

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

| | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014009-XXX |
| EPI AID No. (if applicable): | 2014-062 |
| Requesting entity (e.g., jurisdiction): | Texas Department of State Health Services |
| Title of Investigation: | Undetermined agent and risk factors for chikungunya or dengue virus infections among community service volunteers in the Dominican Republic, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>Among volunteers and staff traveling to the Dominican Republic, the primary objectives of this investigation were to:</p> <ul style="list-style-type: none"> • Determine the incidence of recently-acquired: <ul style="list-style-type: none"> a) Chikungunya virus (CHIKV) infections and consequent clinically apparent illness b) Dengue virus (DENV) infections and consequent clinically apparent illness • Conduct surveys to determine risk factors for: <ul style="list-style-type: none"> a) CHIKV infection b) DENV infection • Recommend prevention and control measures for: <ul style="list-style-type: none"> a) CHIKV infection b) DENV infections |
| Duration of Data Collection: | 90 days |
| Date Began: | 7/9/2014 |
| Date Ended: | 10/5/2014 |
| Lead Investigator | |
| Name: | Emily Jentes |
| CIO/Division/Branch: | NCEZID/DGMQ |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Chikungunya_ Questionnaire

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe): Service volunteers/staff investigated for evidence of CHIKV or DENV infection and illness. In addition, demographic, geographic, and behavioral factors associated with infection were investigated.
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):

Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

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Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil
Questionnaire (describe):

Self-administered Internet
Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample

Environmental Sample

Other (describe):

The Chikungunya_questionnaire was completed by the participant as a self-administered data collection instrument.

Response Rate (if applicable)

Total No. Responded (A):

106

Total No. Sampled/Eligible to Respond (B):

127

Response Rate (A/B):

83%

Data Collection Instrument 2

Name of Data Collection Instrument:

Blood Collection Consent

Type of Respondent

General public

Healthcare staff

Laboratory staff

Patients

Restaurant staff

Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

A single blood sample was collected from each participant for CHIKV and DENV diagnostic testing as described above. All participants had one serum specimen collected (3-4 cc) to detect evidence of recent or past CHIKV and DENV infection. All samples were tested by RT-PCR (dengue and chikungunya), IgM ELISA (dengue and chikungunya) and IgG ELISA (chikungunya and dengue); all IgG-positive specimens were confirmed by plaque reduction neutralization test (PRNT). Serum specimens were sent to the CDC Dengue Branch in San Juan, Puerto Rico, where they were batched and tested. Chikungunya PRNTs were performed at CDC Arboviral Diseases Branch in Fort Collins, Colorado.

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

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| | |
|---------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Telephone Interview (describe): | |
| <input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input checked="" type="checkbox"/> Biological Specimen Sample | A single blood specimen of approximately 3-4cc. |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|-----|
| Total No. Responded (A): | 102 |
| Total No. Sampled/Eligible to Respond (B): | 127 |
| Response Rate (A/B): | 80% |

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|-----------------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Chikungunya_ Questionnaire | General Public | 106 | 1 | 20 | 36 |
| Chikungunya_ Consent-Parental Permission Form | General Public | 102 | 1 | 5 | 9 |

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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|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014011-XXX |
| EPI AID No. (if applicable): | 2014-063 |
| Requesting entity (e.g., jurisdiction): | Ministry of Health & Social Work, Republic of Liberia |
| Title of Investigation: | Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak—Liberia, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | The investigation followed a case series study design, where case report forms (see Appendix 1) were collected for every patient meeting the suspect case definition criteria. Forms were collected through interview of patients or family members if patients have died or are infants, in either French or the local language. Relevant clinical data, including the patient's date of onset, date of death, hospitalization and funeral information, and contacts that the patient had prior to developing illness all are collected, in an effort to determine the risk factors that led to this patient's infection. If diagnostic testing confirms that this patient has EVD, a separate contact tracing form (see Appendix 2) is completed to collect information of people who had direct unprotected contact with the patient while they were ill and prior to treatment in a facility with barrier nursing. These contacts were then followed daily for onset of fever and other EVD symptoms, and were investigated as cases and treated under barrier nursing precautions if they develop illness. |
| Duration of Data Collection: | 90 days |
| Date Began: | 7/08/2014 |
| Date Ended: | 10/06/2014 |
| Lead Investigator | |
| Name: | Barbara Knust |
| CIO/Division/Branch: | NCEZID/DHCPP |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Ebola_Case Investigation Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):

The investigation followed a case series study design, where case report forms were collected for every patient meeting the suspect case definition criteria.

- Cross-sectional Study (describe):

- Cohort Study (describe):

- Case-Control Study (describe):

- Other (describe):

- Environmental Assessment (describe):

- Laboratory Testing (describe):

When possible, diagnostic testing was used to confirm Ebola virus infection or rule out infection. Laboratory testing was not performed by CDC personnel, but laboratory results were recorded.

- Other (describe):

Data Collection Mode (check all that apply)

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Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil
Questionnaire (describe):

Self-administered Internet
Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Hospital records were used to collect relevant clinical information in the case report form

Biological Specimen Sample

Blood or oral swab specimens were collected from patients to confirm or rule out Ebola virus infection. Laboratory testing were not be performed by CDC personnel, but laboratory results were recorded.

Environmental Sample

Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

4000

Total No. Sampled/Eligible to Respond (B):

4000

Response Rate (A/B):

100%

Data Collection Instrument 2

Name of Data Collection Instrument:

Ebola_Contract Tracing Form

Type of Respondent

General public

Healthcare staff

Laboratory staff

Patients

Restaurant staff

Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Contacts of confirmed Ebola case-patients were identified and information about their location and type of contact was gathered.

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil
Questionnaire (describe):

Self-administered Internet
Questionnaire (describe):

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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): 1500

Total No. Sampled/Eligible to Respond (B): 1500

Response Rate (A/B): 100%

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Ebola_Case Investigation Form | General Public | 4000 | 1 | 25 | 1667 |
| Ebola_Contract Tracing Form | General Public | 1500 | 1 | 3 | 75 |
| | | | | | |

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
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|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014011-XX |
| EPI AID No. (if applicable): | 2014-063 |
| Requesting entity (e.g., jurisdiction): | Ministry of Health & Social Work, Republic of Liberia |
| Title of Investigation: | KAPs on Ebola Infection Control among Public and Health Care Workers and Interviews of County Health Directors —Liberia, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | Knowledge, attitudes and practices surveys to identify knowledge gaps and specific behaviors related to EVD that are barriers to control methods. |
| Duration of Data Collection: | 90 days |
| Date Began: | 09/15/2014 |
| Date Ended: | 10/03/2014 |
| Lead Investigator | |
| Name: | Jonathan Yoder |
| CIO/Division/Branch: | NCEZID/DFWED |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe): Knowledge, attitudes and practices surveys to identify knowledge gaps and specific behaviors related to EVD that are barriers to control methods.
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe): Interview healthcare workers at risk for Ebola exposure
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):
 Biological Specimen Sample

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Environmental Sample Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 40
Total No. Sampled/Eligible to Respond (B): 40
Response Rate (A/B): 100%

Data Collection Instrument 2

Name of Data Collection Instrument: KAP General Public Survey

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe): Knowledge, attitudes and practices surveys to identify knowledge gaps and specific behaviors related to EVD that are barriers to control methods.
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe): Interview general public at risk for Ebola exposure
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):
 Biological Specimen Sample
 Environmental Sample
 Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 360
Total No. Sampled/Eligible to Respond (B): 360
Response Rate (A/B): 100%

Data Collection Instrument 3

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Name of Data Collection Instrument: KAP County Director Survey

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): County Directors

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe): Knowledge, attitudes and practices surveys to identify knowledge gaps and specific behaviors related to EVD that are barriers to control methods.
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe): Interview county directors responsible for local Ebola response plans.
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):
 Biological Specimen Sample
 Environmental Sample
 Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 6
 Total No. Sampled/Eligible to Respond (B): 6
 Response Rate (A/B): 100%

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| KAP Healthcare Worker Survey | Healthcare Worker | 40 | 1 | 30 | 20 |
| KAP General Public Survey | General Public | 360 | 1 | 10 | 60 |

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| | | | | | |
|----------------------------|-----------------|---|---|----|---|
| KAP County Director Survey | County Director | 6 | 1 | 60 | 6 |
|----------------------------|-----------------|---|---|----|---|

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
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|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014013-XXX |
| EPI AID No. (if applicable): | 2014-069 |
| Requesting entity (e.g., jurisdiction): | HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) |
| Title of Investigation: | Pneumonia cluster in Office of Refugee Resettlement/DOD Unaccompanied Alien Children's Shelters—Oklahoma, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | Determine the scope of the outbreak, identify any potential sources of infection early during the processing of these children, identify predisposing factors and other risk factors for these respiratory illnesses, determine the primary agent of the outbreak, identify contacts of ill children, assist with establishing better surveillance in the facility, and implement appropriate measures to control and limit respiratory illnesses in this vulnerable population. |
| Duration of Data Collection: | 7 days |
| Date Began: | 7/28/2014 |
| Date Ended: | 8/3/2014 |
| Lead Investigator | |
| Name: | Steve Waterman, MD, MPH |
| CIO/Division/Branch: | CDC/OID/NCEZID |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Respiratory Illness_Case Investigation Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):

Instrument was used to collect relevant information for influenza-like-illness (ILI) cases to better describe the outbreak and identify potential risk factors and associations with illness. Nasopharyngeal and Oropharyngeal swab samples from case patients were collected when available.

