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)	of this investigation were to:  Determine the incidence of recently-acquired:  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:  a) CHIKV infection  b) DENV infection  Recommend prevention and control measures for:
	<ul><li>a) CHIKV infection</li><li>b) DENV infections</li></ul>
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 eData Collection Instrument	
☐ General public	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff
Other (describe):	
Data Collection Methods (chec ☐ Epidemiologic Study ( ☐ Descriptive Study	indicate which type(s) below)  dy (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
Cross-sectional Cohort Study (decorated) Case-Control State  Coher (describe) Environmental Assessi Laboratory Testing (decorated) Other (describe):	tudy (describe): ): ment (describe):
Data Collection Mode (check of	all that apply)

Page 1 of 3 Form Updated: 9/4/2014

Survey Mode (indicate which mode(s) be	elow):
Face-to-face Interview (describe):	·
☐ Telephone Interview (describe):	
Self-administered Paper-and-Pend	The Chikungunya_questionnaire was completed by the participant as
Questionnaire (describe):	a self-administered data collection instrument.
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):	127
Response Rate (A/B):	83%
Data Collection Instrument 2	
Name of Data Collection Instrument: Blood C	Collection Consent
Type of Respondent	
☐ General public ☐ Healthcare sta	aff
Other (describe):	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type	ne(s) helow)
Descriptive Study (describe):	(S) BCIOW)
Cross-sectional Study (describe):	
Cohort Study (describe):	
Conort Study (describe):	
Other (describe):	
Environmental Assessment (describe):	A ' 1 11 1 1 1 1 1 1 1 C 1 1 1' ' C CYTYYY
	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) be	elow):
Face-to-face Interview (describe):	·

Page 2 of 3 Form Updated: 9/4/2014

☐ Telephone Interview (describe):	
Self-administered Paper-and-Pencil Questionnaire (describe):	
Self-administered Internet Questionnaire (describe):	
Other (describe):	
☐ Medical Record Abstraction (describe):	
☐ Biological Specimen Sample ☐	single blood specimen of approximately 3-4cc.
Environmental Sample	
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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 3 of 3 Form Updated: 9/4/2014

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)				
Dungtion of Data Callection.	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 Data Collection Instrument 1 Name of Data Collection Instrument Type of Respondent				
General public	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff			
Other (describe):	I realthcare starr			
Other (describe).				
Data Collection Methods (chec ☐ Epidemiologic Study (i ☐ Descriptive Study	indicate which type(s) below)			
Cross-sectional	Study (describe):			
Cohort Study (d	escribe):			
Case-Control St	cudy (describe):			
Other (describe)	):			
Environmental Assessr				
Laboratory Testing (de				
Other (describe):				
` '				
Data Collection Mode (check o	all that apply)			

Page 1 of 3 Form Updated: 9/4/2014

Survey Mode (indicate which mode(s) be	low):
☐ Face-to-face Interview (describe):	
☐ Telephone Interview (describe):	
Self-administered Paper-and-Penc Questionnaire (describe):	il
Self-administered Internet Questionnaire (describe):	
Other (describe):	
	Hospital records were used to collect relevant clinical information in the case report form
	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	<u> </u>
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	
	ontract Tracing Form
Type of Respondent	
☐ General public ☐ Healthcare sta	ff 🔀 Laboratory staff 🔀 Patients 🔲 Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type	e(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) be	low):
Face-to-face Interview (describe):	
i dee to face interview (describe).	
Telephone Interview (describe):	
	il
Telephone Interview (describe):	
☐ Telephone Interview (describe): ☐ Self-administered Paper-and-Penc	il

Page 2 of 3 Form Updated: 9/4/2014

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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 3 of 3 Form Updated: 9/4/2014

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
Thie of investigation.	of County Health Directors —Liberia, 2014
Purpose of Investigation: (Use	·
as much space as necessary)	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
Data Collection Instrument 1	
Name of Data Collection Instru	ument: KAP Healthcare Worker Survey
Type of Respondent	
☐ General public	
Other (describe):	
Data Collection Methods (chec	ck all that apply)
Epidemiologic Study (i	ndicate which type(s) below)
Descriptive Stud	
	Study (describe):
Cohort Study (d	
Case-Control St	
Other (describe)	
Environmental Assessm	
Laboratory Testing (de	
Other (describe):	
Data Collection Mode (check a	all that apply)
Survey Mode (indicate	which mode(s) below):
☐ Face-to-face Into	.,
Telephone Inter	· · · · · · · · · · · · · · · · · · ·
	ed Paper-and-Pencil
Self-administere	
Questionnaire (	
Other (describe)	
☐ Medical Record Abstra	
Biological Specimen S	

Page 1 of 4 Form Updated: 9/4/2014

Environmental Sample Other (describe):	
Response Rate (if applicable)  Total No. Responded (A):  Total No. Sampled/Eligible to Respond (B):  Response Rate (A/B):  100%	
Data Collection Instrument 2	
Name of Data Collection Instrument: KAP General Public Survey	
Type of Respondent	
<ul><li>☐ General public</li><li>☐ Healthcare staff</li><li>☐ Laboratory staff</li><li>☐ Patients</li><li>☐ Restaurant staff</li><li>☐ Other (describe):</li></ul>	
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): Mother (describe): Environmental Assessment (describe): Laboratory Testing (describe):	ge
Other (describe):  Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below):	
Face-to-face Interview (describe):	
Response Rate (if applicable)  Total No. Responded (A):  Total No. Sampled/Eligible to Respond (B):  Response Rate (A/B):  100%	

**Data Collection Instrument 3** 

Page 2 of 4 Form Updated: 9/4/2014

Name of Data Collection Instrument: KAP Co	unty Director Survey
Type of Respondent	
General public Healthcare sta	ff Laboratory staff Patients Restaurant staff
Other (describe): County Directors	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which typ	e(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):	control methods.
Laboratory Testing (describe):	
Other (describe):	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) be	elow):
Face-to-face Interview (describe):	Interview county directors responsible for local Ebola response plans.
Telephone Interview (describe):	
Self-administered Paper-and-Penc Questionnaire (describe):	il
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%
r	

### 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)

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

Page 3 of 4 Form Updated: 9/4/2014

KAP County Director	County	6	1	60	6
Survey	Director				

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **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

Office: 404.498.6389 Deaton@cdc.gov

Page 4 of 4 Form Updated: 9/4/2014

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 Other (describe):	☑ Healthcare staff    ☐ Laboratory staff    ☐ Patients    ☐ Restaurant staff		
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 influenzalike-illness (ILI) cases to better describe the outbreak and identify potential risk factors and associations with illness.  Nasopharyngeal and Oropharyngeal swab samples from case			
□ (0	patients were collected when available.		
Cross-sectional Cohort Study (de	Study (describe):		
<del></del>			
Case-Control Study (describe):  Other (describe):			
Environmental Assessn			
Laboratory Testing (describe):			
Other (describe):			
other (describe).			
Data Collection Mode (check a	all that apply)		
Survey Mode (indicate	· · · · · · · · · · · · · · · · · · ·		
Face-to-face Interview (describe):			
Telephone Inter			
Self-administered Paper-and-Pencil Questionnaire (describe):			

