GenIC No.:	2014009-XXX			
EPI AID No. (if applicable):	2014-062			
Requesting entity (e.g., jurisdiction):	Texas Department of State Health Services			
Title of Investigation:	Undetermined agent and risk factors for chikungunya or dengue virus infections among			
	community service volunteers in the Dominican Republic, 2014			
Purpose of Investigation: (Use				
as much space as necessary)	of this investigation were to:			
	<ul> <li>Determine the incidence of recently-acquired:         <ul> <li>a) Chikungunya virus (CHIKV) infections and consequent clinically apparent illness</li> <li>b) Dengue virus (DENV) infections and consequent clinically apparent illness</li> </ul> </li> </ul>			
	Conduct surveys to determine risk factors for:			
	a) CHIKV infection			
	b) DENV infection			
	Recommend prevention and control measures for:			
	a) CHIKV infection			
	b) DENV infections			
Duration of Data Collection:	90 days			
Date Began:	7/9/2014			
Date Ended:	10/5/2014			
Lead Investigator				
Name:	Emily Jentes			
CIO/Division/Branch:	NCEZID/DGMQ			
Data Collection Instrument 1				
Name of Data Collection Instru	<i>ument:</i> Chikungunya_Questionnaire			
Type of Respondent				
🔀 General public	Healthcare staff Laboratory staff Patients Restaurant staff			
Other (describe):				

### Data Collection Methods (check all that apply)

 $\boxtimes$  Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):	Service volunteers/staff investigated for evidence of CHIKV or DENV infection and illness. In addition, demographic, geographic, and behavioral factors associated with infection were investigated.
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) b	elow):
Face-to-face Interview (describe)	:
Telephone Interview (describe):	
Self-administered Paper-and-Pen	cil The Chikungunya_questionnaire was completed by the participant as
Questionnaire (describe):	a self-administered data collection instrument.
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):	106
Total No. Sampled/Eligible to Respond (B)	
Response Rate (A/B):	83%
Data Collection Instrument 2	
	Collection Consent
Type of Respondent	
General public Healthcare st	aff Laboratory staff Patients Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which ty	pe(s) below)
Descriptive Study (describe):	
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
$\square$ Laboratory Testing (describe):	A single blood sample was collected from each participant for CHIKV
A Laboratory Testing (describe).	and DENV diagnostic testing as described above. All participants had
	one serum specimen collected (3-4 cc) to detect evidence of recent or
	past CHIKV and DENV infection. All samples were tested by RT-
	PCR (dengue and chikungunya), IgM ELISA (dengue and
	chikungunya) and IgG ELISA (chikungunya and dengue); all IgG-
	positive specimens were confirmed by plaque reduction neutralization
	test (PRNT). Serum specimens were sent to the CDC Dengue Branch
	in San Juan, Puerto Rico, where they were batched and tested.
	Chikungunya PRNTs were performed at CDC Arboviral Diseases Branch in Fort Collins, Colorado.
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-Pen	zil
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	A single blood specimen of approximately 3-4cc.
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	

Total No. Responded (A):	102
Total No. Sampled/Eligible to Respond (B):	127
Response Rate (A/B):	80%

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

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Chikungunya_Questionnaire	General	106	1	20	36
	Public				
Chikungunya_Consent-	General	102	1	5	9
Parental Permission Form	Public				

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

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison**:

GenIC No.:	2014011-XXX				
EPI AID No. (if applicable):	2014-063				
Requesting entity (e.g., jurisdiction):	Ministry of Health & Social Work, Republic of Liberia				
Title of Investigation:	Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak— Liberia, 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:	7/08/2014				
Date Ended:	10/06/2014				
Lead Investigator					
Name:	Barbara Knust				
CIO/Division/Branch:	NCEZID/DHCPP				
<b>Data Collection Instrument 1</b> Name of Data Collection Instru Type of Respondent	<i>ument:</i> Ebola_Case Investigation Form				
General public Other (describe):	Healthcare staff Laboratory staff Patients Restaurant staff				
	ndicate which type(s) below)				
Descriptive Stud	dy (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 (d	escribe):				
Case-Control St	udy (describe):				
Other (describe)	:				
Environmental Assessm	nent (describe):				
Laboratory Testing (dea	Scribe): 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)

$\boxtimes$ 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): Hospital record case report for	
rule out Ebola	swab specimens were collected from patients to confirm or virus infection. Laboratory testing were not be performed nnel, but laboratory results were recorded.
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A): 4000	
Total No. Sampled/Eligible to Respond (B): 4000	
Response Rate (A/B): 100%	
Data Collection Instrument 2	
Name of Data Collection Instrument: Ebola_Contract Tracin	ng Form
Type of Respondent	
<ul> <li>☐ General public</li> <li>☐ Other (describe):</li> </ul>	ooratory staff 🛛 Patients 🗌 Restaurant staff
	ooratory staff 🛛 Patients 🗌 Restaurant staff
Other (describe):	ooratory staff 🛛 Patients 🗌 Restaurant staff
☐ Other (describe): Data Collection Methods (check all that apply) ⊠ Epidemiologic Study (indicate which type(s) below) ⊠ Descriptive Study (describe): Contacts	ooratory staff Patients Restaurant staff
☐ Other (describe): Data Collection Methods (check all that apply) ⊠ Epidemiologic Study (indicate which type(s) below) ⊠ Descriptive Study (describe): Contacts	of confirmed Ebola case-patients were identified and
☐ Other (describe): Data Collection Methods (check all that apply) ⊠ Epidemiologic Study (indicate which type(s) below) ⊠ Descriptive Study (describe): Contacts informat	of confirmed Ebola case-patients were identified and
☐ Other (describe): Data Collection Methods (check all that apply) ⊠ Epidemiologic Study (indicate which type(s) below) ⊠ Descriptive Study (describe): ☐ Cross-sectional Study (describe):	of confirmed Ebola case-patients were identified and
☐ 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):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Other (describe):         □ Environmental Assessment (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Case-Control Study (describe):         □ Other (describe):         □ Descriptive Study (describe):         □ Laboratory Testing (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Case-Control Study (describe):         □ Other (describe):         □ Descriptive Study (describe):         □ Laboratory Testing (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Case-Control Study (describe):         □ Other (describe):         □ Other (describe):         □ Dother (describe):         □ Dother (describe):         □ Other (describe):         □ Dother (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Cohort Study (describe):         □ Other (describe):         □ Other (describe):         □ Dother (	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Case-Control Study (describe):         □ Other (describe):         □ Other (describe):         □ Dother (describe):         □ Other (describe):         □ Dother (describe):         □ Survey Mode (indicate which mode(s) below):         □ Face-to-face Interview (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Cohort Study (describe):         □ Other (describe):         □ Other (describe):         □ Dther (describe):         □ Telephone Interview (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Case-Control Study (describe):         □ Other (describe):         □ Other (describe):         □ Dother (describe):         □ Other (describe):         □ Dother (describe):         □ Survey Mode (indicate which mode(s) below):         □ Face-to-face Interview (describe):	of confirmed Ebola case-patients were identified and
□ Other (describe):       □         □ 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):         □ Cohort Study (describe):         □ Case-Control Study (describe):         □ Other (describe):         □ Other (describe):         □ Dther (describe):         □ Telephone Interview (describe):         □ Telephone Interview (describe):         □ Self-administered Paper-and-Pencil	of confirmed Ebola case-patients were identified and

Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	1500
Total No. Sampled/Eligible to Respond (B):	1500
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)

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Ebola_Case Investigation	General	4000	1	25	1667
Form	Public				
Ebola_Contract Tracing	General	1500	1	3	75
Form	Public				

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison**:

GenIC No.:	2014011-XX
EPI AID No. (if applicable):	2014-063
Requesting entity (e.g., jurisdiction):	Ministry of Health & Social Work, Republic of Liberia
Title of Investigation:	KAPs on Ebola Infection Control among Public and Health Care Workers and Interviews of County Health Directors —Liberia, 2014
Purpose of Investigation: (Use as much space as necessary)	Knowledge, attitudes and practices surveys to identify knowledge gaps and specific behaviors related to EVD that are barriers to control methods.
Duration of Data Collection:	90 days
Date Began:	09/15/2014
Date Ended:	10/03/2014
Lead Investigator	
Name:	Jonathan Yoder
CIO/Division/Branch:	NCEZID/DFWED
Data Collection Instrument 1	<u>ch</u> instrument used during the investigation.
Name of Data Collection Instru	ment: KAP Healthcare Worker Survey
Type of Respondent	
General public	Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe):	
Descriptive Stud	ndicate which type(s) below)         y (describe):         Study (describe):         escribe):         ady (describe):
Environmental Assess	
Laboratory Testing (de	cribe):
Other (describe):	
Data Collection Mode (check a	ll that apply)
Survey Mode (indicate	which mode(s) below):
Face-to-face Int	rview (describe): Interview healthcare workers at risk for Ebola exposure
Telephone Inter	iew (describe):
Self-administere Questionnaire (	d Paper-and-Pencil lescribe):
Self-administere	
Questionnaire (	lescribe):
Other (describe)	
Medical Record Abstra	ction (describe):
Biological Specimen Sa	mple

(0920-1011)
Environmental Sample
Other (describe):
Response Rate (if applicable)
Total No. Responded (A): 40
Total No. Sampled/Eligible to Respond (B): 40
Response Rate (A/B): 100%
Data Collection Instrument 2
Name of Data Collection Instrument: KAP General Public Survey
Type of Respondent
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): Knowledge, attitudes and practices surveys to identify knowledge
gaps and specific behaviors related to EVD that are barriers to
control methods.
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): Interview general public at risk for Ebola exposure
Telephone Interview (describe):
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): 360
Total No. Sampled/Eligible to Respond (B): 360
Response Rate (A/B):

#### **Data Collection Instrument 3**

Name of Data Collection Instr	ument: KAP (	County Director S	urvey		
Type of Respondent					
General public	Healthcare s	staff 🗌 Labo	ratory staff	Patients	Restaurant staff
Other (describe): Cou	unty Directors		· -		
Data Collection Methods (che	ck all that apply)	)			
Epidemiologic Study (	indicate which ty	(s) below)			
Descriptive Stu	dy (describe):				
Cross-sectional	Study (describe)	):			
Cohort Study (d	lescribe):				
Case-Control St	•				
$\boxtimes$ Other (describe)	):	•	· · · · · · · · · · · · · · · · · · ·	ractices surveys to i	•
		gaps and s control me		related to EVD that	t are barriers to
Environmental Assess	nent (describe):	control me	uious.		
Laboratory Testing (de	· · · · · ·				
Other (describe):					
Data Collection Mode (check	all that apply)				
Survey Mode (indicate	which mode(s)	below):			
Face-to-face Int			county directors r	esponsible for local	Ebola response
—	X	plans.	5	ł	Ĩ
Telephone Interview (describe):					
	ed Paper-and-Per	ncil			
Questionnaire (describe):					
	Self-administered Internet Questionnaire (describe):				
Other (describe)					
Medical Record Abstraction (describe):					
Biological Specimen S	· · · · · ·				
Environmental Sample	-				
Other (describe):					
Response Rate (if applicable)					
Total No. Responded (A):		6			
Total No. Sampled/Eligibl	e to Respond (B				
Response Rate (A/B):		100%			
Complete the following burd	en table. Each	data collection in	nstrument should	d be included as a	separate row.
Burden Table (insert rows for additional respondent types if needed)					
		No.	No. Response		Total Burden
Data Collection Instrument Name	Type of Respondent	Respondents	per Responden	-	in Hours $(A \times B \times C)/60^*$
KAP Healthcare Worker	Respondent Healthcare	(A) 40	(B)	Minutes (C) 30	(A x B x C)/60* 20
Survey	Worker		-		_0

General

Public

360

1

KAP General Public Survey

60

10

KAP County Director	County	6	1	60	6
Survey	Director				

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison**:

GenIC No.:	2014013-XXX
EPI AID No. (if applicable):	2014-069
Requesting entity (e.g., jurisdiction):	HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR)
Title of Investigation:	Pneumonia cluster in Office of Refugee Resettlement/DOD Unaccompanied Alien Children's Shelters—Oklahoma, 2014
Purpose of Investigation: (Use as much space as necessary)	Determine the scope of the outbreak, identify any potential sources of infection early during the processing of these children, identify predisposing factors and other risk factors for these respiratory illnesses, determine the primary agent of the outbreak, identify contacts of ill children, assist with establishing better surveillance in the facility, and implement appropriate measures to control and limit respiratory illnesses in this vulnerable population.
Duration of Data Collection:	7 days
Date Began:	7/28/2014
Date Ended:	8/3/2014
Lead Investigator	
Name:	Steve Waterman, MD, MPH
CIO/Division/Branch:	CDC/OID/NCEZID
<b>Complete the following for <u>ea</u></b> Data Collection Instrument 1	<u>ich</u> instrument used during the investigation.