- Cross-sectional Study (describe):

- Cohort Study (describe):

- Case-Control Study (describe):

- Other (describe):

- Environmental Assessment (describe):

- Laboratory Testing (describe):

- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):

- Face-to-face Interview (describe):

- Telephone Interview (describe):

- Self-administered Paper-and-Pencil Questionnaire (describe):

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- Self-administered Internet Questionnaire (describe):
- 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

- General public
- Healthcare staff
- Laboratory staff
- Patients
- Restaurant staff
- Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample

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| | |
|-----------------------------------------------|--|
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 3 |
| Total No. Sampled/Eligible to Respond (B): | 3 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 3

Name of Data Collection Instrument: **Respiratory Illness_Carriage Assent Form**

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe): **Unaccompanied Alien Children (UAC) in the custody of the Office of Refugee and Resettlement (ORR)**

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

| | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Descriptive Study (describe): | |
| <input checked="" type="checkbox"/> Cross-sectional Study (describe): | All UC residing at the facility were eligible to participate. Briefly, a convenience sample of administrative "pods", each representing a group of 12 children housed together, was selected. Sample size was calculated to provide representativeness to the total shelter population. The objective of this investigation was to estimate the prevalence of Streptococcus pneumoniae carriage in residents of the shelter and to identify factors associated with carriage related to transit and custody prior to arrival. |
| <input type="checkbox"/> Cohort Study (describe): | |
| <input type="checkbox"/> Case-Control Study (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Environmental Assessment (describe): | |
| <input type="checkbox"/> Laboratory Testing (describe): | |
| <input type="checkbox"/> Other (describe): | |

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

| | |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Face-to-face Interview (describe): | |
| <input type="checkbox"/> Telephone Interview (describe): | |
| <input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input checked="" type="checkbox"/> Biological Specimen Sample | Nasopharyngeal swab samples were requested from all selected shelter residents. Samples were pneumococcus identified by susceptibility to optochin and bile solubility. Serotypes were determined using the |

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| | |
|-----------------------------------------------|--------------------|
| <input type="checkbox"/> Environmental Sample | Quellung reaction. |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 192 |
| Total No. Sampled/Eligible to Respond (B): | 232 |
| Response Rate (A/B): | 82.8 |

(Additional Data Collection Instrument sections may be added if necessary.)

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|----------------------------------------------------------|------------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Respiratory Illness_Case Investigation Form | Healthcare staff | 23 | 1 | 30 | 12 |
| Respiratory Illness_Hospitalized Case Investigation Form | Healthcare staff | 3 | 1 | 30 | 2 |
| Respiratory Illness_Carriage Assent Form | Unaccompanied Children | 192 | 1 | 5 | 16 |

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:

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 Epidemiology Workforce Branch
 Division of Scientific Education and Professional Development
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|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014013-XXX |
| EPI AID No. (if applicable): | 2014-068 |
| Requesting entity (e.g., jurisdiction): | HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) |
| Title of Investigation: | Pneumonia cluster in an Office of Refugee Resettlement/DOD Unaccompanied Alien Children's Shelter—Texas, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <ol style="list-style-type: none"> 1. Determine incidence and etiology of acute lower respiratory tract infections and other health conditions as feasible 2. Estimate incidence of influenza-like illness and characterize subtypes circulating in shelter 3. Estimate prevalence of <i>Streptococcus pneumoniae</i> carriage in the shelter and characterize serotypes 4. Describe existing health conditions among unaccompanied children in the shelter that may impact the spread of respiratory infection 5. Identify risk factors for severe acute respiratory disease among shelter children 6. Assess and implement disease control and prevention measures |
| Duration of Data Collection: | 8 days |
| Date Began: | July 23, 2014 |
| Date Ended: | July 30, 2014 |
| Lead Investigator | |
| Name: | Steve Waterman |
| CIO/Division/Branch: | NCEZID/DGMQ |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Respiratory Illness_Case Investigation Form and Respiratory Illness_Interview Assent Form

Type of Respondent

General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): Federal staff

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe): A descriptive study was conducted to identify the primary agent and source of the outbreak. Traceback of contacts and travel history were completed to identify risk factors for exposure.

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe): Face-to-face interviews were conducted with ill case patients to identify contacts and interactions with ill persons in cluster and to

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ascertain travel history prior to arriving at shelter. These interviews were used to complete questions 1-20.

- Telephone Interview (describe):
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):
- Other (describe):

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Medical Record Abstraction (describe):

Questions 21 to the end of the form were completed by using the shelter clinic's records. Federal staff abstracted medical records.

- Biological Specimen Sample
- Environmental Sample
- Other (describe):

| |
|--|
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| |
| |

Response Rate (if applicable)

- Total No. Responded (A):
- Total No. Sampled/Eligible to Respond (B):
- Response Rate (A/B):

| |
|------|
| 8 |
| 8 |
| 100% |

Data Collection Instrument 2

Name of Data Collection Instrument:

Respiratory Illness_Hospitalized Case Investigation Form

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
- Other (describe): Federal staff abstracted patient medical records

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):

We reviewed medical records of hospitalized UC.

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- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

| |
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| |

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):

| |
|--|
| |
| |
| |
| |
| |

Medical Record Abstraction (describe):

For hospitalized UC, inpatient medical charts were reviewed, and data was abstracted to complete the form.

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| | |
|-----------------------------------------------------|--|
| <input type="checkbox"/> Biological Specimen Sample | |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 2 |
| Total No. Sampled/Eligible to Respond (B): | 2 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 3

Name of Data Collection Instrument: **Respiratory Illness_Carriage Assent Form**

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe): This form was used to document verbal consent/assent for interviews of the ill case patients and for obtaining nasopharyngeal and/or throat swabs.
- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):
- Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe): This was conducted to evaluate potential etiologies in children with acute lower respiratory infection and/or influenza-like illness.

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

- Face-to-face Interview (describe): A personal interview was conducted to receive consent/assent.
- Telephone Interview (describe):
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):
- Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample: For each assenting child, a nasopharyngeal and an oropharyngeal swab were obtained for processing on the Taqman Array Card, a multi-pathogen detection tool that uses real-time PCR for the rapid, simultaneous detection of over 21 respiratory pathogens.

Environmental Sample

Other (describe):

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Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 8 |
| Total No. Sampled/Eligible to Respond (B): | 8 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 4

Name of Data Collection Instrument: **Respiratory Illness_Rapid Environmental Health Assessment**

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe): **Shelter management staff**

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe): **This form/checklist was used to complete the rapid environmental health assessment for the shelter by the Epi-Aid team.**
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe): **Interviews conducted with shelter management staff.**
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):
 Biological Specimen Sample
 Environmental Sample
 Other (describe): **Form/checklist also completed via facility tour and observation.**

Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 1 |
| Total No. Sampled/Eligible to Respond (B): | 1 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 5

Name of Data Collection Instrument: **Respiratory Illness_Infection Control Assessment**

Type of Respondent

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- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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 6

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):

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- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):
- Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

| | |
|--------------------------------------------|-----|
| Total No. Responded (A): | 106 |
| Total No. Sampled/Eligible to Respond (B): | 119 |
| Response Rate (A/B): | 89% |

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Respiratory Illness_Case Investigation Form | Patients | 8 | 1 | 30 | 4 |
| Respiratory Illness_Interview Assent Form | Patients | 8 | 1 | 10 | 2 |
| Respiratory Illnes_Hospitalized Case Investigation Form | Patients | 2 | 1 | 30 | 1 |
| Respiratory Illness_Carriage Assent Form | Patients | 106 | 1 | 5 | 9 |

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| | | | | | |
|-----------------------------------------------------------|-------------------------------------------------------|---|---|-----|---|
| Respiratory Illness_Rapid Environmental Health Assessment | Other (shelter management staff) | 1 | 1 | 480 | 8 |
| Respiratory Illness_Infection Control Assessment | Healthcare staff and other (shelter management staff) | 1 | 1 | 480 | 8 |

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
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2400 Century Center, MS E-92
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Deaton@cdc.gov