Page 1 of 4 Form Updated: 9/4/2014

Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
<del></del>	Clinical medical record for ILI cases were reviewed
Biological Specimen Sample	Nasopharyngeal and Oropharyngeal swabs were requested for all ILI cases still residing at the facility. Samples were tested using a multi-
	pathogen detection tool for the simultaneous detection of 21 respiratory
	pathogens.
☐ Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	23
Total No. Sampled/Eligible to Respond (B)	
Response Rate (A/B):	50%
Data Collection Instrument 2	
	atory Illness_Hospitalized Case Investigation Form
Type of Respondent	
General public Healthcare s	taff
Other (describe):	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which ty	rpe(s) below)
Descriptive Study (describe):	Instrument was used to collect relevant information for children
	residing in shelters who were hospitalized with pneumonia to
	better identify potential risk factors and associations with illness
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)	
<u> </u>	1
Survey Mode (indicate which mode(s) l	
Face-to-face Interview (describe	):
Telephone Interview (describe):	1
Self-administered Paper-and-Per Questionnaire (describe):	1011
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
	Medical records were obtained from the admitting hospital to complete
(	the instrument.
☐ Biological Specimen Sample	

Page 2 of 4 Form Updated: 9/4/2014

☐ Environmental Sample ☐ Other (describe):	
Total No. Sampled/Eligible to Respond (B):	3 3 100%
Data Collection Instrument 3	
Name of Data Collection Instrument: Respiratory Type of Respondent	ry Illness_Carriage Assent Form
	☐ Laboratory staff ☐ Patients ☐ Restaurant staff
	Laboratory staff Patients Restaurant staff Children (UAC) in the custody of the Office of Refugee and
Data Collection Methods (check all that apply)	
☐ Epidemiologic Study (indicate which type(☐ Descriptive Study (describe):☐ Cross-sectional Study (describe):☐ ☐ Descriptive Study (describe):☐ De	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.
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 the survey of the survey (describe):  Telephone Interview (describe):  Self-administered Paper-and-Pencil Questionnaire (describe):  Self-administered Internet Questionnaire (describe):  Other (describe):  Medical Record Abstraction (describe):	
res	asopharyngeal swab samples were requested from all selected shelter sidents. Samples were pneumococcus identified by susceptibility to tochin and bile solubility. Serotypes were determined using the

Page 3 of 4 Form Updated: 9/4/2014

C	Quellung reaction.
☐ Environmental Sample	
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	Healthcare staff	23	1	30	12
Investigation Form Respiratory	Healthcare staff	3	1	30	2
Illness_Hospitalized Case					
Investigation Form					
Respiratory Illness_Carriage	Unaccompanied	192	1	5	16
Assent Form	Children				

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 4 of 4 Form Updated: 9/4/2014

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> <li>Determine incidence and etiology of acute lower respiratory tract infections and other health conditions as feasible</li> <li>Estimate incidence of influenza-like illness and characterize subtypes circulating in shelter</li> <li>Estimate prevalence of Streptococcus pneumoniae carriage in the shelter and characterize serotypes</li> <li>Describe existing health conditions among unaccompanied children in the shelter that may impact the spread of respiratory infection</li> <li>Identify risk factors for severe acute respiratory disease among shelter children</li> <li>Assess and implement disease control and prevention measures</li> </ol>		
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		
Data Collection Instrument 1 Name of Data Collection Instru  Type of Respondent  General public	Respiratory Illness_Case Investigation Form and Respiratory Illness_Interview  Assent Form  Healthcare staff    Laboratory staff    Patients    Restaurant staff		
Other (describe): Fede	eral staff		
Data Collection Methods (chec ☐ Epidemiologic Study (in ☐ Descriptive Study	ndicate which type(s) below)		
Cross-sectional S Cohort Study (de Case-Control Stu Other (describe) Environmental Assessn Laboratory Testing (des Other (describe):	Study (describe): escribe): udy (describe): : enent (describe):		
Data Collection Mode (check a	ell that apply)		
Survey Mode (indicate			
Face-to-face Inte	· · · · · · · · · · · · · · · · · · ·		

Page 1 of 7 Form Updated: 9/4/2014

	in travel history prior to arriving at shelter. These interviews sed to complete questions 1-20.
Telephone Interview (describe):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Self-administered Paper-and-Pencil	
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):  Other (describe):	
Medical Record Abstraction (describe): Questions 2	1 to the end of the form were completed by using the shelter
clinic's reco	ords. Federal staff abstracted medical records.
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	
Total No. Sampled/Eligible to Respond (B): 8	
Response Rate (A/B): 100%	
response rate (14 b).	
Data Collection Instrument 2	
Name of Data Collection Instrument: Respiratory Illness	Hospitalized Case Investigation Form
Type of Respondent	
☐ General public ☐ Healthcare staff ☐ I	Laboratory staff Patients Restaurant staff
Other (describe): Federal staff abstracted patient m	<u> </u>
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type(s) below)	
Descriptive Study (describe): We re	viewed medical records of hospitalized UC.
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):	ized UC, inpatient medical charts were reviewed, and data

Page 2 of 7 Form Updated: 9/4/2014

☐ 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):	2 2 100%
Data Collection Instrument 3	
	ratory Illness_Carriage Assent Form
Type of Respondent	·
General public Healthcare st Other (describe):	taff
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which ty	* ' '
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) b	pelow).
Face-to-face Interview (describe)	·
☐ Telephone Interview (describe):	Tipersonal merview was conducted to receive consent assent.
Self-administered Paper-and-Pen	cil
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):	

Page 3 of 7 Form Updated: 9/4/2014

Response Rate (if applicable)  Total No. Responded (A):  Total No. Sampled/Eligible to Respond (B):  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):   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): Interviews conducted with shelter management staff.    ☐ Telephone Interview (describe): □    ☐ Self-administered Paper-and-Pencil 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):  Total No. Sampled/Eligible to Respond (B):  Response Rate (A/B):  1 100%
Data Collection Instrument 5  Name of Data Collection Instrument: Respiratory Illness_Infection Control Assessment  Type of Respondent

Page 4 of 7 Form Updated: 9/4/2014

☐ General public ☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff ☐ Other (describe): Shelter management 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):    This form/checklist was used to perform a rapid assessment of infection control policies and practices of the shelter by the Epi-Aid team.
Data Collection Mode (check all that apply)
Survey Mode (indicate which mode(s) below):
Face-to-face Interview (describe): Interviews conducted with the healthcare and 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 of staff practices.
Response Rate (if applicable)
Total No. Responded (A):
Total No. Sampled/Eligible to Respond (B):
Response Rate (A/B): 100%
Data Collection Instrument 6
Name of Data Collection Instrument: Respiratory Illness_Carriage Assent Form  Thing of Postport doubt
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):

Page 5 of 7 Form Updated: 9/4/2014

Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
	This was completed to estimate the prevalence of <i>Streptococcus</i>
	neumoniae carriage in unaccompanied children at the shelter.
Other (describe):	
Data Collection Mode (check all that apply)	
☐ Survey Mode (indicate which mode(s) bel	ow):
☐ Face-to-face Interview (describe):	
☐ Telephone Interview (describe):	
Self-administered Paper-and-Penci	1
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
☐ Medical Record Abstraction (describe):	
	all children residing at the shelter on July 24, 2014 were invited to
	articipate in the investigation of pneumococcal carriage. A trained clinic
	taff member inserted a flexible wire Rayon-tipped swab to the posterior harynx and collected the nasopharyngeal specimen to evaluate for
	treptococcus pneumoniae carriage. The swabs were processed and
	cansported to CDC for pneumococcal isolation and serotyping.
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)

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

Page 6 of 7 Form Updated: 9/4/2014

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

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: 404 408 6380

Office: 404.498.6389 Deaton@cdc.gov

Page 7 of 7 Form Updated: 9/4/2014

GenIC No.:

EPI AID No. (if applicable):

Requesting entity (e.g., iurisdiction):

Title of Investigation:

Purpose of Investigation: (Use as much space as necessary)

2014013-XXX

2014-070

HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR)

Pneumonia cluster in Office of Refugee Resettlement/DOD Unaccompanied Alien Children's Shelters—Texas, 2014

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.

