

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

GenIC No.:	2014012-066
EPI AID No. (if applicable):	2014-066
Requesting entity (e.g., jurisdiction):	Office of Refugee Resettlement
Title of Investigation:	Undetermined agent and risk factors in a cluster of respiratory illnesses among unaccompanied alien children housed at a temporary shelter—California, 2014
Purpose of Investigation: (Use as much space as necessary)	An urgent investigation is needed to determine the scope of the outbreak, identify predisposing factors and other risk factors for these respiratory illnesses, to determine the primary agent of the outbreak, and to implement appropriate measures to control and limit respiratory illnesses in this vulnerable population.
Duration of Data Collection:	14 days
Date Began:	July 13, 2014
Date Ended:	July 26, 2014
Lead Investigator	
Name:	Steve Waterman
CIO/Division/Branch:	DGMQ/NCEZID

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

**Data Collection Instrument 1**

Name of Data Collection Instrument:

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 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):

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<input type="checkbox"/> Biological Specimen Sample	
<input type="checkbox"/> Environmental Sample	
<input type="checkbox"/> Other (describe):	

*Response Rate (if applicable)*

Total No. Responded (A):	32
Total No. Sampled/Eligible to Respond (B):	72
Response Rate (A/B):	44.4%

**Data Collection Instrument 2**

Name of Data Collection Instrument: **Respiratory Illness\_Hospitalized 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)

<input checked="" type="checkbox"/> Descriptive Study (describe):	We reviewed medical records of hospitalized UC.
<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 checked="" type="checkbox"/> Medical Record Abstraction (describe):	For hospitalized UC, inpatient medical charts were reviewed, and data was abstracted to complete the form.
<input type="checkbox"/> Biological Specimen Sample	
<input type="checkbox"/> Environmental Sample	
<input type="checkbox"/> Other (describe):	

*Response Rate (if applicable)*

Total No. Responded (A):	8
Total No. Sampled/Eligible to Respond (B):	8
Response Rate (A/B):	100%

**Data Collection Instrument 3**

Name of Data Collection Instrument: **Respiratory Illness\_Interview Assent Form**

*Type of Respondent*

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<input type="checkbox"/> General public	<input type="checkbox"/> Healthcare staff	<input type="checkbox"/> Laboratory staff	<input checked="" type="checkbox"/> Patients	<input type="checkbox"/> Restaurant staff
<input type="checkbox"/> Other (describe): <span style="background-color: #cccccc; display: inline-block; width: 600px; height: 15px;"></span>				

*Data Collection Methods (check all that apply)*

<input checked="" type="checkbox"/> Epidemiologic Study (indicate which type(s) below)	
<input checked="" type="checkbox"/> 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. This same form was also used to document verbal consent/assent for asymptomatic UC that were available for pneumococcal carriage swab.
<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 checked="" type="checkbox"/> Laboratory Testing (describe):	This was conducted to evaluate potential etiologies in children with acute lower respiratory infection and/or influenza-like illness as well as to estimate the prevalence of <i>Streptococcus pneumoniae</i> carriage in UC at the shelter.
<input type="checkbox"/> Other (describe):	

*Data Collection Mode (check all that apply)*

<input checked="" type="checkbox"/> Survey Mode (indicate which mode(s) below):	
<input checked="" type="checkbox"/> Face-to-face Interview (describe):	A personal interview was conducted to receive consent/assent.
<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 checked="" type="checkbox"/> Biological Specimen Sample	For each assenting child with influenza-like illness, 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. For asymptomatic UC residing at the shelter on July 18, 2014, these children were invited to participate in the pneumococcal carriage study. A trained clinic staff member inserted a flexible wire Rayon-tipped swab to the posterior pharynx and collected the nasopharyngeal specimen to evaluate for <i>Streptococcus pneumoniae</i> carriage. The swabs were processed and transported to CDC for pneumococcal isolation and serotyping.
<input type="checkbox"/> Environmental Sample	
<input type="checkbox"/> Other (describe):	

*Response Rate (if applicable)*

Total No. Responded (A):	For ILI: 27; For pneumococcal carriage: 380
Total No. Sampled/Eligible to Respond (B):	For ILI: 72; For pneumococcal carriage: 357
Response Rate (A/B):	For ILI: 37.5%; For pneumococcal carriage: 94%

**(Additional Data Collection Instrument sections may be added if necessary.)**

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**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 Investigation Form	Patients	32	1	30	16
Respiratory Illness_Hospitaized Case Investigation Form	Patients	8	1	30	4
Respiratory Illness_Interview Assent Form	Patients	384	1	10	64

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:**

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