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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| | |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014013-XXX |
| EPI AID No. (if applicable): | 2014-070 |
| Requesting entity (e.g., jurisdiction): | HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) |
| Title of Investigation: | Pneumonia cluster in Office of Refugee Resettlement/DOD Unaccompanied Alien Children's Shelters—Texas, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>A surge of Unaccompanied Alien Children (UAC) entered the United States through the southern border with Mexico in 2014. Between January and June of 2014, approximately 50,000 minors were found along the southern border, exceeding the total number of children identified in 2013. Following initial screening, the majority of UACs are being processed through the U.S. Customs and Border Protection (CPB) Processing Center(s). Once UACs are processed by CBP, custody is turned over to HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) for placement in shelters or facilities operated and managed by ACF/ORR until other arrangements are made.</p> <p>Following an invitation to CDC by ORR to investigate clusters of respiratory illnesses in the Naval Base Ventura County temporary shelter and an ORR permanent shelter in Texas, CDC was informed of cases of severe pneumonia requiring hospitalization among UC while they were residing in the Nogales, Arizona, CBP Processing Center (one case hospitalized) and an additional 5 hospitalized cases were identified at other ORR shelters located in Texas and Oklahoma. One of the new cases from Texas, while culture negative, had <i>S. pneumoniae</i> detected by antigen testing of pleural fluid. The circumstances and risk factors associated with these clusters were unclear. The evidence continued to suggest that exposure to this pneumococcal strain occurred early during processing of these children and that potentially persons could be carrying or incubating disease in other shelters. In addition, current surveillance might not have been detecting current cases. Although CDC recommended to ORR that all children residing in temporary or permanent ORR shelters receive 13-valent pneumococcal conjugate vaccine (PCV13) in addition to other vaccines, there was a need to investigate and better characterize this outbreak wherever clusters occur, while the vaccination strategy is being implemented. There was a continued need to better describe this situation and implement appropriate interventions, as well as determine if PCV13 is needed on an ongoing basis.</p> <p>An urgent investigation was conducted is needed to determine the scope of the outbreak, identify any potential sources of infection early during the processing of these children, identify predisposing factors and other risk factors for these respiratory illnesses, determine the primary agent of the outbreak, identify contacts of ill children, assist with establishing better surveillance in the facility, and implement appropriate measures to control and limit respiratory illnesses in this vulnerable population.</p> |
| Duration of Data Collection: | 5 days |
| Date Began: | 7/28/2014 |
| Date Ended: | 8/1/2014 |
| Lead Investigator | |
| Name: | Cynthia Whitney, MD |

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| | |
|----------------------|---------------|
| CIO/Division/Branch: | NCIRD/DBD/RDB |
| Email Address: | cgw3@cdc.gov |
| Telephone No.: | 404-639-4727 |
| Mail Stop: | C25 |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Respiratory Illness_Case Investigation Form

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other: (describe) Federal staff review of electronic records

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe): Descriptive study of the etiologies and clinical features of respiratory disease among a cohort of residents of an ORR shelter.
 - Cross-sectional Study (describe):
 - Cohort Study (describe): Retrospective cohort study to determine transit-related risk factors for respiratory disease among a cohort of residents of an ORR shelter.
 - Case-Control Study (describe):
 - Other (describe):
 - Environmental Assessment (describe):
 - Laboratory Testing (describe): On four individuals identified with influenza-like-illness (ILI) during the period of July 28 to August 1, nasopharyngeal and oropharyngeal swabbing was performed for etiologic pathogen detection using molecular methods.
 - Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
 - Medical Record Abstraction (describe): Electronic medical records were reviewed to identify children with ILI between June 25 and July 28, and chart abstraction was performed to obtain the required information.
 - Biological Specimen Sample On four individuals identified with influenza-like-illness (ILI) during the period of July 28 to August 1, nasopharyngeal and oropharyngeal swabbing was performed for etiologic pathogen detection using molecular methods
 - Environmental Sample
 - Other (describe):

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Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 40 |
| Total No. Sampled/Eligible to Respond (B): | 40 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 2

Name of Data Collection Instrument: **Respiratory Illness_Carriage Assent Form**

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other: (describe) Unaccompanied child residents of an ORR shelter. [REDACTED]

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe): [REDACTED]
 Cross-sectional Study (describe): Investigation to determine the prevalence, prevalent serotypes of, and risk factors for *S. pneumoniae* nasopharyngeal carriage among residents of an ORR shelter. [REDACTED]
 Cohort Study (describe): [REDACTED]
 Case-Control Study (describe): [REDACTED]
 Other (describe): [REDACTED]
 Environmental Assessment (describe): [REDACTED]
 Laboratory Testing (describe): Nasopharyngeal swabbing was performed in order to detect and identify the serotype of *S. pneumoniae* carriage. [REDACTED]
 Other (describe): [REDACTED]

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe): [REDACTED]
 Telephone Interview (describe): [REDACTED]
 Self-administered Paper-and-Pencil Questionnaire (describe): [REDACTED]
 Self-administered Internet Questionnaire (describe): [REDACTED]
 Other (describe): [REDACTED]
 Medical Record Abstraction (describe): [REDACTED]
 Biological Specimen Sample
 Environmental Sample
 Other (describe): [REDACTED]

Response Rate (if applicable)

| | |
|--------------------------------------------|-----|
| Total No. Responded (A): | 119 |
| Total No. Sampled/Eligible to Respond (B): | 141 |
| Response Rate (A/B): | 84% |

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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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden [in hours; (AxBxC)/60] |
|---------------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|-------------------------------------|
| Case Investigation Form-Respiratory Illness | Patient | 40 | 1 | 30 | 20 |
| Carriage Assent Form-Respiratory Illness | Patient | 119 | 1 | 5 | 10 |

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:

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Office: 404.498.6389
Deaton@cdc.gov

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| | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014014-XXX |
| EPI AID No. (if applicable): | 2014-071 |
| Requesting entity (e.g., jurisdiction): | Sierra Leone Ministry of Health, Ministry of Health & Sanitation, Disease Prevention and Control |
| Title of Investigation: | Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak—Sierra Leone, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | The investigation followed a case series study design, where case report forms (see Appendix 1) were collected for every patient meeting the suspect case definition criteria. Forms were collected through interview of patients or family members if patients have died or are infants, in either French or the local language. Relevant clinical data, including the patient's date of onset, date of death, hospitalization and funeral information, and contacts that the patient had prior to developing illness all are collected, in an effort to determine the risk factors that led to this patient's infection. If diagnostic testing confirms that this patient has EVD, a separate contact tracing form (see Appendix 2) is completed to collect information of people who had direct unprotected contact with the patient while they were ill and prior to treatment in a facility with barrier nursing. These contacts were then followed daily for onset of fever and other EVD symptoms, and were investigated as cases and treated under barrier nursing precautions if they develop illness. |
| Duration of Data Collection: | 90 days |
| Date Began: | 6/27/2014 |
| Date Ended: | 10/19/2014 |
| Lead Investigator | |
| Name: | Barbara Knust |
| CIO/Division/Branch: | NCEZID/DHCPP |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Ebola_Case Investigation Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):

The investigation followed a case series study design, where case report forms were collected for every patient meeting the suspect case definition criteria.

- Cross-sectional Study (describe):

- Cohort Study (describe):

- Case-Control Study (describe):

- Other (describe):

- Environmental Assessment (describe):

- Laboratory Testing (describe):

When possible, diagnostic testing was used to confirm Ebola virus infection or rule out infection. Laboratory testing was not performed by CDC personnel, but laboratory results were recorded.

- Other (describe):

Data Collection Mode (check all that apply)

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Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil
Questionnaire (describe):

Self-administered Internet
Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Hospital records were used to collect relevant clinical information in the case report form

Biological Specimen Sample

Blood or oral swab specimens were collected from patients to confirm or rule out Ebola virus infection. Laboratory testing were not be performed by CDC personnel, but laboratory results were recorded.

Environmental Sample

Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

3600

Total No. Sampled/Eligible to Respond (B):

3600

Response Rate (A/B):

100%

Data Collection Instrument 2

Name of Data Collection Instrument: Ebola_Contract Tracing Form

Type of Respondent

General public

Healthcare staff

Laboratory staff

Patients

Restaurant staff

Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Contacts of confirmed Ebola case-patients were identified and information about their location and type of contact was gathered.

