

**Request for Approval Under the Generic Clearance for  
Emergency Epidemic Investigation Data Collections  
(0920-1011)**

*Instruction: This form should be completed by the primary contact person from the CDC CIO that will be sponsoring the investigation.*

**Determine if your investigation is appropriate for this Generic mechanism:** *Instruction: Before completing and submitting this form, determine first if the proposed investigation is appropriate for the EEI Generic ICR mechanism. Complete the checklist below. If you select “yes” to all criteria in Column A, the EEI Generic IR mechanism can be used. If you select “yes” to any criterion in Column B, the EEI Generic ICR mechanism cannot be used.*

<b>Column A</b>	<b>Column B</b>
CDC epidemiological assistance is requested by one or more external partners (e.g., local, state, tribal, military, port, other federal agency, or international health authority or other partner organization). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The Investigation is initiated by CDC, without request from an external partner. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The investigation is urgent in nature (i.e., timely data are needed to inform rapid public health action to prevent or reduce injury, disease, or death). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The investigation is not urgent in nature. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The investigation is characterized by undetermined agent, undetermined source, undetermined mode of transmission, or undetermined risk factors. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The investigation is conducted for the primary purpose of program evaluation, surveillance, needs assessment, or research to contribute to generalizable knowledge. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
One or more CDC staff (including trainees and fellows) will be deployed to the field. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CDC staff (including trainees or fellows) are not deployed to the field. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Data collection will be completed in 90 days or less. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Data collection expected to require greater than 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Did you select “Yes” to **all** criteria in Column A?

If yes, the EEI Generic ICR may be appropriate for your investigation. → You may proceed with this form.

Did you select “Yes” to **any** criterion in Column B?

If yes, the EEI Generic ICR is not appropriate for your investigation. → Stop completing this form now.

GenIC #  -  Date

**Title of Investigation:** *Instruction: Provide the title of the investigation in the following format: [Undetermined agent, undetermined source, undetermined mode of transmission, undetermined risk factor] for [disease/problem] among [subpopulation]—[State], [Year]*

**Location of Investigation:** *Instruction: Indicate location where investigation will occur. If multiple locations, specify each one.*

State:   
 City/County (if applicable)   
 Country

**Requesting Agency:** *Instruction: Indicate name of agency requesting epidemiological assistance and the name and position title of the requestor*

Agency:   
 Name and Position Title:

*Note: Attach the Letter of Invitation requesting support. The letter should include the following information: 1) background on the outbreak or event; 2) steps already taken toward prevention and control, if any; 3) request for CDC assistance, including objectives of the investigation; and 4) how data will be used to inform prevention and control measures. Sensitive information in the Letter of Invitation not appropriate for public dissemination should be redacted.*

### Description of Investigation

1. **Problem to be Investigated:** *Instruction: Provide a summary of the outbreak or event. The summary should include all the information you know at this time about the outbreak or event and the investigation that is planned. At a minimum, please provide the following information: 1) background necessary to understand the importance of the outbreak or event, including a justification of the need for an investigation and why this issue requires an urgent response; 2) the objectives of the investigation, including how the information collected will be used to inform prevention and control measures; and 3) a brief overview of the investigation planned, including study design, respondents, mode of data collection. In the description, indicate whether a data collection instrument is attached with the GenIC request (refer to as Appendix 1, etc) and what instruments will be developed in the field. (suggested length: 250-500 words).*

surveillance and diagnostic capacity, investigate confirmed cases, assist with education of healthcare providers and the public, and provide recommendations for vector control and other mitigation efforts.

The Epi-Aid team will: 1) Assist with investigations of laboratory-confirmed cases to identify risk factors for infection and target control measures; 2) Help strengthen surveillance and diagnostic testing capacity to identify additional cases; 3) Establish routine surveillance data analysis and reports to track outbreak and direct response efforts; 4) Educate healthcare providers and the general public to recognize cases and mitigate spread; 5) Assess existing clinical capacity and needs; 6) Collect mosquito specimens to determine if *Aedes albopictus* is present and playing a role in transmission, calculate infection rates, and assess for insecticide resistance; and 7) Develop recommendations for vector control and other prevention efforts.

Case investigations of patients will be conducted among patients who present for medical care with a illness clinically compatible with chikungunya. Case investigations might identify additional cases with clinically compatible illness in the same household or neighborhood. Healthcare providers might be interviewed or medical records abstracted to obtain initial clinical information prior to contacting case patients. Information will be collected from cases to identify demographic or geographic risk factors for infection. Appendix 1 is a Dengue/Chikungunya Case Investigation Form, which is the form currently being used by U.S. Virgin Islands to collect clinical information on chikungunya patients. This is a standard case investigation form used for dengue and chikungunya investigations. This form might be modified in the field to add questions related to risk factors or factors deemed important following initial investigation. Patients with fever and arthralgia/arthritis will have serum specimens collected for clinical diagnostic testing (RT-PCR and/or IgM ELISA) to confirm evidence of dengue or chikungunya virus infection. U.S. Virgin Islands is collecting serum specimens as documented on the case investigation form (Appendix 1). CDC will assist with biospecimen sample collection if requested by U.S. Virgin Islands. In addition, case households will be evaluated for mosquito breeding sites and presence of larval or adult vector mosquitoes to direct plans for mitigation efforts. Additional data might be collected in the field if determined necessary for identification of risk factors and to inform prevention and control measures.

