better”) is based on CDPH’s lean OS: (1) Respect people, (2) Improve continuously, (3) Embrace scientific thinking, (4) Measure what matters (OKRs), (5) Eliminate waste and undesired variability, (6) Respond and adapt with speed and agility, and (7) Deliver value as defined by our primary customer(s). The CDPH lean OS is based on the [Shingo Model](#) and public health practice.

From: Pan, Erica S@CDPH
To: epixupdate@cdc.gov
Subject: Automatic reply: Check Epi-X for an Important File Submission - 1/17/2024
Date: Wednesday, January 17, 2024 2:00:30 PM

Thank you for your message. I am out of the office at a Council of State & Territorial Epidemiologists meeting from 1/16/2024 through 1/19/2024; returning to the office on Monday, January 22nd. I will only be checking emails intermittently during this time.

If you need immediate State Epidemiologist response, please contact Dr. James Watt (james.watt@cdph.ca.gov), Deputy State Epidemiologist, (including any COVID-19, mpox, or other current infectious disease emergency issues)

For items needing Center for Infectious Diseases attention, please contact Assistant Deputy Director, Adrian Barraza (Adrian.Barraza@cdph.ca.gov)

For scheduling please contact Cinthya Quintero (Cinthya.Quintero@cdph.ca.gov).
If you are expecting a response from me, please resend your email after January 22nd, 2024.

Thank you,

Erica
Erica Pan, MD, MPH, FIDSA, FAAP

California State Epidemiologist
Deputy Director, Center for Infectious Diseases
California Department of Public Health

Erica.pan@cdph.ca.gov

850 Marina Bay Parkway
Richmond, CA 94804
Office 510.620.6265

1616 Capitol Ave
Sacramento, CA 95804
Office 916.440.7434

From: Pan, Erica_S@CDPH
To: [Hughes, Keaton \(CDC/IOD/OPHDST\)](mailto:Hughes, Keaton (CDC/IOD/OPHDST))
Subject: Automatic reply: NNDSS Power BI reports on case trends and data element completeness available
Date: Thursday, January 18, 2024 11:08:12 AM

Thank you for your message. I am out of the office at a Council of State & Territorial Epidemiologists meeting from 1/16/2024 through 1/19/2024; returning to the office on Monday, January 22nd. I will only be checking emails intermittently during this time.

If you need immediate State Epidemiologist response, please contact Dr. James Watt (james.watt@cdph.ca.gov), Deputy State Epidemiologist, (including any COVID-19, mpox, or other current infectious disease emergency issues)

For items needing Center for Infectious Diseases attention, please contact Assistant Deputy Director, Adrian Barraza (Adrian.Barraza@cdph.ca.gov)

For scheduling please contact Cinthya Quintero (Cinthya.Quintero@cdph.ca.gov).
If you are expecting a response from me, please resend your email after January 22nd, 2024.

Thank you,

Erica
Erica Pan, MD, MPH, FIDSA, FAAP

California State Epidemiologist
Deputy Director, Center for Infectious Diseases
California Department of Public Health

Erica.pan@cdph.ca.gov

850 Marina Bay Parkway
Richmond, CA 94804
Office 510.620.6265

1616 Capitol Ave
Sacramento, CA 95804
Office 916.440.7434

From: Pan, Erica_S@CDPH
To: [NWSS \(CDC\)](mailto:NWSS (CDC))
Subject: Automatic reply: NWSS Health Department CoP Reminder -- January 25th at 1 pm ET
Date: Thursday, January 18, 2024 11:12:57 AM

Thank you for your message. I am out of the office at a Council of State & Territorial Epidemiologists meeting from 1/16/2024 through 1/19/2024; returning to the office on Monday, January 22nd. I will only be checking emails intermittently during this time.