2						
Name of Data Collection In	nstrument: Respiratory	Respiratory Illness_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):	Instrument was used to collect relevant information for influenza- like-illness (ILI) cases to better describe the outbreak and identify potential risk factors and associations with illness. Nasopharyngeal and Oropharyngeal swab samples from case patients were collected when available.
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): Clinical medical record for ILI cases were reviewed
cases still residing at the facility. Samples were tested using a multi- pathogen detection tool for the simultaneous detection of 21 respiratory
Environmental Sample
Other (describe):
Response Rate (if applicable)
Total No. Responded (A): 23
Total No. Sampled/Eligible to Respond (B): 46
Response Rate (A/B):   50%
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)
Descriptive Study (describe): Instrument was used to collect relevant information for children
residing in shelters who were hospitalized with pneumonia to
better identify potential risk factors and associations with illness
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): Medical records were obtained from the admitting hospital to complete the instrument.
Biological Specimen Sample

Environmental Sample     Other (describe):	
Response Rate (if applicable) Total No. Responded (A): Total No. Sampled/Eligible to Respond (B): Response Rate (A/B):	3 3 100%
Data Collection Instrument 3	
Name of Data Collection Instrument: Respire	atory Illness_Carriage Assent Form
Type of Respondent	
General public Healthcare sta	aff Laboratory staff Patients Restaurant staff
-	n Children (UAC) in the custody of the Office of Refugee and
Resettlement (ORR)	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which typ	e(s) below)
Descriptive Study (describe):	
Cross-sectional Study (describe):	All UC residing at the facility were eligible to participate.
	Briefly, a convenience sample of administrative "pods", each
	representing a group of 12 children housed together, was
	selected. Sample size was calculated to provide representativeness to the total shelter population. The objective of
	this investigation was to estimate the prevalence of Streptococcus
	pneumoniae carriage in residents of the shelter and to identify
	factors associated with carriage related to transit and custody
	prior to arrival.
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	
Other (describe):	
Data Collection Mode (check all that apply)	
	1
Survey Mode (indicate which mode(s) be	
Face-to-face Interview (describe):	
Telephone Interview (describe):	
Self-administered Paper-and-Peno Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
	Nasopharyngeal swab samples were requested from all selected shelter
_ • •	residents. Samples were pneumococcus identified by susceptibility to
	optochin and bile solubility. Serotypes were determined using the

	Quellung reaction.
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	192
Total No. Sampled/Eligible to Respond (B):	232
Response Rate (A/B):	82.8

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

#### 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	Type of	No. Respondents	No. Responses per Respondent	Burden per Response in	Total Burden in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Respiratory Illness_Case	Healthcare staff	23	1	30	12
Investigation Form					
Respiratory	Healthcare staff	3	1	30	2
Illness_Hospitalized Case					
Investigation Form					
Respiratory Illness_Carriage	Unaccompanied	192	1	5	16
Assent Form	Children				

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison:**

GenIC No.:	2014013-XXX			
EPI AID No. (if applicable):	2014-068			
Requesting entity (e.g.,	HHS/Administration for Children and Families (ACF)/Office of Refugee			
jurisdiction):	Resettlement (ORR)			
Title of Investigation:	Pneumonia cluster in an Office of Refugee Resettlement/DOD Unaccompanied			
-	Alien Children's Shelter—Texas, 2014			
Purpose of Investigation: (Use	1. Determine incidence and etiology of acute lower respiratory tract infections and other			
as much space as necessary)	health conditions as feasible			
	2. Estimate incidence of influenza-like illness and characterize subtypes circulating in			
	shelter			
	3. Estimate prevalence of <i>Streptococcus pneumoniae</i> carriage in the shelter and			
	characterize serotypes			
	4. Describe existing health conditions among unaccompanied children in the shelter that			
	may impact the spread of respiratory infection			
	5. Identify risk factors for severe acute respiratory disease among shelter children			
	6. Assess and implement disease control and prevention measures			
Duration of Data Collection:	8 days			
Date Began:	July 23, 2014			
Date Ended:	July 30, 2014			
Lead Investigator				
Name:	Steve Waterman			
CIO/Division/Branch:	NCEZID/DGMQ			
	<u>ich</u> instrument used during the investigation.			
<b>Data Collection Instrument 1</b>				
Name of Data Collection Instru	<i>iment:</i> Respiratory Illness_Case Investigation Form and Respiratory Illness_Interview			

Type	of Respondent
1 ypc	of Respondent

General public Other (describe):

Healthcare staff

Assent Form

Federal staff

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):	A descriptive study was conducted to identify the primary agent and source of the outbreak. Traceback of contacts and travel
	history were completed to identify risk factors for exposure.
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	
Other (describe):	
_	

Laboratory staff

Data Collection Mode (check all that apply)

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

Face-to-face Interview (describe):

Face-to-face interviews were conducted with ill case patients to identify contacts and interactions with ill persons in cluster and to

**Patients** 

Restaurant staff

were used to complete questions 1-20.	VS
Telephone Interview (describe):	
Self-administered Paper-and-Pencil	
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe): Questions 21 to the end of the form were completed by using the shelte clinic's records. Federal staff abstracted medical records.	er
Biological Specimen Sample	
Environmental Sample	
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 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):       Federal staff abstracted patient medical records	
Source (desenve). I ederal stall abstracted patient medical records	
Data Collection Methods (check all that apply)	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which type(s) below)	1
<ul> <li>Epidemiologic Study (indicate which type(s) below)</li> <li>Descriptive Study (describe):</li> <li>We reviewed medical records of hospitalized UC.</li> </ul>	]
<ul> <li>Epidemiologic Study (indicate which type(s) below)</li> <li>Descriptive Study (describe):</li> <li>Cross-sectional Study (describe):</li> </ul>	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Case-Control Study (describe):	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Case-Control Study (describe):         Other (describe):	
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):	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Case-Control Study (describe):         Other (describe):	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Case-Control Study (describe):         Other (describe):         Other (describe):         Environmental Assessment (describe):         Laboratory Testing (describe):	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Case-Control Study (describe):         Other (describe):         Other (describe):         Environmental Assessment (describe):         Laboratory Testing (describe):	
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):	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Cohort Study (describe):         Other (describe):         Descriptive Study (describe):         Descriptive Study (describe):         Other (describe):         Descriptive Study (describe):     <	
□       Epidemiologic Study (indicate which type(s) below)         □       Descriptive Study (describe):         □       Cross-sectional Study (describe):         □       Cohort Study (describe):         □       Case-Control Study (describe):         □       Other (describe):         □       Other (describe):         □       Laboratory Testing (describe):         □       Other (describe):         □       Other (describe):	
□       Epidemiologic Study (indicate which type(s) below)         □       Descriptive Study (describe):         □       Cross-sectional Study (describe):         □       Cohort Study (describe):         □       Cohort Study (describe):         □       Case-Control Study (describe):         □       Other (describe):         □       Other (describe):         □       Descriptive Study (describe):         □       Other (describe):         □       Descriptive Study (descriptive):         □       Descriptive Study (descriptive):         □ </td <td></td>	
Epidemiologic Study (indicate which type(s) below)	
Epidemiologic Study (indicate which type(s) below)         Descriptive Study (describe):         Cross-sectional Study (describe):         Cohort Study (describe):         Case-Control Study (describe):         Other (describe):         Other (describe):         Laboratory Testing (describe):         Other (describe):         Other (describe):         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	
Epidemiologic Study (indicate which type(s) below)	

	(0920-1011)
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	2
Total No. Sampled/Eligible to Respond (B):	
Response Rate (A/B):	100%
Data Collection Instrument 3	
	atory Illness_Carriage Assent Form
Type of Respondent	
General public Healthcare st	aff 🗌 Laboratory staff 🛛 Patients 🗌 Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
Epidemiologic Study (indicate which typ	be(s) below)
$\boxtimes$ 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.
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
	This was conducted to evaluate potential etiologies in children with acute lower respiratory infection and/or influenza-like illness.
Other (describe):	acute lower respiratory infection and/or influenza-like liness.
Data Collection Mode (check all that apply)	
$\boxtimes$ Survey Mode (indicate which mode(s) b	elow).
Face-to-face Interview (describe)	
Telephone Interview (describe):	
Self-administered Paper-and-Pen	cil
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
	For each assenting child, 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.
Environmental Sample	
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 4         Name of Data Collection Instrument:       Respiratory Illness_Rapid Environmental Health Assessment         Type of Respondent
□ General public       □ Healthcare staff       □ Laboratory staff       □ Patients       □ Restaurant staff         □ Other (describe):       Shelter management staff       □       □       □       □
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):         This form/checklist was used to complete the rapid environmental health assessment for the shelter by the Epi-Aid team.         Laboratory Testing (describe):         Other (describe):
Data Collection Mode (check all that apply)         Survey Mode (indicate which mode(s) below):
Response Rate (if applicable)Total No. Responded (A):1Total No. Sampled/Eligible to Respond (B):1Response Rate (A/B):100%
Data Collection Instrument 5         Name of Data Collection Instrument:         Respiratory Illness_Infection Control Assessment         Type of Respondent

☐ General public	2
Data Collection Methods (check all that apply)	
Data Collection Mode (check all that apply)         Survey Mode (indicate which mode(s) below):         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):         Other (describe):         Biological Specimen Sample         Environmental Sample         Other (describe):         Other (describe):         Form/checklist also completed via facility tour and observation of st practices.	
Response Rate (if applicable)Total No. Responded (A):1Total No. Sampled/Eligible to Respond (B):1Response Rate (A/B):100%	
Data Collection Instrument 6         Name of Data Collection Instrument:       Respiratory Illness_Carriage Assent Form         Type of Respondent         General public       Healthcare staff       Laboratory staff       Patients       Restaurant staff         Other (describe):	f
Data Collection Methods (check all that apply)  Epidemiologic Study (indicate which type(s) below)  Descriptive Study (describe):	

	(0,10,1012)
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	This was completed to estimate the prevalence of <i>Streptococcus</i>
	pneumoniae carriage in unaccompanied children at the shelter.
Other (describe):	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) b	elow):
Face-to-face Interview (describe)	):
Telephone Interview (describe):	
Self-administered Paper-and-Pen	cil
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
🔀 Biological Specimen Sample	All children residing at the shelter on July 24, 2014 were invited to
	participate in the investigation of pneumococcal carriage. 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.
Environmental Sample	transported to eDe for pheamococcar isolation and serotyping.
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	106
Total No. Sampled/Eligible to Respond (B)	: 119

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

89%

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

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Respiratory Illness_Case	Patients	8	1	30	4
Investigation Form					
Respiratory	Patients	8	1	10	2
Illness_Interview Assent					
Form					
Respiratory	Patients	2	1	30	1
Illnes_Hospitalized Case					
Investigation Form					
Respiratory Illness_Carriage	Patients	106	1	5	9
Assent Form					

Response Rate (A/B):

Respiratory Illness_Rapid	Other (shelter	1	1	480	8
Environmental Health	management				
Assessment	staff)				
Respiratory Illness_Infection Control Assessment	Healthcare staff and other (shelter management staff)	1	1	480	8

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison**:

