

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

| | |
|--|---|
| GenIC No.: | 2014010-063 |
| EPI AID No. (if applicable): | 2014-063 |
| Requesting entity (e.g., jurisdiction): | World Health Organization |
| Title of Investigation: | Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak—Guinea, 2014 |
| Purpose of Investigation: (Use as much space as necessary) | The investigation followed a case series study design, where case report forms (see Appendix 1) were collected for every patient meeting the suspect case definition criteria. Forms were collected through interview of patients or family members if patients have died or are infants, in either French or the local language. Relevant clinical data, including the patient's date of onset, date of death, hospitalization and funeral information, and contacts that the patient had prior to developing illness all are collected, in an effort to determine the risk factors that led to this patient's infection. If diagnostic testing confirms that this patient has EVD, a separate contact tracing form (see Appendix 2) is completed to collect information of people who had direct unprotected contact with the patient while they were ill and prior to treatment in a facility with barrier nursing. These contacts were then followed daily for onset of fever and other EVD symptoms, and were investigated as cases and treated under barrier nursing precautions if they develop illness. |
| Duration of Data Collection: | 90 days |
| Date Began: | 6/27/2014 |
| Date Ended: | 9/25/2014 |
| Lead Investigator | |
| Name: | Barbara Knust |
| CIO/Division/Branch: | NCEZID/DHCPP |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Ebola_Case Investigation Form

Type of Respondent

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

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe): The investigation followed a case series study design, where case report forms were collected for every patient meeting the suspect case definition criteria.
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe):
 Laboratory Testing (describe): When possible, diagnostic testing was used to confirm Ebola virus infection or rule out infection. Laboratory testing was not performed by CDC personnel, but laboratory results were recorded.
 Other (describe):

Data Collection Mode (check all that apply)

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

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| | |
|---|--|
| <input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input checked="" type="checkbox"/> Medical Record Abstraction (describe): | Hospital records were used to collect relevant clinical information in the case report form |
| <input checked="" type="checkbox"/> Biological Specimen Sample | Blood or oral swab specimens were collected from patients to confirm or rule out Ebola virus infection. Laboratory testing were not be performed by CDC personnel, but laboratory results were recorded. |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--|------|
| Total No. Responded (A): | 1200 |
| Total No. Sampled/Eligible to Respond (B): | 1200 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 2

Name of Data Collection Instrument: Ebola_Contract Tracing Form

Type of Respondent

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

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

| | |
|---|--|
| <input checked="" type="checkbox"/> Descriptive Study (describe): | Contacts of confirmed Ebola case-patients were identified and information about their location and type of contact was gathered. |
| <input type="checkbox"/> Cross-sectional Study (describe): | |
| <input type="checkbox"/> Cohort Study (describe): | |
| <input type="checkbox"/> Case-Control Study (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Environmental Assessment (describe): | |
| <input type="checkbox"/> Laboratory Testing (describe): | |
| <input type="checkbox"/> Other (describe): | |

Data Collection Mode (check all that apply)

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

| | |
|---|--|
| <input type="checkbox"/> Face-to-face Interview (describe): | |
| <input type="checkbox"/> Telephone Interview (describe): | |
| <input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe): | |
| <input type="checkbox"/> Self-administered Internet Questionnaire (describe): | |
| <input type="checkbox"/> Other (describe): | |
| <input type="checkbox"/> Medical Record Abstraction (describe): | |
| <input type="checkbox"/> Biological Specimen Sample | |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

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Response Rate (if applicable)

| | |
|--|------|
| Total No. Responded (A): | 406 |
| Total No. Sampled/Eligible to Respond (B): | 406 |
| Response Rate (A/B): | 100% |

Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table (insert rows for additional respondent types if needed)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden in Hours (A x B x C)/60* |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Ebola_Case Investigation Form | General Public | 1200 | 1 | 25 | 500 |
| Ebola_Contract Tracing Form | General Public | 406 | 1 | 3 | 21 |
| | | | | | |

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