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil
Questionnaire (describe):

Self-administered Internet
Questionnaire (describe):

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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): 2000

Total No. Sampled/Eligible to Respond (B): 2000

Response Rate (A/B): 100%

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Ebola_Case Investigation Form | General Public | 3600 | 1 | 25 | 1500 |
| Ebola_Contract Tracing Form | General Public | 2000 | 1 | 3 | 100 |
| | | | | | |

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:

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 EIS Program Staff Epidemiologist
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 2400 Century Center, MS E-92
 Office: 404.498.6389
 Deaton@cdc.gov

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| | |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014015-XXX |
| EPI AID No. (if applicable): | 2014-072 |
| Requesting entity (e.g., jurisdiction): | Kansas Department of Health and Environment |
| Title of Investigation: | Undetermined risk factors for transmission of Human Parechovirus 3 among severely ill neonates and infants – Kansas and Missouri, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | The Kansas Department of Health and Environment requests CDC assistance with an investigation to 1) assist local public health authorities with control of HPeV3 transmission among neonates and infants; 2) assist in the systematic collection of data to identify routes of transmission and risk factors for infection; 3) further define the scope of the outbreak across the affected public health jurisdictions. |
| Duration of Data Collection | |
| Date Began: | 8/13/2014 |
| Date Ended: | 11/11/2014 |
| Lead Investigator | |
| Name: | Claire Midgley |
| CIO/Division/Branch: | NCIRD/DVD |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Parechovirus_Chart Abstraction Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): State Health Departments or delegates

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):

This was a descriptive study to systematically collect information about clinical illness and potential exposures associated with HPeV3 illness in order to identify risk factors and modes of transmission. Parts A-C of this chart abstraction form were used to collect information about the mother and infant from the infant's birthing hospital. Part D of the chart abstraction form was used to collect clinical and laboratory testing information on the patient when hospitalized with HPeV3.

- Cross-sectional Study (describe):

- Cohort Study (describe):

- Case-Control Study (describe):

- Other (describe):

- Environmental Assessment (describe):

- Laboratory Testing (describe):

- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):

- Face-to-face Interview (describe):

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- Telephone Interview (describe):
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):
- Other (describe):

Medical Record Abstraction (describe):
 Parts A-C: Medical records of confirmed case-patients were identified for abstraction of key clinical information during birth. The mother's labor, delivery, and follow-up medical records were also abstracted to identify risk factors and mode of transmission. These data were collected from birth hospitals by state health departments, in conjunction with staff at the individual hospitals.
 Part D: Medical records of confirmed case-patients were identified for abstraction of key clinical information, from the hospital where the infant was diagnosed with HPeV3 (Facility A). This work was performed by delegates of the state health departments.

- 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

- General public Healthcare staff Laboratory staff Patients Restaurant staff
- Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 This is a descriptive study to systematically collect information about clinical illness and potential exposures associated with HPeV3 illness in order to identify risk factors and modes of transmission. Family interviews were carried out to understand illness in the week preceding hospitalization, and to investigate possible contacts.
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

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Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Families of patients were interviewed in-person, where possible

Telephone Interview (describe):

Families of patients were interviewed by telephone if needed

Self-administered Paper-and-Pencil Questionnaire (describe):

Self-administered Internet Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample

Environmental Sample

Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

26

Total No. Sampled/Eligible to Respond (B):

40

Response Rate (A/B):

65%

Data Collection Instrument 3

Name of Data Collection Instrument: Parechovirus_Patient_Sibling Diaper Collection

Type of Respondent

General public

Healthcare staff

Laboratory staff

Patients

Restaurant staff

Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

This is a descriptive study to systematically collect information about clinical illness and potential exposures associated with HPeV3 illness in order to identify risk factors and modes of transmission. During family interviews, a diaper was collected from patients and their siblings to investigate whether siblings were also infected and to investigate the length of shedding of HPeV3 in stool

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

Biological samples from siblings and suspect cases were collected by state health department staff and sent to the laboratory at Facility A to confirm case status, following local policies and procedures.

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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| | |
|---------------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Telephone Interview (describe): | |
| <input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input checked="" type="checkbox"/> Biological Specimen Sample | Soiled diaper collection for HPeV3 testing |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 26 |
| Total No. Sampled/Eligible to Respond (B): | 26 |
| Response Rate (A/B): | 100% |

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|------------------------------------------------------------|---------------------------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Medical Chart Abstraction Form_Parechovirus (Parts A, B,C) | State Health Department (or delegate) | 4 | 5.5 | 45/60 | 17 |
| Medical Chart Abstraction Form_Parechovirus (Parts D) | State Health Department (or delegate) | 2 | 20 | 20/60 | 14 |
| Family Interview Questionnaire_Parechovirus | General Public | 26 | 1 | 30/60 | 13 |
| Patient and Sibling Diaper collection | General Public | 26 | 1 | 5/60 | 2 |

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:

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

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|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014016-XXX |
| EPI AID No. (if applicable): | 2014-075 |
| Requesting entity (e.g., jurisdiction): | Ministry of Health, Democratic Republic of Congo |
| Title of Investigation: | Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak—Democratic Republic of Congo, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>On August 24, 2014, the DRC Ministry of Health (MoH) announced an Ebola outbreak in Boende Health Zone, Tshuapa District, Equateur Province. As of August 28, 24 cases of suspect Ebola hemorrhagic fever (EHF) were identified, including 13 deaths (case fatality rate of 54%). Eight blood specimens from suspect cases were sent to the National Institute for Biomedical Research (INRB) in Kinshasa and to the International Centre for Medical Research of Franceville (CIRMF) in Gabon for testing. INRB confirmed Ebola virus in 4/8 specimens and CIRMF confirmed Ebola virus in 6/8 specimens. Zaire ebolavirus was the causative species, and DNA sequencing results confirmed that this was a different strain of Zaire ebolavirus from the strain circulating in West Africa.</p> <p>On August 29, 2014, the DRC MoH requested assistance from the CDC to halt and prevent virus transmission as part of the coordinated response efforts.</p> <p>The objectives of the investigation were to collect necessary suspected case and contact information from all affected villages and areas. The investigation followed a case series study design, where WHO-provided case report forms were collected for every patient meeting the suspect case definition criteria. A separate WHO-provided contact tracing form was completed to collect information regarding people who had direct unprotected contact with the patient while they were ill and prior to treatment in a facility with barrier nursing.</p> <p>Community volunteers were widely used to conduct contact tracing activities. A survey designed to assess the knowledge of these community volunteers was developed and administered to a convenience sample of community volunteers. Additionally, a survey to assess infection control materials in present in health facilities was conducted amongst a convenience sample of facilities. The results from these surveys will be delivered to the Ministry of Health and used to guide future response efforts.</p> |
| Duration of Data Collection: | |
| Date Began: | September 11, 2014 |
| Date Ended: | October 28, 2014 |
| Lead Investigator | |
| Name: | Andrea McCollum |
| CIO/Division/Branch: | NCEZID / DHCPP / PRB |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: RECO Interview

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): Relay communautaires (community educators / volunteers)

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)

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- Descriptive Study (describe): Descriptive assessment of community volunteers involved in contact tracing efforts for the ebola outbreak response.
- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):
- Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 18

Total No. Sampled/Eligible to Respond (B): 50

Response Rate (A/B): 0.36

Data Collection Instrument 2

Name of Data Collection Instrument: Health Facility Assessment

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe): Assessment of health facilities in the context of infection control and ability to care for ebola patients during an ongoing outbreak
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

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Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil Questionnaire (describe):

Self-administered Internet Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample

Environmental Sample

Other (describe):

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Response Rate (if applicable)

Total No. Responded (A):

5

Total No. Sampled/Eligible to Respond (B):

20

Response Rate (A/B):

0.25

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|---------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| RECO Interview | Community volunteer | 18 | 1 | 10 | 3 |
| Health Facility Assessment | Healthcare worker | 5 | 1 | 10 | 1 |

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:

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 Epidemiology Workforce Branch
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 Centers for Disease Control and Prevention
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**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014017-XXX |
| EPI AID No. (if applicable): | 2014-076 |
| Requesting entity (e.g., jurisdiction): | California Department of Public Health |
| Title of Investigation: | Undetermined risk factors and mode of transmission for bloodstream infections among hemodialysis patients—California, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>On May 9, 2014, the California Dept. of Public Health (CDPH) notified CDC of 6 cases of <i>Burkholderia cepacia</i> bloodstream infections (BSIs) among hemodialysis patients in a single outpatient dialysis center in 2014. Additional case finding conducted by CDPH revealed 2 cases of <i>Stenotrophomonas maltophilia</i> BSIs among patients at the center in late 2013. CDC was subsequently notified of 2 cases of <i>S. maltophilia</i> and 1 case of <i>B. cepacia</i> BSIs at another dialysis center belonging to the same company. All 11 cases appeared to be in patients whose dialyzers were reused and reprocessed. Environmental cultures performed in the facility with the index cluster identified <i>B. cepacia</i> from a dialyzer preprocessing machine. At the second facility, <i>S. maltophilia</i> was recovered from a culture taken from a connector at the sink used to rinse dialyzers prior to reprocessing.</p> <p>A broader search of BSIs caused by similar waterborne organisms that could be introduced during dialyzer reprocessing (<i>B. cepacia</i>, <i>Pseudomonas</i>, <i>Stenotrophomonas</i>, <i>Proteus</i>, <i>Morganella</i>, <i>Serratia</i>) during January to August 2014 revealed 18 potential cases across multiple facilities within the same company. A search for similar BSIs in facilities belonging to other companies was not conducted. Because of the scope of the investigation, concern for ongoing transmission, and CDC's expertise in infection prevention in dialysis settings, CDPH requested CDC assistance with an urgent public health investigation.</p> |
| Duration of Data Collection: | 3 weeks |
| Date Began: | 9/18/2014 |
| Date Ended: | 10/7/2014 |
| Lead Investigator | |
| Name: | Chris Edens |
| CIO/Division/Branch: | NCEZID/DHQP/PRB |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Chart Abstraction Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): CDPH staff

