Request for Revision to Existing Information Collection Request
Quarantine Station Illness Response Forms:
Airline, Maritime, and Land/Border Crossing
(0920-0821 expires 8/31/2015)
Supporting Statement B
February 4, 2015

Contents

B. Collections of Information Employing Statistical Methods

No statistical methods are used in this data collection.

1. Respondent Universe and Sampling Methods

Concerning routine responses to reports of illness during travel, CDC requires certain signs and symptoms suggestive of communicable disease to be reported by air and sea conveyance operator before arriving in the United States (42 CFR 71.21) and on any flight traveling between states (42 CFR Part 70.4). Therefore, the respondent universe is composed any ill traveler who is reported by the airlines or Customs and Border Protection to CDC or the local public health authority. No sampling is performed as this data collection outlines a protocol for interviewing all travelers who are reported as having certain signs and symptoms of disease aboard an air or sea conveyance or while crossing a land border. These signs and symptoms can be found here: http://www.cdc.gov/quarantine/air/reporting-deaths-illness/guidance-reporting-onboard-deaths-illnesses.html.

Similarly, no sampling is involved in the use of the health declaration or risk assessment form. The United States Traveler Health Declaration will be administered by CBP to every traveler arriving at a U.S. airport from countries designated by the United States Government as requiring public health screening prior to entry due to widespread transmission of Ebola. If a traveler answers in the affirmative to experiencing any of the specified symptoms or exposures, appears visibly ill, or has a fever, the risk threshold for a further public health evaluation is met. CBP will then contact CDC who will use the revised Entry Screening Risk Assessment Form to conduct a detailed medical evaluation to determine if further intervention is necessary. Based on data from screening that has taken place since October of 2014, it is anticipated that only a small fraction, at most 7%, of travelers will need a detailed medical evaluation using the risk assessment form.

Finally, active monitoring will be conducted for 21 days on every traveler arriving at a U.S. airport from an affected country, including a small number making connections outside of an affected country. The use of the IVR system is available for all states and travelers visiting or residing in those states. However, if a state wishes to use a different system, or make modifications to the IVR system, to achieve their active monitoring objectives, they may do so.

2. Procedures for the Collection of Information

During routine operations, U.S. Quarantine Stations are located at 20 ports of entry and land-border crossings where international travelers arrive. The jurisdiction of each Station includes air, maritime, and/or land-border ports of entry. Quarantine Station staff work in partnership with international, federal, state, and local agencies and organizations to fulfill their mission to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations. This work is performed to prevent the introduction, transmission, and spread of communicable diseases from foreign countries into the United States or from one State or possession to another State or possession. When an illness suggestive of a communicable disease is reported, Quarantine Officers respond to carry out an onsite public health assessment and collect data from the individual. This response may occur jointly with port partners. The collection of comprehensive, pertinent public health information during these responses enables Quarantine Officers to make an accurate public health assessment and identify appropriate next steps. For this reason, Quarantine Station staff need to

systematically interview ill travelers and collect relevant health and epidemiologic information.

When Quarantine Officers are present at the port of entry, they may often respond in person to conduct assessment of an ill traveler. However, there are many instances in which a Quarantine Officer may not be able to meet a conveyance or border crosser in person, including (but not limited to) the following: the conveyance arrives at a port of entry that does not have Quarantine Station on site; a maritime vessel is still out at sea when the report comes in; Quarantine Officers are already responding to another illness report; or the illness may be reported after hours and Quarantine Officers cannot arrive in time to meet the conveyance or border crosser without causing substantial delays to travel. If Quarantine Officers are unable to respond in-person, they provide phone consultation to port partners (e.g., Emergency Medical Services (EMS), CBP Officers, and maritime partners) on the scene, to determine the public health importance of the illness. In both circumstances, an interview of the ill person(s) is required to conduct the public health assessment, whether in-person, by phone, or through a trained responder (in consultation with the Quarantine Officer).

