

Mass Gathering Outbreaks: Assessment of Frequency, Policy, and Communication Strategies

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

Submitted: 8/18/15

Program Official/Project Officer

Jeanette J. Rainey
Epidemiologist
Division of Global Migration and Quarantine
1600 Clifton Road, MS E-03
Phone: 404-639-0689
Fax: 404-639-7090
Email: jkr7@cdc.gov

Table of Contents

Table of Contents.....	2
1. Respondent Universe and Sampling Methods.....	3
2. Procedures for the Collection of Information.....	3
3. Methods to Maximize Response Rates - Deal with Nonresponse.....	4
4. Test of Procedures or Methods to be Undertaken.....	4
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	5
LIST OF ATTACHMENTS – Section B.....	5

Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

Data will be collected from the 50 state health department epidemiologists (see **Att. A - State Health Department Epidemiologists**) and from 31 directors at local health department (see **Att. B - Local Health Department Directors**). CDC and the National Association of County and City Health Officials (NACCHO) collaboratively selected these local health departments because each of these health departments serves a population > 250,000. As the largest local health departments in the country, they are the most likely to have mass gatherings (e.g. sporting events, music festivals, fairs) in their jurisdiction and have the staff to investigate and report on these outbreaks. Although smaller health departments such as those in college towns, for example, could also have numerous mass gatherings, we elected to collect information from the largest 31 local health departments in the country to increase the chances of capturing as many mass gathering-related respiratory disease outbreaks as possible. There will be no duplication across the 31 local health departments and the 50 state health department included within this assessment, making 81 the respondent universe total.

2. Procedures for the Collection of Information

This one-time online information collection will be coordinated with the Council of State and Territorial Epidemiologist (CSTE) and the National Association of County and City Health Officials (NACCHO). In collaboration with CSTE and NACCHO, CDC will send an invitation email containing a link to the online information collection form to the 50 state epidemiologists and 31 local health department directors simultaneously (see **Att. H – Invitation Email**). This invitation email will explain:

- The purpose of the information collection/assessment and why participation is important
- Methods to safeguard responses
- That participation is voluntary
- The expected time complete the assessment
- Contact information for the assessment team

The email will provide instructions for participating. The online assessment tool will minimize respondent burden by allowing respondents to complete the assessment at their own convenience and by allowing respondents to skip non-relevant questions. The online tool was designed to collect the minimum information necessary for the purposes of the project.

Respondents will be asked to provide their responses to the data collection instrument within a 4-week period. A follow-up reminder will be sent after 2-weeks (see **Att. I – Reminder Email**). A final reminder email will be sent to non-responders to encourage participation 1-week later (week 3) indicating that the tool will only be available for one more week (see **Att. J – Final Reminder**).

No personal identifiers will be collected as part of this project. Position title and name of jurisdiction (e.g., Tennessee, Oregon, Los Angeles County, etc.) will be collected in order to determine if there is any geographic variability in responses. All partially or fully completed information collection forms will be saved securely on CDC servers. Once the 4-week assessment period is over (see below), the data will be downloaded as a SAS file for analysis. Descriptive analysis will be conducted to describe:

- The frequency of mass gathering related outbreaks between 2009 and 2014;
- Overview of outbreaks (e.g., cause, number of cases, methods of detection, etc.), type (e.g., conference, sporting evening, or festival), venue (indoors or outdoors), duration (number of days), size (number of participants or attendees), target population (age of participants), geographic scope (national, state, or local), and seasonality of the mass gathering related to the identified outbreak, and
- Policies and communication strategies used at mass gatherings (through information on the venue type, participant density, type of social mixing, and control strategies implemented by local and state authorities) for preventing or limiting infectious disease transmission at mass gatherings.

Access to the dataset will be limited to project staff at the CDC/Division of Global Migration and Quarantine, CSTE, and NACCHO. Data analysis will include descriptive statistics and where appropriate, bivariate statistics to compare mass gathering-related outbreaks by mass gathering type, size, and venue, and season.

3. Methods to Maximize Response Rates - Deal with Nonresponse

Although participation in this assessment is voluntary, CDC in collaboration with CSTE and NACCHO will make every effort to maximize the response rate (current target is 80% of the 50 state epidemiologists and of the 31 health department directors for a minimum of 65 completed assessments – 40 from the state health departments and 25 from local health departments). Respondents will have a total of 4 weeks to respond. A high response rate is anticipated due to the low respondent burden of the online assessment tool, the two reminder emails to non-responders (see **Att. H** and **Att. I – Reminder Email and Final Email**), and strong collaboration with CSTE and NACCHO.

4. Test of Procedures or Methods to be Undertaken

A pilot test of the data collection instrument was conducted at four state health departments (Arkansas, South Carolina, Virginia, and Idaho), and one county health department (Dallas County). In the pilot test, the average time to complete the instrument, including time for reviewing instructions, gathering needed information and completing the instrument, ranged from 15-30 minutes. For the purposes of estimating burden hours, the 30-minute upper limit was used. The final assessment tool incorporated feedback obtained during the pilot test.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

- Jeanette J. Rainey, PhD, Epidemiologist
Office of the Director, Division of Global Migration and Quarantine
Email: jkr7@cdc.gov
Phone: 404-639-0689
- Jianrong Shi, MD, PhD, Data Manager (Contractor)
Eagle Medical Services
Office of the Director, Division of Global Migration and Quarantine
Email: uxi7@cdc.gov
Phone: 404-639-7298
- Tiffani Phelps, MPH, Health Communication Specialist (Contractor)
Eagle Medical Services
Office of the Director, Division of Global Migration and Quarantine
Email: itb0@cdc.gov
Phone: 404-639-4885
- Hongjiang Gao, PhD, Statistician
Office of the Director, Division of Global Migration and Quarantine
Email: uxi7@cdc.gov
Phone: 404-639-7298
- Christine Prue, PhD, Health Communication Specialist
Office of the Director, National Center for Emerging and Zoonotic Infectious Diseases
Email: cep9@cdc.gov
Phone: 404-639-2273

LIST OF ATTACHMENTS – Section B

Att. H – Invitation email

Att. I – Reminder Email

Att. J – Final email