

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

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

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Respondent

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

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
 Descriptive Study (describe):
 Cross-sectional Study (describe):
 Cohort Study (describe):
 Case-Control Study (describe):
 Other (describe):
 Environmental Assessment (describe):
 Laboratory Testing (describe):
 Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
 Face-to-face Interview (describe):
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):
 Medical Record Abstraction (describe):

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

Response Rate (if applicable)

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

Data Collection Instrument 2

Name of Data Collection Instrument: **Respiratory Illness_Hospitalized Case Investigation Form**

Type of Respondent

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

Data Collection Methods (check all that apply)

Epidemiologic Study (indicate which type(s) below)

<input checked="" type="checkbox"/> Descriptive Study (describe):	We reviewed medical records of hospitalized UC.
<input type="checkbox"/> Cross-sectional Study (describe):	
<input type="checkbox"/> Cohort Study (describe):	
<input type="checkbox"/> Case-Control Study (describe):	
<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Environmental Assessment (describe):	
<input type="checkbox"/> Laboratory Testing (describe):	
<input type="checkbox"/> Other (describe):	

Data Collection Mode (check all that apply)

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

<input type="checkbox"/> Face-to-face Interview (describe):	
<input type="checkbox"/> Telephone Interview (describe):	
<input type="checkbox"/> Self-administered Paper-and-Pencil Questionnaire (describe):	
<input type="checkbox"/> Self-administered Internet Questionnaire (describe):	
<input type="checkbox"/> Other (describe):	
<input checked="" type="checkbox"/> Medical Record Abstraction (describe):	For hospitalized UC, inpatient medical charts were reviewed, and data was abstracted to complete the form.
<input type="checkbox"/> Biological Specimen Sample	
<input type="checkbox"/> Environmental Sample	
<input type="checkbox"/> Other (describe):	

Response Rate (if applicable)

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

Data Collection Instrument 3

Name of Data Collection Instrument: **Respiratory Illness_Interview Assent Form**

Type of Respondent

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

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

Data Collection Instrument Name	Type of Respondent	No. Respondents (A)	No. Responses per Respondent (B)	Burden per Response in Minutes (C)	Total Burden in Hours (A x B x C)/60*
Respiratory Illness_Case Investigation Form	Patients	32	1	30	16
Respiratory Illness_Hospitaized Case Investigation Form	Patients	8	1	30	4
Respiratory Illness_Interview Assent Form	Patients	384	1	10	64

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

EEI Information Collection Request Liaison:

Danice Eaton, PhD, MPH
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