	(0720-1011)
GenIC No.:	2014013-XXX
EPI AID No. (if applicable):	2014-070
Requesting entity (e.g., jurisdiction):	HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR)
Title of Investigation:	Pneumonia cluster in Office of Refugee Resettlement/DOD Unaccompanied Alien Children's Shelters—Texas, 2014
Purpose of Investigation: (Use as much space as necessary)	A surge of Unaccompanied Alien Children (UAC) entered the United States through the southern border with Mexico in 2014. Between January and June of 2014, approximately 50,000 minors were found along the southern border, exceeding the total number of children identified in 2013. Following initial screening, the majority of UACs are being processed through the U.S. Customs and Border Protection (CPB) Processing Center(s). Once UACs are processed by CBP, custody is turned over to HHS/Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) for placement in shelters or facilities operated and managed by ACF/ORR until other arrangements are made.
	Following an invitation to CDC by ORR to investigate clusters of respiratory illnesses in the Naval Base Ventura County temporary shelter and an ORR permanent shelter in Texas, CDC was informed of cases of severe pneumonia requiring hospitalization among UC while they were residing in the Nogales, Arizona, CBP Processing Center (one case hospitalized) and an additional 5 hospitalized cases were identified at other ORR shelters located in Texas and Oklahoma. One of the new cases from Texas, while culture negative, had S. pneumoniae detected by antigen testing of pleural fluid. The circumstances and risk factors associated with these clusters were unclear. The evidence continued to suggest that exposure to this pneumococcal strain occurred early during processing of these children and that potentially persons could be carrying or incubating disease in other shelters. In addition, current surveillance might not have been detecting current cases. Although CDC recommended to ORR that all children residing in temporary or permanent ORR shelters receive 13-valent pneumococcal conjugate vaccine (PCV13) in addition to other vaccines, there was a need to investigate and better characterize this outbreak wherever clusters occur, while the vaccination strategy is being implemented. There was a continued need to better describe this situation and implement appropriate interventions, as well as determine if PCV13 is needed on an ongoing basis.
	An urgent investigation was conducted is needed to determine the scope of the outbreak, identify any potential sources of infection early during the processing of these children, identify predisposing factors and other risk factors for these respiratory illnesses, determine the primary agent of the outbreak, identify contacts of ill children, assist with establishing better surveillance in the facility, and implement appropriate measures to control and limit respiratory illnesses in this vulnerable population.
Duration of Data Collection:	5 days
Date Began:	7/28/2014
Date Ended:	8/1/2014
Lead Investigator	
Name:	Cynthia Whitney, MD

CIO/Division/Branch:	NCIRD/DBD/	
Email Address:	cgw3@cdc.go	
Telephone No.:	404-639-4727	
Mail Stop:	C25	
<b>Complete the following for</b> Data Collection Instrument		nt used during the investigation.
Name of Data Collection Inst		piratory Illness_Case Investigation Form
Type of Respondent	1100	
·· _· · _	Healthcare staff	Laboratory staff
_ · _		v of electronic records
Data Collection Methods (ch		
$\square$ Epidemiologic Study	* *	
Descriptive Study		Descriptive study of the etiologies and clinical features of respiratory disease among a cohort of residents of an ORR shelter.
Cross-sectional St	udy (describe):	
Cohort Study (des	•	Retrospective cohort study to determine transit-related risk factors for respiratory disease among a cohort of residents of an ORR shelter.
Case-Control Stud	ly (describe):	
Other (describe):		
Environmental Assess	sment (describe	):
Laboratory Testing (d	escribe):	On four individuals identified with influenza-like-illness (ILI) during the period of July 28 to August 1, nasopharyngeal and oropharyngeal swabbing was performed for etiologic pathogen detection using molecular methods.
Other (describe):		
Data Collection Mode (check	c all that apply)	
Survey Mode (indicated)	e which mode(s	s) below):
Face-to-face Interv	view (describe)	· · · · · · · · · · · · · · · · · · ·
Telephone Intervi	ew (describe):	
Self-administered	-	
Pencil Questionna	, ,	
Self-administered		
Questionnaire (de	scribe):	
$\Box \text{ Other (describe):}$	hatmation (dag	aniba). Electronia madical records ware reviewed to identify
		cribe): Electronic medical records were reviewed to identify children with ILI between June 25 and July 28, and chart abstraction was performed to obtain the required information.
	ist 1, nasophary molecular meth	individuals identified with influenza-like-illness (ILI) during the ngeal and oropharyngeal swabbing was performed for etiologic nods
Other (describe):		

	(*****
Response Rate (if applicable)	
Total No. Responded (A):	40
Total No. Sampled/Eligible to Respond	40
(B):	
Response Rate (A/B):	100%
Data Collection Instrument 2	
· · · · · · · · · · · · · · · · · · ·	ratory Illness_Carriage Assent Form
Type of Respondent	
General public Healthcare staff	Laboratory staff Patients Restaurant staff
Other: (describe) Unaccompanied child	
Data Collection Methods (check all that apply,	
Epidemiologic Study (indicate which ty	pe(s) below)
Descriptive Study (describe):	
	vestigation to determine the prevalence, prevalent serotypes of,
	nd risk factors for <i>S. pneumoniae</i> nasopharyngeal carriage among sidents of an ORR shelter.
Cohort Study (describe):	sidents of all OKK sheller.
Case-Control Study (describe):	
Other (describe):	
Environmental Assessment (describe):	
	asopharyngeal swabbing was performed in order to detect and entify the serotype of <i>S. pneumoniae</i> carriage.
Other (describe):	entry the serotype of 5. pheumonide carriage.
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) I	
Face-to-face Interview (describe):	Jelow).
Telephone Interview (describe):	
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)	

#### *Response Rate (if applicable)*

Total No. Responded (A):	119
Total No. Sampled/Eligible to Respond	141
(B):	
Response Rate (A/B):	84%

119		
141		
84%		

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

		No.	No. Responses	Burden per	Total Burden
Data Collection	Type of	Respondents	per Respondent	Response in	[in hours;
Instrument Name	Respondent	(A)	(B)	Minutes (C)	(AxBxC)/60]
Case Investigation Form-	Patient	40	1	30	20
Respiratory Illness					
Carriage Assent Form-	Patient	119	1	5	10
Respiratory Illness					

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

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**:

GenIC No.:	2014014-XXX
EPI AID No. (if applicable):	2014-071
Requesting entity (e.g., jurisdiction):	Sierra Leone Ministry of Health, Ministry of Health & Sanitation, Disease Prevention and Control
Title of Investigation:	Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak— Sierra Leone, 2014
Purpose of Investigation: (Use as much space as necessary)	The investigation follwed 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:	10/19/2014
Lead Investigator	
Name:	Barbara Knust
CIO/Division/Branch:	NCEZID/DHCPP
<b>Data Collection Instrument 1</b> Name of Data Collection Instru	
Type of Respondent	
General public	Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe):	
Data Collection Methods (check Epidemiologic Study (i	<i>k all that apply)</i> ndicate which type(s) below)
Descriptive Stud	ly (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 (d	escribe):
Case-Control St	udy (describe):
Other (describe)	
Environmental Assessm	nent (describe):
Laboratory Testing (de	infection or rule out infection. Laboratory testing was not performed
Other (describe):	by CDC personnel, but laboratory results were recorded.

Data Collection Mode (check all that apply)

Face-to-face Interview (describe):	
Telephone Interview (describe):	
Self-administered Paper-and-Pencil Questionnaire (describe):	
Self-administered Internet Questionnaire (describe):	
Other (describe):	
	al records were used to collect relevant clinical information in the port form
rule ou	or oral swab specimens were collected from patients to confirm or at Ebola virus infection. Laboratory testing were not be performed C personnel, but laboratory results were recorded.
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A): 3600	)
Total No. Sampled/Eligible to Respond (B): 3600	)
Response Rate (A/B): 1009	%
Data Collection Instrument 2	
	t Tracing Form
Type of Respondent	
General public Healthcare staff	Laboratory staff Patients Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
$\times$ Epidemiologic Study (indicate which type(s) be	elow)
Epidemiologic Study (indicate which type(s) be Descriptive Study (describe):	
Descriptive Study (describe):	elow) Contacts of confirmed Ebola case-patients were identified and Information about their location and type of contact was gathered.
Descriptive Study (describe):	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe):	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe):	Contacts of confirmed Ebola case-patients were identified and
<ul> <li>Descriptive Study (describe):</li> <li>Cross-sectional Study (describe):</li> <li>Cohort Study (describe):</li> </ul>	Contacts of confirmed Ebola case-patients were identified and
<ul> <li>Descriptive Study (describe):</li> <li>Cross-sectional Study (describe):</li> <li>Cohort Study (describe):</li> <li>Case-Control Study (describe):</li> </ul>	Contacts of confirmed Ebola case-patients were identified and
<ul> <li>Descriptive Study (describe):</li> <li>Cross-sectional Study (describe):</li> <li>Cohort Study (describe):</li> <li>Case-Control Study (describe):</li> <li>Other (describe):</li> </ul>	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe):     In     Cross-sectional Study (describe):     Cohort Study (describe):     Case-Control Study (describe):     Other (describe):     Environmental Assessment (describe):	Contacts of confirmed Ebola case-patients were identified and
<ul> <li>Descriptive Study (describe):</li> <li>Cross-sectional Study (describe):</li> <li>Cohort Study (describe):</li> <li>Case-Control Study (describe):</li> <li>Other (describe):</li> <li>Environmental Assessment (describe):</li> <li>Laboratory Testing (describe):</li> </ul>	Contacts of confirmed Ebola case-patients were identified and
<ul> <li>Descriptive Study (describe):</li> <li>Cross-sectional Study (describe):</li> <li>Cohort Study (describe):</li> <li>Case-Control Study (describe):</li> <li>Other (describe):</li> <li>Environmental Assessment (describe):</li> <li>Laboratory Testing (describe):</li> </ul>	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe): Cross-sectional Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe): Laboratory Testing (describe): Other (describe): Other (describe): Data Collection Mode (check all that apply) Survey Mode (indicate which mode(s) below):	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe): Cross-sectional Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Other (describe): Laboratory Testing (describe): Other (describe): Other (describe): Data Collection Mode (check all that apply) Survey Mode (indicate which mode(s) below): Face-to-face Interview (describe):	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe): Cross-sectional Study (describe): Cohort Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe): Laboratory Testing (describe): Other (describe): Other (describe): Data Collection Mode (check all that apply) Survey Mode (indicate which mode(s) below): Face-to-face Interview (describe):	Contacts of confirmed Ebola case-patients were identified and
□ Descriptive Study (describe):       □         □ Cross-sectional Study (describe):       □         □ Cohort Study (describe):       □         □ Cohort Study (describe):       □         □ Case-Control Study (describe):       □         □ Other (describe):       □         □ Descriptive Study (describe):       □         □ Chort Study (describe):       □         □ Other (describe):       □         □ Laboratory Testing (describe):       □         □ Other (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       □	Contacts of confirmed Ebola case-patients were identified and
Descriptive Study (describe): Cross-sectional Study (describe): Cohort Study (describe): Cohort Study (describe): Case-Control Study (describe): Other (describe): Environmental Assessment (describe): Laboratory Testing (describe): Other (describe): Other (describe): Data Collection Mode (check all that apply) Survey Mode (indicate which mode(s) below): Face-to-face Interview (describe):	Contacts of confirmed Ebola case-patients were identified and

Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	2000
Total No. Sampled/Eligible to Respond (B):	2000
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)

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Ebola_Case Investigation	General	3600	1	25	1500
Form	Public				
Ebola_Contract Tracing	General	2000	1	3	100
Form	Public				

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison**:

GenIC No.:	2014015-XXX
EPI AID No. (if applicable):	2014-072
Requesting entity (e.g., jurisdiction):	Kansas Department of Health and Environment
Title of Investigation:	Undetermined risk factors for transmission of Human Parechovirus 3 among severely ill neonates and infants – Kansas and Missouri, 2014
Purpose of Investigation: (Use	The Kansas Department of Health and Environment requests CDC assistance with an
as much space as necessary)	investigation to 1) assist local public health authorities with control of HPeV3 transmission among neonates and infants; 2) assist in the systematic collection of data to identify routes of transmission and risk factors for infection; 3) further define the scope of the outbreak across the affected public health jurisdictions.
Duration of Data Collection	
Date Began:	8/13/2014
Date Ended:	11/11/2014
Lead Investigator	
Name:	Claire Midgley
CIO/Division/Branch:	NCIRD/DVD