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 S. pneumoniae 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.

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.

Duration of Data Collection:

Date Began:

Date Ended:

Lead Investigator

Name:

5 days 7/28/2014

8/1/2014

Cynthia Whitney, MD

Page 1 of 4 Form Updated: 5/29/2014

CIO/Division/Branch:	NCIRD/DBD/R	RDB
Email Address:	cgw3@cdc.gov	V
Telephone No.:	404-639-4727	
Mail Stop:	C25	
Complete the following for Data Collection Instrument		nt used during the investigation.
Name of Data Collection Inst		piratory Illness_Case Investigation Form
Name of Baia Collection Inst Type of Respondent	rumeni. Kesp	phratory filliess_Case filvestigation Form
·· _ · · _	Healthcare staff	Laboratory staff Patients Restaurant staff
Other: (describe) Fed		
Data Collection Methods (ch		
Epidemiologic Study		• *
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 St		respiratory disease among a conort of residents of all OKK sherter.
Cohort Study (des	• '	Retrospective cohort study to determine transit-related risk factors
\( \square \) Conort Stady (acs	· · · · · · · · · · · · · · · · · · ·	for respiratory disease among a cohort of residents of an ORR
		shelter.
Case-Control Stud	ly (describe):	
Other (describe):		
☐ Environmental Assess	sment (describe):	):
□ Laboratory Testing (d     □		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
Other (describe):	C	detection using molecular methods.
Data Collection Mode (check	z all that apply)	
Survey Mode (indicate	* * * * *	) balow):
Face-to-face Inter	` ′	
Telephone Intervi	` /	
Self-administered	,	
Pencil Questionnai	-	
Self-administered		
Questionnaire (de	scribe):	
Other (describe):		
Medical Record A	bstraction (descr	cribe): 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
Diological Specimen	Sampla On faur	information.
	_	individuals identified with influenza-like-illness (ILI) during the ngeal and oropharyngeal swabbing was performed for etiologic
pathogen detection using		
Environmental Sampl		
Other (describe):		

Page 2 of 4 Form Updated: 5/29/2014

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	
	atory Illness_Carriage Assent Form
Type of Respondent	atory minosig_carrage resonant orm
	☐ Laboratory staff ☐ Patients ☐ Restaurant staff
Other: (describe) Unaccompanied child	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type	pe(s) below)
Descriptive Study (describe):	
Cross-sectional Study (describe): In	vestigation to determine the prevalence, prevalent serotypes of,
	d risk factors for S. pneumoniae nasopharyngeal carriage among
	sidents of an ORR shelter.
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
	asopharyngeal swabbing was performed in order to detect and
	entify the serotype of <i>S. pneumoniae</i> carriage.
Other (describe):	
Data Collection Mode (check all that apply)	alam).
Survey Mode (indicate which mode(s) b	elow):
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):	
Pagnovas Pata (if applies bla)	
Response Rate (if applicable) Total No. Perpended (A):	110
Total No. Responded (A):	119
Total No. Sampled/Eligible to Respond (B):	141
Response Rate (A/B):	84%

Page 3 of 4 Form Updated: 5/29/2014

### 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)

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

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

Page 4 of 4 Form Updated: 5/29/2014

GenIC No.:	2014014-XXX			
EPI AID No. (if applicable):	2014-071			
Requesting entity (e.g., jurisdiction):	Sierra Leone Ministry Control	y of Health, Ministry of H	Health & Sanitatio	n, Disease Prevention and
Title of Investigation:	Undetermined Source Sierra Leone, 2014	es and Risk Factors for ar	n Ebola Hemorrha	gic Fever Outbreak—
Purpose of Investigation: (Use as much space as necessary)	Appendix 1) were conforms were collected died or are infants, in the patient's date of contacts that the patient determine the risk fact that this patient has a to collect information they were ill and price then followed daily f	ollected for every patient d through interview of pareither French or the local conset, date of death, hient had prior to develope ctors that led to this patient EVD, a separate contact in of people who had director to treatment in a facility or onset of fever and other	meeting the suspontion or family all language. Relevolved to spitalization and bing illness all are tracing form (see cut unprotected conty with barrier number EVD symptoms	re case report forms (see ect case definition criteria. members if patients have rant clinical data, including I funeral information, and e collected, in an effort to diagnostic testing confirms Appendix 2) is completed tact with the patient while rsing. These contacts were s, and were investigated as
Duration of Data Collection:	90 days	ler barrier nursing precau	tions if they devel	op illness.
	6/27/2014			
Date Began: Date Ended:	10/19/2014			
	10/19/2014			
Lead Investigator Name:	Barbara Knust			
CIO/Division/Branch:	NCEZID/DHCPP			
Complete the following for each Data Collection Instrument 1 Name of Data Collection Instr Type of Respondent  General public	<u> </u>	e Investigation  E Investigation Form   Laboratory staff	<ul><li>▶ Patients</li></ul>	Restaurant staff
Other (describe):				
Data Collection Methods (checking Epidemiologic Study (company)  Descriptive Study  Cross sectional	indicate which type(s)	below) The investigation follow report forms were collectors definition criteria.		•
<u> </u>	• ` '			
☐ Cohort Study (d☐ Case-Control St	·			
Other (describe)	• .			
Environmental Assessi				
☐ Livitonmental Assessing (de	` ′	en possible, diagnostic tes	ting was used to c	onfirm Fhola virus
Z Laboratory Testing (de	infec	ction or rule out infection CDC personnel, but laborated the control of the contr	. Laboratory testin	ng was not performed
Other (describe):				
Data Collection Mode (check o	all that apply)			

Page 1 of 3 Form Updated: 9/4/2014

Survey Mode (indicate which mode(s) be	low):
☐ Face-to-face Interview (describe):	
☐ Telephone Interview (describe):	
Self-administered Paper-and-Penc Questionnaire (describe):	
Self-administered Internet Questionnaire (describe):	
Other (describe):	
	Hospital records were used to collect relevant clinical information in the case report form
	Blood or oral swab specimens were collected from patients to confirm or ule 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	
	ontract Tracing Form
Type of Respondent	
☐ General public ☐ Healthcare sta	ff 🔀 Laboratory staff 🔀 Patients 🔲 Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type	e(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) be	low):
Essa to foss Intermisers (describe).	
Face-to-race interview (describe):	
☐ Face-to-face Interview (describe): ☐ Telephone Interview (describe):	
Telephone Interview (describe):	
☐ Telephone Interview (describe): ☐ Self-administered Paper-and-Penc	

Page 2 of 3 Form Updated: 9/4/2014

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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 3 of 3 Form Updated: 9/4/2014

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
Data Collection Instrument 1	
Name of Data Collection Instru	ment: Parechovirus_Chart Abstraction Form
Type of Respondent	
General public	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff
Other (describe): State	e Health Departments or delegates
☐ Descriptive Stud	Indicate which type(s) below)  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.  Study (describe):  Lescribe:  Ludy (describe):
☐ Environmental Assessn☐ Laboratory Testing (des☐ Other (describe):	
Data Collection Mode (check a  Survey Mode (indicate  Face-to-face Inte	

