

06.1 HHS Privacy Impact Assessment (Form) / National West Nile Surveillance System (ArboNet)

Primavera
ProSight

CDC PIA (April 2011)

PIA SUMMARY

1

The following required questions with an asterisk (*) represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget (OMB) and public posting in accordance with OMB Memorandum (M) 03-22.

Note: If a question or its response is not applicable, please answer "N/A" to that question where possible. If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of personally identifiable information (PII). If no PII is contained in the system, please answer questions in the PIA Summary Tab and then promote the PIA to the Senior Official for Privacy who will authorize the PIA. If this system contains PII, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

2

Summary of PIA Required Questions

*Is this a new PIA?

No

If this is an existing PIA, please provide a reason for revision:

Annual C&A Requirement

*1. Date of this Submission:

3/15/2012

*2. OPDIV Name:

CDC

*3. Unique Project Identifier (UPI) Number for current fiscal year:

009-20-01-02-02-1480-00

*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a SORN number is required for Q.4):

N/A

*5. OMB Information Collection Approval Number:

N/A

*6. Other Identifying Number(s):

N/A

*7. System Name (Align with system item name):

National West Nile Surveillance System (ArboNet)

*9. System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Point of Contact Information

POC Name

Marc Fischer

*10. Provide an overview of the system:

Note: If SSN's (Social Security Numbers) will be collected, maintained (stored), disseminated and/or pass through within any database(s), record(s), file(s) or website(s) hosted by this system you must complete and submit **Attachment A - SSN Elimination or Usage Approval Request** located at <http://intranet.cdc.gov/ociso/pandp/policy.html>

Note: According to OMB 07-16M, All agencies MUST participate in government-wide effort to eliminate unnecessary use of and explore alternatives to agency use of Social Security Numbers as a personal identifier for both Federal employees and in Federal programs.

Effective surveillance and response to West Nile Virus and other Arboviruses require close coordination and data exchange between federal, state and local authorities. For this purpose the National West Nile Surveillance System (ArboNet) was developed. ArboNet provides an electronic-based surveillance and reporting system of West Nile and other arbovirus activity in humans, birds, mosquitoes and other mammals in order to facilitate the exchange of information and data between federal, state and local authorities. ArboNet captures arbovirus cases from states in five categories: human, mosquito, avian, veterinary, and sentinel animals.

*13. Indicate if the system is new or an existing one being modified:

Existing

*17. Does/Will the system collect, maintain (store), disseminate and/or pass through PII within any database(s), record(s), file(s) or website(s) hosted by this system?

TIP: If the answer to Question 17 is "No" (indicating the system does not contain PII), only the remaining PIA Summary tab questions need to be completed and submitted. If the system does contain PII, the full PIA must be completed and submitted. (Although note that "Employee systems," - i.e., systems that collect PII "permitting the physical or online contacting of a specific individual ... employed [by] the Federal Government - only need to complete the PIA Summary tab.)

No

17a. Is this a GSS PIA included for C&A purposes only, with no ownership of underlying application data? If the response to Q.17a is Yes, the response to Q.17 should be No and only the PIA Summary must be completed. NOTE: TO BE DETERMINED AND COMPLETED BY OCISO ONLY!!!

*19. Are records on the system retrieved by 1 or more PII data elements?

No

*21. Is the system subject to the Privacy Act? (If the response to Q.19 is Yes, the response to Q.21 must be Yes and a SORN number is required for Q.4)

No

*23. If the system shares or discloses PII, please specify with whom and for what purpose(s):

N/A

*30. Please describe in detail: (1) The information the agency will collect, maintain, or disseminate (clearly state if the information contained in the system ONLY represents federal contact data); (2) Why and for what purpose the agency will use the information; (3) Explicitly indicate whether the information contains PII; and (4) Whether submission of personal information is voluntary or mandatory:

ArboNet provides an electronic-based surveillance and reporting system of West Nile and other arbovirus activity in humans, birds, mosquitoes and other mammals in order to facilitate the exchange of information and data between federal, state and local authorities. ArboNet captures arbovirus cases from states in five categories: human, mosquito, avian, veterinary, and sentinel animals. ArboNet does not collect PII.

*31. Please describe in detail any processes in place to: (1) Notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection); (2) Notify and obtain consent from individuals regarding what PII is being collected from them; and (3) How the information will be used or shared. (Note: Please describe in what format individuals will be given notice of consent [e.g., written notice, electronic notice, etc.]):

N/A

*32. Does the system host a website? (Note: If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of PII)

Yes

*37. Does the website have any information or pages directed at children under the age of thirteen?