#### Complete the following for <u>each</u> instrument used during the investigation.

#### **Data Collection Instrument 1**

Name of Data Collection	Instrument: Parechoviru	Parechovirus_Chart Abstraction Form			
Type of Respondent					
General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff	
Other (describe):	State Health Departments	or delegates			

#### Data Collection Methods (check all that apply)

Epidemiologic Study (indic	ate which type(s) below	V)
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Descriptive Study (describe):	This was a descriptive study to systematically collect information
	about clinical illness and potential exposures associated with
	HPeV3 illness in order to identify risk factors and modes of
	transmission. Parts A-C of this chart abstraction form were used
	to collect information about the mother and infant from the
	infant's birthing hospital. Part D of the chart abstraction form
	was used to collect clinical and laboratory testing information on
	the patient when hospitalized with HPeV3.
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):	
Questionnaire (describe):	
Other (describe):	
	A-C: Medical records of confirmed case-patients were identified for
abstr	action of key clinical information during birth. The mother's labor,
	very, and follow-up medical records were also abstracted to identify factors and mode of transmission. These data were collected from
	hospitals by state health departments, in conjunction with staff at the
	vidual hospitals.
	D: Medical records of confirmed case-patients were identified for
	action of key clinical information, from the hospital where the infant diagnosed with HPeV3 (Facility A). This work was performed by
	gates of the state health departments.
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):62Total No. Sampled/Eligible to Respond (B):67	
Total No. Sampled/Eligible to Respond (B):67Response Rate (A/B):93	
Response Rate (A/D).	/0
Data Collection Instrument 2	
	Is_Family Interview Questionnaire
Type of Respondent	
General public Healthcare staff	Laboratory staff Patients Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
$\boxtimes$ Epidemiologic Study (indicate which type(s)	
Descriptive Study (describe):	This is a descriptive study to systematically collect information
	about clinical illness and potential exposures associated with HPeV3 illness in order to identify risk factors and modes of
	transmission. Family interviews were carried out to understand
	illness in the week preceding hospitalization, and to investigate
	possible contacts.
Cross-sectional Study (describe):	
Cohort 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): Families of patients were interviewed in-person, where possible
Telephone Interview (describe): Families of patients were interviewed by telephone if needed
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): 26
Total No. Sampled/Eligible to Respond (B): 40
Response Rate (A/B): 65%
Data Collection Instrument 3
Name of Data Collection Instrument:         Parechovirus_Patient_Sibling Diaper Collection
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): This is a descriptive study to systematically collect information
about clinical illness and potential exposures associated with HPeV3 illness in order to identify risk factors and modes of
transmission. During family interviews, a diaper was collected
from patients and their siblings to investigate whether siblings
were also infected and to investigate the length of shedding of
HPeV3 in stool
Cross-sectional Study (describe):
Cohort Study (describe):
Case-Control Study (describe):
Other (describe):
Environmental Assessment (describe):
Laboratory Testing (describe): Biological samples from siblings and suspect cases were collected by
state health department staff and sent to the laboratory at Facility A to
Confirm case status, following local policies and procedures.
Other (describe):
Data Collection Mode (check all that apply)
Survey Mode (indicate which mode(s) below):

Telephone Interview (describe):	
Self-administered Paper-and-Penc	il
Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	Soiled diaper collection for HPeV3 testing
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	26
Total No. Sampled/Eligible to Respond (B):	26

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

100%

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Medical Chart Abstraction	State Health	4	5.5	45/60	17
Form_Parechovirus (Parts A,	Department				
B,C)	(or delegate)				
Medical Chart Abstraction	State Health	2	20	20/60	14
Form_Parechovirus (Parts D)	Department				
	(or delegate)				
Family Interview	General	26	1	30/60	13
Questionnaire_Parechovirus	Public				
Patient and Sibling Diaper	General	26	1	5/60	2
collection	Public				

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

Response Rate (A/B):

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison:**

GenIC No.:	2014016-XXX
EPI AID No. (if applicable):	2014-075
Requesting entity (e.g., jurisdiction):	Ministry of Health, Democratic Republic of Congo
Title of Investigation:	Undetermined Sources and Risk Factors for an Ebola Hemorrhagic Fever Outbreak— Democratic Republic of Congo, 2014
Purpose of Investigation: (Use as much space as necessary)	On August 24, 2014, the DRC Ministry of Health (MoH) announced an Ebola outbreak in Boende Health Zone, Tshuapa District, Equateur Province. As of August 28, 24 cases of suspect Ebola hemorrhagic fever (EHF) were identified, including 13 deaths (case fatality rate of 54%). Eight blood specimens from suspect cases were sent to the National Institute for Biomedical Research (INRB) in Kinshasa and to the International Centre for Medical Research of Franceville (CIRMF) in Gabon for testing. INRB confirmed Ebola virus in 4/8 specimens and CIRMF confirmed Ebola virus in 6/8 specimens. Zaire ebolavirus was the causative species, and DNA sequencing results confirmed that this was a different strain of Zaire ebolavirus from the strain circulating in West Africa.
	On August 29, 2014, the DRC MoH requested assistance from the CDC to halt and prevent virus transmission as part of the coordinated response efforts. The objectives of the investigation were to collect necessary suspected case and contact information from all affected villages and areas. The investigation followed a case series study design, where WHO-provided case report forms were collected for every patient meeting the suspect case definition criteria. A separate WHO-provided contact tracing form was completed to collect information regarding people who had direct unprotected contact with the patient while they were ill and prior to treatment in a facility with barrier nursing.
	Community volunteers were widely used to conduct contact tracing activities. A survey designed to assess the knowledge of these community volunteers was developed and administered to a convenience sample of community volunteers. Additionally, a survey to assess infection control materials in present in health facilities was conducted amongst a convenience sample of facilities. The results from these surveys will be delivered to the Ministry of Health and used to guide future response efforts.
Duration of Data Collection:	
Date Began:	September 11, 2014
Date Ended:	October 28, 2014
Lead Investigator	
Name:	Andrea McCollum
CIO/Division/Branch:	NCEZID / DHCPP / PRB

#### Complete the following for <u>each</u> instrument used during the investigation.

#### **Data Collection Instrument 1**

<i>istrument:</i> RECO Interv	riew		
Healthcare staff	Laboratory staff	Patients	Restaurant staff
Relay communautaires (community educators / volunteers)			
	Healthcare staff	Healthcare staff Laboratory staff	Healthcare staff Laboratory staff Patients

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

Burden Memo for the Generic Clearan	ce of Emergency Epidemic Investigation Data Collections (0920-1011)
Descriptive Study (describe):	Descriptive assessment of community volunteers involved in contact tracing efforts for the ebola outbreak response.
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	v):
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):	
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	8
Total No. Sampled/Eligible to Respond (B): 5	0
Response Rate (A/B): 0	.36
Data Collection Instrument 2	
Name of Data Collection Instrument: Health Fac	cility Assessment
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):	Assessment of health facilities in the context of infection control
	and ability to care for ebola patients during an ongoing outbreak
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):	
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A): 5	

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

20

0.25

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

Total No. Sampled/Eligible to Respond (B):

Response Rate (A/B):

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
RECO Interview	Community	18	1	10	3
	volunteer				
Health Facility Assessment	Healthcare	5	1	10	1
	worker				

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 (<u>dhe0@cdc.gov</u>).

#### **EEI Information Collection Request Liaison**:

GenIC No.:	2014017-XXX
EPI AID No. (if applicable):	2014-076
Requesting entity (e.g., jurisdiction):	California Department of Public Health
Title of Investigation:	Undetermined risk factors and mode of transmission for bloodstream infections among hemodialysis patients—California, 2014
Purpose of Investigation: (Use as much space as necessary)	On May 9, 2014, the California Dept. of Public Health (CDPH) notified CDC of 6 cases of <i>Burkholderia cepacia</i> bloodstream infections (BSIs) among hemodialysis patients in a single outpatient dialysis center in 2014. Additional case finding conducted by CDPH revealed 2 cases of <i>Stenotrophomonas maltophilia</i> BSIs among patients at the center in late 2013. CDC was subsequently notified of 2 cases of <i>S. maltophilia</i> and 1 case of <i>B. cepacia</i> BSIs at another dialysis center belonging to the same company. All 11 cases appeared to be in patients whose dialyzers were reused and reprocessed. Environmental cultures performed in the facility with the index cluster identified <i>B. cepacia</i> from a dialyzer preprocessing machine. At the second facility, <i>S. maltophilia</i> was recovered from a culture taken from a connector at the sink used to rinse dialyzers prior to reprocessing. A broader search of BSIs caused by similar waterborne organisms that could be introduced during dialyzer reprocessing ( <i>B. cepacia</i> , Pseudomonas, Stenotrophomonas, Proteus, Morganella, Serratia) during January to August 2014 revealed 18 potential cases across multiple facilities within the same company. A search for similar BSIs in facilities belonging to other companies was not conducted. Because of the scope of the investigation, concern for ongoing transmission, and CDC's expertise in infection prevention in dialysis settings, CDPH requested CDC assistance with an urgent public health investigation.
Duration of Data Collection:	3 weeks
Date Began:	9/18/2014
Date Ended:	10/7/2014
Lead Investigator	
Name:	Chris Edens
CIO/Division/Branch:	NCEZID/DHQP/PRB
<b>Complete the following for ea</b> <b>Data Collection Instrument 1</b> <i>Name of Data Collection Instru</i>	uch instrument used during the investigation.         ument:       Chart Abstraction Form

Type of Respondent	
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pe of Respondent			
General public	Healthcare staff	Laboratory staff	Patients
Other (describe):	CDPH staff		

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):	1:3 case control study to investigate risk factors of BSIs

Restaurant staff

(0920-1011)
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): Performed for case control study
Biological Specimen Sample
Environmental Sample
Other (describe):
Response Rate (if applicable)
Total No. Responded (A): 3
Total No. Sampled/Eligible to Respond (B): 3
Response Rate (A/B): 100%
Data Collection Instrument 2
Name of Data Collection Instrument: Reuse and reprocessing checklist
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe):
Data Collection Methods (check all that apply)
$\boxtimes$ Epidemiologic Study (indicate which type(s) below)
Descriptive Study (describe): Performed observations of dialysis facility practices
Cross-sectional Study (describe):
Cohort Study (describe):
Case-Control Study (describe):
Other (describe):
Environmental Assessment (describe):
∑ Laboratory Testing (describe): Collected swabs and water samples from 6 facilities
Other (describe):     Concerced swaps and water samples from o facilities
Data Collection Mode (check all that apply)
$\boxtimes$ Survey Mode (indicate which mode(s) below):

Face-to-face Interview (describe):

Telephone Interview (describe):

Self-administered Paper-and-Pencil

Observed facility staff perform dialysis protocols and procedures

Questionnaire (describe):	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	
Environmental Sample	Collected swabs and water samples from 6 facilities
Other (describe):	
Response Rate (if applicable)	
Total No. Responded (A):	6 facilities

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

1.0

Burden Table	(insert rows for	<sup>•</sup> additional	respondent	<i>types if needed</i> )
	( · · · · · · · · · · · · · · · · · · ·		r r r r r r r r r r r r r r r r r r r	JI I J I I I I I I I I I I I I I I I I

Total No. Sampled/Eligible to Respond (B): 6 facilities

Response Rate (A/B):

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Chart Abstraction Form	Patient	3	119	12	72
	medical chart				
Reuse and reprocessing	Facility staff	6 total	1	20	2
checklist		facilities			