If you need immediate State Epidemiologist response, please contact Dr. James Watt (james.watt@cdph.ca.gov), Deputy State Epidemiologist, (including any COVID-19, mpox, or other current infectious disease emergency issues)

For items needing Center for Infectious Diseases attention, please contact Assistant Deputy Director, Adrian Barraza (Adrian.Barraza@cdph.ca.gov)

For scheduling please contact Cinthya Quintero (Cinthya.Quintero@cdph.ca.gov).
If you are expecting a response from me, please resend your email after January 22nd, 2024.

Thank you,

Erica
Erica Pan, MD, MPH, FIDSA, FAAP

California State Epidemiologist
Deputy Director, Center for Infectious Diseases
California Department of Public Health

Erica.pan@cdph.ca.gov

850 Marina Bay Parkway
Richmond, CA 94804
Office 510.620.6265

1616 Capitol Ave
Sacramento, CA 95804
Office 916.440.7434

From: [Tatum, Monique \(CDC/OCOO/OFR/OGS\) \(CTR\)](#)
To: [maria.altonen@vdh.virginia.gov](#); [janis.morita@doh.hawaii.gov](#); [colleen.violette@ct.gov](#); [john.p.mccomas@wv.gov](#); [brandiw@health.ok.gov](#); [renay.bradley@cdph.ca.gov](#); [renea.satterwhite@tn.gov](#); [Patrick, Sarah \(CDC illinois.gov\)](#); [Fredericks, Lyna \(CDC doh.vi.gov\)](#); [Lori.Garibay@dc.gov](#); [mIsattler@nd.gov](#); [jamev.durham@adph.state.al.us](#); [karen.mcgloughlin@delaware.gov](#); [hringa@healthresearch.org](#); [derrsr@dhec.sc.gov](#); [rhonda.jackson2@flhealth.gov](#); [Nadia.A.Davidson@oha.oregon.gov](#); [sarah.barclay@state.sd.us](#); [Rosier, Mollie \(CDC alaska.gov\)](#); [Nicole.Rogers@dhw.idaho.gov](#); [Karen.Webb@la.gov](#); [DEBORAH.GIRON@DOH.NM.GOV](#); [Mitchell, Cliff \(CDC maryland.gov\)](#); [jennie.blakney@doh.ni.gov](#); [cathy.hoover@wyo.gov](#); [kristie.washington@arkansas.gov](#); [Cooper, Tara \(RI\) \(CDC health.ri.gov\)](#); [bzakutney@pa.gov](#); [emily.fredette@vermont.gov](#); [carolyn.househiggins@doh.wa.gov](#); [amikkelsen@utah.gov](#); [beatriz.menanteau@state.mn.us](#); [mark.bergeron-naper@mass.gov](#); [kia.toodle@dph.qa.gov](#); [Alicia.Hunter@maine.gov](#); [Sarah.EhrhardReid@health.mo.gov](#); [peg.oqeaginsburg@nebraska.gov](#); [debra.seltzer@odh.ohio.gov](#); [miranda.stocker@ky.gov](#); [kara.benjamin@dhs.wisconsin.gov](#); [danielle.tuft@state.co.us](#); [qrzywaczj@michigan.gov](#); [erin.drinnin@idph.iowa.gov](#); [stephanie.watkins@vdh.virginia.gov](#); [Richelle.R.Swanson@dhhs.nh.gov](#); [gpadesk@health.nv.gov](#); [matthew.shim@doh.hawaii.gov](#); [chukwuma.amechi@ct.gov](#); [shelley.russell@ks.gov](#); [larry.e.easter@wv.gov](#); [Lora.Andrikopoulos@azdhs.gov](#); [Tracey.Douglas@health.ok.gov](#); [tomas.aragon@cdph.ca.gov](#); [vdaniels@isdh.in.gov](#); [rushdi.eskarous@tn.gov](#); [Sameer.S.Vohra@Illinois.gov](#); [eleanor.johannes@doh.vi.gov](#); [McLaughlin, Clara \(CDC dc.gov\)](#); [ddwilke@nd.gov](#); [grantssho1@adph.state.al.us](#); [Michelle.Bruner@delaware.gov](#); [hringa@healthresearch.org](#); [paradeko@dhec.sc.gov](#); [veronica.bishop@flhealth.gov](#); [Catalina.Aragon@oha.oregon.gov](#); [beth.dokken@state.sd.us](#); [amy.shaw@alaska.gov](#); [Janet.Sacks@dhw.idaho.gov](#); [Zapata, Amy \(CDC la.gov\)](#); [kathleen.maese@doh.nm.gov](#); [Boguski, Erin \(CDC maryland.gov\)](#); [eric.carlsson@doh.nj.gov](#); [patrick.paradis@mt.gov](#); [wdh.federalgrants@wyo.gov](#); [jo.thompson@arkansas.gov](#); [carla.lundquist@health.ri.gov](#); [RA-DHPAHEALTHCFO@pa.gov](#); [AHS.VDHFedGrantOperations@vermont.gov](#); [mary.clark@doh.wa.gov](#); [secretary.grants@dhhs.nc.gov](#); [sara.crouch@dhhs.nc.gov](#); [dhhsgrants@utah.gov](#); [terri.peaslee@state.mn.us](#); [Eileen.M.Sullivan@mass.gov](#); [qacommissioner.gmo@dph.qa.gov](#); [Bethany.L.Hamm@Maine.gov](#); [Grants@health.mo.gov](#); [sara.morgan@nebraska.gov](#); [director@odh.ohio.gov](#); [White, Connie \(CDC ky.gov\)](#); [dhsgrantreview@dhs.wisconsin.gov](#); [jannette.scarpino@state.co.us](#); [MDHHS-Grants@michigan.gov](#); [monica.goedken@idph.iowa.gov](#)
Cc: [Tatum, Monique \(CDC/OCOO/OFR/OGS\) \(CTR\)](#); [Bolton, Ulicia \(CDC/OCOO/OFR/OGS\) \(CTR\)](#)
Subject: Award Information Call Presentation for CE24-0027
Date: Friday, January 12, 2024 12:21:11 PM
Attachments: [image001.gif](#)
[image002.png](#)
[CE24-0027_RPE Budget Discussion Presentation_12_20_2023.pptx](#)

