

**National Electronic Disease Surveillance System  
(NEDSS) OMB No. 0920-0728  
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**Circumstances of Change Request for OMB 0920-0728**

This is a nonmaterial/non-substantive change request for #0920-0728, which received a three-year extension through January 2014 for the reporting of case notification data from 57 reporting jurisdictions (50 states, 2 cities, and 5 territorial health departments) using the NEDSS (NETSS replacement) umbrella of systems and including the National Electronic Telecommunications System for Surveillance (NETSS).

Each year, the Council of State and Territorial Epidemiologists (CSTE) establishes the public health surveillance priorities for the nation and policies which are voted on by the Chief Epidemiologist in each U.S. State and Territory. In 2011, CSTE members voted to approve 5 position statements regarding the surveillance of hepatitis conditions. The conditions specified in the position statements are:

- Hepatitis A, acute
- Hepatitis B, acute
- Hepatitis B, chronic
- Hepatitis C, acute
- Hepatitis C, past or present

In response to these CSTE position statements, the CDC Viral Hepatitis Program has modified the list of data elements used for surveillance of these conditions. The additional data elements requiring the change request are in the following table:

PHINUID	ConceptName	DefinitionText
INV592	Sexual Preference	What is/was the subject's sexual preference? (Bisexual, Heterosexual, Homosexual, Unknown)
INV650	Previously Aware of Condition	Was the subject aware they had Hepatitis prior to lab testing? (Yes, No, Unknown)
INV651	Provider of Care for Condition	Does the subject have a provider of care for Hepatitis? (Yes, No, Unknown)
INV652	Received Medication for Condition	Has the subject ever received medication for the type of Hepatitis being reported? (Yes, No, Unknown)
INV831	Hepatitis Delta Infection	Was the patient diagnosed with Hepatitis Delta (co- or super-infection)? (Yes, No, Unknown)
INV832	Prior Negative Hepatitis Test	Did the patient have a negative hepatitis-related test in the previous 6 months? (Yes, No, Unknown)  For Hep B: Did patient have a negative HBsAg test in the previous 6 months? (Yes, No, Unknown)  For Hep C: Did patient have a negative HCV antibody test in the previous 6 months? (Yes, No, Unknown)
INV840	Tested for Hepatitis D	Was the patient tested for Hepatitis D? (Yes, No, Unknown)
INV842	Diabetes Diagnosis Date	If subject has diabetes, date of diabetes diagnosis.
INV843	Verified Test Date	If patient had a negative hepatitis-related test in the previous 6 months, please enter the test date.
NOT120	Immediate National Notifiable Condition	Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? (Yes, No, Unknown)
TET160	Diabetes	Does subject have diabetes? (Yes, No, Unknown)
TRAVEL16	Principal reason for travel	What was the principal reason for travel? (Visiting friends or relatives, Tourism, Business, Adoption, New immigrant, Other (specify))

At the national level, the notification of cases to CDC of hepatitis infections are used to define and describe the burden of reported hepatitis infections in the U.S., information which is critical for measuring disease trends, assessing the effectiveness of prevention and control measures, identifying populations or geographic areas at high risk, developing public health policies, formulating prevention strategies, and allocating resources.

Burden

The annualized burden hours and cost to reporting jurisdictions to submit this data to CDC will not change significantly, if at all, from the original estimates in the “Estimates of Annualized Burden Hours and Costs” section in A.12 of the supporting documentation for OMB #0920-0728. The change to the annualized burden hours and cost is minimal because the reporting jurisdictions are currently collecting these data elements for internal state purposes. Therefore, the effort to include these additional data elements does require a minimal up-front cost in hours; however, the change to the weekly and annual submissions to CDC is minimal, after these changes are implemented.

Estimates of Annualized Burden Hours (no change)

<b>Respondents</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Burden Per Response (in hours)</b>	<b>Total Burden (in hours)</b>
<b>Weekly Reporting</b>				
States	50	52	3	7,800
Territories	5	52	1.5	390
Cities	2	52	3	312
<b>Annual Reporting</b>				
States	50	1	16	800
Territories	5	1	10	50
Cities	2	1	16	32
Total				9,384

Estimates of Annualized Cost Burden (no change)

<b>Respondents</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Burden Per Response (in hours)</b>	<b>Hourly Wage Rate</b>	<b>Respondent Cost</b>
<b>Weekly Reporting</b>					
States	50	52	3	\$12.70	\$99,060
Territories	5	52	1.5	\$12.70	\$4,953
Cities	2	52	3	\$12.70	\$3,962
<b>Annual Reporting</b>					
States	50	1	16	\$12.70	\$10,160
Territories	5	1	10	\$12.70	\$762

Cities	2	1	16	\$12.70	\$406
Total					\$119,303

Privacy Impact Assessment

No individually identifiable information is being collected.