Page 1 of 4 Form Updated: 9/4/2014

Self-administered Paper-and-Pencil	
Questionnaire (describe):  Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
	ts A-C: Medical records of confirmed case-patients were identified for
abst	traction of key clinical information during birth. The mother's labor,
	very, and follow-up medical records were also abstracted to identify
	factors and mode of transmission. These data were collected from h hospitals by state health departments, in conjunction with staff at the
	vidual hospitals.
	t D: Medical records of confirmed case-patients were identified for
	traction of key clinical information, from the hospital where the infant
	diagnosed with HPeV3 (Facility A). This work was performed by egates of the state health departments.
Biological Specimen Sample	gates of the state nearth departments.
☐ Environmental Sample	
Other (describe):	
_	
Response Rate (if applicable)	
Total No. Responded (A):	
Total No. Sampled/Eligible to Respond (B):	
Response Rate (A/B):	3%
Data Collection Instrument 2	
Name of Data Collection Instruments   Derochovir	
Name of Daia Collection Instrument.   Falection	us_Family Interview Questionnaire
	us_Family Interview Questionnaire
Type of Respondent	
Type of Respondent	
Type of Respondent  General public Healthcare staff	
Type of Respondent  General public  Other (describe):  Healthcare staff	
Type of Respondent  General public  Other (describe):  Healthcare staff	☐ Laboratory staff ☐ Patients ☐ Restaurant staff
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)	☐ Laboratory staff ☐ Patients ☐ Restaurant staff
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s))	Laboratory staff Patients Restaurant staff  below)  This is a descriptive study to systematically collect information about clinical illness and potential exposures associated with
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s))	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s))	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s))	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s))	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s) Descriptive Study (describe):	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply) Epidemiologic Study (indicate which type(s) Descriptive Study (describe):	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s) Descriptive Study (describe):  Cohort Study (describe):  Case-Control Study (describe):  Other (describe):	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply) Epidemiologic Study (indicate which type(s) Descriptive Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe):	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s) Descriptive Study (describe):  Cohort Study (describe):  Case-Control Study (describe):  Other (describe):  Environmental Assessment (describe):  Laboratory Testing (describe):	Laboratory staff Patients Restaurant staff  below)  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
Type of Respondent  General public Healthcare staff Other (describe):  Data Collection Methods (check all that apply) Epidemiologic Study (indicate which type(s) Descriptive Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe):	Laboratory staff Patients Restaurant staff  below)  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

Page 2 of 4 Form Updated: 9/4/2014

Survey Mode (indicate which mode(s) below	v):
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)	
1	6
	50/
Response Rate (A/B):	5%
Data Collection Instrument 3	
	us_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	
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
Chase sectional Study (describe)	HPeV3 in stool
☐ Cross-sectional Study (describe): ☐ Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
	ological samples from siblings and suspect cases were collected by
stat	e health department staff and sent to the laboratory at Facility A to
	firm case status, following local policies and procedures.
Other (describe):	
Data Collection Mode (check all that apply)	
<u> </u>	v)·
☐ Survey Mode (indicate which mode(s) below ☐ Face-to-face Interview (describe):	v).
1 acc-to-race interview (describe).	

Page 3 of 4 Form Updated: 9/4/2014

☐ Telephone Interview (describe):		
Self-administered Paper-and-Penci		
Questionnaire (describe):		
Self-administered Internet		
Questionnaire (describe):		
Other (describe):		
☐ Medical Record Abstraction (describe):		
☐ Biological Specimen Sample	Soiled diaper collection for HPeV3 testing	
☐ Environmental Sample		
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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **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

Page 4 of 4 Form Updated: 9/4/2014

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)	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.			
	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.			
	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.			
	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.			
Duration of Data Collection:	Princip of Frankli wild work to gurde forms responde tracker			
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 so				
Complete the following for <u>ea</u>	ach instrument used during the investigation.			
Data Collection Instrument 1	L			
Name of Data Collection Instru	ument: RECO Interview			
Type of Respondent				
☐ General public ☐ Other (describe): Relation	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff ay communautaires (community educators / volunteers)			
Data Collection Methods (chec	ck all that apply)			
Epidemiologic Study (i	indicate which type(s) below)			

Page 1 of 3 Form Updated: 9/4/2014

	•
☐ 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):	
Other (describe).	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) be	elow):
☐ Face-to-face Interview (describe):	
Telephone Interview (describe):	
Self-administered Paper-and-Pend	ril Transfer of the state of th
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
Response Rate (A/B).	0.30
Data Collection Instrument 2	
Name of Data Collection Instrument: Health	Facility Assessment
Type of Respondent	•
☐ General public ☐ Healthcare sta	aff
Other (describe):	Tations Restaurant starr
other (describe).	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which typ	
Descriptive Study (describe):	Assessment of health facilities in the context of infection control
Chass sactional Study (describe)	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):	

Page 2 of 3 Form Updated: 9/4/2014

Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) bel	ow):
☐ Face-to-face Interview (describe):	
Telephone Interview (describe):	
Self-administered Paper-and-Penci 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):	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)

		71 0			
		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	$(A \times B \times C)/60*$
RECO Interview	Community	18	1	10	3
	volunteer				
Health Facility Assessment	Healthcare	5	1	10	1
	worker				

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **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

Page 3 of 3 Form Updated: 9/4/2014

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)	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.  A broader search of BSIs caused by similar waterborne organisms that could be introduced during dialyzer reprocessing ( <i>B. cepacia</i> , Pseudomonas, Stenotrophomonas, Proteus, Morganella, Serratia) 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,		
D (D . C 11	CDPH requested CDC assistance with an urgent public health investigation.		
Duration of Data Collection:	3 weeks 9/18/2014		
Date Began: Date Ended:	10/7/2014		
Lead Investigator	10/1/2014		
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 (checon Methods)  Epidemiologic Study (in Descriptive Students)	ek all that apply) Indicate which type(s) below) Ity (describe): Study (describe): Escribe):		

Page 1 of 3 Form Updated: 9/4/2014

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):	
Total No. Responded (A):  Total No. Sampled/Eligible to Respond (B):  Response Rate (A/B):  100%	
Data Collection Instrument 2         Name of Data Collection Instrument:       Reuse and reprocessing checklist         Type of Respondent       Respondent	
☐ General public ☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff	
Other (describe):	
Data Collection Methods (check all that apply)  \[ \subseteq \text{Epidemiologic Study (indicate which type(s) below)} \]	
Descriptive Study (describe): Performed observations of dialysis facility practices	
Cross-sectional Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe): Laboratory Testing (describe): Other (describe): Other (describe):	
Data Collection Mode (check all that apply)	
<ul> <li>Survey Mode (indicate which mode(s) below):</li> <li>☐ Face-to-face Interview (describe):</li> <li>☐ Telephone Interview (describe):</li> <li>☐ Self-administered Paper-and-Pencil</li> </ul> Survey Mode (indicate which mode(s) below): Observed facility staff perform dialysis protocols and procedures ☐ Self-administered Paper-and-Pencil	

Page 2 of 3 Form Updated: 9/4/2014

Questionnaire (describe):	
Self-administered Internet Questionnaire (describe):	
Other (describe):	
☐ Medical Record Abstraction (describe):	
☐ Biological Specimen Sample	
	Collected swabs and water samples from 6 facilities
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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 3 of 3 Form Updated: 9/4/2014

GenIC No.:

EPI AID No. (if applicable):

Requesting entity (e.g., jurisdiction):

Title of Investigation:

2014018-XXX

2014-077

Colorado Department of Public Health and Environment (CDPHE)

Undetermined etiology, mode of transmission, and risk factors for pediatric cluster of neurologic symptoms following respiratory illness, Colorado, 2014

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.

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.

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.

Objectives of this mission were:

- 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.

One data collection tool was used (a medical chart abstraction form).