This Message Is From an External Sender

This message came from outside your organization.

[Report Suspicious](#)

Hello Grant Recipient,

Attached is the presentation for the Award Information Call for your reference.

Thanks,
Monique L. Tatum, MBA, PMP
Grants Management Specialist
Chenega Enterprise Systems and Solutions(ChESS)
Office of Grant Services (OGS) Branch 5
Centers for Disease Control and Prevention (CDC)
mtatum@cdc.gov|770-488-2617 office



From: [OT21-2103 Support \(CDC\)](#)
To: [OT21-2103 Support \(CDC\)](#)
Bcc: [Aragon, Tomas@CDPH](mailto:Aragon.Tomas@CDPH)
Subject: Call for Sessions Due Jan 10: COVID-19 Health Disparities Grant Reverse Site Visit
Date: Wednesday, January 3, 2024 7:08:19 AM
Attachments: [Outlook-ijnm04yz.png](#)
[Outlook-3s00otud.png](#)
[Outlook-vuquytup.png](#)

This Message Is From an External Sender

This message came from outside your organization.

[Report Suspicious](#)

Happy New Year OT21-2103 recipients and partners,

As a reminder, we are now accepting submissions for peer-sharing sessions, skill-building workshops, and poster presentations for the COVID-19 Health Disparities Grant Reverse Site Visit: Celebrating Our Successes! The event will take place from March 26-28, 2024 at the Marriott Marquis in Chicago, Illinois.

Call for Sessions: COVID-19 Health Disparities Grant Reverse Site Visit

Please submit your ideas via the [online submission form](#) by **Wednesday, January 10, 2024**. The submission process is not intended to be burdensome and is not as formal as a scientific submission. Rather, your submissions will allow us to learn more about your programs and projects. Please use this as an opportunity for sharing and celebrating your work!

