|  |  |
| --- | --- |
| GenIC No.: | 2014007\_059 |
| EPI AID No. (if applicable): | 2014-059 |
| Requesting entity (e.g., jurisdiction): | US Virgin Islands Department of Health |
| Title of Investigation: | Undetermined risk factors for chikungunya virus infections—US Virgin Islands, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | Suspected chikungunya case reported to the USVI Department of Health were contacted by telephone and invited to participate in the follow-up investigation to assess the potential impact of the disease (morbidity). At least three attempts were made to contact case-patients. If they could not be reached after three attempts, the case-patient was considered a non-responder. For several case-patients without working telephone numbers, a site visit was made to their last known residence. Once consent was obtained, case-patients or their parents (for children <12 years) were interviewed about: household contacts with similar illness, joint symptoms, whether the case was hospitalized or needed subsequent medical care for their illness, and if the case (or parent) missed any work or were unable to perform their usual activities due to their illness. |
| Duration of Data Collection: |  |
| Date Began: | 6/16/2014 |
| Date Ended: | 9/10/2014 |
| Lead Investigator |  |
| Name: | Dan Pastula |
| CIO/Division/Branch: | NCEZID/DVBD/ADB |

**Complete the following for each instrument used during the investigation.**

**Data Collection Instrument 1**

|  |  |
| --- | --- |
| *Name of Data Collection Instrument:* | Dengue and Chikungunya\_Case Report Form |

*Type of Respondent*

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

*Data Collection Methods (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Epidemiologic Study (indicate which type(s) below) | | |  |
| Descriptive Study (describe): | |  | |
| Cross-sectional Study (describe): | |  | |
| Cohort Study (describe): | |  | |
| Case-Control Study (describe): | |  | |
| Other (describe): | |  | |
| Environmental Assessment (describe): |  | | |
| Laboratory Testing (describe): |  | | |
| Other (describe): | Data were collected through routine surveillance. | | |

*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): | | Respondents completed Case Investigation Report-Dengue form. | |
| 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): | 100 |
| Total No. Sampled/Eligible to Respond (B): | 100 |
| Response Rate (A/B): | 100% |

**Data Collection Instrument 2**

|  |  |
| --- | --- |
| *Name of Data Collection Instrument:* | Chikungunya\_Suspect Case Interview Form |

*Type of Respondent*

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

*Data Collection Methods (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Epidemiologic Study (indicate which type(s) below) | | |  |
| Descriptive Study (describe): | |  | |
| Cross-sectional Study (describe): | |  | |
| Cohort Study (describe): | |  | |
| Case-Control Study (describe): | |  | |
| Other (describe): | |  | |
| Environmental Assessment (describe): |  | | |
| Laboratory Testing (describe): |  | | |
| Other (describe): | Interview with suspect case patients to determine the extent of symptoms they were experiencing related to their illness. | | |

*Data Collection Mode (check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Survey Mode (indicate which mode(s) below): | | |  |
| Face-to-face Interview (describe): | | Interviews with suspected case patients were conducted face-to-face or by telephone. | |
| Telephone Interview (describe): | | Interviews with suspected case patients were conducted face-to-face or by telephone. | |
| 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): | 62 |
| Total No. Sampled/Eligible to Respond (B): | 146 |
| Response Rate (A/B): | 42% |

**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\* |
| Dengue and Chikungunya\_Case Report Form | Health care providers and laboratory staff | 100 | 1 | 5 | 9 |
| Chikungunya\_Suspect Case Interview Form | Patients | 62 | 1 | 10 | 11 |
|  |  |  |  |  |  |

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](mailto: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