**Duration of Data Collection:** 

CIO/Division/Branch:

3 months 9/21/2014

Date Began: Date Ended:

12/21/2014

Lead Investigator

Drs. Dan Pastula and Negar Aliabadi

Name:

NCEZID/ADB and NCIRD/DVD

Page 1 of 3 Form Updated: 9/4/2014

Complete the following for <u>each</u> instruction instruction in the confection in the c	ıment used	during the investigation.	•	
Name of Data Collection Instrument:	Paralysis I	Medical Chart Abstraction	Form	
Type of Respondent				
	hcare staff	Laboratory staff	☐ Patients	Restaurant staff
Other (describe): Federal Staff				
Data Collection Methods (check all that	apply)			
Epidemiologic Study (indicate w	hich type(s)	below)		
Descriptive Study (descri	be):	This is a descriptive stud about clinical illness and neurologic illness in orde transmission.	potential exposu	ires associated with
Cross-sectional Study (de Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe): Case-Control Study (describe): Other (describe):	ribe):			
Data Collection Mode (check all that ap	ply)			
Survey Mode (indicate which mode)	(s) below):			
Face-to-face Interview (descri	ribe):			
Telephone Interview (describ	e):			
Self-administered Paper-a Questionnaire (describe):				
Self-administered Interne Questionnaire (describe):				
Other (describe):				
Medical Record Abstraction (des	sym	art abstraction of case-patient aptoms, signs, imaging resents.		•
☐ Biological Specimen Sample				
☐ Environmental Sample				
Other (describe):				
Response Rate (if applicable)				
Total No. Responded (A):	13	3 chart abstractions		
Total No. Sampled/Eligible to Response	ond (B): 13	3/13		
Response Rate (A/B):	10	00		

Page 2 of 3 Form Updated: 9/4/2014

#### 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)

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

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

Page 3 of 3 Form Updated: 9/4/2014

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 Pseudomonas aeruginosa infections and deaths among neonatal intensive care unit (NICU) patients — California, 2013-2014.				
Purpose of Investigation: (Use as much space as necessary)	Pseudomonas spp. are a type of bacteria found in the environment, including in water sources. Serious Pseudomonas 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 Pseudomonas aeruginosa cultures among patients in a neonatal intensive care unit (NICU) beginning in September 2013. Two infants died in November 2013 with P. aeruginosa bloodstream infections at which time the state was notified. Environmental cultures from water faucets in the NICU identified P. aeruginosa 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 P. aeruginosa 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 P. aeruginosa 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	10/05/2014				
· ·	Comp Diabing Vincery				
Name:	Cara Bicking Kinsey				
CIO/Division/Branch:	OPHSS/CSELS/EWB				
Complete the following for ea Data Collection Instrument 1	nch instrument used during the investigation.				
Name of Data Collection Instru	ument: Pseudomonas_Chart Abstraction Form				
Type of Respondent					
General public	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff				
Other (describe): Inve	estigator- Federal Staff; Electronic Medical Record				
_	<u> </u>				
Data Collection Methods (chec					
	ndicate which type(s) below)				
Descriptive Stud					
<u> </u>	Study (describe):				
Cohort Study (d	escribe):				
☐ Case-Control St	udy (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 Assessm					
Laboratory Testing (de					

Page 1 of 3 Form Updated: 9/4/2014

Uther (describe):	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s	s) below):
Face-to-face Interview (descri	· · · ·
Telephone Interview (describe	
Self-administered Paper-and-I	
Questionnaire (describe):	CHOI
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe	e): Electronic medical record
☐ Biological Specimen Sample	
☐ Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	1 (3 records abstracted by 1 federal staff investigator)
Total No. Sampled/Eligible to Respond (	(B): 1
Response Rate (A/B):	100%
Data Collection Instrument 2	
	adomonas Health Care Practices Audit Forms
Type of Respondent	
General public Healthcare	e staff
☐ Other (describe): Investigator- Federal Public Investigator- Federal Public Investigator- Investigator Inv	
Other (describe).	Tai Staii
Data Collection Methods (check all that app.	(ly)
Epidemiologic Study (indicate which	
T TEDIUCINOUSIC STUUV (IIIUICAIE WIIICII	type(s) below)
Descriptive Study (describe):	
☐ Descriptive Study (describe): ☐ Cross-sectional Study (describe)	
☐ Descriptive Study (describe): ☐ Cross-sectional Study (describe): ☐ Cohort Study (describe):	pe):
☐ Descriptive Study (describe): ☐ Cross-sectional Study (describe): ☐ Cohort Study (describe): ☐ Case-Control Study (describe)	pe):
☐ Descriptive Study (describe): ☐ Cross-sectional Study (describe): ☐ Cohort Study (describe): ☐ Case-Control Study (describe): ☐ Other (describe):	De):
Descriptive Study (describe):  Cross-sectional Study (describe):  Cohort Study (describe):  Case-Control Study (describe):  Other (describe):  Environmental Assessment (describe	De):
☐ Descriptive Study (describe): ☐ Cross-sectional Study (describe): ☐ Cohort Study (describe): ☐ Case-Control Study (describe): ☐ Other (describe):	De):
Descriptive Study (describe):  Cross-sectional Study (describe):  Cohort Study (describe):  Case-Control Study (describe):  Other (describe):  Environmental Assessment (describe):  Laboratory Testing (describe):  Other (describe):	be):
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)	De):
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(see	be):
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(secribe)):  Face-to-face Interview (describe)	be):
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(secribe)):  Face-to-face Interview (describe):  Telephone Interview (describe)	be):
Descriptive Study (describe):  Cross-sectional Study (describe):  Cohort Study (describe):  Case-Control Study (describe):  Other (describe):  Environmental Assessment (describe):  Laboratory Testing (describe):  Other (describe):  Other (describe):  Survey Mode (indicate which mode(some processed of the proces	be):
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(secribe)):  Face-to-face Interview (describe):  Telephone Interview (describe)	be):

Page 2 of 3 Form Updated: 9/4/2014

Other (describe):	
☐ Medical Record Abstraction (describe):	
☐ Biological Specimen Sample	
☐ Environmental Sample	
<del></del>	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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 3 of 3 Form Updated: 9/4/2014

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-levers 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 ear Data Collection Instrument 1 Name of Data Collection Instru Type of Respondent	instrument used during the investigation. iment: Topic Guide for Community Leaders Focus Group
☐ Other (describe):	Healthcare staff Laboratory staff Patients Restaurant staff
Data Collection Methods (chec	k all that apply)
Epidemiologic Study (i	ndicate which type(s) below)
Descriptive Study Cross-sectional Study (de Case-Control Stu Other (describe) Environmental Assessn Laboratory Testing (des	Study (describe): escribe): ady (describe): : nent (describe):
Data Collection Mode (check a	** **
Survey Mode (indicate	
<u> </u>	erview (describe):
Telephone Interv	
Self-administere Questionnaire (	d Paper-and-Pencil describe):

Page 1 of 5 Form Updated: 9/4/2014

☐ Self-administered Internet	Focus Group Discussion
Total No. Responded (A):	25
Total No. Sampled/Eligible to Respond (B):	25
Response Rate (A/B):	100%
Data Collection Instrument 2  Name of Data Collection Instrument: Topic C  Type of Respondent	Guide for Community Member Focus Group
☐ General public ☐ Healthcare started ☐ Healthcare ☐ Healthc	aff Laboratory staff Patients Restaurant staff
Other (describe).	
Data Collection Methods (check all that apply)  □ Epidemiologic Study (indicate which type □ Descriptive Study (describe): □ Cross-sectional 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) be	Rapid Anthropological Assessment
Face-to-face Interview (describe)	
Telephone Interview (describe):	
Self-administered Paper-and-Peno Questionnaire (describe):	cil
Self-administered Internet Questionnaire (describe):	
Other (describe):	
☐ Medical Record Abstraction (describe):	
<ul><li>☐ Biological Specimen Sample</li><li>☐ Environmental Sample</li></ul>	
	Focus Group Discussion
Response Rate (if applicable)	
Total No. Responded (A):	47

Page 2 of 5 Form Updated: 9/4/2014

Total No. Sampled/Eligible to Respond (B): 47
Response Rate (A/B):
Data Collection Instrument 3
Name of Data Collection Instrument: Topic Guide for Contact Tracer Focus Group
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe): Persons who conduct tracing of Ebola contacts
Data Collection Methoda (abook all that apply)
Data Collection Methods (check all that apply)  Fridamiologie Study (indicate which type(s) below)
☐ Epidemiologic Study (indicate which type(s) below) ☐ Descriptive Study (describe):
Cross-sectional Study (describe):
Cohort Study (describe):
Conort Study (describe):
Other (describe):
Environmental Assessment (describe):
Laboratory Testing (describe):
☐ Laboratory Testing (describe).  ☐ Other (describe):  Rapid Anthropological Assessment
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): Focus Group Discussion
Response Rate (if applicable)
Total No. Responded (A):  3
Total No. Sampled/Eligible to Respond (B): 5
Response Rate (A/B):  60%
response rate (14 b).
Data Collection Instrument 4
Name of Data Collection Instrument: Topic Guide for Supervisors of Contact Tracers Key Informant Interviews
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe): Persons who supervises contact tracers

Page 3 of 5 Form Updated: 9/4/2014

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):	
	apid Anthropological Assessment
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	ow):
☐ 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):	ey Informant Interview (non-survey mode)
Response Rate (if applicable)	
Total No. Responded (A):	2
	2
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)

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

Page 4 of 5 Form Updated: 9/4/2014

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **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

Page 5 of 5 Form Updated: 9/4/2014

GenIC No.:

EPI AID No. (if applicable):

Requesting entity (e.g., jurisdiction):

Title of Investigation:

Purpose of Investigation: (Use as much space as necessary)

2014020-XXX

Sierra Leone Ministry of Health

Formative Research on Burial Practices in Sierra Leone

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.

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.

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.

In August, the World Health Organization declared the EVD outbreak an international public health emergency. Persistence and magnitude of the outbreak necessitates highlevel, 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.

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.

Duration of Data Collection:

Date Began:

10/13/2014

Date Ended:

11/1/2014

Page 1 of 3 Form Updated: 9/4/2014

<u>ich</u> instrument	used during the	investigation.		
ıment: Ebola	_Burial Practices	Focus Group Guide		
☐ Healthcare s	taff \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ratory staff P	atients $\square$ R	Restaurant staff
		interfy starr		Startuit Starr
k all that apply)				
ndicate which ty	pe(s) below)			
ly (describe):				
Study (describe)	:			
escribe):				
udy (describe):				
:	Knowledge	e, attitude and practic	e qualitative stud	y
nent (describe):				
scribe):				
erview (describe): d Paper-and-Perdescribe): d Internet describe): : ction (describe):	Focus groumoderator	•	attendees per gro	up) lead by trained
ample				
	373			
e to Respond (B)	): 373			
	100			
en table. Each	data collection ir	strument should be	e included as a se	eparate row.
		7 7)		
Type of	ndent types if need	ded)		
	Healthcare s  k all that apply) Indicate which ty y (describe): Study (describe): Indy (des	Healthcare staff	Healthcare staff  Laboratory staff  P  k all that apply) indicate which type(s) below) y (describe): Study (describe): escribe): independent (describe): independent (describe	Healthcare staff

Page 2 of 3 Form Updated: 9/4/2014

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **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

Page 3 of 3 Form Updated: 9/4/2014

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
• =	nch instrument used during the investigation.
Data Collection Instrument 1	
Name of Data Collection Instri	<i>ment:</i> Healthcare Worker - Ebola Virus Disease Exposure Risk Report (CDC/WHO)
Type of Respondent	
X General public	X Healthcare staff
Other (describe):	
Data Collection Methods (chec	k all that apply)
·	adicate which type(s) below)
Descriptive Stud	• • • • • • • • • • • • • • • • • • • •
<u> </u>	Study (describe):
Cohort Study (de	
Case-Control St	
X Other (describe)	
Environmental Assessn	
Laboratory Testing (des	
Other (describe):	
outer (desertee).	
Data Collection Mode (check a	all that apply)
X Survey Mode (indicate)	
X Face-to-face Into	
X Telephone Inter	
	d Paper-and-Pencil
Questionnaire (	•
Self-administere	ed Internet
Questionnaire (	
Other (describe)	
Medical Record Abstra	
Biological Specimen Sa	ımple
☐ Environmental Sample	
Other (describe):	

Page 1 of 2 Form Updated: 9/4/2014

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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 2 of 2 Form Updated: 9/4/2014

GenIC No.:

EPI AID No. (if applicable):

Requesting entity (e.g., jurisdiction):

Title of Investigation:

Purpose of Investigation: (Use as much space as necessary)

2014022-XXX

2015-002

Texas Department of Health Services

Investigation of Ebola Virus Disease – Ohio, October 2014

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.

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.

Soon after the nurse returned to Dallas, however, she developed a fever of 100.5° 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 *Ebola virus* 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.

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.

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  $\underline{each}$  instrument used during the investigation.

**Data Collection Instrument 1** 

Name of Data Collection Instrument:

Ebola Virus Disease Contact Tracing Form

Page 1 of 6 Form Updated: 9/4/2014

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):	
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 Passenge	rs
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):	

Page 2 of 6 Form Updated: 9/4/2014

X Other (describe):	Data was collected for airline passenger contact risk assessment
Environmental Assessment (describe):	
Laboratory Testing (describe):	
Other (describe):	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	v):
Face-to-face Interview (describe):	
X Telephone Interview (describe):	Questionnaires were administered over the phone to all airline passengers on the two flights 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):	
Total No. Sampled/Eligible to Respond (B):	
Response Rate (A/B):	00%
Data Collection Instrument 3	
	ore Visitor Questionnaire
Type of Respondent	
General public Healthcare staff	Laboratory staff Patients Restaurant staff
	r potential community contacts of a confirmed Ebola case-patient
The questionnaire was to	potential community contacts of a commined Boola case patient
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type(s)	) helow)
Descriptive Study (describe):	( delow)
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	
•	a was collected for community contact risk assessment
	•
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	v):
Dean to fone Interview (describe).	
☐ Face-to-face Interview (describe):	

Page 3 of 6 Form Updated: 9/4/2014

X 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):	6
Total No. Sampled/Eligible to Respond (B): 5	6
Response Rate (A/B):	00%
D-4- C-11-4 In-4 4.4	
Data Collection Instrument 4 Name of Data Collection Instrument: Daily Con	tact Symptom Follow-up Log
Type of Respondent	tact Symptom Ponow-up Log
General public Healthcare staff	Laboratory staff Patients Restaurant staff
X Other (describe): Daily symptom check for	r all Tier 1, 2A, and 2B contacts of a confirmed Ebola case-patient
Data Collection Methods (check all that apply)	
_	) h alaur)
Epidemiologic Study (indicate which type(s	) below)
<ul><li>Descriptive Study (describe):</li><li>Cross-sectional Study (describe):</li></ul>	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	
	ly temperature and symptom checks for all contacts classified in
	higher risk groups
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	v):
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
Calf administrand Demand D. 11	done over the phone
Self-administered Paper-and-Pencil Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	

Page 4 of 6 Form Updated: 9/4/2014

<ul> <li>☐ Medical Record Abstraction (describe):</li> <li>☐ Biological Specimen Sample</li> <li>☐ Environmental Sample</li> <li>☐ Other (describe):</li> </ul>	
Response Rate (if applicable) Total No. Responded (A):	113
Total No. Sampled/Eligible to Respond (B): Response Rate (A/B):	113 100%
-	
Data Collection Instrument 5  Name of Data Collection Instrument: Domest	ic Animal Questionnaire for Contacts under Active Monitoring
Type of Respondent	to runnar Questionnaire for contacts under retive Womtoring
General public Healthcare state	ff
	Cier 1 and 2A contacts of a confirmed Ebola case-patient that lived with
domestic animals	Taile 277 contacts of a commined Loola case patient that fived with
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type	e(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 tool for higher risk contacts that owned domestic animals
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) bel	low):
X Face-to-face Interview (describe):	Questionnaires were administered in person if higher risk contact
Tir dee to race interview (describe).	informed contact tracers that they own or live with a domestic animal
Telephone Interview (describe):	
Self-administered Paper-and-Penci Questionnaire (describe):	1
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):	5

Page 5 of 6 Form Updated: 9/4/2014

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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 6 of 6 Form Updated: 9/4/2014

	(0)20 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)	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 26 <sup>th</sup> , 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 28 <sup>th</sup> , 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.  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.			
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 <u>ea</u> Data Collection Instrument 1	ach instrument used during the investigation.			
Name of Data Collection Instri	ument: Ebola Virus Disease Contact Questionnaire			
Type of Respondent				
☐ General public	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff			
	questionnaire was for potential community contacts of a confirmed Ebola case-patient			
Data Collection Methods (chec	ek all that apply)			

Page 1 of 7 Form Updated: 9/4/2014

☐ Epidemiologic Study (indicate which type ☐ 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) be	elow):
X Face-to-face Interview (describe):	Questionnaires were administered in person
Telephone Interview (describe):	
Self-administered Paper-and-Pend	cil
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
<ul><li>☐ Medical Record Abstraction (describe):</li><li>☐ Biological Specimen Sample</li></ul>	
☐ Environmental Sample	
Other (describe):	
United (describe).	
Response Rate (if applicable)	
Total No. Responded (A):	45
Total No. Sampled/Eligible to Respond (B):	
Response Rate (A/B):	100%
•	
<b>Data Collection Instrument 2</b>	
Name of Data Collection Instrument: Ebola	Virus Disease Contact Questionnaire (Revised)
Type of Respondent	
☐ General public ☐ Healthcare sta	aff Laboratory staff Patients Restaurant staff
	as for potential community contacts of a confirmed Ebola case-patient
. ,	1
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type	ne(s) helow)
Descriptive Study (describe):	(5) 661611)
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
X Other (describe):	Data was collected for community contact risk assessment
12 Sansa (Sessence).	(revised in the Field)
Environmental Assessment (describe):	
Laboratory Testing (describe):	
Other (describe):	

Page 2 of 7 Form Updated: 9/4/2014

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):	
Total No. Sampled/Eligible to Respond (B): 6	
	00%
Data Callastian Instrument 2	
Data Collection Instrument 3	Disease Cose Contact Questionnein (Initial)
	s Disease Case Contact Questionnaire (Initial)
Type of Respondent	
General public Healthcare staff	☐ Laboratory staff ☐ Patients ☐ Restaurant staff
X Other (describe): The questionnaire was for	r 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):	a 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
I ace to face interview (describe).	1
Telephone Interview (describe):	
Self-administered Paper-and-Pencil	
Questionnaire (describe):	
Self-administered Internet	

Page 3 of 7 Form Updated: 9/4/2014

Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	35
Total No. Sampled/Eligible to Respond (B):	35
Response Rate (A/B):	100%
Data Collection Instrument 4	
	re Worker Interview Form 10/11/2014 (Interactions since 30
Septemb	· ·
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	s) below)
Descriptive Study (describe):	
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	
	-interview forms for healthcare workers with ongoing exposure to tient 1 and with new exposures to patient 2 and 3.
pa	hent I and with new exposures to patient 2 and 3.
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) belo	$\mathbf{w}$ ).
Face-to-face Interview (describe):	Re-interview forms for healthcare workers with ongoing exposure to
I acc-to-face interview (describe).	patient 1 and with new exposures to patient 2 and 3.
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):	282

Page 4 of 7 Form Updated: 9/4/2014

Total No. Sampled/Eligible to Respo	ond (B): 282
Response Rate (A/B):	100%
D . C	
<b>Data Collection Instrument 5</b> <i>Name of Data Collection Instrument:</i>	Health Care worker Supplemental Interview Form
Type of Respondent	Treatur Care worker Supplemental interview Form
☐ General public ☐ Healt	hcare staff
	e for all healthcare workers who had direct patient contact or environmental
exposures (Pa	atient 1, 2, 3)
Data Collection Methods (check all that	apply)
Epidemiologic Study (indicate w	
Descriptive Study (descri	
Cross-sectional Study (de	
Cohort Study (describe):	
Case-Control Study (desc	ribe):
Other (describe):	
Environmental Assessment (desc	eribe):
Laboratory Testing (describe):	
X Other (describe):	Questionnaires were administered to all healthcare workers who were
, ,	involved with direct patient care or had potential exposures to
	contaminated surfaces (Patient 1, 2, 3)
Data Collection Mode (check all that ap	ply)
Survey Mode (indicate which mo	· ·
X Face-to-face Interview (de	
	were involved with direct patient care or had potential exposures to
Telephone Interview (descri	contaminated surfaces (Patient 1, 2, 3)
Self-administered Paper-a	
Questionnaire (describe):	
Self-administered Interne	
Questionnaire (describe):	
Other (describe):	
☐ Medical Record Abstraction (des	scribe):
☐ Biological Specimen Sample	
☐ Environmental Sample	
Other (describe):	
Pasnonsa Pata (if applicable)	
Response Rate (if applicable) Total No. Responded (A):	282
Total No. Sampled/Eligible to Responded	
Response Rate (A/B):	100%
response ruic (1911).	100/0
<b>Data Collection Instrument 6</b>	
Name of Data Collection Instrument:	21-day fever and symptom follow-up form for contacts of probable or
	confirmed Ebola patients

Page 5 of 7 Form Updated: 9/4/2014

Type of Respondent					
General public	Healthcare s	staff Labo	ratory staff P	Patients	Restaurant staff
X Other (describe): Daily temperature and symptom checks for all contacts classified with high risk, some risk, and					
no l	known exposure	groups (higher ris	sk, lower risk, and le	ast risk)	
Data Collection Methods (ched	ck all that apply)	)			
Epidemiologic Study (	-	ype(s) below)			
Descriptive Stud	•				
<u> </u>	Study (describe)	):			
Cohort Study (d	•				
Case-Control St Other (describe)	• .				
Environmental Assessr					
Laboratory Testing (de	,				
X Other (describe):	scribe).	Daily temperatu	re and symptom che	cks for all contac	ts classified with
A Other (describe).			risk, and no known e		
		lower risk, and		1 6 1	
Data Collection Mode (check o					
Survey Mode (indicate		·	4 11 ' 1 (1 '	1 1	1
X Face-to-face Inte	rview (describe)		4 all risk groups (high istered the question)		
			lephone (active moni		nice daily and once
X Telephone Interv	view (describe):			<u> </u>	
Self-administer	ed Paper-and-Per	ncil			
Questionnaire (	` '				
Self-administer					
Questionnaire (					
Other (describe)  Medical Record Abstra					
☐ Biological Specimen S	•	•			
Environmental Sample	•				
Other (describe):					
other (describe).					
Response Rate (if applicable)					
Total No. Responded (A):		179			
Total No. Sampled/Eligibl	e to Respond (B)				
Response Rate (A/B):		100%			
(Additional Data Collection l	Instrument sect	ions may be add	ed if necessary )		
(Auditional Data Concetion I	instrument seet	ions may be aud	ed ii necessai y.)		
Complete the following burd	en table. Each	data collection in	nstrument should be	e included as a s	eparate row.
Burden Table (insert rows for	иааннопан respo	ndent types if nee No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*