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe): 1:3 case control study to investigate risk factors of BSIs

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- Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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

- General public
- Healthcare staff
- Laboratory staff
- Patients
- Restaurant staff
- Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil

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| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input type="checkbox"/> Biological Specimen Sample | |
| <input checked="" type="checkbox"/> Environmental Sample | Collected swabs and water samples from 6 facilities |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|--------------|
| Total No. Responded (A): | 6 facilities |
| Total No. Sampled/Eligible to Respond (B): | 6 facilities |
| Response Rate (A/B): | 1.0 |

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|----------------------------------|-----------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Chart Abstraction Form | Patient medical chart | 3 | 119 | 12 | 72 |
| Reuse and reprocessing checklist | Facility staff | 6 total facilities | 1 | 20 | 2 |

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).

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**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014018-XXX |
| EPI AID No. (if applicable): | 2014-077 |
| Requesting entity (e.g., jurisdiction): | Colorado Department of Public Health and Environment (CDPHE) |
| Title of Investigation: | <p>Undetermined etiology, mode of transmission, and risk factors for pediatric cluster of neurologic symptoms following respiratory illness, Colorado, 2014</p> <p>On September 16, 2014, CDC was notified by Colorado Department of Public Health and Environment (CDPHE) of nine cases of acute central nervous system disease among pediatric patients. The cases were identified during August 4–September 17, 2014 among children aged 1–18 years (median age 9 years), most from the greater Denver metropolitan area. The patients suffered acute neurologic symptoms including cranial nerve palsies, weakness in one or more limbs, headache, and photophobia and all were hospitalized. Some patients reported a febrile respiratory illness during the 2 weeks preceding development of neurologic symptoms. Cerebrospinal fluid (CSF) analysis demonstrated increased white blood cell count (pleocytosis). Magnetic resonance imaging (MRI) for all patients showed significant demyelinating lesions in the spinal cord, brain, and/or cranial nerves. Six patients had tested positive for rhinovirus/enterovirus via respiratory virus panels. Two of the six cases tested positive for EV-D68 through confirmatory testing at CDC’s Picornavirus Laboratory.</p> <p>The initial cases had been reported from one hospital which indicated that this was an unusual number of cases of this syndrome. Some cases required treatment in an intensive care unit and all were hospitalized. Data collection focused on this facility, however as CDPHE released a health advisory, one case from a different hospital was reported and included in our investigation. Ultimately 13 cases were investigated who met the case definition and were included in the final analysis.</p> <p>With CDPHE, CDC investigated all of the confirmed cases reported from Colorado, performed chart reviews, summarized the collected data and disseminated this information through an MMWR.</p> <p>Objectives of this mission were:</p> <ol style="list-style-type: none"> 1. Assist the state and local health department with the investigation including to better characterize the common clinical presentation among reported patients consistent with neurologic syndromes being currently investigated. 2. Characterize the epidemiology of the acute neurologic syndrome cases. 3. Evaluate potential non-infectious and infectious etiologies including through laboratory testing for enteric respiratory and zoonotic pathogens (including circulating viruses enterovirus-D68, West Nile Virus, and other possible pathogens). 4. Develop a standard approach within this outbreak, to investigate cases of acute myelitis/AFP in order to apply to other cases as they are reported, as requested by the Colorado department of health in their health alert. <p>One data collection tool was used (a medical chart abstraction form).</p> |
| Duration of Data Collection: | 3 months |
| Date Began: | 9/21/2014 |
| Date Ended: | 12/21/2014 |
| Lead Investigator | |
| Name: | Drs. Dan Pastula and Negar Aliabadi |
| CIO/Division/Branch: | NCEZID/ADB and NCIRD/DVD |

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
 - Environmental Assessment (describe):
 - Laboratory Testing (describe):
 - Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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):

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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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|------------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Paralysis_Medical Chart Abstraction Form | Hospital Staff | 1 | 2 | 180 | 6 |
| Paralysis_Medical Chart Abstraction Form | Federal Staff | 3 | 3.7 | 180 | NA |

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).

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**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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| GenIC No.: | 2014019-XXX |
| EPI AID No. (if applicable): | 2014-078 |
| Requesting entity (e.g., jurisdiction): | California Department of Public Health |
| Title of Investigation: | Undetermined source, mode of transmission, and risk factors for <i>Pseudomonas aeruginosa</i> infections and deaths among neonatal intensive care unit (NICU) patients — California, 2013-2014. |
| Purpose of Investigation: (Use as much space as necessary) | <i>Pseudomonas spp.</i> are a type of bacteria found in the environment, including in water sources. Serious <i>Pseudomonas</i> infections usually occur in hospitalized individuals or individuals with weakened immune systems. Invasive infections can lead to severe illness and death. On September 15, 2014, CDC was notified of ongoing positive <i>Pseudomonas aeruginosa</i> cultures among patients in a neonatal intensive care unit (NICU) beginning in September 2013. Two infants died in November 2013 with <i>P. aeruginosa</i> bloodstream infections at which time the state was notified. Environmental cultures from water faucets in the NICU identified <i>P. aeruginosa</i> isolates, but none of the strain types matched patient isolates. In response, the facility had the water system evaluated and performed remediation. No further cases were identified until June 2014 when a new case of respiratory colonization was identified. Cases of colonization and infection continued through August 2014. On September 18, 2014 the California Department of Public Health (CDPH) notified CDC of an additional <i>P. aeruginosa</i> bacteremia and death in a NICU patient. CDPH requested CDC assistance with an on-site investigation on September 23, 2014 to determine the source and modes of transmission of <i>P. aeruginosa</i> infections in the NICU in order to prevent further cases and deaths. The CDC Epi-Aid team identified 31 cases of pseudomonas positive culture from June 1, 2013 to October 7, 2014. |
| Duration of Data Collection: | 15 days |
| Date Began: | 09/25/2014 |
| Date Ended: | 10/09/2014 |
| Lead Investigator | |
| Name: | Cara Bicking Kinsey |
| CIO/Division/Branch: | OPHSS/CSELS/EWB |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Pseudomonas_Chart Abstraction Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): Investigator- Federal Staff; Electronic Medical Record

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe): Thirty one cases of positive pa cultures were matched on birth weight with 31 controls from the same population of NICU patients.
 - Other (describe):
 - Environmental Assessment (describe):
 - Laboratory Testing (describe):

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Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

- Face-to-face Interview (describe):
- Telephone Interview (describe):
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):
- 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

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):
- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):
- Other (describe):

- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

- Face-to-face Interview (describe):
- Telephone Interview (describe):
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):

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| | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input type="checkbox"/> Biological Specimen Sample | |
| <input type="checkbox"/> Environmental Sample | |
| <input checked="" type="checkbox"/> Other (describe): | Investigators observed health care practices in the unit affected by the outbreak including hand hygiene practices, PPE and Contact isolation practices, and practices related to Central Venous Catheter maintenance and insertion. |

Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 1 |
| Total No. Sampled/Eligible to Respond (B): | 1 |
| Response Rate (A/B): | 100% |

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|-----------------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Pseudomonas_Chart Abstraction Form | Federal Staff | 1 | 1 | 60 | 1 |
| Pseudomonas_Health Care Practices Audit Forms | Federal Staff | 1 | 1 | 90 | 2 |
| | | | | | |

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).

