Emergency Submission to Supplement OMB Control Number 0920-0821 in the context of Active Monitoring of Travelers Coming from Sierra Leone, Liberia, and Guinea

Supporting Statement A

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Supporting Statement

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

The Centers for Disease Control and Prevention (CDC) has been tasked to support state health departments as they engage in active monitoring of travelers arriving at U.S. airports from countries currently affected by the Ebola outbreak. This data collection will be conducted via a survey administered either through Interactive Voice Response (IVR) phone system or by a live person and will ask travelers if they have developed a fever or any other symptoms potentially indicative of Ebola exposure. This emergency request focuses specifically on supplemental forms and burden that will eventually be merged into OMB 0920-0821: Quarantine Station Illness Response Forms: Airline, Maritime, and Land/Border Crossing (expiring 8/31/2015), after the required public comment period. These forms are designed to work in concert with forms recently approved under OMB 0920-0900. Above what is already approved in OMB 0920-0821, the total number of respondents and burden requested is 27,374 and 38,324 respectively.

This emergency package covers the following:

1. The addition of a survey used for data collection (Attachment A: English, Attachment C: French). An increase of 27,374 additional respondents and 38,324 hours of respondent burden is requested for 0920-0821 as a result of adding this form. CDC is also including a CARE Card that will instruct the traveler on how to access the active monitoring IVR phone line. CDC requests approval to ask these questions through the IVR recording and through a live person, should the traveler indicate a need to speak to a live person during the course of the call. The data collected through the IVR will be processed in the following way:

    - The traveler will call the line and identify who they are through a unique CARE ID (produced through random number generation) provided on their CARE card.

    - The traveler will be asked if they checked their temperature and if they have, they will be advanced to two questions about the presence of a temperature over 100.4 F and the presence of other symptoms indicative of possible exposure to Ebola.

    - If the traveler reports a fever or other symptom, the system will immediately advance them to a live call center representative for connection to the health department or urgent medical care (no data collection occurs).

- If a traveler reports “no” to both questions, the call will end and their responses will be saved with their ID number.

- Upon receipt of the data, CDC will match CARE IDs from the Traveler Health Declaration Form to identify the jurisdiction associated with each CARE ID.

- Upon request, states will be provided with an Excel file at a frequency of their preference that indicates which CARE IDs have reported in and their symptom-development status. The states will have a list of all returning travelers in their state during the 21-day monitoring period and will be able to connect the CARE ID from the IVR report to the CARE ID in their report.

2. Purpose and Use of Information Collection

This request would provide CDC with the tools and appropriate burden to assist states with active monitoring of individuals coming to the United States from countries affected by the current Ebola outbreak. This information collection tool provides a cost- and time-saving mechanism for supporting states with their active monitoring responsibilities. The IVR phone line asks questions that are limited in scope so as not to subject travelers to an unnecessarily onerous and intrusive interview. The interview only asks the minimum number of questions required to assess if the traveler is presenting symptoms indicative of Ebola.

Active monitoring will be conducted for 21 days on every traveler arriving at a U.S. airport from an affected country, including a small number making connections outside of an affected country. CDC will provide information on accessing and using the system via a CARE Card provided during the entry screening process as the airport. Customs and Border Patrol agents will affix a sticker with the CARE ID to the Traveler Health Declaration Form. The ID will be added to the Quarantine Activity Reporting System (QARS) along with the other information from the form. If a traveler reports no symptoms, the negative response will be recorded, exported as an Excel record, and provided to the authorized health official in the jurisdiction they are staying. That jurisdiction will record this person as having been actively monitored for that day upon receipt of the Excel file. If a traveler answers in the affirmative to experiencing any of the specified symptoms, the IVR phone will automatically connect the traveler to a public health professional who can connect them immediately to the proper medical personnel and/or the health department. The health department will also be notified to ensure the traveler’s call went through successfully and follow-up occurred.

While use of the CDC active monitoring system is voluntary, if an individual fails to check in via the system, the health department of their state of residence may be required to follow up with the traveler via phone or in person. The state may also opt out of using the IVR phone system completely if they prefer to use another method of active monitoring. If a traveler from that state calls the IVR line, they will be referred to the health department and the health department will be notified.