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison:**

GenIC No.:	2014018-XXX
EPI AID No. (if applicable):	2014-077
Requesting entity (e.g., jurisdiction):	Colorado Department of Public Health and Environment (CDPHE)
Title of Investigation:	Undetermined etiology, mode of transmission, and risk factors for pediatric cluster of neurologic symptoms following respiratory illness, Colorado, 2014
	On September 16, 2014, CDC was notified by Colorado Department of Public Health and Environment (CDPHE) of nine cases of acute central nervous system disease among pediatric patients. The cases were identified during August 4–September 17, 2014 among children aged 1–18 years (median age 9 years), most from the greater Denver metropolitan area. The patients suffered acute neurologic symptoms including cranial nerve palsies, weakness in one or more limbs, headache, and photophobia and all were hospitalized. Some patients reported a febrile respiratory illness during the 2 weeks preceding development of neurologic symptoms. Cerebrospinal fluid (CSF) analysis demonstrated increased white blood cell count (pleocytosis). Magnetic resonance imaging (MRI) for all patients showed significant demyelinating lesions in the spinal cord, brain, and/or cranial nerves. Six patients had tested positive for rhinovirus/enterovirus via respiratory virus panels. Two of the six cases tested positive for EV-D68 through confirmatory testing at CDC's Picornavirus Laboratory.
	The initial cases had been reported from one hospital which indicated that this was an unusual number of cases of this syndrome. Some cases required treatment in an intensive care unit and all were hospitalized. Data collection focused on this facility, however as CDPHE released a health advisory, one case from a different hospital was reported and included in our investigation. Ultimately 13 cases were investigated who met the case definition and were included in the final analysis.
	With CDPHE, CDC investigated all of the confirmed cases reported from Colorado, performed chart reviews, summarized the collected data and disseminated this information through an MMWR.
	<ul> <li>Objectives of this mission were:</li> <li>1. Assist the state and local health department with the investigation including to better characterize the common clinical presentation among reported patients consistent with neurologic syndromes being currently investigated.</li> <li>2. Characterize the epidemiology of the acute neurologic syndrome cases.</li> <li>3. Evaluate potential non-infectious and infectious etiologies including through laboratory testing for enteric respiratory and zoonotic pathogens (including circulating viruses enterovirus-D68, West Nile Virus, and other possible pathogens).</li> <li>4. Develop a standard approach within this outbreak, to investigate cases of acute myelitis/AFP in order to apply to other cases as they are reported, as requested by the Colorado department of health in their health alert.</li> </ul>
	One data collection tool was used (a medical chart abstraction form).
Duration of Data Collection:	3 months
Date Began:	9/21/2014
Date Ended:	12/21/2014
Lead Investigator	
Name:	Drs. Dan Pastula and Negar Aliabadi
CIO/Division/Branch:	NCEZID/ADB and NCIRD/DVD

<b>Complete the following for <u>each</u> instrument used d</b> <b>Data Collection Instrument 1</b>	luring the investigation.
Name of Data Collection Instrument: Paralysis_M	Iedical Chart Abstraction Form
Type of Respondent	
General public Healthcare staff	Laboratory staff Patients Restaurant staff
Other (describe): Federal Staff	
Data Collection Methods (check all that apply)	
$\boxtimes$ Epidemiologic Study (indicate which type(s))	below)
Descriptive Study (describe):	This is a descriptive study to systematically collect information about clinical illness and potential exposures associated with neurologic illness in order to identify risk factors and modes of transmission.
<ul> <li>Cross-sectional Study (describe):</li> <li>Cohort Study (describe):</li> </ul>	
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):	
	t abstraction of case-patients was used to collect diagnoses, otoms, signs, imaging results and treatment information about case- nts.
Biological Specimen Sample	
Environmental Sample	
Other (describe):	
Response Rate (if applicable)	
	chart abstractions
Total No. Sampled/Eligible to Respond (B): 13/	/13
Response Rate (A/B):	0

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

Durden Table (insert rows jor		No.		Burden per	Total Burden
	TT C		ND	<u>^</u>	
Data Collection Instrument	Type of	Respondents	No. Responses per	Response in	in Hours
Name	Respondent	(A)	Respondent (B)	Minutes (C)	(A x B x C)/60*
Paralysis_Medical Chart	Hospital	1	2	180	6
Abstraction Form	Staff				
Paralysis_Medical Chart	Federal Staff	3	3.7	180	NA
Abstraction Form					

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

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison**:

GenIC No.:	2014019-XXX
EPI AID No. (if applicable):	2014-078
Requesting entity (e.g., jurisdiction):	California Department of Public Health
Title of Investigation:	Undetermined source, mode of transmission, and risk factors for Pseudomonas aeruginosa infections and deaths among neonatal intensive care unit (NICU) patients — California, 2013-2014.
Purpose of Investigation: (Use	Pseudomonas spp. are a type of bacteria found in the environment, including in water
as much space as necessary)	sources. Serious <i>Pseudomonas</i> infections usually occur in hospitalized individuals or individuals with weakened immune systems. Invasive infections can lead to severe illness and death. On September 15, 2014, CDC was notified of ongoing positive <i>Pseudomonas</i> <i>aeruginosa</i> cultures among patients in a neonatal intensive care unit (NICU) beginning in September 2013. Two infants died in November 2013 with <i>P. aeruginosa</i> bloodstream infections at which time the state was notified. Environmental cultures from water faucets in the NICU identified <i>P. aeruginosa</i> isolates, but none of the strain types matched patient isolates. In response, the facility had the water system evaluated and performed remediation. No further cases were identified until June 2014 when a new case of respiratory colonization was identified. Cases of colonization and infection continued through August 2014. On September 18, 2014 the California Department of Public Health (CDPH) notified CDC of an additional <i>P. aeruginosa</i> bacteremia and death in a NICU patient. CDPH requested CDC assistance with an on-site investigation on September 23, 2014 to determine the source and modes of transmission of <i>P. aeruginosa</i> infections in the NICU in order to prevent further cases and deaths. The CDC Epi-Aid team identified 31 cases of pseudomonas positive culture from June 1, 2013 to October 7, 2014.
Duration of Data Collection:	15 days
Date Began:	09/25/2014
Date Ended:	10/09/2014
Lead Investigator	
Name:	Cara Bicking Kinsey
CIO/Division/Branch:	OPHSS/CSELS/EWB

## Complete the following for <u>each</u> instrument used during the investigation.

Data Collection Instrum	ent I				
Name of Data Collection Instrument: Pseudomonas_Chart Abstraction Form					
Type of Respondent					
General public	🗌 Heal	thcare staff	Laboratory staff	Patients	Restaurant staff
$\bigotimes$ Other (describe):	Investigator-	Federal Staff	; Electronic Medical Rec	ord	

### Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which ty	pe(s) below)
Descriptive Study (describe):	
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	Thirty one cases of positive pa cultures were matched on birth
	weight with 31 controls from the same population of NICU
	patients.
Other (describe):	
Environmental Assessment (describe):	
Laboratory Testing (describe):	

(0920-1011)
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): Electronic medical record
Biological Specimen Sample
Environmental Sample
Other (describe):
Response Rate (if applicable)
Total No. Responded (A):       1 (3 records abstracted by 1 federal staff investigator)
Total No. Sampled/Eligible to Respond (B):     1
Response Rate (A/B): 100%
Data Collection Instrument 2
Name of Data Collection Instrument: Pseudomonas_Health Care Practices Audit Forms
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
☐ Other (describe): Investigator- Federal Staff
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):	
Biological Specimen Sample	
Environmental Sample	
	Investigators observed health care practices in the unit affected by the outbreak including hand hygiene practices, PPE and Contact isolation practices, and practices related to Central Venous Catheter maintenance and insertion.
Response Rate (if applicable)	1
Total No. Responded (A):	1

Total No. Sampled/Eligible to Respond (B): Response Rate (A/B):

## 1 100%

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

( J	1	JI J	/		
		No.	No. Responses	Burden per	Ī
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	
Name	Respondent	(A)	(B)	Minutes (C)	
Pseudomonas_Chart	Federal Staff	1	1	60	
Abstraction Form					l
Pseudomonas_Health Care	Federal Staff	1	1	90	

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

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:**

Practices Audit Forms

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

Total Burden in Hours (A x B x C)/60\*

1

2

	2014020 XXX
GenIC No.:	2014020-XXX
EPI AID No. (if applicable):	
Requesting entity (e.g., jurisdiction):	Sierra Leone Ministry of Health
Title of Investigation:	A Rapid Anthropological Assessment of Community-Based Deaths: Understanding Why
	Ebola Deaths Occur at Home in Urban Montserrado, Liberia
Purpose of Investigation: (Use as much space as necessary)	The number of bodies believed to be the result of an Ebola-related death rose to a maximum in week 38 (September 15), with 380 bodies collected, and then declined to 160 by week 43 (October 20) and have declined since that time. In November and early December 2014, the International Federation of the Red Cross (IFRC) collected approximately 80-100 dead bodies per week in urban Montserrado County. About 30% of those bodies were Ebola positive. Of those, about half came from Ebola Treatment Units and the other half are from homes in the community. The presence of Ebola positive bodies in homes indicates a failure of Ebola case finding and prevention efforts. This assessment was conducted to document factors at the household-, community-, and responder-levers that contribute to delayed care-seeking for Ebola in order to contribute to strategies to reduce the number of in-home Ebola deaths.
Duration of Data Collection:	10 days
	10 days 12/22/2014
Date Began: Date Ended:	12/22/2014
	12/31/2014
Lead Investigator Name:	Denise Roth Allen
CIO/Division/Branch:	CGH/DPDM/Malaria
CIO/DIVISION/Dranen.	COTI/DI DM/ Mataria
<b>Complete the following for <u>ea</u></b> Data Collection Instrument 1	ach instrument used during the investigation.
Name of Data Collection Instru	ument: Topic Guide for Community Leaders Focus Group
Type of Respondent	
General public	Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe):	
Data Collection Methods (chec	ck all that apply)
	indicate which type(s) below)
•	Study (describe):
Cohort Study (d	
Case-Control St	
Other (describe)	
Finvironmental Assessm	
Environmental Assessm	nent (describe):
Laboratory Testing (de	e: ment (describe): scribe):
	nent (describe):
Laboratory Testing (de	e: nent (describe): scribe): Rapid Anthropological Assessment
Laboratory Testing (der	e: nent (describe): scribe): Rapid Anthropological Assessment all that apply)

Telephone Interview (describe):

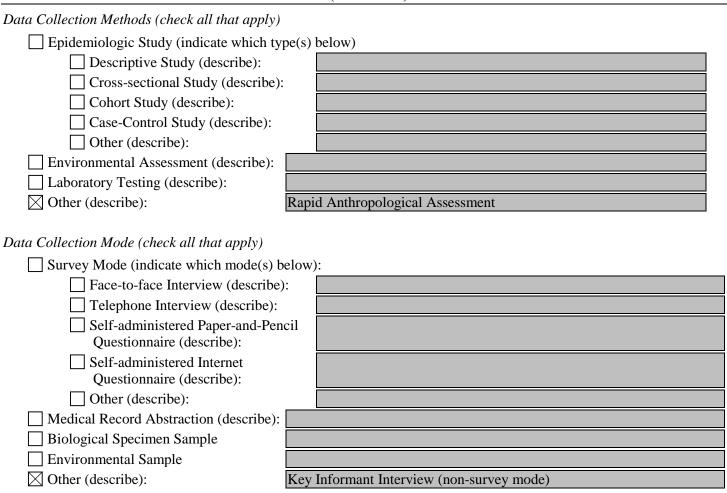
Self-administered Paper-and-Pencil Questionnaire (describe):

(0920-1011)
Self-administered Internet Questionnaire (describe):
Other (describe):
Medical Record Abstraction (describe):
Biological Specimen Sample
Environmental Sample
Other (describe):     Focus Group Discussion
Response Rate (if applicable)
Total No. Responded (A): 25
Total No. Sampled/Eligible to Respond (B): 25
Response Rate (A/B):   100%
Dete Celle etter Instance ent 2
Data Collection Instrument 2         Name of Data Collection Instrument:       Topic Guide for Community Member Focus Group
Name of Data Collection Instrument:       Topic Guide for Community Member Focus Group         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):   Rapid Anthropological Assessment
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):
Biological Specimen Sample
Environmental Sample
Other (describe):   Focus Group Discussion
Response Rate (if applicable)

