

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

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

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

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

Data Collection Methods (check all that apply)

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

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe):
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe): Respondents completed Case Investigation Report-Dengue form.
 Self-administered Internet Questionnaire (describe):

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

Response Rate (if applicable)

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

Data Collection Instrument 2

Name of Data Collection Instrument: **Chikungunya_Suspect Case Interview Form**

Type of Respondent

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

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

<input type="checkbox"/> Descriptive Study (describe):	
<input type="checkbox"/> Cross-sectional Study (describe):	
<input type="checkbox"/> Cohort Study (describe):	
<input type="checkbox"/> Case-Control Study (describe):	
<input type="checkbox"/> Other (describe):	

Environmental Assessment (describe): _____
 Laboratory Testing (describe): _____
 Other (describe): Interview with suspect case patients to determine the extent of symptoms they were experiencing related to their illness.

Data Collection Mode (check all that apply)

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

<input checked="" type="checkbox"/> Face-to-face Interview (describe):	Interviews with suspected case patients were conducted face-to-face or by telephone.
<input checked="" type="checkbox"/> Telephone Interview (describe):	Interviews with suspected case patients were conducted face-to-face or by telephone.
<input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe):	
<input type="checkbox"/> Self-administered Internet Questionnaire (describe):	
<input type="checkbox"/> Other (describe):	

Medical Record Abstraction (describe): _____
 Biological Specimen Sample _____
 Environmental Sample _____
 Other (describe): _____

Response Rate (if applicable)

Total No. Responded (A):	62
Total No. Sampled/Eligible to Respond (B):	146
Response Rate (A/B):	42%

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

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

Data Collection Instrument Name	Type of Respondent	No. Respondents (A)	No. Responses per Respondent (B)	Burden per Response in Minutes (C)	Total Burden in Hours (A x B x C)/60*
Dengue and Chikungunya_Case Report Form	Health care providers and laboratory staff	100	1	5	9
Chikungunya_Suspect Case Interview Form	Patients	62	1	10	11

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the EEI Information Collection Request Liaison, Danice Eaton (dhe0@cdc.gov).

EEI Information Collection Request Liaison:

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