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**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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| GenIC No.: | 2014020-XXX |
| EPI AID No. (if applicable): | |
| Requesting entity (e.g., jurisdiction): | Sierra Leone Ministry of Health |
| Title of Investigation: | A Rapid Anthropological Assessment of Community-Based Deaths: Understanding Why Ebola Deaths Occur at Home in Urban Montserrado, Liberia |
| Purpose of Investigation: (Use as much space as necessary) | The number of bodies believed to be the result of an Ebola-related death rose to a maximum in week 38 (September 15), with 380 bodies collected, and then declined to 160 by week 43 (October 20) and have declined since that time. In November and early December 2014, the International Federation of the Red Cross (IFRC) collected approximately 80-100 dead bodies per week in urban Montserrado County. About 30% of those bodies were Ebola positive. Of those, about half came from Ebola Treatment Units and the other half are from homes in the community. The presence of Ebola positive bodies in homes indicates a failure of Ebola case finding and prevention efforts. This assessment was conducted to document factors at the household-, community-, and responder-levels that contribute to delayed care-seeking for Ebola in order to contribute to strategies to reduce the number of in-home Ebola deaths. |
| Duration of Data Collection: | 10 days |
| Date Began: | 12/22/2014 |
| Date Ended: | 12/31/2014 |
| Lead Investigator | |
| Name: | Denise Roth Allen |
| CIO/Division/Branch: | CGH/DPDM/Malaria |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Topic Guide for Community Leaders Focus Group

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe): Rapid Anthropological Assessment

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe):
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):

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- Self-administered Internet Questionnaire (describe):
- 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

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

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Total No. Sampled/Eligible to Respond (B):
Response Rate (A/B):

Data Collection Instrument 3

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe):
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 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 4

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

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Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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):

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|-----------------------------------------------|----------------------------------------------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Topic Guide for Community Leaders Focus Group | General public | 25 | 1 | 90 | 38 |
| Topic Guide for Community Member Focus Group | General public | 47 | 1 | 90 | 71 |
| Topic Guide for Contact Tracer Focus Group | Persons who conduct contact tracing of Ebola respondents | 5 | 1 | 60 | 5 |

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

| | | | | | |
|-------------------------------------------------------------------------|--------------------------------|---|---|----|---|
| Topic Guide for Supervisors of Contact Tracers Key Informant Interviews | Supervisors of contact tracers | 2 | 1 | 40 | 2 |
|-------------------------------------------------------------------------|--------------------------------|---|---|----|---|

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
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2400 Century Center, MS E-92
Office: 404.498.6389
Deaton@cdc.gov

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

| | |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014020-XXX |
| EPI AID No. (if applicable): | |
| Requesting entity (e.g., jurisdiction): | Sierra Leone Ministry of Health |
| Title of Investigation: | Formative Research on Burial Practices in Sierra Leone |
| Purpose of Investigation: (Use as much space as necessary) | <p>On March 21, 2014, the World Health Organization and the Ministry of Health (MoH) of Guinea reported an outbreak of Ebola viral disease (EVD), and shortly thereafter clinical cases were also reported in Liberia. By May, the first cases identified in Sierra Leone were reported. The outbreak expanded to Nigeria on July 25th and Senegal on August 29th. The outbreak continues to accelerate in West Africa and is unprecedented in size. As of September 14th, there is a combined total of 5453 cases and 2624 deaths (case-fatality rate = 48%) reported in affected countries.</p> <p>Major challenges faced by all partners in the efforts to control the outbreak include its wide geographic spread, weak health-care infrastructures, and community mistrust and resistance.</p> <p>In June 2014, the World Health Organization, and the Ministries of Health in affected countries requested additional support from CDC and other partners, necessitating the deployment of CDC staff members to West Africa to aid in outbreak investigation and control.</p> <p>In August, the World Health Organization declared the EVD outbreak an international public health emergency. Persistence and magnitude of the outbreak necessitates high-level, regional and international coordination to bolster response efforts among involved and neighboring nations and other response partners in order to control further infection and prevent outbreaks in other countries. Sierra Leone, Ministry of Health and Sanitation, has requested continued CDC assistance with the investigation to identify sources and risk factors for Ebola infection in order to implement specific prevention and control measures. As the initial outbreak expanded, country-specific GenICs were submitted and approved by OMB for data collections in Guinea (GenIC No. 2014010-XXX, exp. 9/25/2014), Liberia (GenIC No. 2014011-XXX, exp. 10/6/2014), and Sierra Leone (GenIC No. 2014-014, exp. 10/19/2014). As these GenICs have expired or will soon expire, an OMB International Emergency Clearance Package has been submitted to request OMB clearance for data collections related to basic epidemiological objectives. Data collected under the Emergency Clearance will be used to maintain a centralized database for data collected from all outbreak sites, and to assist in contact tracing, case report collection, and patient or family interviews. The Emergency Clearance includes already developed data collection forms to be used for well-defined data collection activities necessary for continued prevention and control measures.</p> <p>This GenIC sought OMB approval for additional urgent investigations necessary for prevention and control of the current EVD outbreak that were not included in the Emergency Clearance because final forms are not yet available. For example, prevention and control recommendations related to cultural practices and religious beliefs that influence disease transmission are needed; these factors were not well-understood. CDC assisted WHO and the Sierra Leone Ministry of Health with an investigation of cultural and religious beliefs that influence disease transmission during home care and funerals of EVD cases. Data were collected via focus groups with key informants, cases, and family members.</p> |
| Duration of Data Collection: | |
| Date Began: | 10/13/2014 |
| Date Ended: | 11/1/2014 |

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

Lead Investigator

Name:

CIO/Division/Branch:

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff

Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil Questionnaire (describe):

Self-administered Internet Questionnaire (describe):

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):

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents | No. Responses per Respondent | Burden per Response in | Total Burden in Hours |
|---------------------------------|--------------------|-----------------|------------------------------|------------------------|-----------------------|
|---------------------------------|--------------------|-----------------|------------------------------|------------------------|-----------------------|

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| | | (A) | (B) | Minutes (C) | (A x B x C)/60* |
|---------------------------------------------|-------------------|-----|-----|-------------|-----------------|
| Ebola_Burial Practices Focus Group Guide | General public | 373 | 1 | 75 | 467 |

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

| | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014020-XX |
| EPI AID No. (if applicable): | |
| Requesting entity (e.g., jurisdiction): | Sierra Leone Ministry of Health |
| Title of Investigation: | Evaluating Health Care Worker (HCW) and Ebola Virus Disease (EVD) exposure risk in Guinea, Liberia, and Sierra Leone |
| Purpose of Investigation: (Use as much space as necessary) | To identify exposures preceding HCW EVD infection and obtain a more accurate estimate of the burden of disease among HCW. |
| Duration of Data Collection: | 3 months |
| Date Began: | Oct 1 2014 |
| Date Ended: | Dec 31 2014 |
| Lead Investigator | |
| Name: | Ben Park, Ryan Fagan |
| CIO/Division/Branch: | DGHQ |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Healthcare Worker - Ebola Virus Disease Exposure Risk Report (CDC/WHO)

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe): Case series
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe): Questions on forms are asked of respondents
 Telephone Interview (describe): Questions on forms are asked of respondents
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):
 Biological Specimen Sample
 Environmental Sample
 Other (describe):

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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Response Rate (if applicable)

| | |
|--------------------------------------------|------|
| Total No. Responded (A): | 11 |
| Total No. Sampled/Eligible to Respond (B): | 11 |
| Response Rate (A/B): | 100% |

(Additional Data Collection Instrument sections may be added if necessary.)

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|------------------------------------------------------------------------|--------------------------------------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Healthcare Worker - Ebola Virus Disease Exposure Risk Report (CDC/WHO) | health care facility staff proxy for HCW-patient | 11 | 1 | 30 | 6 |

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

| | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014022-XXX |
| EPI AID No. (if applicable): | 2015-002 |
| Requesting entity (e.g., jurisdiction): | Texas Department of Health Services |
| Title of Investigation: | Investigation of Ebola Virus Disease – Ohio, October 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>On September 29, 2014, the Texas Department of State Health Services reported the first case of Ebola virus disease (Ebola) diagnosed in the United States to the Centers for Disease Control and Prevention (CDC). As part of the contact tracing investigation, Dallas County Health and Human Services monitored members of the health care team that provided care to the index case-patient for signs and symptoms of Ebola.</p> <p>An intensive care nurse who had provided direct care to the index-patient on most days between September 30 and October 8 boarded a plane departing Dallas, TX for Cleveland, OH on Friday, October 10. Her final destination was Akron, OH, where she stayed with her mother and stepfather and made preparations for her upcoming wedding. Though the timing is unclear, she developed constitutional symptoms of malaise and fatigue prior to departing Ohio on the evening of Monday, October 13. She fastidiously monitored her body temperature and was reportedly afebrile during this interval.</p> <p>Soon after the nurse returned to Dallas, however, she developed a fever of 100.5⁰ F. After alerting local public health authorities, she drove herself to the Texas Health Presbyterian Hospital Emergency Department for evaluation in the early morning hours of October 14th. Later that day, the Texas State Public Health Laboratory reported that a sample of her blood had tested positive for <i>Ebola virus</i> by reverse transcriptase-polymerase chain reaction testing. The CDC Viral Special Pathogens Branch laboratory confirmed this result on October 15, and the nurse was diagnosed with Ebola.</p> <p>On October 15, the Ohio Department of Health (ODH) requested assistance from CDC to investigate the case-patient and her contacts; to assess the risk of potential spread from the patient to household, community, conveyance and hospital contacts; to identify other possible contacts; to provide recommendations on appropriate infection control measures to prevent virus transmission as part of the coordinated response efforts; and to assess and guide regional health care systems in their preparedness to isolate, stabilize, evaluate, and treat a person suspected of having Ebola.</p> |
| Duration of Data Collection: | 19 days |
| Date Began: | October 16, 2014 |
| Date Ended: | November 4, 2014 |
| Lead Investigator | |
| Name: | Chris Braden, MD |
| CIO/Division/Branch: | Director, Division of Foodborne, Waterborne and Environmental Diseases, NCEZID |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Ebola Virus Disease Contact Tracing Form