47

Total No. Responded (A):

Total No. Sampled/Eligible to Respond (B): 47
Response Rate (A/B):   100%
Data Collection Instrument 3
Name of Data Collection Instrument:         Topic Guide for Contact Tracer Focus Group
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
Other (describe): Persons who conduct tracing of Ebola contacts
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):
Image: A set of the set
Notice (deserve).
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):
Biological Specimen Sample
Environmental Sample
Other (describe):     Focus Group Discussion
Response Rate (if applicable)
Total No. Responded (A): 3
Total No. Sampled/Eligible to Respond (B): 5
Response Rate (A/B): 60%
Data Collection Instrument 4
Name of Data Collection Instrument: Topic Guide for Supervisors of Contact Tracers Key Informant Interviews
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
☐ Other (describe): Persons who supervises contact tracers



*Response Rate (if applicable)* 

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

	2
<b>;):</b>	2
	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)* 

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Topic Guide for Community	General	25	1	90	38
Leaders Focus Group	public				
Topic Guide for Community	General	47	1	90	71
Member Focus Group	public				
Topic Guide for Contact	Persons who	5	1	60	5
Tracer Focus Group	conduct				
	contact				
	tracing of				
	Ebola				
	respondents				

Topic Guide for Supervisors	Supervisors	2	1	40	2
of Contact Tracers Key	of contact				
Informant Interviews	tracers				

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison:**

	(0920-1011)
GenIC No.:	2014020-XXX
EPI AID No. (if applicable):	
Requesting entity (e.g., jurisdiction):	Sierra Leone Ministry of Health
Title of Investigation:	Formative Research on Burial Practices in Sierra Leone
Purpose of Investigation: (Use as much space as necessary)	On March 21, 2014, the World Health Organization and the Ministry of Health (MoH) of Guinea reported an outbreak of Ebola viral disease (EVD), and shortly thereafter clinical cases were also reported in Liberia. By May, the first cases identified in Sierra Leone were reported. The outbreak expanded to Nigeria on July 25th and Senegal on August 29th. The outbreak continues to accelerate in West Africa and is unprecedented in size. As of September 14th, there is a combined total of 5453 cases and 2624 deaths (case-fatality rate = 48%) reported in affected countries.
	Major challenges faced by all partners in the efforts to control the outbreak include its wide geographic spread, weak health-care infrastructures, and community mistrust and resistance.
	In June 2014, the World Health Organization, and the Ministries of Health in affected countries requested additional support from CDC and other partners, necessitating the deployment of CDC staff members to West Africa to aid in outbreak investigation and control.
	In August, the World Health Organization declared the EVD outbreak an international public health emergency. Persistence and magnitude of the outbreak necessitates high-level, regional and international coordination to bolster response efforts among involved and neighboring nations and other response partners in order to control further infection and prevent outbreaks in other countries.Sierra Leone, Ministry of Health and Sanitation, has requested continued CDC assistance with the investigation to identify sources and risk factors for Ebola infection in order to implement specific prevention and control measures. As the initial outbreak expanded, country-specific GenICs were submitted and approved by OMB for data collections in Guinea (GenIC No. 2014010-XXX, exp. 9/25/2014), Liberia (GenIC No. 2014011-XXX, exp. 10/6/2014), and Sierra Leone (GenIC No. 2014-014, exp. 10/19/2014). As these GenICs have expired or will soon expire, an OMB International Emergency Clearance Package has been submitted to request OMB clearance for data collections related to basic epidemiological objectives. Data collected under the Emergency Clearance will be used to maintain a centralized database for data collected from all outbreak sites, and to assist in contact tracing, case report collection, and patient or family interviews. The Emergency Clearance includes already developed data collection forms to be used for well-defined data collection activities necessary for continued prevention and control measures.
	This GenIC sought OMB approval for additional urgent investigations necessary for prevention and control of the current EVD outbreak that were not included in the Emergency Clearance because final forms are not yet available. For example, prevention and control recommendations related to cultural practices and religious beliefs that influence disease transmission are needed; these factors were not well-understood. CDC assisted WHO and the Sierra Leone Ministry of Health with an investigation of cultural and religious beliefs that influence disease transmission during home care and funerals of EVD cases. Data were collected via focus groups with key informants, cases, and family members.
Duration of Data Collection:	
Date Began:	10/13/2014
Date Ended:	11/1/2014

	(0)20-1011)
Lead Investigator	
Name:	
CIO/Division/Branch:	
<b>Complete the following for <u>each</u> instrument use</b> Data Collection Instrument 1	d during the investigation.
	rial Practices Focus Group Guide
Type of Respondent	and Thenees Toeus Group Guide
General public Healthcare staff	Laboratory staff Patients Restaurant staff
Other (describe):	
Data Collection Methods (check all that apply)	
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):	Knowledge, attitude and practice qualitative study
Environmental Assessment (describe):	
Laboratory Testing (describe):	
Other (describe):	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) belo	w):
Face-to-face Interview (describe):	Focus group discussion (avg. 8 attendees per group) lead by trained
	moderator and 2 note takers.
Telephone Interview (describe):	
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)	
	373
	373
	100
Response Rate (A/D).	100
Complete the following burden table. Each data	a collection instrument should be included as a separate row.

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

Barden Tuble (insert rows for additional respondent types if needed)					
Data Collection Instrument	Type of	No.	No. Responses	Burden per	Total Burden
Name	Respondent	Respondents	per Respondent	Response in	in Hours

		(A)	(B)	Minutes (C)	(A x B x C)/60*
Ebola_Burial Practices	General	373	1	75	467
Focus Group Guide	public				

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison:**

		(0920-1011)			
GenIC No.:	2014020-XX				
EPI AID No. (if applicable):					
Requesting entity (e.g., jurisdiction):	Sierra Leone Ministr	y of Health			
Title of Investigation:	Evaluating Health Ca Guinea, Liberia, and	are Worker (HCW) and Ebc Sierra Leone	ola Virus Diseas	se (EVD) exposure risk in	
Purpose of Investigation: (U as much space as necessary)	- 1	es preceding HCW EVD inf en of disease among HCW.	ection and obta	in a more accurate	
Duration of Data Collection	3 months				
Date Began:	Oct 1 2014				
Date Ended:	Dec 31 2014				
Lead Investigator					
Name:	Ben Park, Ryan Faga	in			
CIO/Division/Branch:	DGHQ				
<b>Complete the following for</b> <b>Data Collection Instrumen</b>	t 1	<b>during the investigation.</b> Worker - Ebola Virus Disea	aca Evpocura P	ial Danast (CDC/W/HO)	
Name of Data Collection Ins	strument: Healuncare	worker - Ebola virus Disea	ase Exposure K	Isk Report (CDC/WHO)	
Type of Respondent	<b></b>				
X General public	X Healthcare staff	Laboratory staff	Patients	Restaurant staff	
Other (describe):					
Data Collection Methods (cl	heck all that apply)				
X Epidemiologic Study		helow)			
· _ • ·	tudy (describe):				
	al Study (describe):				
	2				
	Study (describe):				
X Other (descri	•	Case series			
Environmental Asse					
Laboratory Testing (					
Other (describe):					
Data Collection Mode (chec	k all that apply)				
X Survey Mode (indica	te which mode(s) below	):			
•	Interview (describe):	Questions on forms are ask	ked of responde	ents	
	X     Telephone Interview (describe):     Questions on forms are asked of respondents				
	ered Paper-and-Pencil				
Questionnair	e (describe):				
Self-administ					
Questionnair					
Other (descri					
Medical Record Abs					
Biological Specimen	Sample				

Environmental Sample Other (describe):

Response Rate (if applicable)	
Total No. Responded (A):	11
Total No. Sampled/Eligible to Respond (B):	11
Response Rate (A/B):	100%

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

### 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)* 

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Healthcare Worker - Ebola	health care	11	1	30	6
Virus Disease Exposure Risk	facility staff				
Report (CDC/WHO)	proxy for				
	HCW-patient				

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison**:

	(0)20-1011)
GenIC No.:	2014022-XXX
EPI AID No. (if applicable):	2015-002
Requesting entity (e.g., jurisdiction):	Texas Department of Health Services
Title of Investigation:	Investigation of Ebola Virus Disease – Ohio, October 2014
Purpose of Investigation: (Use as much space as necessary)	On September 29, 2014, the Texas Department of State Health Services reported the first case of Ebola virus disease (Ebola) diagnosed in the United States to the Centers for Disease Control and Prevention (CDC). As part of the contact tracing investigation, Dallas County Health and Human Services monitored members of the health care team that provided care to the index case-patient for signs and symptoms of Ebola.
	An intensive care nurse who had provided direct care to the index-patient on most days between September 30 and October 8 boarded a plane departing Dallas, TX for Cleveland, OH on Friday, October 10. Her final destination was Akron, OH, where she stayed with her mother and stepfather and made preparations for her upcoming wedding. Though the timing is unclear, she developed constitutional symptoms of malaise and fatigue prior to departing Ohio on the evening of Monday, October 13. She fastidiously monitored her body temperature and was reportedly afebrile during this interval.
	Soon after the nurse returned to Dallas, however, she developed a fever of 100.5 <sup>o</sup> F. After alerting local public health authorities, she drove herself to the Texas Health Presbyterian Hospital Emergency Department for evaluation in the early morning hours of October 14th. Later that day, the Texas State Public Health Laboratory reported that a sample of her blood had tested positive for <i>Ebola virus</i> by reverse transcriptase-polymerase chain reaction testing. The CDC Viral Special Pathogens Branch laboratory confirmed this result on October 15, and the nurse was diagnosed with Ebola.
	On October 15, the Ohio Department of Health (ODH) requested assistance from CDC to investigate the case-patient and her contacts; to assess the risk of potential spread from the patient to household, community, conveyance and hospital contacts; to identify other possible contacts; to provide recommendations on appropriate infection control measures to prevent virus transmission as part of the coordinated response efforts; and to assess and guide regional health care systems in their preparedness to isolate, stabilize, evaluate, and treat a person suspected of having Ebola.
Duration of Data Collection:	19 days
Date Began:	October 16, 2014
Date Ended:	November 4, 2014
Lead Investigator	
Name:	Chris Braden, MD
CIO/Division/Branch:	Director, Division of Foodborne, Waterborne and Environmental Diseases, NCEZID

## Complete the following for <u>each</u> instrument used during the investigation. Data Collection Instrument 1

Name of Data Collection Instrument:

