

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

| | |
|---|---|
| GenIC No.: | 2015009-XXX |
| EPI AID No. (if applicable): | 2015-028 |
| Requesting entity (e.g., jurisdiction): | Dr. Nicholas Muraguri, Director of Medical Services of Kenya Ministry of Health |
| Title of Investigation: | Widespread Outbreak of Cholera in Kenya, 2015 |
| Purpose of Investigation: (Use as much space as necessary) | <p>By the end of May, 2015, a multi-county outbreak of cholera in Kenya had caused over 3000 cases across the country from the beginning of 2015. From ~January 1, 2015 to May 26, 2015, a total of 3,486 cases of cholera had been reported with 71 deaths, of which 225 were laboratory confirmed as <i>Vibrio cholerae</i> O1. Eleven of the 47 counties in Kenya reported cases with case fatality ratios ranging from <1% to 6.8%.</p> <p>In January 2015, the Kenyan Ministry of Health (MoH) in partnership with the Field Epidemiology and Laboratory Training Program (FELTP) launched an investigation of the outbreak and started implementing ongoing response efforts. On June 3, 2015, the Kenya MoH contacted CDC to request assistance with the epidemiological and laboratory investigation of this ongoing and widespread cholera outbreak. On June 13, a team from the Division of Foodborne, Waterborne, and Environmental Diseases deployed to join the investigation in the field.</p> <p>The short-term goals of the investigation were to inform status of current outbreak response and identify critical points of intervention to stop transmission of cholera. Developing public health recommendations to strengthen existing surveillance systems for detection of and response to outbreaks of cholera and other communicable diseases were the long-term goals of the investigation.</p> |
| Duration of Data Collection: | |
| Date Began: | July 6, 2015 |
| Date Ended: | July 14, 2015 (excluding Sunday, July 12) |
| Lead Investigator | |
| Name: | Rupa Narra |
| CIO/Division/Branch: | NCEZID/DFWED/DWBD |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

| | |
|--|-------------------------|
| Name of Data Collection Instrument: | Community Questionnaire |
| Type of Respondent | |
| <input checked="" type="checkbox"/> General public <input type="checkbox"/> Healthcare staff <input type="checkbox"/> Laboratory staff <input type="checkbox"/> Patients <input type="checkbox"/> Restaurant staff <input type="checkbox"/> Other (describe): | |

Data Collection Methods (check all that apply)

| | |
|---|--|
| <input type="checkbox"/> 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 checked="" type="checkbox"/> Other (describe): | Knowledge, Attitudes, and Practices Survey |
| <input type="checkbox"/> Environmental Assessment | |

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(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):

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

Response Rate (A/B):

Data Collection Instrument 2

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)

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

Face-to-face Interview (describe): Survey was given by trained enumerators, FELTP residents, or EIS Officers

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): 51

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

Response Rate (A/B): Unknown

Data Collection Instrument 3

Name of Data Collection Instrument: Health Care Worker Questionnaire

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): Knowledge, Attitudes, and Practices Survey

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): Survey was given by trained enumerators, FELTP residents, or EIS Officers

Telephone Interview (describe):

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

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

Data Collection Instrument 4

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):
- Biological Specimen Sample
- Environmental Sample

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Other (describe):

Response Rate (if applicable)

| | |
|--|---------|
| Total No. Responded (A): | 44 |
| Total No. Sampled/Eligible to Respond (B): | Unknown |
| Response Rate (A/B): | Unknown |

(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 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* |
|---|------------------------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Community Questionnaire | General Public | 1418 | 1 | 30 | 709 |
| Community Health Extension Worker Questionnaire | Community Health Extension Workers | 51 | 1 | 20 | 17 |
| Health Care Worker Questionnaire | Health Care Workers | 61 | 1 | 25 | 26 |
| Health Care Facility Checklist | Health Care Workers | 44 | 1 | 15 | 9 |

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
 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

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| | |
|--|---|
| GenIC No.: | 2015010-XXX |
| EPI AID No. (if applicable): | 2015-029 |
| Requesting entity (e.g., jurisdiction): | Republic of Congo, Ministry of Health |
| Title of Investigation: | Undetermined risk factors for human monkeypox in the Republic of Congo, 2015 |
| Purpose of Investigation: (Use as much space as necessary) | CDC assisted the Republic of Congo Ministry of Health to identify the behavioral and environmental risk factors for acquiring monkeypox among populations in and around Impfondo. |
| Duration of Data Collection: | 7 days |
| Date Began: | July 13, 2015 |
| Date Ended: | July 19, 2015 |
| Lead Investigator | |
| Name: | Andrea McCollum |
| CIO/Division/Branch: | NCEZID/DHCPP/PRB |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Monkeypox Risk 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): This was a descriptive analysis of the knowledge of sources and risk factors for infection in and around Impfondo, ROC.
 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): Interviewees were engaged in face-to-face encounters at each household. Questions were asked directly from the survey and interviewee responses filled in by the interviewer. Interviews were conducted by teams of CDC and Ministry of Health staff.
 Telephone Interview (describe):
 Self-administered Paper-and-Pencil Questionnaire (describe):
 Self-administered Internet Questionnaire (describe):
 Other (describe):