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Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe): The questionnaire was for potential community contacts of a confirmed Ebola case-patient

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):
- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):
- Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

X Other (describe): Data was collected for community contact risk assessment

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

- X Face-to-face Interview (describe): Questionnaires were administered in person
- Telephone Interview (describe):
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):
- Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample

Environmental Sample

Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 15

Total No. Sampled/Eligible to Respond (B): 15

Response Rate (A/B): 100%

Data Collection Instrument 2

Name of Data Collection Instrument: Ebola Exposure Assessment Questionnaire for Airline Passengers

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe): The questionnaire was for potential passenger contacts of a confirmed Ebola case-patient

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

- Descriptive Study (describe):
- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):

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- Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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 3

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
- X Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- X Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):

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- Telephone Interview (describe): Questionnaires were administered over the phone to all persons who visited a bridal store who may have had contact with the case-patient
- Self-administered Paper-and-Pencil Questionnaire (describe):
- Self-administered Internet Questionnaire (describe):
- Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 56

Total No. Sampled/Eligible to Respond (B): 56

Response Rate (A/B): 100%

Data Collection Instrument 4

Name of Data Collection Instrument: Daily Contact Symptom Follow-up Log

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe): Daily symptom check for all Tier 1, 2A, and 2B contacts of a confirmed Ebola case-patient

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- X Other (describe): Daily temperature and symptom checks for all contacts classified in the higher risk groups

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - X Telephone Interview (describe): 20 respondents had twice daily temperature and symptom checks, once done in person and once done over the phone.
93 respondents had once daily temperature and symptom checks done over the phone
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):

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- 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 5

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
 Biological Specimen Sample
 Environmental Sample
 Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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| | |
|--------------------------------------------|------|
| Total No. Sampled/Eligible to Respond (B): | 5 |
| Response Rate (A/B): | 100% |

(Additional Data Collection Instrument sections may be added if necessary.)

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|--------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| Ebola Virus Disease Contact Tracing Form | Close community contact | 15 | 1 | 45 min | 11.25 hr |
| Ebola Exposure Assessment Questionnaire for Airline Passengers | Airline passenger contact | 92 | 1 | 20 min | 30.67 hr |
| Bridal Store Visitor Questionnaire | Community contact | 56 | 1 | 5 min | 4.67 hr |
| Daily Contact Symptom Follow-up Log | All contacts who were classified as requiring daily active monitoring | 113 | 20 respondents – 38 responses (2x daily) 93 respondents – 19 responses (1x daily) | 5 min | 201.58 hr |
| Domestic Animal Questionnaire for Contacts under Active Monitoring | Contacts under Active Monitoring who owned pets | 5 | 1 | 5 min | 0.42 hr |

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

| | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2014022-XXX |
| EPI AID No. (if applicable): | 2014-079 |
| Requesting entity (e.g., jurisdiction): | Texas Department of Health Services |
| Title of Investigation: | Investigation of Ebola Virus Disease Importation—Texas, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>The first case of Ebola Virus Disease (EVD) in a traveler in the United States was reported to CDC by the Texas Department of State Health Services (TDSH). This patient is an adult traveler from Liberia, who arrived in the U.S. from Monrovia on September 20, 2014. The patient was asymptomatic while traveling to the United States. The patient developed fever and abdominal pain on September 26th, and sought medical care at the Emergency Department of Hospital A in Texas and was discharged on the same day. Two days later, on September 28th, the patient returned to the same Emergency Department by ambulance, complaining of continuing fever as well as diarrhea and vomiting. The patient denied having had any exposure to an Ebola patient, attending or taking part in any burials, or preparing or eating any wild game (bushmeat). The patient was monitored under isolation in the Emergency Department, and was subsequently isolated to an ICU bed with appropriate infection control measures. The initial work-up included a negative malaria smear. The patient is receiving intravenous fluids and having moderate fluid losses through vomiting and diarrhea. A blood specimen was sent to the Texas State Public Health Laboratory and CDC for Ebola RT-PCR testing on September 29, 2014. RT-PCR results from the CDC Viral Special Pathogens Branch laboratory were reported as positive on September 30, 2014, and a diagnosis of EVD was made.</p> <p>On September 30, 2014, TDSH requested assistance from CDC to investigate this case, to assess the risk of potential spread from the patient to household, community, conveyance and hospital contacts, to identify other possible contacts, to help with community and hospital contact tracing and monitoring efforts for this patient and any subsequent Ebola cases, and to provide recommendations on appropriate infection control measures to prevent virus transmission as part of the coordinated response efforts.</p> |
| Duration of Data Collection: | 36 days |
| Date Began: | October 1, 2014 |
| Date Ended: | November 7, 2014 |
| Lead Investigator | |
| Name: | David Kuhar, M.D. |
| CIO/Division/Branch: | NCEZID, Division of Healthcare Quality Promotion, Prevention and Response Branch |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: **Ebola Virus Disease Contact Questionnaire**

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe): **The questionnaire was for potential community contacts of a confirmed Ebola case-patient**

Data Collection Methods (check all that apply)

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- X Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- X Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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

- General public Healthcare staff Laboratory staff Patients Restaurant staff
- Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - X Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Data was collected for community contact risk assessment (revised in the field)

Telephone Interview (describe):

Self-administered Paper-and-Pencil Questionnaire (describe):

Self-administered Internet Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample

Environmental Sample

Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

6

Total No. Sampled/Eligible to Respond (B):

6

Response Rate (A/B):

100%

Data Collection Instrument 3

Name of Data Collection Instrument:

Ebola Virus Disease Case Contact Questionnaire (Initial)

Type of Respondent

General public

Healthcare staff

Laboratory staff

Patients

Restaurant staff

X Other (describe):

The questionnaire was for potential community contacts of a confirmed Ebola case-patient

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Laboratory Testing (describe):

X Other (describe):

Data was collected for health care worker risk assessment for patient 1

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Data was collected for health care worker risk assessment for patient 1

Telephone Interview (describe):

Self-administered Paper-and-Pencil Questionnaire (describe):

Self-administered Internet Questionnaire (describe):

**Burden Memo for the Generic Clearance of Emergency Epidemic Investigation Data Collections
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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 4

Name of Data Collection Instrument:

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe):

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 - Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- X Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - X Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A):

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Total No. Sampled/Eligible to Respond (B):
Response Rate (A/B):

Data Collection Instrument 5

Name of Data Collection Instrument:

Type of Respondent

General public Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe):

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe):
 Laboratory Testing (describe):
X Other (describe):

Data Collection Mode (check all that apply)

Survey Mode (indicate which mode(s) below):
X Face-to-face Interview (describe):
Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 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 6

Name of Data Collection Instrument:

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

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe): Daily temperature and symptom checks for all contacts classified with high risk, some risk, and no known exposure groups (higher risk, lower risk, and least risk)

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe):
 - Cross-sectional Study (describe):
 - Cohort Study (describe):
 - Case-Control Study (describe):
 - Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- X Other (describe): Daily temperature and symptom checks for all contacts classified with high risk, some risk, and no known exposure groups (higher risk, lower risk, and least risk)

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- X Face-to-face Interview (describe): By 10/14/14 all risk groups (high, some, and no known exposure) were administered the questionnaires in person once daily and once daily by telephone (active monitoring).
 - X Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - Other (describe):
- Medical Record Abstraction (describe):
- Biological Specimen Sample
- Environmental Sample
- Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 179

Total No. Sampled/Eligible to Respond (B): 179

Response Rate (A/B): 100%

(Additional Data Collection Instrument sections may be added if necessary.)