Submissions are being accepted for the following:

- [Peer-sharing sessions](#) should be submitted by OT21-2103 grant recipients only and should focus on sharing a presentation on lessons learned, successes and challenges, and innovations in adapting and implementing evidence-informed practices.
- [Skill-building workshops](#) can be submitted by grant recipients and TA partners and should focus on interactive skill development and the practical application of skills to advance capacity across the four strategy areas.
- [Poster presentations](#) can be submitted by grant recipients and TA partners to highlight best practices and success stories around the four strategy areas.

Please refer to the attached resource for more information. If you have questions about session submissions or need support, please email convenings@texashealthinstitute.org. For additional information about travel and funding, please email OT21-2103@nnpfi.org.

Thank you for considering this important opportunity.

OT21-2103 Support Team

National Center for STLT Public Health Infrastructure and Workforce

Centers for Disease Control and Prevention
OT21-2103Support@cdc.gov
[Read more about this funding on our website](#)

Resources for OT21-2103 recipients





TRACKING WEBSITE ENGAGEMENT USING CAMPAIGN LINKS

Using campaign links (or “tagged links”) is one of the most vital ways to understand how your email, social media, paid media, or any other kind of digital outreach is performing. A tagged link is a URL that contains additional information that is interpreted by analytics programs, such as Google or Adobe Analytics, to convey performance metrics. The additional information is known as parameters, and they appear at the end of a URL for digital outreach to let your analytics program know how a user got to the website.

Benefits of Using Campaign Links

The use of campaign links is essential in tracking campaign performance. It allows your team to attribute traffic and conversions (completion of key website actions) to a campaign, platform, post, or creative. These links tell you where the traffic is coming from (such as Twitter or a newsletter), the platform driving the traffic (e.g., social media, email, search), and the campaign effort or goal associated with the activity (e.g., observance, paid media campaign). In short, by creating campaign links, you are guiding an analytics program to help tell you the story of how your website traffic is getting to you—the user’s journey.

The data collected in website analytics platforms from the use of tagged links can help you learn:

- What your return on investment is from various marketing strategies.
- How often has a particular link or button been clicked. In other words, what is generating the greatest traffic to your site.
- What visitors do next after they click your link.
- Where visitors came from.
- Where visitors drop off.

Whenever Possible, Use Campaign Links in Digital Outreach

Campaign links are primarily used in digital media efforts and should be placed within digital messages, posts, or materials that would lead the user to your website.

Examples include:

- Banner ads
- Tweets
- Email marketing
- Facebook posts
- Instagram links
- Google search ads

They should not be used on your own website, only on digital platforms leading people to your website.

Creating Campaign Links

Once the goals, objectives, and tactics are defined for a campaign, you can build out campaign links to track outreach performance on your website. How you structure a campaign link is dependent on the website analytics platform you are using. The two most common platforms, Google Analytics and Adobe Analytics, use different parameter structures. Google Analytics is recommended as a user-friendly platform. If you use Adobe Analytics, consult your developer/analytics lead to get the specifications around your specific tracking parameters.

Instructions for Google Analytics Campaigns

Campaign Parameters

When using Google Analytics for campaign tracking, there are five standard parameters, known as UTM codes, you can add to your URLs for tracking. The first three—Medium, Source, and Campaign—are required for successful data collection. The Content and Term parameters are not required but can provide more information about the placement of the link.