3. Use of Improved Information Technology and Burden Reduction

The use of the IVR technology instead an interview with a live person reduces burden in the following manner:

- Travelers can call in at their convenience instead of potentially being told to report daily to the health department at a specified time to have their temperature taken.

- Use of a phone line to capture information about non-symptomatic travelers – the vast majority of respondents – exponentially reduces the labor involved with staffing a state or CDC-level call center.

- Electronic reporting improves data quality and increases the speed at which data can be made available to the states.

- Travelers avoid long waits associated with using live interviewers.

4. Efforts to Identify Duplication and Use of Similar Information

There is no duplication. This work is being done in collaboration with the state and local health departments. If a state opts for an alternative active monitoring strategy, the traveler residing in that state will not participate in this system. The state will inform the traveler during their first contact that the traveler should not use the IVR line for daily reporting.

5. Impact on Small Businesses or Other Small Entities

None

6. Consequences of Collecting the Information Less Frequently

If CDC does not collect this information, there is a risk infected persons will not notify proper public health authorities in time, and possibly spreading the disease to the general public.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

None

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. OMB has waived the 60 day public comment period

9. Explanations of Any Payment or Gift to Respondents

No monetary incentives or gifts are provided to respondents.

10. Assurance of Confidentiality Provided to Respondents

This information collection request has been reviewed by the CDC Information Collection Review Office (ICRO). The ICRO has determined that the Privacy Act does apply to some aspects of this information collection request. The applicable System of Records Notice is 09-20-0171, "Quarantine and Traveler Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71."

Information submitted will be entered into a computer system for analysis and later retrieved if necessary. Data containing personal identifiers and source documents will be retained until the event prompting the collection of data has concluded in accordance with DGMQ's records retention schedule. Data not containing personal identifiers will be retained indefinitely for statistical and historical documentation purposes. Electronic media will be protected by adequate physical, administrative, and procedural safeguards to ensure the security of the data. Access will be restricted to agency employees with a bona fide "need to know" in order to carry out the duties of their positions or to accomplish the purposes for which the data were collected. When information is deleted, a special "certified" process will be used to completely overwrite tapes on the mainframe or overwriting (not merely deleting) microcomputer files. Source documents, printouts and thumb drives will be safeguarded by storing them in locked cabinets in locked offices when not in use.

10.1 Privacy Impact Assessment Information

Privacy Impact Assessment Information

1. Respondents to this data collection will be informed whether or not providing the data described in this supporting statement is mandatory or voluntary.

2. Respondents indicate their consent by calling the IVR phone number provided at entry screening.

3. Highly sensitive information is being collected and would affect a respondent's privacy if there were a breach of security. This information is collected under the Privacy Act system of records notice 09-20-0171, "Quarantine and Traveler Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71", published in the Federal Register, Vol. 72, No. 238, December 13, 2007, pp. 70867-70872. However, stringent safeguards are in place to ensure a respondent's privacy including restriction of access to authorized users, physical safeguards, and procedural safeguards. Authorized users: A database security package is implemented on CDC's computer systems to control unauthorized access to the system. Attempts to gain access by unauthorized individuals are automatically recorded and reviewed on a regular basis. Access is granted to only a limited number of physicians, scientists, statisticians, and designated support staff of CDC or its contractors as authorized by the system manager to accomplish the stated purposes for which the data in this system have been collected. Physical safeguards: Access to the CDC facility where the mainframe computer is located is controlled by a cardkey system. Access to the computer room is controlled by a cardkey and security code (numeric code) system. Access to the data

entry area is also controlled by a cardkey system. Guard service in buildings provides personnel screening of visitors. The computer room is protected by an automatic sprinkler system, numerous automatic sensors are installed, and a proper mix of portable fire extinguishers is located throughout the computer room. Computer files are backed up on a routine basis. Hard copy records are stored in locked cabinets at CDC headquarters and CDC Quarantine Stations. Procedural safeguards: Protections for computerized records includes programmed verification of valid user identification code and password prior to logging on to the system, mandatory password changes, limited log-ins, virus protection, and user rights/file attribute restrictions. Password protection imposes user name and password log-in requirements to prevent unauthorized access. Each user name is assigned limited access rights to files and directories at varying levels to control file sharing. There are routine daily back-up procedures, and secure off-site storage is available. To avoid inadvertent data disclosure, measures are taken to ensure that all data are removed from electronic media containing Privacy Act information. Finally, CDC and contractor employees who maintain and use records are instructed to check with the system manager prior to making disclosures of data. When individually identified data are being used in a room, admittance at either CDC or contractor sites is restricted to specifically authorized personnel. Privacy Act provisions are included in contracts, the CDC Project Director, contract officers and project officers oversee compliance with these requirements, and CDC employees and contractors are required to be trained on the Privacy Act and receive information security awareness training at least annually.