Ebola Virus Disease Contact Tracing Form

Type of Respondent				
General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff
X Other (describe):	The questionnaire was for	potential community conta	acts of a confirme	d Ebola case-patient
Data Collection Methods				
	tudy (indicate which type(s)	below)		
	ve Study (describe):			
	tional Study (describe): udy (describe):			
	trol Study (describe):			
Other (des	•			
	ssessment (describe):			
	` <i>'</i>			
X Other (describe):		was collected for commun	nity contact risk a	ssessment
```'				
Data Collection Mode (c	heck all that apply)			
Survey Mode (ine	dicate which mode(s) below)	):		
X Face-to-fac	e Interview (describe):	Questionnaires were admi	nistered in person	l
Telephone	e Interview (describe):			
	nistered Paper-and-Pencil			
-	naire (describe):			
	nistered Internet naire (describe):			
Other (des				
	Abstraction (describe):			
Biological Specir	nen Sample			
Environmental Sa	ample			
Other (describe):				
Response Rate (if applica				
Total No. Responded	1 (A):15Eligible to Respond (B):15			
Response Rate (A/B)		0%		
	10	070		
Data Collection Instrum	nent 2			
Name of Data Collection	Instrument: Ebola Exp	osure Assessment Qu	estionnaire for	Airline Passengers
Type of Respondent				
General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff
X Other (describe):	The questionnaire was for	potential passenger contac	ets of a confirmed	Ebola case-patient
Data Collection Methods	s (check all that apply)			
Epidemiologic St	tudy (indicate which type(s)	below)		
Descriptiv	ve Study (describe):			
Cross-sect	tional Study (describe):			
Cohort Stu	udy (describe):			
Case-Cont	trol Study (describe):			

X Other (describe): Environmental Assessment (describe): Laboratory Testing (describe): Other (describe):	Data was collected for airline passenger contact risk assessment
Data Collection Mode (check all that apply)    Survey Mode (indicate which mode(s) be   Face-to-face Interview (describe):  X Telephone Interview (describe):  Self-administered Paper-and-Pend Questionnaire (describe):  Self-administered Internet Questionnaire (describe):  Other (describe):  Medical Record Abstraction (describe): Biological Specimen Sample	Questionnaires were administered over the phone to all airline passengers on the two flights who may have had contact with the case-patient
Environmental Sample     Other (describe):	
Response Rate (if applicable) Total No. Responded (A): Total No. Sampled/Eligible to Respond (B): Response Rate (A/B): Data Collection Instrument 3	92 92 100%
Name of Data Collection Instrument: Bridal Type of Respondent General public Healthcare sta	aff Laboratory staff Patients Restaurant staff
Data Collection Methods (check all that apply)                Epidemiologic Study (indicate which type)                Descriptive Study (describe):                Cross-sectional Study (describe):                Cohort Study (describe):                Cohort Study (describe):                Case-Control Study (describe):                Other (describe):                Descriptive Study (describe):	
X Other (describe): Data Collection Mode (check all that apply)	Data was collected for community contact risk assessment

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

Face-to-face Interview (describe):

X Telephone Interview (describe):	Questionnaires were administered over the phone to all persons who visited a bridal store who may have had contact with the case-patient
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): 50	Ĵ
Total No. Sampled/Eligible to Respond (B): 50	ĵ
Response Rate (A/B): 10	00%
Data Collection Instrument 4	
	act Symptom Follow-up Log
Type of Respondent	
General public Healthcare staff	Laboratory staff Patients Restaurant staff
X Other (describe): Daily symptom check for	all Tier 1, 2A, and 2B contacts of a confirmed Ebola case-patient
	below)  below  b
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	r):
Face-to-face Interview (describe):	
X Telephone Interview (describe):	<ul><li>20 respondents had twice daily temperature and symptom checks, once done in person and once done over the phone.</li><li>93 respondents had once daily temperature and symptom checks done over the phone</li></ul>
Self-administered Paper-and-Pencil Questionnaire (describe):	
Self-administered Internet	
Questionnaire (describe):	
Other (describe):	

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Medical Record Abstraction (describe):         Biological Specimen Sample         Environmental Sample         Other (describe):	
Response Rate (if applicable)       113         Total No. Responded (A):       113         Total No. Sampled/Eligible to Respond (B):       113         Response Rate (A/B):       100%	
Data Collection Instrument 5	
Name of Data Collection Instrument: Domestic Animal Questionnaire for Contacts under Active Monitoring	
Type of Respondent	
General public Healthcare staff Laboratory staff Patients Restaurant staff	
X Other (describe): Questionnaire for all Tier 1 and 2A contacts of a confirmed Ebola case-patient that lived with domestic animals	
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):	
X Other (describe):Data collection tool for higher risk contacts that owned domestic animals	
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below):	
X Face-to-face Interview (describe): Questionnaires were administered in person if higher risk contact	
informed contact tracers that they own or live with a domestic animal	
Telephone Interview (describe):	
Self-administered Paper-and-Pencil Questionnaire (describe):	
Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	
Biological Specimen Sample	
Environmental Sample	
Other (describe):	

5

Response Rate (	(if applicable)
-----------------	-----------------

1			
Total No.	Res	ponded	(A):

Total No. Sampled/Eligible to Respond (B): Response Rate (A/B):

5	
100%	

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

### 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)

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Ebola Virus Disease Contact	Close	15	1	45 min	11.25 hr
Tracing Form	community				
	contact				
Ebola Exposure Assessment	Airline	92	1	20 min	30.67 hr
Questionnaire for Airline	passenger				
Passengers	contact				
Bridal Store Visitor	Community	56	1	5 min	4.67 hr
Questionnaire	contact				
Daily Contact Symptom	All contacts	113	20 respondents –	5 min	201.58 hr
Follow-up Log	who were		38 responses (2x		
	classified as		daily)		
	requiring		93 respondents –		
	daily active		19 responses (1x		
	monitoring		daily)		
Domestic Animal	Contacts	5	1	5 min	0.42 hr
Questionnaire for Contacts	under Active				
under Active Monitoring	Monitoring				
	who owned				
	pets				

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison**:

GenIC No.:	2014022-XXX
EPI AID No. (if applicable):	2014-079
Requesting entity (e.g., jurisdiction):	Texas Department of Health Services
Title of Investigation:	Investigation of Ebola Virus Disease Importation—Texas, 2014
Title of Investigation: Purpose of Investigation: (Use as much space as necessary)	
	On September 30, 2014, TDSH requested assistance from CDC to investigate this case, to assess the risk of potential spread from the patient to household, community, conveyance and hospital contacts, to identify other possible contacts, to help with community and hospital contact tracing and monitoring efforts for this patient and any subsequent Ebola cases, and to provide recommendations on appropriate infection control measures to prevent virus transmission as part of the coordinated response efforts.
Duration of Data Collection:	36 days
Date Began:	October 1, 2014
Date Ended:	November 7, 2014
Lead Investigator	
Name:	David Kuhar, M.D.
CIO/Division/Branch:	NCEZID, Division of Healthcare Quality Promotion, Prevention and Response Branch
Data Collection Instrument	
Name of Data Collection Instru	ument: Ebola Virus Disease Contact Questionnaire
Type of Respondent	
General public	Healthcare staff Laboratory staff Patients Restaurant staff

X Other (describe):	The questionnaire was for	potential community con	ntacts of a confir	med Ebola case-patient

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):	
X Other (describe):	ata was collected for community contact risk assessment
Data Collection Mode (check all that apply) Survey Mode (indicate which mode(s) bel	om).
X Face-to-face Interview (describe):	Questionnaires were administered in person
Telephone Interview (describe):	Questionnaires were automistered in person
Self-administered Paper-and-Penci Questionnaire (describe):	
Self-administered Internet Questionnaire (describe):	
Other (describe):	
Medical Record Abstraction (describe):	

Response Rate (A/B):	

*Response Rate (if applicable)* Total No. Responded (A):

Biological Specimen Sample

Environmental SampleOther (describe):

<b>Data Collection Instrum</b>	nent 2				
Name of Data Collection	Instrument:	Ebola Viru	s Disease Contact Q	uestionnaire (	Revised)
Type of Respondent					
General public	Hea	lthcare staff	Laboratory staff	Patients	Restaurant staff
Other (describe):	The question	nnaire was for	potential community con	ntacts of a confir	med Ebola case-patient

45

45

100%

### Data Collection Methods (check all that apply)

Total No. Sampled/Eligible to Respond (B):

Epidemiologic Study (indicate which typ	e(s) below)
Descriptive Study (describe):	
Cross-sectional Study (describe):	
Cohort Study (describe):	
Case-Control Study (describe):	
X Other (describe):	Data was collected for community contact risk assessment (revised in the Field)
Environmental Assessment (describe):	
Laboratory Testing (describe):	
Other (describe):	

	(0920-1011)
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	):
Face-to-face Interview (describe):	Data was collected for community contact risk assessment (revised in the field)
Telephone Interview (describe):	
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): 6	
Total No. Sampled/Eligible to Respond (B): 6	
Response Rate (A/B): 10	00%
Data Collection Instrument 3	Disease Constant Operation of (Initial)
	s Disease Case Contact Questionnaire (Initial)
Type of Respondent	
General public Healthcare staff	Laboratory staff   Patients   Restaurant staff
X Other (describe): The questionnaire was for	potential community contacts of a confirmed Ebola case-patient
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):	
	a was collected for health care worker risk assessment for patient 1
Data Collection Mode (check all that apply)	
Survey Mode (indicate which mode(s) below	):
Face-to-face Interview (describe):	Data was collected for health care worker risk assessment for patient 1
Telephone Interview (describe):	
Self-administered Paper-and-Pencil	

Questionnaire (describe): Self-administered Internet Questionnaire (describe):

	(0920-1011)
<ul> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> <li>Biological Specimen Sample</li> <li>Environmental Sample</li> <li>Other (describe):</li> </ul>	
Total No. Sampled/Eligible to Respond (B):	85 85 100%
	are Worker Interview Form 10/11/2014 (Interactions since 30 per 2014)
General public Healthcare staff Other (describe):	f Laboratory staff Patients Restaurant staff
	(s) below)  (s) below)  (s) below  (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (s) below (
Data Collection Mode (check all that apply)         □ Survey Mode (indicate which mode(s) belo         □ Face-to-face Interview (describe):         X Telephone Interview (describe):         □ Self-administered Paper-and-Pencil         Questionnaire (describe):	Re-interview forms for healthcare workers with ongoing exposure to patient 1 and with new exposures to patient 2 and 3.
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):

282

(0920-1011)
Total No. Sampled/Eligible to Respond (B): 282
Response Rate (A/B): 100%
Data Collection Instrument 5
Name of Data Collection Instrument: Health Care worker Supplemental Interview Form
Type of Respondent
General public Healthcare staff Laboratory staff Patients Restaurant staff
X Other (describe):       Questionnaire for all healthcare workers who had direct patient contact or environmental
exposures (Patient 1, 2, 3)
Data Collection Methods (check all that apply)
Epidemiologic Study (indicate which type(s) below)
Descriptive Study (describe):
Cross-sectional Study (describe):
Cohort Study (describe):
Control Study (describe):
Other (describe):
Environmental Assessment (describe):
Laboratory Testing (describe):
X Other (describe):       Questionnaires were administered to all healthcare workers who were
involved with direct patient care or had potential exposures to
contaminated surfaces (Patient 1, 2, 3)
Data Collection Mode (check all that apply)         Survey Mode (indicate which mode(s) below):         X Face-to-face Interview (describe):       Questionnaires were administered to all healthcare workers who were involved with direct patient care or had potential exposures to contaminated surfaces (Patient 1, 2, 3)         Telephone Interview (describe):
Response Rate (if applicable)
Total No. Responded (A):     282
Total No. Sampled/Eligible to Respond (B): 282
Response Rate (A/B):   100%
Data Collection Instrument 6
Data Collection Instrument 6
<i>Name of Data Collection Instrument:</i> 21-day fever and symptom follow-up form for contacts of probable or

confirmed Ebola patients

		(0920-1011)		
Type of Respondent				
General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff
X Other (describe):	Daily temperature and sy		acts classified wi	ith high risk, some risk, and
		ps (higher risk, lower risk,		0
Data Collection Methods	(check all that apply)			