Regarding screening at ports of entry, the United States Traveler Health Declaration will be administered to every traveler arriving at a U.S. airport from countries affected by the Ebola outbreak. CBP will assist CDC by completing the United States Traveler Health Declaration and temperature screening based on responses from the traveler and the use of a non-contact thermometer. French and Arabic translation guides are available to assist those travelers whose primary means of communication are those languages. Three different formats of the health declaration are available; however, CDC anticipates the primary mode of respondent interaction with the health declaration will be the portal version. The fillable PDFs and hard copy versions are provided only as back up in case of problems with IT or access at ports of entry or in the event travelers requiring screening arrive at ports of entry other than the five airports where enhanced entry screening is being conducted. If a traveler is referred to CDC for a public health evaluation, the United States Traveler Health Declaration will be printed and handed to a CDC staff member. Data entered into the electronic portal by CBP will be securely transferred within 72 hours to CDC's Quarantine Activity Reporting System database for retention. Any health declarations completed in the PDF format will be transferred by encrypted flash drive to DHS server, and there will be batch transfers of PDFs to CDC via secure file transfer protocol.

If a traveler answers in the affirmative to experiencing any of the specified symptoms or exposures, appears visibly ill, or has a fever, the risk threshold for a further public health evaluation is met. CBP will then contact CDC. A medical professional will use the revised Ebola Entry Screening Risk Assessment Form to conduct a detailed medical evaluation to determine if further intervention is necessary.

The travelers contact information is collected on the health declaration and is sent to the State health departments via a secure public health messaging system. This contact information includes the number to the pre-paid cell phone provided by CDC. The states then make contact with the travelers every day for 21 days to complete the recommended 21 days of active monitoring.

Finally, regarding active monitoring using the IVR system, the procedure for collecting this information would be as follows:

- The traveler would call the line and identify who they are through a unique CARE ID (produced through random number generation) provided on their CARE card.
- The traveler would be asked if they checked their temperature and if they have, they would be advanced to two questions about the presence of a temperature over 100.4 F

and the presence of other symptoms indicative of possible exposure to Ebola.

- If the traveler reported a fever or other symptom, the system would immediately advance them to a live call center representative for connection to the health department or urgent medical care (no data collection occurs).
- If a traveler reported "no" to both questions, the call would end and their responses would be saved with their ID number.
- Upon request, states would be provided with data file in an appropriate format, and in a frequency of their preference, that indicated which CARE IDs had reported in and their symptom-development status. The states would have a list of all returning travelers in their state during the 21-day monitoring period and would be able to connect the CARE ID from the IVR report to the CARE ID in their report.

3. Methods to Maximize Response Rates and Deal with No Response

DGMQ has developed illness response forms for the three different types of ports of entry – air, maritime, and land border. These forms include 1) the Air Travel Illness or Death Investigation Form, 2) the Maritime Illness Investigation or Death Report Form and 3) the Land Border Illness or Death Investigation Form. All three forms collect pertinent demographic, clinical, and epidemiologic information on travelers suspected of being infected with a communicable disease, and who may be (or may have been) contagious during travel. The forms are also used by Quarantine Station staff to collect information for follow-up and tracking (surveillance) purposes. The differences between the forms reflect the unique public health risks associated with specific modes of travel and the response to illness at each of the three types of ports.

It is not always necessary to obtain complete epidemiologic information from every ill traveler; therefore, a two-tiered approach has been used in the development of these forms – Info Only and Response reports. When Quarantine Station staff respond to a situation that is not of public health interest (e.g., chronic skin condition, heart attack, etc.) only general information is collected. This information includes: contact information, date, and complaint. These non-public health-interest situations are referred to as Info Only responses.

Response reports require obtaining full epidemiologic information from the ill traveler. Quarantine Station staff will use the entire form to collect information and will follow up with the ill traveler.

This tiered approach to data collection during illness investigations will reduce the burden on the public by collecting only information appropriate for the situation.

Regarding screening, travelers will be asked to complete the information collection via the United States Traveler Health Declaration and Ebola Risk Assessment For Travelers From Ebola Outbreak-Affected Countries form. However, if an individual refuses to provide the requested information, or is not truthful about the information provided during screening of an illness investigation, CDC may, if it is reasonably believed that the individual is infected with or has been exposed to Ebola, quarantine, isolate, or place the individual under surveillance under 42 CFR 71.32 and 71.33.

While use of the CDC active monitoring system via the IVR would be voluntary, if an individual fails to check in via the system, the health department of their state of residence may be required to follow up with the traveler via phone or in person.

4. Tests of Procedures or Methods to be Undertaken

CDC currently collects this data under previously approved data collections. The electronic systems used for this data collection are continually updated and improved for quality of data collection and ease of use for both the public, industry and CDC program administrators.

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

Not Applicable