Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections (0920-1011)

GenIC No.:	2014007_059				
EPI AID No. (if applicable):	2014-059				
Requesting entity (e.g., jurisdiction):	US Virgin Islands Department of Health				
Title of Investigation:	Undetermined risk factors for chikungunya virus infections—US Virgin Islands,				
Purpose of Investigation: (Use as much space as necessary)	Suspected chikungunya case reported to the USVI Department of Health were contacted by telephone and invited to participate in the follow-up investigation to assess the potential impact of the disease (morbidity). At least three attempts were made to contact case-patients. If they could not be reached after three attempts, the case-patient was considered a non-responder. For several case-patients without working telephone numbers, a site visit was made to their last known residence. Once consent was obtained, case-patients or their parents (for children <12 years) were interviewed about: household contacts with similar illness, joint symptoms, whether the case was hospitalized or needed subsequent medical care for their illness, and if the case (or parent) missed any work or were unable to perform their usual activities due to their illness.				
Duration of Data Collection:					
Date Began:	6/16/2014				
Date Ended:	9/10/2014				
Lead Investigator					
Name:	Dan Pastula				
CIO/Division/Branch:	NCEZID/DVBD/ADB				
Name of Data Collection Instru Type of Respondent General public Other (describe):	Dengue and Chikungunya_Case Report Form				
Data Collection Methods (che	ck all that apply)				
Epidemiologic Study	(indicate which type(s) below)				
Descriptive Stu					
	l Study (describe):				
Cohort Study (
	Study (describe):				
Other (describe					
Environmental Assess					
Laboratory Testing (d					
Other (describe):	Data were collected through routine surveillance.				
Data Collection Mode (check	all that apply)				
Survey Mode (indicate					
	terview (describe).				
Telenhone Inte	terview (describe): rview (describe):				
	rview (describe):				
Self-administer	rview (describe): red Paper-and-Pencil Respondents completed Case Investigation Report-Dengue form.				
	rview (describe): red Paper-and-Pencil (describe): Respondents completed Case Investigation Report-Dengue form.				

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Other (describe): Medical Record Abstraction (describe): Biological Specimen Sample Environmental Sample Other (describe):					
Response Rate (if applicable) Total No. Responded (A): Total No. Sampled/Eligible to Respond (B): Response Rate (A/B): Data Collection Instrument 2 Name of Data Collection Instrument: Type of Respondent Chikungunya_Sus	spect Case Interview F	orm			
General public Healthcare staff Other (describe):	Laboratory staff	Natients [Restaurant staff		
sympto	ew with suspect case	•			
Data Collection Mode (check all that apply) Survey Mode (indicate which mode(s) below):	tarviawe with energetar	d case nationts were	a conducted face to face		
Face-to-face Interview (describe): Interviews with suspected case patients were conducted face-to-factor by telephone. Interviews with suspected case patients were conducted face-to-factor by telephone.					
Self-administered Paper-and-Pencil Questionnaire (describe): Self-administered Internet Questionnaire (describe): Other (describe): Medical Record Abstraction (describe):	by terephone.				
Biological Specimen Sample Environmental Sample					
Other (describe):					
Response Rate (if applicable) Total No. Responded (A): Total No. Sampled/Eligible to Respond (B): Response Rate (A/B): 62 146 42%					

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Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table (insert rows for additional respondent types if needed)

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Dengue and	Health care	100	1	5	9
Chikungunya_Case Report	providers and				
Form	laboratory				
	staff				
Chikungunya_Suspect Case	Patients	62	1	10	11
Interview Form					

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the EEI Information Collection Request Liaison, Danice Eaton (dhe0@cdc.gov).

EEI Information Collection Request Liaison:

Danice Eaton, PhD, MPH
EIS Program Staff Epidemiologist
Epidemiology Workforce Branch
Division of Scientific Education and Professional Development
Centers for Disease Control and Prevention
2400 Century Center, MS E-92

Office: 404.498.6389 Deaton@cdc.gov

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