Epidemiologic St	udy (indicate which type(s)	below)		
Descriptiv	e Study (describe):			
Cross-sect	ional Study (describe):			
Cohort Stu	ıdy (describe):			
Case-Cont	rol Study (describe):			
Other (des	cribe):			
Environmental A	ssessment (describe):			
Laboratory Testir	ıg (describe):			
X Other (describe):		ly temperature and sympto		
		n risk, some risk, and no k	nown exposure g	roups (higher risk,
	low	er risk, and least risk)		
Data Collection Mode (o	hook all that apply)			
Data Collection Mode (c		\ \		
• · ·	licate which mode(s) below		(1 ' 1	1 1
A Face-to-fac	e Interview (describe):	By 10/14/14 all risk grou were administered the out		erson once daily and once
		daily by telephone (activ		erson once daily and once
X Telephone	Interview (describe):		<i>C</i> ,	
	nistered Paper-and-Pencil			
	naire (describe):			
	nistered Internet			
	naire (describe):			
Other (des				
	Abstraction (describe):			
Biological Specin	1			
Environmental Sa	ımple			
Other (describe):				
Domongo Dato (if applied	$(h_{1})$			
Response Rate (if applica Total No. Responded		79		
*	· /	79		
Response Rate (A/B)		00%		
response rule (TVD)	•	0070		

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

### 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)

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*

Ebola Virus Disease Contact Questionnaire	Close community contact	45	1	15 min	12 hrs
Ebola Virus Disease Contact Questionnaire (Revised)	Close community contact	6	1	15 min	2 hrs
Ebola Virus Disease Case Contact Questionnaire (Initial)	Healthcare Worker Contact	85	1	15 min	22 hrs
Healthcare Worker Interview Form 10/11/2014 (Interactions since 30 September 2014)	Health care worker contact	282	1	5 min	24 hrs
Health Care worker Supplemental Interview Form	Health care worker contact	282	1	5 min	24 hours
21-day fever and symptom follow-up form for contacts of probable or confirmed Ebola patients	All high, some, and no-known exposure contact risk groups	179	1	5	15 hours

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 (<u>dhe0@cdc.gov</u>).

### **EEI Information Collection Request Liaison:**

GenIC No.:	2015001-XXX
EPI AID No. (if applicable):	2015-001
Requesting entity (e.g., jurisdiction):	Georgian National Centers for Disease Control and Public Health (NCDC)
Title of Investigation:	Undetermined mode of transmission and risk factors for Crimean-Congo Hemorrhagic Fever among Georgians - Tbilisi, Georgia, 2014
Purpose of Investigation: (Use as much space as necessary)	Although Crimean-Congo Hemorrhagic Fever (CCHF) is known to be endemic in Georgia since its discovery in 2009, the highest number of cases ever reported and above surveillance baseline occurred this year. The purpose of the investigation was to identify the extent of the current outbreak as well as the mode of transmission and risk factors. The objectives of the investigation are as follows:
	1. Review existing data to accomplish the following:
	a. Clarify case definitions of suspect, probable, and confirmed.
	b. Identify any recent modifications to the surveillance system including changes in laboratory assays used.
	c. Describe the characteristics and clinical presentation of each case.
	d. Investigate and identify known risk factors for each case.
	e. Identify the laboratory testing, if any, performed for each case.
	f. Determine the mode of transmission of CCHF in these case-patients.
	g. Link existing animal, entomologic, and human epidemiologic and serologic data.
	<ul> <li>2: Conduct a field investigation to accomplish the following:</li> <li>a. Assess knowledge, attitudes, and practices (KAP) related to CCHF in the affected regions to identify risk factors for infection.</li> <li>b. Identify cases of CCHF infection and determine the scope of the outbreak among at-risk populations in the affected region.</li> </ul>
	Overall, the goal is to identify the mode of transmission and the risk factors for CCHF in this outbreak to effectively implement public health interventions to mitigate future CCHF risk and transmission.
Duration of Data Collection:	
Date Began:	10/6/14
Date Ended:	10/22/14
Lead Investigator	
Name:	Ashley Greiner
CIO/Division/Branch:	
CIO/Division/Branch:	CGH/DGHP/GDD

Name of Data Collection	Instrument: CCF_Know	vledge, Attitudes and Prac	ctices (KAP) Sur	vey
Type of Respondent				
General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff
Other (describe):	Respondents of the field i CCHF case in 2014.	nvestigation will be resid	ents of villages v	with at least one reported

## Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)	

Descriptive Study (describe):

Cross-sectional Study (describe):

Field investigation was conducted in those regions with positive

☐ Cohort Study (describe): ☐ Case-Control Study (describe): ☐ Other (describe): ☐ Environmental Assessment (describe): ☑ Laboratory Testing (describe):	case-patients in 2014 to identify risk factors for infection, identify         cases of CCHF infection, and describe the extent of the outbreak.         Households were randomly selected. The KAP survey was         administered to each selected household and a blood specimen         was collected.
Other (describe):	
Data Collection Mode (check all that apply) ⊠ Survey Mode (indicate which mode(s) to ∏ Face-to-face Interview (describe)	-
<u> </u>	
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> </ul>	
Telephone Interview (describe):	
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet</li> </ul>	
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> </ul>	
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> </ul>	
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> <li>Biological Specimen Sample</li> </ul>	A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> </ul>	A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> <li>Biological Specimen Sample</li> <li>Environmental Sample</li> <li>Other (describe):</li> </ul>	A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> <li>Biological Specimen Sample</li> <li>Biological Specimen Sample</li> <li>Other (describe):</li> </ul>	A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at CDC Atlanta Laboratory if confirmation testing is required.
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> <li>Biological Specimen Sample</li> <li>Biological Specimen Sample</li> <li>Other (describe):</li> </ul> <i>Response Rate (if applicable)</i> Total No. Responded (A):	A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at CDC Atlanta Laboratory if confirmation testing is required.
<ul> <li>Telephone Interview (describe):</li> <li>Self-administered Paper-and-Per Questionnaire (describe):</li> <li>Self-administered Internet Questionnaire (describe):</li> <li>Other (describe):</li> <li>Medical Record Abstraction (describe):</li> <li>Biological Specimen Sample</li> <li>Biological Specimen Sample</li> <li>Other (describe):</li> </ul>	A 10 ml whole blood sample was obtained and sent for CCHF diagnostic testing. Serum was separated by centrifugation and split into two aliquots. Testing was performed at Lugar Laboratory for recent (within the past 2-4months) and past (within past 5 years) CCHF infection by anti-CCHF IgM and IgG, respectively. The samples will be stored for up to 2 years in case repeat CCHF testing needs to be performed. Samples may be processed at CDC Atlanta Laboratory if confirmation testing is required.

## **Data Collection Instrument 2**

Name of Data Collection Instrument: Type of Respondent

Name of Data Collection Instrument: CCHF\_Case Investigation Questionnaire

General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff		
Other (describe):	2014 CCHF Case-Patient	S				
Data Collection Methods	(check all that apply)					
Epidemiologic St	udy (indicate which type(s)	below)				
Descriptive	e Study (describe):	A chart review was per	rformed of all ca	ase-patients, including		
		the extraction of pertin				
		laboratory results from surveillance system (E				
		federal employee.	iDSS). Charls (			
Cross-sect	ional Study (describe):					
	ıdy (describe):					
Case-Cont	rol Study (describe):					
Other (des	cribe):					
Environmental As	ssessment (describe):					
Laboratory Testin	ng (describe):					
Other (describe):						
Data Collection Mode (cl	heck all that apply)					
	licate which mode(s) below	<i>i</i> ):				
	ce Interview (describe):					
<b>•</b>	Interview (describe):					
	nistered Paper-and-Pencil naire (describe):					
	nistered Internet					
	naire (describe):					
Other (des	· · · · · ·					
	Abstraction (describe):					
Biological Specin	nen Sample					
Environmental Sa	Imple					
Response Rate (if applica	esponse Rate (if applicable)					

 Total No. Responded (A):
 1

 Total No. Sampled/Eligible to Respond (B):
 1

 Response Rate (A/B):
 100%

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

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
CCHF_KAP Survey	General	651	1	30	325.5
	Public				
CCHF_Case Investigation	Federal	1	22	5	1.83
Questionnaire	employee				

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

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**:

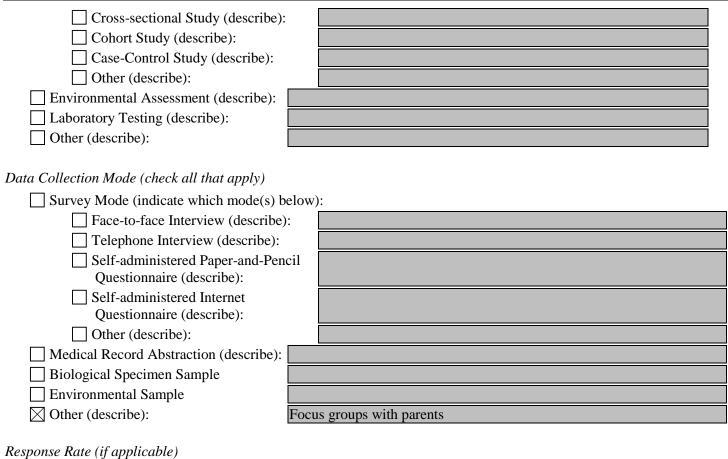
GenIC No.:	2015002-XXX
EPI AID No. (if applicable):	2015-03
Requesting entity (e.g., jurisdiction):	Fairfax County Health Department Commonwealth of Virginia Department of Health
Title of Investigation:	Undetermined risk factors for suicide among youth, ages 10-24 — Fairfax County, VA, 2014
Purpose of Investigation: (Use as much space as necessary)	<ul> <li>Since October 1, 2014, there have been 3 suicides among high school students in the Fairfax County Public School System in Fairfax County, Virginia. The recent deaths occurred in close physical proximity and time, which has promoted local public health officials, the public school system, community members, and parents to be concerned about a possible suicide cluster among youth in the community. This possible cluster occurs in the context of an increasing suicide rate among 10-24 year olds in Fairfax County from 18/100,000 in 2011 to 25/100,000 in 2013, and the community has already had 16 suicides among youth in 2014. There are indications that youth suicides may be primarily connected to one high school and two other high schools have had several suicides among its students in 2014. Although the community has previously dedicated extensive resources to suicide prevention activities, however the effectiveness has been limited given suicides contributing to the suicide risk or the unmet needs that must be addressed by preventive actions. Consequently, the Fairfax County Health Department and the Virginia Department of Health have requested CDC's urgent assistance in investigating youth suicide and making recommendations for a public health response to prevent additional suicides among Yairfax County youth.</li> <li>Epi-Aid objectives: <ul> <li>Assist the Commonwealth of Virginia Department of Health and the Fairfax County, Virginia.</li> <li>Identify epidemiologic information about fatal and non-fatal suicidal behaviors among youth in Fairfax County Virginia that can help inform prevention strategies implemented by the Commonwealth of Virginia Health Department, Fairfax County Department of Health, and their community partners.</li> </ul> </li> <li>In order to identify school and community level risk and protective factors that may be associated with youth suicide across the community, interviews with school administrators and guidance counselors and focus groups with parents were conducted. These dat</li></ul>
Duration of Data Collection:	
Date Began:	November 12, 2014
Date Ended:	November 21, 2014
Lead Investigator	
Name:	Erica Spies
CIO/Division/Branch:	Division of Violence Prevention

### **Complete the following for <u>each</u> instrument used during the investigation.** Data Collection Instrument 1

Name of Data Collection Instrument: Type of Respondent

Suicide\_Interview Guide

General public	Healthcare staff	Laboratory staff	Patients	Restaurant staff
Descriptive	dy (indicate which type(s) Study (describe): onal Study (describe): ly (describe): ol Study (describe): ribe): essment (describe):	below) Interviews and focus grou and community-level risk youth suicide and suicide	and protective f	
☐ Face-to-face ☐ Telephone I ☐ Self-admini Questionna ☐ Self-admini Questionna ☐ Other (descr	cate which mode(s) below e Interview (describe): nterview (describe): stered Paper-and-Pencil ire (describe): stered Internet ire (describe): ribe): ostraction (describe):			
Response Rate (if applicab Total No. Responded ( Total No. Sampled/Eli Response Rate (A/B):	(A): 18			
<b>Data Collection Instrume</b> Name of Data Collection I. Type of Respondent		group guide		
General public Other (describe):	Healthcare staff	Laboratory staff	Patients	Restaurant staff
· ·	<i>check all that apply)</i> dy (indicate which type(s) Study (describe):	below) Interviews and focus grou and community-level risk youth suicide and suicide	and protective f	-



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

71
NA – denominator information not available
NA – denominator information not available

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

		No.	No. Responses	Burden per	Total Burden
Data Collection Instrument	Type of	Respondents	per Respondent	Response in	in Hours
Name	Respondent	(A)	(B)	Minutes (C)	(A x B x C)/60*
Suicide_Interview Guide	School administrators and guidance counselors	18	1	60	18
Suicide_Focus Group Guide	Parent	71	1	90	107

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

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:**

Office: 404.498.6389 Deaton@cdc.gov