No

*50. Are there policies or guidelines in place with regard to the retention and destruction of PII? (Refer to the C&A package and/or the Records Retention and Destruction section in SORN)

37a. If yes, is there a unique privacy policy for the site, and does the unique privacy policy address the process for obtaining parental consent if any information is collected?

N/A

38. Does the website collect PII from individuals?

No

Please indicate "Yes" or "No" for each category below:	Yes/No
Name (for purposes other than contacting federal employees)	No
Date of Birth	No
Social Security Number (SSN) <i>Note: According to OMB 07-16M, All agencies MUST participate in government-wide effort to eliminate unnecessary use of and explore alternatives to agency use of Social Security Numbers as a personal identifier for both Federal employees and in Federal programs.</i>	No
Photographic Identifiers	No
Driver's License	No
Biometric Identifiers	No
Mother's Maiden Name	No
Vehicle Identifiers	No
Personal Mailing Address	No
Personal Phone Numbers	No
Medical Records Numbers	No
Medical Notes	No
Financial Account Information	No
Certificates	No
Legal Documents	No
Device Identifiers	No
Web URLs	No
Personal Email Address	No
Education Records	No
Military Status	No
Employment Status	No
Foreign Activities	No
Other	No

39. Are rules of conduct in place for access to PII on the website?

APPROVAL/DEMOTION

1 System Information

System Name: _____

2 PIA Reviewer Approval/Promotion or Demotion

Promotion/Demotion: _____

Comments: _____

Approval/Demotion Point of Contact: _____

Date: _____

3 Senior Official for Privacy Approval/Promotion or Demotion

Promotion/Demotion: _____

Comments: _____

4 OPDIV Senior Official for Privacy or Designee Approval

Please print the PIA and obtain the endorsement of the reviewing official below. Once the signature has been collected, retain a hard copy for the OPDIV's records. Submitting the PIA will indicate the reviewing official has endorsed it

This PIA has been reviewed and endorsed by the OPDIV Senior Official for Privacy or Designee (Name and Date):

Name: _____ Date: _____

Name:	
Date:	

5 Department Approval to Publish to the Web

Approved for web publishing _____

Date Published: _____

Publicly posted PIA URL or no PIA URL explanation: _____

06.1 HHS Privacy Impact Assessment (Form) / Cholera and Other Vibrio Illness Surveillance (COVIS) System

Primavera ProSight

CDC PIA (April 2011)

PIA SUMMARY

1

The following required questions with an asterisk (*) represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget (OMB) and public posting in accordance with OMB Memorandum (M) 03-22.

Note: If a question or its response is not applicable, please answer "N/A" to that question where possible. If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of personally identifiable information (PII). If no PII is contained in the system, please answer questions in the PIA Summary Tab and then promote the PIA to the Senior Official for Privacy who will authorize the PIA. If this system contains PII, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

2

Summary of PIA Required Questions

*Is this a new PIA?

No

If this is an existing PIA, please provide a reason for revision:

Annual Self Assessment

*1. Date of this Submission:

September 20, 2012

*2. OPDIV Name:

NCEZID

3. Unique Project Identifier (UPI) Number for current fiscal year:

009-20-01-02-02-1480-00

*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a SORN number is required for Q.4):

09-20-0136

*5. OMB Information Collection Approval Number:

N/A

*6. Other Identifying Number(s):

N/A

*7. System Name (Align with system item name):

Cholera and Other Vibrio Illness Surveillance (COVIS) System

*9. System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Point of Contact Information

POC Name

Kathleen Fullerton

*10. Provide an overview of the system:

Note: If SSN's (Social Security Numbers) will be collected, maintained (stored), disseminated and/or pass through within any database(s), record(s), file(s) or website(s) hosted by this system you must complete and submit Attachment A - SSN Elimination or Usage Approval Request located at <http://intranet.cdc.gov/ociso/pandp/policy.html>

According to OMB 07-16M, All agencies MUST participate in government-wide effort to eliminate unnecessary use of and explore alternatives to agency use of Social Security Numbers as a personal identifier for both Federal employees and in Federal programs.

