

**Non-substantial Change Request to OMB Control # 0920-1011  
Emergency Epidemic Investigation Data Collections  
Year 1, Quarter 3 (Date Submitted: January 21, 2015)**

This is a non-substantive change request for the Emergency Epidemic Investigations (EEI) Generic ICR, (OMB Control No. 0920-1011, Expiration 3/31/17). This allows the Centers for Disease Control and Prevention (CDC) to continue to conduct EEIs in response to acute public health emergencies resulting from outbreaks or events with undetermined agents, undetermined sources, undetermined modes of transmission or undetermined risk factors. CDC frequently is called upon to conduct EEIs at the request of one or more external partners (e.g., local, state, tribal, military, port, other federal agency, or international health authorities or other partner organizations) seeking support to respond to urgent public health problems. In response to external partner requests, CDC readily provides necessary epidemiologic support to facilitate appropriate engagement in epidemiological investigations. Such investigations often are dependent on rapid and flexible data collection that evolves during the investigation period.

This non-substantive change request is submitted to comply with the stated procedures in the approved EEI Generic ICR package (as specified in point 5 under Special Circumstances Relating to the Guidelines of 5 CFR 1320.5), “CDC maintains a library of data collection instruments that includes all final data collection instruments conducted under this generic ICR. This library and the updated burden numbers based on data collected via the “Burden Memo” are submitted to OMB quarterly as a non-substantive change to the generic ICR.” This non-substantive change request includes the following: Burden Memos (Appendix 1) and final data collection forms (Appendix 2) for investigations conducted under 0920-1011 for which data collection was completed during Y1Q3 (October 1, 2014 to December 31, 2014).

The estimated annualized burden hours is provided in Table 1.

**Table 1. Estimated Annualized Burden Hours**

Type of Respondents	Form Name	No. of Respondents	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Emergency Epidemic Investigation Participants	Emergency Epidemic Investigation Data Collection Instruments	12,000	0.5	6,000
Total				6,000

Table 2 below summarizes the data collection form name and projected and actual burden for each approved GenIC. A projected burden of 0 indicates the data collection form was developed in the field.

**Table 3. Data Collection Forms and Projected and Actual Burden, By GenIC**

			Projected Burden		Actual Burden	
GenIC No. (OMB)	Date Approved	Form Name	No. Respondents	Hours	No. Respondents	Hours
2014009-XXX	7/7/2014	Chikungunya_ Questionnaire	147	172	106	36
2014009-XXX	7/7/2014	Chikungunya_ Consent-Parental Permission Form	147	13	102	9
2014011-XXX	7/8/2014	Ebola_ Case Investigation Form	600	250	4000	1667
2014011-XXX	7/8/2014	Ebola_ Contract Tracing Form	2000	100	1500	75
2014011-XXX	7/8/2014	Ebola_ KAP_ HCW	0	0	40	20
2014011-XXX	7/8/2014	Ebola_ KAP_ Public	0	0	360	60
2014011-XXX	7/8/2014	Ebola_ KAP_ County Health Director	0	0	6	6
2014013-XXX	7/16/2014	Respiratory Illness_ Case Investigation Form	450	225	71	36
2014013-XXX	7/16/2014	Respiratory Illness_ Hospitalized Case Investigation Form	100	50	5	3
2014013-XXX	7/16/2014	Respiratory Illness_ Interview Assent Form	0	0	8	2
2014013-XXX	7/16/2014	Respiratory Illness_ Carriage Assent Form	0	0	609	51
2014013-XXX	7/16/2014	Respiratory Illness_ Infection Control Assessment	0	0	1	8
2014013-XXX	7/16/2014	Respiratory Illness_ Rapid Environmental Health Assessment	0	0	1	8
2014014-XXX	7/21/2014	Ebola_ Case Investigation Form	600	250	3600	1500
2014014-XXX	7/21/2014	Ebola_ Contract Tracing Form	2000	100	2000	100
2014015-XXX	8/13/2014	Parechovirus_ Chart Abstraction Form	1	13	4	17
2014015-XXX	8/13/2014	Parechovirus_ Chart Abstraction Form	0	0	2	14
2014015-XXX	8/13/2014	Parechovirus_ Family Interview Questionnaire	20	5	26	13
2014015-XXX	8/13/2014	Parechovirus_ Patient_ Sibling Diaper Collection	0	0	26	2
2014016-XXX	9/4/2014	Ebola_ Case Investigation Form	200	84	0	0
2014016-XXX	9/4/2014	Ebola_ Contract Tracing Form	1000	50	0	0
2014016-XXX	9/4/2014	Ebola_ RECO Interview	0	0	18	3
2014016-XXX	9/4/2014	Ebola_ Health Facility Assessment	0	0	5	1
2014017-XXX	9/15/2014	Chart Abstraction Form	4	40	3	72
2014017-XXX	9/15/2014	Reuse and Reprocessing Checklist	2	10	6	2
2014017-XXX	9/15/2014	Outpatient Dialysis Center Practices Survey	20	35	0	0
2014018-XXX	9/22/2014	Paralysis_ Medical Chart Abstraction Form	1	9	1	6
2014018-XXX	9/22/2014	Paralysis_ Questionnaire for Family	0	0	0	0