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| | | | | | |

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| | | | | | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----|---|--------|----------|
| Ebola Virus Disease Contact Questionnaire | Close community contact | 45 | 1 | 15 min | 12 hrs |
| Ebola Virus Disease Contact Questionnaire (Revised) | Close community contact | 6 | 1 | 15 min | 2 hrs |
| Ebola Virus Disease Case Contact Questionnaire (Initial) | Healthcare Worker Contact | 85 | 1 | 15 min | 22 hrs |
| Healthcare Worker Interview Form 10/11/2014 (Interactions since 30 September 2014) | Health care worker contact | 282 | 1 | 5 min | 24 hrs |
| Health Care worker Supplemental Interview Form | Health care worker contact | 282 | 1 | 5 min | 24 hours |
| 21-day fever and symptom follow-up form for contacts of probable or confirmed Ebola patients | All high, some, and no-known exposure contact risk groups | 179 | 1 | 5 | 15 hours |

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:

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 Epidemiology Workforce Branch
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 Centers for Disease Control and Prevention
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 Deaton@cdc.gov

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

| | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2015001-XXX |
| EPI AID No. (if applicable): | 2015-001 |
| Requesting entity (e.g., jurisdiction): | Georgian National Centers for Disease Control and Public Health (NCDC) |
| Title of Investigation: | Undetermined mode of transmission and risk factors for Crimean-Congo Hemorrhagic Fever among Georgians - Tbilisi, Georgia, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>Although Crimean-Congo Hemorrhagic Fever (CCHF) is known to be endemic in Georgia since its discovery in 2009, the highest number of cases ever reported and above surveillance baseline occurred this year. The purpose of the investigation was to identify the extent of the current outbreak as well as the mode of transmission and risk factors. The objectives of the investigation are as follows:</p> <p>1. Review existing data to accomplish the following:</p> <ol style="list-style-type: none"> Clarify case definitions of suspect, probable, and confirmed. Identify any recent modifications to the surveillance system including changes in laboratory assays used. Describe the characteristics and clinical presentation of each case. Investigate and identify known risk factors for each case. Identify the laboratory testing, if any, performed for each case. Determine the mode of transmission of CCHF in these case-patients. Link existing animal, entomologic, and human epidemiologic and serologic data. <p>2: Conduct a field investigation to accomplish the following:</p> <ol style="list-style-type: none"> Assess knowledge, attitudes, and practices (KAP) related to CCHF in the affected regions to identify risk factors for infection. Identify cases of CCHF infection and determine the scope of the outbreak among at-risk populations in the affected region. <p>Overall, the goal is to identify the mode of transmission and the risk factors for CCHF in this outbreak to effectively implement public health interventions to mitigate future CCHF risk and transmission.</p> |
| Duration of Data Collection: | |
| Date Began: | 10/6/14 |
| Date Ended: | 10/22/14 |
| Lead Investigator | |
| Name: | Ashley Greiner |
| CIO/Division/Branch: | CGH/DGHP/GDD |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: CCF_Knowledge, Attitudes and Practices (KAP) Survey

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff

Other (describe): Respondents of the field investigation will be residents of villages with at least one reported CCHF case in 2014.

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Cross-sectional Study (describe):

Field investigation was conducted in those regions with positive

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| | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cohort Study (describe): | case-patients in 2014 to identify risk factors for infection, identify cases of CCHF infection, and describe the extent of the outbreak. Households were randomly selected. The KAP survey was administered to each selected household and a blood specimen was collected. |
| <input type="checkbox"/> Case-Control Study (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Environmental Assessment (describe): | |
| <input checked="" type="checkbox"/> Laboratory Testing (describe): | A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at CDC Atlanta Laboratory if confirmation testing is required. |
| <input type="checkbox"/> Other (describe): | |

Data Collection Mode (check all that apply)

| | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Survey Mode (indicate which mode(s) below): | |
| <input checked="" type="checkbox"/> Face-to-face Interview (describe): | Survey administered by face-to-face interview. |
| <input type="checkbox"/> Telephone Interview (describe): | |
| <input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input checked="" type="checkbox"/> Biological Specimen Sample | A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at CDC Atlanta Laboratory if confirmation testing is required. |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--------------------------------------------|-------|
| Total No. Responded (A): | 651 |
| Total No. Sampled/Eligible to Respond (B): | 658 |
| Response Rate (A/B): | 0.989 |

Data Collection Instrument 2

Name of Data Collection Instrument: CCHF_Case Investigation Questionnaire

Type of Respondent

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- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): 2014 CCHF Case-Patients

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe): A chart review was performed of all case-patients, including the extraction of pertinent clinical information and laboratory results from the NCDC electronic disease surveillance system (EIDSS). Charts were reviewed by 1 federal employee.
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe):
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):
 Biological Specimen Sample
 Environmental Sample

Response Rate (if applicable)

Total No. Responded (A): 1
 Total No. Sampled/Eligible to Respond (B): 1
 Response Rate (A/B): 100%

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| CCHF_KAP Survey | General Public | 651 | 1 | 30 | 325.5 |
| CCHF_Case Investigation Questionnaire | Federal employee | 1 | 22 | 5 | 1.83 |

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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:

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Epidemiology Workforce Branch
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Centers for Disease Control and Prevention
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Office: 404.498.6389
Deaton@cdc.gov

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

| | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GenIC No.: | 2015002-XXX |
| EPI AID No. (if applicable): | 2015-03 |
| Requesting entity (e.g., jurisdiction): | Fairfax County Health Department Commonwealth of Virginia Department of Health |
| Title of Investigation: | Undetermined risk factors for suicide among youth, ages 10-24 — Fairfax County, VA, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | <p>Since October 1, 2014, there have been 3 suicides among high school students in the Fairfax County Public School System in Fairfax County, Virginia. The recent deaths occurred in close physical proximity and time, which has promoted local public health officials, the public school system, community members, and parents to be concerned about a possible suicide cluster among youth in the community. This possible cluster occurs in the context of an increasing suicide rate among 10-24 year olds in Fairfax County from 18/100,000 in 2011 to 25/100,000 in 2013, and the community has already had 16 suicides among youth in 2014. There are indications that youth suicides may be primarily connected to one high school and two other high schools have had several suicides among its students in 2014. Although the community has previously dedicated extensive resources to suicide prevention activities, however the effectiveness has been limited given suicides continue to occur. The community has been unable to identify epidemiological factors contributing to the suicide risk or the unmet needs that must be addressed by preventive actions. Consequently, the Fairfax County Health Department and the Virginia Department of Health have requested CDC's urgent assistance in investigating youth suicide and making recommendations for a public health response to prevent additional suicides among Fairfax County youth.</p> <p>Epi-Aid objectives:</p> <ul style="list-style-type: none"> • Assist the Commonwealth of Virginia Department of Health and the Fairfax County Department of Health in examining trends of fatal and non-fatal suicidal behaviors among youth from September 2010 through 2014 in Fairfax County, Virginia. • Identify epidemiologic information about fatal and non-fatal suicidal behaviors among youth in Fairfax County Virginia that can help inform prevention strategies implemented by the Commonwealth of Virginia Health Department, Fairfax County Department of Health, and their community partners. <p>In order to identify school and community level risk and protective factors that may be associated with youth suicide across the community, interviews with school administrators and guidance counselors and focus groups with parents were conducted. These data will be used to identify factors associated with youth suicide in Fairfax County and to inform public health prevention strategies.</p> |
| Duration of Data Collection: | |
| Date Began: | November 12, 2014 |
| Date Ended: | November 21, 2014 |
| Lead Investigator | |
| Name: | Erica Spies |
| CIO/Division/Branch: | Division of Violence Prevention |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

| | |
|-------------------------------------|-------------------------|
| Name of Data Collection Instrument: | Suicide Interview Guide |
| Type of Respondent | |

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- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe): _____

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe): Interviews and focus group data will be used to identify school- and community-level risk and protective factors associated with youth suicide and suicide behaviors.
 - Cross-sectional Study (describe): _____
 - Cohort Study (describe): _____
 - Case-Control Study (describe): _____
 - Other (describe): _____
- Environmental Assessment (describe): _____
- Laboratory Testing (describe): _____
- Other (describe): _____

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- Face-to-face Interview (describe): _____
 - Telephone Interview (describe): _____
 - Self-administered Paper-and-Pencil Questionnaire (describe): _____
 - Self-administered Internet Questionnaire (describe): _____
 - Other (describe): _____
- Medical Record Abstraction (describe): _____
- Biological Specimen Sample _____
- Environmental Sample _____
- Other (describe): _____

Response Rate (if applicable)

Total No. Responded (A): 18

Total No. Sampled/Eligible to Respond (B): 18

Response Rate (A/B): 100

Data Collection Instrument 2

Name of Data Collection Instrument: Parent focus group guide

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe): _____

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe): Interviews and focus group data will be used to identify school- and community-level risk and protective factors associated with youth suicide and suicide behaviors.

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- Cross-sectional Study (describe):
- Cohort Study (describe):
- Case-Control Study (describe):
- Other (describe):
- Environmental Assessment (describe):
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 - Face-to-face Interview (describe):
 - Telephone Interview (describe):
 - Self-administered Paper-and-Pencil Questionnaire (describe):
 - Self-administered Internet Questionnaire (describe):
 - 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):

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)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|-----------------------------------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Suicide_Interview Guide | School administrators and guidance counselors | 18 | 1 | 60 | 18 |
| Suicide_Focus Group Guide | Parent | 71 | 1 | 90 | 107 |

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