Data from surveillance report forms (CDC form 52.79) that are sent to CDC are entered into a data entry form in Access. Data is reviewed and analyzed using forms and queries in Access. Sets of forms are used to summarize data for the annual summary and for generating line lists. The results from pre-made forms summarize the number of cases by species for each year, the number of cases by state and region, number of wound and foodborne cases, the number of cases with pre-existing conditions specific to vibriosis, the number of hospitalizations and deaths, the number of cases by site of isolation, and the number of cases by seafood items consumed. Queries are also commonly created to analyze other variables. The line lists that are generated contain the following variables: year and month of onset, species, wound status, death, gender, age, race, state, bivalve mollusk consumption, raw seafood consumption, seafood items consumed, lab identified species, serotype, toxin results, and virulence factors results.

*13. Indicate if the system is new or an existing one being modified:

Existing

*17. Does/Will the system collect, maintain (store), disseminate and/or pass through PII within any database(s), record(s), file(s) or website(s) hosted by this system?

TIP: If the answer to Question 17 is "No" (indicating the system does not contain PII), only the remaining PIA Summary tab questions need to be completed and submitted. If the system does contain PII, the full PIA must be completed and submitted. (Although note that "Employee systems," i.e., systems that collect PII "permitting the physical or online contacting of a specific individual ... employed [by] the Federal Government – only need to complete the PIA Summary tab.)

Yes

17a. Is this a GSS PIA included for C&A purposes only, with no ownership of underlying application data? If the response to Q.17a is Yes, the response to Q.17 should be No and only the PIA Summary must be completed. TO BE DETERMINED AND COMPLETED BY OCISO ONLY!!!

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Yes

*21. Is the system subject to the Privacy Act? (If the response to Q.19 is Yes, the response to Q.21 must be Yes and a SORN number is required for Q.4)

Yes

*23. If the system shares or discloses PII, please specify with whom and for what purpose(s):

The system does not share or disclose PII.

*30. Please describe in detail: (1) The information the agency will collect, maintain, or disseminate (clearly state if the information contained in the system ONLY represents federal contact data); (2) Why and for what purpose the agency will use the information; (3) Explicitly indicate whether the information contains PII; and (4) Whether submission of personal information is voluntary or mandatory:

The CDC maintains a voluntary surveillance system to collect data on culture-confirmed *Vibrio* infections in all 50 states. Investigators collect demographic, clinical, and epidemiologic data on case-patients. Data have been used to identify environmental risk factors, retail food outlets where high-risk exposures occur, and target groups that may benefit from consumer education. The system does collect PII.

*31. Please describe in detail any processes in place to: (1) Notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection); (2) Notify and obtain consent from individuals regarding what PII is being collected from them; and (3) How the information will be used or shared. (Note: Please describe in what format individuals will be given notice of consent [e.g., written notice, electronic notice, etc.]):

No

*32. Does the system host a website? (Note: If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of PII)

No

*37. Does the website have any information or pages directed at children under the age of thirteen?

N/A

37a. If yes, is there a unique privacy policy for the site, and does the unique privacy policy address the process for obtaining parental consent if any information is collected?

38. Does the website collect PII from individuals?

Please indicate "Yes" or "No" for each category below:	Yes/No
Name (for purposes other than contacting federal employees)	No
Date of Birth	Yes
Social Security Number (SSN) <small>According to OMB 07-16M, All agencies MUST participate in government-wide effort to eliminate unnecessary use of and explore alternatives to agency use of Social Security Numbers as a personal identifier for both Federal employees and in Federal programs.</small>	No
Photographic Identifiers	No
Driver's License	No
Biometric Identifiers	No
Mother's Maiden Name	No
Vehicle Identifiers	No
Personal Mailing Address	No
Personal Phone Numbers	No
Medical Records Numbers	No
Medical Notes	No
Financial Account Information	No
Certificates	No
Legal Documents	No
Device Identifiers	Yes
Web URLs	No
Personal Email Address	No
Education Records	No
Military Status	No
Employment Status	No
Foreign Activities	Yes
Other	Yes

39. Are rules of conduct in place for access to PII on the website?

APPROVAL/DEMOTION

1 System Information

System Name:

2 PIA Reviewer Approval/Promotion or Demotion

Promotion/Demotion:

Comments:

Approval/Demotion Point
of Contact:

Date:

3 Senior Official for Privacy Approval/Promotion or Demotion

Promotion/Demotion:

Comments:

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Name: _____ Date: _____

Name:

Date:

5 Department Approval to Publish to the Web

Approved for web publishing

Date Published:

Publicly posted PIA URL or no PIA URL explanation: