

Comments from Association of State and Territorial Health Officials (ASTHO) Regarding Daily and Weekly Reports for Active and Direct-Active Monitoring of Person Who Have Risk of Ebola Exposure (January 29, 2015)

Request for comments on:	ASTHO Staff-level Rapid Review	OPHPR response
Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility;	Based on the “high” and “some” risk categories, data collection was necessary, appropriate, and practical in helping identify travelers/patients that may develop Ebola and potentially need advanced treatment and containment.	
The accuracy of the agency’s estimate of the burden of the proposed collection of information	The agency’s estimate of burden was limited to the collection of information only. It did not include the burden of SLHD staff to make in-person visits to conduct assessments and collect information for DAM or the burden of active monitoring of a significantly large number of persons (HCW, travelers, etc.) under AM for 21 consecutive days.	This is correct. The estimates of burden are solely for the data collection (reporting of monitoring) and not for the separate monitoring activities of persons at exposure-risk.
Ways to enhance the quality, utility, and clarity of the information to be collected	<p>-Electronic data collection through a prepopulated Excel spreadsheet for daily reporting was appropriate under the circumstances. Being able to use tools that SLHDs were familiar with and could be improved easily if necessary relieved burden.</p> <p>-Weekly reporting of aggregate, de-identified data reduced burden. Additionally, use of the Countermeasure Response & Administration (CRA) System for weekly reporting was appropriate. The 62 jurisdictions were already familiar with the system and were not required to learn new systems or processes of reporting.</p>	
Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology	Communication through Epi-X and existing systems used by SLHDs also relieved the burden of learning a new system or new way of communicating with CDC. Conducting the pilot test with some of the jurisdictions that would likely see more travelers was an effective mechanism for estimating burden of data collection. Alternatives technologies and data sharing platforms that may provide more effective and efficient data transfer should be explored for use during future events requiring this type of public health activity.	We hope to further develop CRA modules for use during future similar public health activities

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<p>Estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information</p>	<p>Estimates of operation, maintenance, and purchase of services must take into account the potential number of respondents and the length of time each respondent will be followed (21 day period). The aforementioned considerations are less important in a mild outbreak, however in a severe outbreak, the burden increases</p> <p>-Additionally, the time between notification of DAM/AM and the start of data collection was very short for most of the jurisdictions. Often SLHDs need time to mount a significant data collection effort that will be most effective as possible in relation to costs, maintenance, and operation. The burden and cost to starting up the data collection so quickly may not be captured in this agency's estimate.</p>	<p>-Estimates of burden presented here are based on a predicted average. We recognize and have attempted to account for variations in number of travelers in different seasons and potential for risk categorization. The vast majority of travelers will be in the low risk category; since this information is reported in aggregate format, a large increase in travelers should not greatly increase the reporting burden (although it would increase the burden of the monitoring, itself).</p> <p>-We recognize that the need for rapid implementation of this data collection was a burden on all involved. However, it was critical that states monitor and report status on persons returning to the US from heavily-impacted countries to ensure rapid identification and minimize spread of EVD in the US.</p>