- **UTM_Medium:** This is defined as the marketing channel (e.g., social, organic, paid, search, email).
- **UTM_Source:** The specific site within the medium or channel that is sending traffic to your site (e.g., Google, Facebook, Twitter, partner site, and newsletter). For example, Google would be one of the sources within your Paid_Search medium for paid search efforts that lead to your site.
- **UTM_Campaign:** The individual campaign name. This field may be completed however it makes the most sense for you. The campaign parameter can be used across multiple tagged links to consolidate data into a higher-level view. For example, using the campaign “2023_Outreach” across campaign links for paid search, banner ads, and email allows you to see consolidated data for all these tactics at a glance.
- **UTM_Content:** This is an optional field. It’s used to differentiate similar content or links within the same source/medium. For example, if you have two call-to-action links within the same email message, you can use this field to differentiate between them.
- **UTM_Term:** This field is rarely used or needed, but it can be used to differentiate between paid search keywords.

Build Campaign Links

Use Google’s free link building tool to ensure nothing is missing from your campaign links: [Campaign URL Builder](#).

Example of a Campaign URL for Google Analytics with all parameters populated (tracking portion of the link is highlighted):

https://www.cdc.gov/stopoverdose/fentanyl/index.html?utm_source=Google&utm_medium=Paid_Search&utm_campaign=2023_Outreach&utm_term=Fentanyl_Assistance&utm_content=Fentanyl

Data Results

You can view the resulting data from tagged links in a few different places within Google Analytics (for the purposes of this guide, we will only refer to GA4 accounts). This includes under **Acquisition** (with drop-downs for campaign and source/medium), by using the Explore feature to create custom reports to include all parameters, or through analysis via **Google Looker Studio** (which you can connect to your GA4 account for free and allows for more custom reporting).

Overall Best Practices

- Test the campaign links in different web browsers (Chrome, Edge, Safari) to ensure they are not producing errors or redirecting to a page without parameters.
- When writing the tagged links, use underscores between words to differentiate between tactics and keep consistency in capitalizations.
- Always use SSL: <https://www.cdc.gov/XXXX>.
- Keep a spreadsheet of all generated URLs for reference and reporting.
- You can only add campaign parameters to links to website content, not any links to materials (e.g., PDFs, Word documents).

Using Vanity URLs and Shortened Links

Vanity URLs

It is best to use campaign links mostly on digital platforms. However, they can be used for offline outreach in a very specific way via vanity URLs. This method will require technical support from your developer or someone else on your technical team to implement.

A vanity URL is a brief and customized website link that is easy for visitors to type into a web browser. It is not a real page on your website, but instead redirects a user to another page with a longer URL.

For example, the CDC *Tips From Former Smokers*[®] campaign uses the URL <https://www.cdc.gov/tips> in much of their offline outreach, which redirects users to the longer URL of <https://www.cdc.gov/tobacco/campaign/tips/index.html>. The vanity URL is easier for users to type into their browser, which is key for offline outreach.

To track the usage of a vanity URL, you can redirect the vanity URL to a page with campaign parameters in place. For example, if we use *Tips* again, you could theoretically have <https://www.cdc.gov/tips> redirect to https://www.cdc.gov/tobacco/campaign/tips/index.html?utm_source=Billboard&utm_medium=Vanity&utm_campaign=2023_Outreach. So, when users use the vanity URL, it is picked up in your campaign data via the campaign link at the end of the redirect.

On social media, users will see the vanity URL or shortened link in the post.

Sample Twitter @Username

Join the webinar this week!

Click here to join: bit.ly/3EUaU4d

When they click the link, the UTM parameters will appear in the address bar of their browser.

Link Shortener

Campaign links can be placed into a link shortener (such as [Bit.ly](https://bit.ly) or [Ow.ly](https://ow.ly)) to reduce a long URL to a shorter, more readable link while still preserving the destination URL. If the full link address will show in your digital outreach, use a link shortener to point to a campaign link. This is most useful within social media copy text. For example, the campaign link https://www.cdc.gov/stopoverdose/fentanyl/index.html?utm_source=Google&utm_medium=Paid_Search&utm_campaign=2023_Outreach&utm_term=Fentanyl_Assistance&utm_content=Fentanyl can be shortened to <https://bit.ly/3qGmGLN>.