4. This data collection are subject to the Privacy Act. The existing applicable Systems of Records Notice is 09-20-0171.

11. Justification for Sensitive Questions

This information collection requests certain personally identifying information of travelers. Some personally identifying information will be collected during the active monitoring interview in order to identify ill travelers. Some travelers might find these questions sensitive in nature, but this information is necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States.

12. Estimates of Annualized Burden Hours and Costs

Below are the estimates of the Annualized Burden Hours that are not already included in the OMB No. 0920-0821. CDC estimates an additional 27,374 respondents and 38,324 burden hours (6-month estimate) above what is already approved.

Approximately 99% of this additional burden is associated with travelers participating in the automated interview process. The remaining one percent is associated with CDC staff asking the questions via the phone line if the traveler experiences difficulty with the system and is routed to a live person in the call center.

This estimate is based on the following assumptions and estimates:

- Based on aviation data from Data in. Data out. LLC, CDC assumes there will be approximately 150 travelers from the affected region who are coming to the

United States each day who will be screened and provided information about the active monitoring IVR line. On a six-month basis, this equates to 27,374 respondents participating for 21 days and 38,324 burden hours associated with the use of the tool

- Of these 27,374 respondents, approximately 4,562 per year will arrive from Guinea and may require a French translation of the script. CDC estimates that the total burden for French speaking respondents will be 6,387 out of the 38,324 hours of additional burden requested in this emergency clearance.

12 A. Estimates of Burden Hours (Six Months)

Form	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in minutes)	Total Burden Hours
Active Monitoring Survey (English: Recorded and live version)	22,812	21	4/60	31,937
Active Monitoring Survey (French: Recorded and live version)	4,562	21	4/60	6,387
Total	27,374			38,324

12 B. Estimates of Annualized Cost

Form	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Active Monitoring Survey (English: Recorded and live version)	31,937	$22.33	$713,153
Active Monitoring Survey (French: Recorded and live version)	6,387	$22.33	$142,622
Total	28,734		$855,775

Wages for travelers were gathered from 00-0000 All Occupations (http://www.bls.gov/oes/current/oes_nat.htm#00-0000). The estimated additional cost is $855,755.

13. Estimates of Other Total Semi-Annual Cost Burden to Respondents and Record Keepers

There are no other costs to Respondents or record keepers associated with this survey.

14. Semi-Annual Cost to the Federal Government

Expense Type	Government Related Expenses	Annual Costs (dollars)
Direct cost to the Federal Government		
	CDC Project Manager (GS-14, .20 FTE)	$8,554
	CDC Call Center Operators (GS-12, 2 FTE)	$60,877
	CDC Health Communication Specialist (GS-13, .15 FTE)	$5,429
	Subtotal, direct costs to the government	$74,860
Contractor and other expenses		
	Data Management Support (estimated at .5 GS-13 equivalent plus contract costs)	$23,527
	Subtotal, contractor and other expenses	$23,527
	TOTAL COST TO THE GOVERNMENT	**$98,387**

Salary estimates were obtained from OPM salary scale at the following web address: http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2014/general-schedule/

15. Explanation for Program Changes or Adjustments

This is a request for an information collection through an emergency clearance request. Each information collection described in the emergency request is new. CDC estimates an additional 27,374 respondents and 38,324 burden hours (6-month estimate) above what is already approved.

16. Plans for Tabulation and Publication and Project Time Schedule

CDC and state health departments may report aggregate totals of number of people actively reporting vie the IVR system during their 21-day period publicly, as appropriate.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Display of the expiration date is appropriate. No exemption is requested.

18. Exceptions for Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

List of Attachments

Attachment A: IVR Script for Active Monitoring (English)
Attachment B: CARE Wallet Card
Attachment C: IVR Script for Active Monitoring (French)