2. Characteristics of Outbreak or Event (Check all that Apply):

- Undetermined agent
- Undetermined source
- Undetermined mode of transmission
- Undetermined risk factor

3. Respondents: *Instruction: Select all that apply. For each respondent type selected, provide a brief description. Be sure to include a description of control respondents, if applicable. Use as much space as necessary for each description.*

General public (describe):

Healthcare staff (describe):

Healthcare providers might be interviewed, or medical records abstracted, to obtain initial clinical information on cases to be recorded on the dengue/chikungunya case investigation form (Appendix 1).

Laboratory staff (describe):

Patients (describe):

Residents of US Virgin Islands with suspected or laboratory-confirmed chikungunya virus infections

Restaurant staff (describe):

Other (describe):

4. Selection of Respondents: *Instruction: Provide a brief description of how respondents will be identified and selected. Use as much space as necessary for the description.*

Patients will be identified when they present to medical care with an illness clinically compatible with chikungunya (i.e., fever and arthralgia/arthritis). Case investigations might identify additional cases with clinically compatible illness in the same household or neighborhood.

5. Study Design: *Instruction: Select all that apply. For each study design planned, provide a brief description. Use as much space as necessary for the description.*

Epidemiologic Study (indicate which type(s) below)

Descriptive Study (describe):

Perform case investigations to identify demographic or geographic risk factors for infection to help direct mitigation efforts including reducing mosquito exposures and vector control.

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

Environmental Assessment (describe):

Case households will be evaluated for mosquito breeding sites and presence of larval or adult vector mosquitoes to direct plans for mitigation efforts.

Laboratory Testing (describe):

Patients with fever and arthralgia/arthritis will have serum specimens collected for clinical diagnostic testing (RT-PCR and/or IgM ELISA) to confirm evidence of dengue or chikungunya virus infection.

Other (describe):

6. Data Collection Mode: *Instruction: Select all that apply. For each data collection mode planned, provide a brief description. Use as much space as necessary for the description.*

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

Face-to-face Interview (describe):

The dengue/chikungunya case investigation form (Appendix 1) will be completed by telephone or in-person interview with the patient and/or their healthcare provider.

Telephone Interview (describe):

The dengue/chikungunya case investigation form (Appendix 1) will be completed by telephone or in-person interview with the patient and/or their healthcare provider.

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

Self-administered Internet Questionnaire (describe):

Other (describe):

Medical Record Abstraction (describe):

Biological Specimen Sample

Patients with fever and arthralgia/arthritis will have serum specimens collected for clinical diagnostic testing (RT-PCR and/or IgM ELISA) to confirm evidence of dengue or chikungunya virus infection.

Environmental Sample:

Collect mosquito specimens to determine if *Aedes albopictus* is present and playing a role in transmission, calculate infection rates, and assess for insecticide resistance.

Other (describe):

7. Type of Information to be Collected: *Instruction: Select all that apply. For each type of information to be collected, provide a brief description. Use as much space as necessary for the description.*

Behaviors (describe):

Clinical information/symptoms (describe):

Clinical signs/symptoms consistent with dengue or chikungunya virus infection

Contact information (describe):

Residence address and patient phone number

Demographic information (describe):

Age and sex

Environmental factors (describe):

- Exposures (describe):  
 Medical history (describe):  
 Risk factors (describe):  
 Specimen/lab information (describe):  
 Travel history (describe):  
 Other (describe):

Serum specimen collection date and dengue and chikungunya diagnostic test results

Recent travel to areas with known chikungunya transmission

## 8. Duration of Data Collection (number of weeks):

4 weeks

**Research Determination:** *Instruction: Indicate the research determination decision. If the decision is research, provide the research determination letter and IRB approval, if required.*

Research  Not Research

**Certification:** *Please read the certification carefully. Type your name to validate that you are providing certification. Note: If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved. Certification should be signed by the CDC Primary Contact Person for this Investigation.*

I, [insert name of CDC sponsoring program contact], certify the following to be true:

1. The collection is voluntary.
2. Respondents will not be personally identified in any published reports of the study.
3. Information gathered will be primarily used to inform effective prevention and control measures.

CDC Sponsoring Program Primary Contact Name: Dr. Marc Fischer

Date of Certification: 06/11/2014

**Requested Approval Date (mm/dd/yyyy):** *Instruction: Indicate the date by which approval is needed.*

06/16/2014

**E-mail the completed form to the Information Collection Request Liaison (ICRL) or EIS program ICRL designee.**

***EI Information Collection Request Liaison:***

Danice Eaton, PhD, MPH  
 EIS Program Staff Epidemiologist  
 EWB/DSEPD/CDC  
 2400 Century Center, MS E-92  
 Office: 404.498.6389  
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For internal use. Do not complete.

Date/Time initial GenIC received  
by ICRL

6/12/2014, 10:59AM

Date/Time final GenIC received  
by ICRL

6/12/2014, 5:05PM

Date/Time submitted to OMB

6/12/2014, 5:35PM

Date/Time approved