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| | |
|---|--|
| <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): | 182 |
| Total No. Sampled/Eligible to Respond (B): | 182 |
| 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)

| 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* |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Monkeypox Risk Assessment Form | General Public | 182 | 1 | 20 | 60.7 |

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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 EIS Program Staff Epidemiologist
 Epidemiology Workforce Branch
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| | |
|--|--|
| GenIC No.: | 2015011-XXX |
| EPI AID No. (if applicable): | 2015-032 |
| Requesting entity (e.g., jurisdiction): | Pennsylvania Department of Health |
| Title of Investigation: | Undetermined source, mode of transmission, and risk factors for Nontuberculous mycobacterium infections among cardiothoracic surgical patients - Pennsylvania |
| Purpose of Investigation: (Use as much space as necessary) | Nontuberculous mycobacterium (NTM) are generally free-living organisms that are ubiquitous in the environment and have been recovered from surface water, tap water, and soil. These organisms can also be present on clothing, hair, and skin and are capable of causing severe infection, especially among immunocompromised patients. On July 20, 2015, CDC was notified by the Pennsylvania Department of Health (PA DOH) of eight possible cases of <i>Mycobacterium avium</i> complex (MAC), a type of NTM, infections among cardiothoracic surgery patients who had procedures at a single facility (hospital A) between 2008 and 2015. All of these patients had undergone open heart procedures. All procedures involved the use of heater-cooler units, some of which have previously been implicated in transmitting NTM through aerosolized particles in cardiothoracic surgical cases in Europe. However, the source, mode of transmission, and risk factors for MAC infection in the current investigation were not determined. PA DOH requested CDC assistance with an on-site investigation to determine the source, modes of transmission, and risk factors for NTM infections among hospital A patients in order to prevent further cases. |
| Duration of Data Collection: | 3 weeks |
| Date Began: | 7/27/15 |
| Date Ended: | 8/14/15 |
| Lead Investigator | |
| Name: | Joe Perz and Kiran Perkins |
| CIO/Division/Branch: | NCEZID/DHQP/PRB |

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Abstraction Form

Type of Respondent

- General public
 Healthcare staff
 Laboratory staff
 Patients
 Restaurant staff
 Other (describe): Chart abstraction by federal employees

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)
- Descriptive Study (describe): To describe the initial cases reported by Hospital A
 - 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)

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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): To describe the initial cases reported by Hospital A

Biological Specimen Sample

Environmental Sample

Other (describe):

Response Rate (if applicable)

Total No. Responded (A): 20

Total No. Sampled/Eligible to Respond (B): 20

Response Rate (A/B): 100%

Data Collection Instrument 2

Name of Data Collection Instrument: Case-Control Abstraction Form

Type of Respondent

General public

Healthcare staff

Laboratory staff

Patients

Restaurant staff

Other (describe): Chart abstraction by federal employees

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):

Chart abstraction for unmatched case control study of the outcome of NTM infections among cardiothoracic surgical patients

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): Chart abstraction for unmatched case control study of the outcome of

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| | |
|---|---|
| <input type="checkbox"/> Biological Specimen Sample | NTM infections among cardiothoracic surgical patients |
| <input type="checkbox"/> Environmental Sample | |
| <input type="checkbox"/> Other (describe): | |

Response Rate (if applicable)

| | |
|--|------|
| Total No. Responded (A): | 68 |
| Total No. Sampled/Eligible to Respond (B): | 68 |
| Response Rate (A/B): | 100% |

Data Collection Instrument 3

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):

Biological Specimen Sample

Environmental Sample

Other (describe):

Response Rate (if applicable)

| | |
|--------------------------|----|
| Total No. Responded (A): | 48 |
|--------------------------|----|

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| | |
|--|------|
| Total No. Sampled/Eligible to Respond (B): | 48 |
| 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)

| 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* |
|---------------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|---------------------------------------|
| Abstraction Form | Federal employee | 4 | 20 | n/a | n/a |
| Abstraction Form – Case Control Study | Federal employee | 4 | 68 | n/a | n/a |
| Short Abstraction Form | Federal employee | 4 | 48 | n/a | n/a |

n/a = no burden to the public; data abstracted by federal employees.

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).

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