Page 6 of 7 Form Updated: 9/4/2014

FI 1 W. D. C.	CI	4.5	1	15	10.1
Ebola Virus Disease Contact	Close	45	1	15 min	12 hrs
Questionnaire	community				
	contact				
Ebola Virus Disease Contact	Close	6	1	15 min	2 hrs
Questionnaire (Revised)	community				
	contact				
Ebola Virus Disease Case	Healthcare	85	1	15 min	22 hrs
Contact Questionnaire	Worker				
(Initial)	Contact				
Healthcare Worker	Health care	282	1	5 min	24 hrs
Interview Form	worker				
10/11/2014 (Interactions	contact				
since 30 September 2014)					
Health Care worker	Health care	282	1	5 min	24 hours
Supplemental Interview	worker				
Form	contact				
21-day fever and symptom	All high,	179	1	5	15 hours
follow-up form for	some, and				
contacts of probable or	no-known				
confirmed Ebola patients	exposure				
230ia patients	contact risk				
	groups				

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **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

Page 7 of 7 Form Updated: 9/4/2014

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)	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:  1. Review existing data to accomplish the following:  a. Clarify case definitions of suspect, probable, and confirmed.  b. Identify any recent modifications to the surveillance system including changes in laboratory assays used.  c. Describe the characteristics and clinical presentation of each case.  d. Investigate and identify known risk factors for each case.  e. Identify the laboratory testing, if any, performed for each case.  f. Determine the mode of transmission of CCHF in these case-patients.  g. Link existing animal, entomologic, and human epidemiologic and serologic data.  2: Conduct a field investigation to accomplish the following:  a. Assess knowledge, attitudes, and practices (KAP) related to CCHF in the affected regions to identify risk factors for infection.  b. Identify cases of CCHF infection and determine the scope of the outbreak among at-risk populations in the affected region.  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				
Duration of Data Collection:	risk and transmission.				
	10/6/14				
Date Began:					
Date Ended:	10/22/14				
Lead Investigator					
Name:	Ashley Greiner				
CIO/Division/Branch:	CGH/DGHP/GDD				
Complete the following for ea Data Collection Instrument 1	nch instrument used during the investigation.				
Name of Data Collection Instru	<i>ment:</i> CCF_Knowledge, Attitudes and Practices (KAP) Survey				
Type of Respondent					
☐ General public	☐ Healthcare staff ☐ Laboratory staff ☐ Patients ☐ Restaurant staff				
_	pondents of the field investigation will be residents of villages with at least one reported HF case in 2014.				
Data Collection Methods (chec	ek all that apply)				
`					
<u> </u>	ndicate which type(s) below)				
Descriptive Stud					
Cross-sectional S	Study (describe): Field investigation was conducted in those regions with positive				

Page 1 of 4 Form Updated: 9/4/2014

☐ 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.
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
☐ Laboratory Testing (describe):	A 10 ml whole blood sample was obtained and sent for CCHF
Laboratory Testing (describe).	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.
Other (describe):	
Data Collection Mode (check all that apply)  Survey Mode (indicate which mode(s) b  Face-to-face Interview (describe)  Telephone Interview (describe):  Self-administered Paper-and-Pen Questionnaire (describe):  Self-administered Internet Questionnaire (describe):  Other (describe):  Medical Record Abstraction (describe):  Biological Specimen Sample  Environmental Sample	Survey administered by face-to-face interview.  cil
Other (describe):  Response Rate (if applicable)  Total No. Responded (A):  Total No. Sampled/Eligible to Respond (B)  Response Rate (A/B):	651 658 0.989
Data Callestian I. 4	
Data Collection Instrument 2	Coop Investigation Overtions sine
	Case Investigation Questionnaire
Type of Respondent	

Page 2 of 4 Form Updated: 9/4/2014

☐ General public ☐ Other (describe):	Healthcare staff 2014 CCHF Case-Patients	Laboratory staff	☐ Patients	Restaurant staff
Other (describe):	2014 CCHF Case-Patients	5		
Data Collection Methods	(check all that apply)			
Epidemiologic Stu	idy (indicate which type(s)	below)		
□ Descriptive     □	e Study (describe):	A chart review was per the extraction of pertine laboratory results from surveillance system (E federal employee.	ent clinical infor the NCDC elec	mation and ctronic disease
Cross-section	onal Study (describe):			
Cohort Stud	dy (describe):			
Case-Contr	rol Study (describe):			
Other (desc	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	sessment (describe):			
Laboratory Testing	g (describe):			
Other (describe):				
Data Collection Mode (ch	nock all that apply)			
·		۸.		
	icate which mode(s) below) te Interview (describe):	):		
<u>=</u>	Interview (describe):			
<u> </u>	istered Paper-and-Pencil			
	aire (describe):			
-	istered Internet			
Questionna	aire (describe):			
Other (desc	cribe):			
Medical Record A	bstraction (describe):			
Biological Specim	•			
Environmental Sar	mple			
Response Rate (if applical	$bl_a$ )			
Total No. Responded				
*	igible to Respond (B):			
Response Rate (A/B):	· · ·	0%		
	10			

### 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)

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

Page 3 of 4 Form Updated: 9/4/2014

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

### **EEI Information Collection Request Liaison**:

Deaton@cdc.gov

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

Page 4 of 4 Form Updated: 9/4/2014

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,

Purpose of Investigation: (Use as much space as necessary)

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.

#### Epi-Aid objectives:

- 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.

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.

**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 <u>each</u> instrument used during the investigation.

#### **Data Collection Instrument 1**

Name of Data Collection Instrument:

Suicide\_Interview Guide

Type of Respondent

Page 1 of 4 Form Updated: 9/4/2014

General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff	
Other (describe):					
Data Collection Methods (	check all that apply)				
	dy (indicate which type(s)	helow)			
— · <u> </u>	Study (describe):	Interviews and focus gro	un data will be u	sed to identify school-	
⊠ Besemptive	Study (describe).	and community-level risk youth suicide and suicide	k and protective		
Cross section	onal Study (describe):	youth suicide and suicide	e dellaviors.		
<u> </u>	ly (describe):				
	ol Study (describe):				
Other (descr	• .				
	essment (describe):				
<u>=</u>	` '				
Laboratory Testing	(describe):				
Other (describe):					
Data Collection Mode (che	eck all that apply)				
Survey Mode (indi	cate which mode(s) below	y):			
	e Interview (describe):				
<u>=</u>	nterview (describe):				
<u> </u>	stered Paper-and-Pencil				
	ire (describe):				
Self-admini	stered Internet				
Questionna	ire (describe):				
Other (descr	ribe):				
☐ Medical Record Al	ostraction (describe):				
☐ Biological Specime	en Sample				
☐ Environmental San	nple				
Other (describe):					
_					
Response Rate (if applicab	le)				
Total No. Responded (	(A):	3			
Total No. Sampled/Eligible to Respond (B): 18					
Response Rate (A/B):	10	00			
	. •				
Data Collection Instrume					
Name of Data Collection I	nstrument: Parent focus	s 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-					
Z 2 coefficient		and community-level rish	•		
		youth suicide and suicide	e behaviors.		

Page 2 of 4 Form Updated: 9/4/2014

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): Focus gro	ups with parents
Response Rate (if applicable)	
Total No. Responded (A):	
	enominator information not available
Response Rate $(A/B)$ : $NA - de$	enominator information not available

### 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)

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

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 (<a href="mailto:dhe0@cdc.gov">dhe0@cdc.gov</a>).

#### **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

Page 3 of 4 Form Updated: 9/4/2014

Office: 404.498.6389 Deaton@cdc.gov

Page 4 of 4 Form Updated: 9/4/2014