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False alarm rate represents the proportion of negative events (e.g. non-outbreak periods) incorrectly classified as events (e.g.outbreaks). This is the inverse of the specificity but can be more easily understood than specificity.

To evaluate the Specificity/ False Alarm Rate of the system, consult the EVA tool, to re-design the system with the goal of decreasing false-alarm rate, read through the advice below.

	Surveillance design step	Advice for improvement of FALSE ALARM RATE
1	Surveillance system	
1.1	Hazard	
1.2	Surv. Objective	
1.3	Geographical area covered	
1.4	Susceptible species	
1.5	Risk characteristics	
2	Components overview	
3	Target population	
3.1	Target species	
3.2	Target sector	
3.3	Sectors missed	
3.4	Geographical area covered	
3.5	Target criteria	
3.6	Percentage covered	
4	Disease suspicion	
4.1	Definition	The less specific the clinical definition of disease is the greater the potential for false positives. Therefore try to ensure the working definition is clear and accurately identifies the hazard of interest.
4.2	Obligations	
4.3	Notification procedures	
4.4	Actions upon suspicions	
4.5	Actions upon confirmation	
5	Enhancements	
6	Testing protocol	Similar to "Sensitivity", choose (in conjunction with those responsible for laboratory analysis) a suitable testing option for this component to achieve a low false alarm rate, considering factors affecting analytical and diagnostic specificity or specificity as well as costs.
6.1	Type of test to be carried out	
6.2	Type of sample to be collected	
6.3	Pooling	If the target unit is animal, then testing pooled samples will reduce the false alarm rate. If the target unit is a group of animals (such as a herd) then testing pooled samples will increase the false alarm rate (because it is associated with a lower herd-level specificity).

Aim for a test with high specificity confirmatory test with high specificity confirmatory test with high specific false positives. Ensure adequate q assurance in the laboratory to avo cross-contamination. Aim for a highly specific test. Also factors affecting diagnostic specific training of field and laboratory states assurance in the field and in laboratory states assurance in the field and laboratory states assurance in the field and laboratory states assurance in the laboratory states assurance in the laboratory states. Sampling design 7.1 Point of sample collection 7.2 Selection of units 7.3 Target unit 7.4 Sampling design 7.6 Number of units in the target population 7.7 Sensitivity of the testing protocol A testing protocol will poor specific in more false alarms. 8 Sampling strategy 8.1 (PSU) level: 8.2 Sampling at the primary sampling unit (PSU) level: 8.3 Sampling at the secondary sampling unit (SSU) level:	city to rule out uality id for example consider city such as ff, quality atories to
factors affecting diagnostic specific training of field and laboratory state assurance in the field and in laboration avoid cross-contamination and the negative controls. 6.6 Further details 7 Study design 7.1 Point of sample collection 7.2 Selection of units 7.3 Target unit 7.4 Sampling unit 7.5 Sampling design 7.6 Number of units in the target population 7.7 Sensitivity of the testing protocol 7.8 Specificity of the testing protocol 8 Sampling strategy 8.1 Sampling at the primary sampling unit (PSU) level: 8.2 Sampling at the secondary sampling unit (SSU) level:	city such as ff, quality atories to
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8.3 Selection criteria WITHIN the population	
8.4 Risk-based allocation	
8.5 Sample size calculation	
8.6 Sample allocation at the primary level	
8.7 Sample allocation at the Secondary level	
8.8 Sample collection timeline	
Data Generation/ Sampling collection process	
9.1 WHO will collect the samples? The choice of staff can influence farate; limited skills in taking out sar generate false positive samples, for cross contamination.	
9.2 HOW will samples be collected? The choice of how samples are tak influence false alarm rate; a weak generate false positive samples, for cross contamination.	
9.3 WHEN/HOW OFTEN will samples be collected? Every sampling occasion is a 'char false positive, so increasing sampli will influence the false alarm rate.	en can protocol may

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9.5	Training Follow-up Transfer means HOW will samples be transferred?	Appropriate training can reduce false alarm rate, in particular for hazards and sample handling procedures where there is a risk for cross-contamination, or where proper identification of samples is crucial. Proper follow-up of positive cases is essential in order to eliminate the false positives. Transfer means will affect false alarm rate if time and temperature affect the risk that a sample may be falsely positive.
10.2	WHEN/HOW OFTEN will samples be collected?	, , , , , , , , , , , , , , , , , , ,
10.3	Training	
11	Data Translation/ sample analyses process	
11.1	WHO will perform the analyses?	
11.2	HOW will samples be analysed	
11.3	WHEN/HOW OFTEN will samples be collected?	
11.4	Expected LOAD	
11.5	Training	
11.6	Follow-up	
12	Epidemiological analyses	
12.1	Are there any epidemiological DATA that need to be collected?	
12.2	WHO will perform the analyses?	
12.3	HOW will epidemiological analyses be performed?	
12.4	WHEN/HOW OFTEN?	
12.5	Training	
12.6	Data management needs	
12.7	Software needs	
13	Dissemination of results	
_	WHO will disseminate the results?	
	WHO is the TARGET of dissemination?	
13.3	HOW will results be disseminated?	
13.4	WHEN/HOW OFTEN?	
14	Surveillance review	
14.1	Who	
14.2	When	
14.3	How often	



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