**Request for Revision to Existing Information Collection Request**

**Quarantine Station Illness Response Forms:**

**Airline, Maritime, and Land/Border Crossing**

**(0920-0821 expires 4/30/2016)**

**Supporting Statement B**

**February 18, 2016**

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# B. Collections of Information Employing Statistical Methods

No statistical methods are used in this data collection.

# 1. Respondent Universe and Sampling Methods

Concerning routine responses to reports of illness during travel, CDC requires certain signs and symptoms suggestive of communicable disease to be reported by air and sea conveyance operator before arriving in the United States (42 CFR 71.21) and on any flight traveling between states (42 CFR Part 70.4). Therefore, the respondent universe is composed any ill traveler who is reported by the airlines, Customs and Border Protection, or EMS to CDC or the local public health authority. No sampling is performed as this data collection outlines a protocol for interviewing all travelers who are reported as having certain signs and symptoms of disease aboard an air or sea conveyance or while crossing a land border. These signs and symptoms can be found here: <http://www.cdc.gov/quarantine/air/reporting-deaths-illness/guidance-reporting-onboard-deaths-illnesses.html>.

# 2. Procedures for the Collection of Information

For routine operations at ports of entry and for reports of illness that come to CDC after travel has been completed, DGMQ has developed illness response forms for the three different types of ports of entry – air, maritime, and land border. These forms include 1) the Air Travel Illness or Death Investigation Form, 2) the Maritime Conveyance Illness Investigation or Death Report Form and 3) the Land Border Travel Illness or Death Investigation Form. All three forms collect pertinent demographic, clinical, and epidemiologic information on travelers suspected of being infected with a communicable disease, and who may be (or may have been) contagious during travel. The forms are also used by Quarantine Station staff to collect information for follow-up and tracking (surveillance) purposes. The differences between the forms reflect the unique public health risks associated with specific modes of travel and the response to illness at each of the three types of ports.

Response reports require obtaining full epidemiologic information from the ill traveler. Quarantine Station staff will use the entire form to collect information and will follow up with the ill traveler.

This tiered approach to data collection during illness investigations will reduce the burden on the public by collecting only information appropriate for the situation.

# 3. Methods to Maximize Response Rates and Deal with No Response

If a traveler is known to be infected with a quarantinable communicable disease, or CDC suspects that a traveler is infected with a quarantinable communicable disease through combination of observed signs and symptoms and knowledge of other risk factors, CDC may detain the individual and require that s/he respond to the approved questions. Response reports require obtaining full epidemiologic information from the ill traveler. Quarantine Station staff will use the entire form to collect information and will follow up with the ill traveler.

However, it is not always necessary to obtain complete epidemiologic information from every ill traveler; therefore, a two-tiered approach has been used in the development of these forms – Info Only and Response reports. When Quarantine Station staff respond to a situation that is not of public health interest (e.g., chronic skin condition, heart attack, etc.) only general information is collected. This information includes: contact information, date, and complaint. These non-public health-interest situations are referred to as Info Only responses.

This tiered approach to data collection during illness investigations will reduce the burden on the public by collecting only information appropriate for the situation.

# 4. Tests of Procedures or Methods to be Undertaken

CDC currently collects this data under previously approved data collections. The electronic systems used for this data collection are continually updated and improved for quality of data collection and ease of use for both the public, industry and CDC program administrators.

# 5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Not Applicable