If the link address can be hidden or hyperlinked (e.g., email, electronic document, sample content partners can use, digital ads), use just the base URL itself or explanatory text, and use the longer form with campaign parameters as the address for the hyperlinked text. For example: "Visit [Stop Overdose](#) to learn more about..."

From: [Davis, Lisa \(CDC/IOD/ORR/DSLRL\)](#)
To: [Brady, Shane \(CDC azdhs.gov\)](#); [Livar, Eugene \(CDC azdhs.gov\)](#); [Komatsu, Kenneth \(CDC azdhs.gov\)](#); [Ehnert, Teresa \(CDC azdhs.gov\)](#); [Blocher, Tricia \(CDC cdph.ca.gov\)](#); [Watt, James \(CDC cdph.ca.gov\)](#); [Erica Pan, MD, MPH, FAAP \(CDC cdph.ca.gov\)](#); [Kern, Judy \(CDC doh.hawaii.gov\)](#); [Kemble, Sarah \(CDC doh.hawaii.gov\)](#); [nathan.tan@doh.hawaii.gov](#); [Fogleman, Stella \(CDC ph.lacounty.gov\)](#); [Bagwell, DeeAnn \(CDC ph.lacounty.gov\)](#); [Balter, Sharon \(CDC ph.lacounty.gov\)](#); [Terashita, Dawn \(CDC ph.lacounty.gov\)](#); [Peek-Bullock, Melissa \(CDC health.nv.gov\)](#); [Peek, Julia \(CDC health.nv.gov\)](#); [iazzam@health.nv.gov](#); [dallen@health.nv.gov](#)
Cc: [Green, Jamilla \(CDC/IOD/ORR/DSLRL\)](#)
Subject: CDC DSLR JRR AZ, CA, HI, LAC, and NV Collaborative Call Meeting Time Survey
Date: Monday, February 5, 2024 2:53:33 PM

This Message Is From an External Sender

This message came from outside your organization.

[Report Suspicious](#)

Good afternoon health department partners,

I would like to invite you to participate in a CDC Collaborative Call with Arizona, California, Hawaii, Los Angeles County, and Nevada the week of February 12, 2024. Considering trends in respiratory viruses in HHS Region 9 and neighboring jurisdictions, we are facilitating a discussion for health departments to share with one another and CDC's Division of Healthcare Quality Promotion information on the following:

- Current strains on the healthcare system within your jurisdictions (if any);
- Measurements used to assess healthcare system resilience and burden; and
- Indicators used for revising masking, isolation, or other respiratory guidance.

I have set-up an electronic survey to find the best available time. Here is the link to provide your availability: [Doodle](#). If you or others in your health department are interested in joining, please complete the survey by close of business Wednesday, **February 7, 2024 HST**. If you have any questions, feel free to contact me at lbd2@cdc.gov or by phone (404) 734-4810.

Thank you,

Lisa B. Davis
Health Department Liaison Officer, HHS Region 9
Jurisdictional Readiness and Response Support Branch
Division of State and Local Readiness
Office of Readiness and Response

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30329
404-734-4810 Office | 404-734-4810 Cell
lbd2@cdc.gov



Celebrating Success in 2023

CDC COVID-19 Health Disparities Grant

Virginia Department of Health



Achieved a **90%** COVID-19 vaccination rate among college students and faculty.

Virginia Beach Department of Public Health



Virginia Beach Department of Public Health CHWs at a holiday event.

Developed a rigorous training plan for new staff to ensure **all** future community health workers (CHWs) hired receive training focused on cultural awareness, health equity, and key health topics.



Virginia Beach Department of Public Health

"I love being a CHW because I get to help people who are like me and who face similar challenges. I get to use my lived experience, my language, and my culture to connect with them and build trust. I get to share information and resources that can make a difference in their lives. I get to be part of a team that cares about me and supports me. I get to be part of a movement that is changing the way we think about health and health care."

- VBDPH Community Health Worker