

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

GenIC No.:	2015012-XXX
EPI AID No. (if applicable):	
Requesting entity (e.g., jurisdiction):	Indiana Department of Health
Title of Investigation:	Undetermined risk factor and mode of transmission for HIV infection among persons injecting an opioid painkiller—Indiana, 2015
Purpose of Investigation: (Use as much space as necessary)	<p>The purpose of this investigation was to identify risk practices that contributed to the rapid transmission of HIV in Scott County, IN as well as access to and utilization of the emergency public health interventions implemented in response to the HIV outbreak.</p> <p>The specific objectives of this investigation included:</p> <ol style="list-style-type: none"> 1. Identify high-risk behaviors of PWID to understand drug use practices, sexual practices, and other potential pathways of HIV and HCV transmission in this outbreak 2. Understand the facilitators and barriers to accessing treatment and prevention programs <p>The findings from this investigation will directly contribute to control of the ongoing HIV outbreak in Scott County by collecting the necessary data i) to inform recommendations to reduce new HIV infections and ii) to increase demand for and uptake of prevention services. Findings will be summarized and disseminated in a timely manner to key public health response partners, including ISDH, Scott County Department of Health, and local health care providers.</p>
Duration of Data Collection:	5 days
Date Began:	08/31/2015
Date Ended:	09/04/2015
Lead Investigator	
Name:	Dita Broz, PhD, MPH
CIO/Division/Branch:	CDC/NCHHSTP/DHAP/BCSB

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: HIV Risk Factors Interview Guide

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):

A qualitative investigation design was utilized to collect in-depth information on key risk factors contributing to this rural HIV outbreak, to inform current public health interventions, including the syringe service program and treatment of HIV and substance use disorder.

Cross-sectional Study (describe):

Cohort Study (describe):

Case-Control Study (describe):

Other (describe):

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- 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):

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

Response Rate (A/B):

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*
HIV Risk Factors Interview Guide	General Public	25	1	90	37.5

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
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GenIC No.:	2016003-XXX
EPI AID No. (if applicable):	2016-005
Requesting entity (e.g., jurisdiction):	Illinois Department of Public Health
Title of Investigation:	Undetermined source, mode of transmission, and risk factors for an Outbreak of Group A <i>Streptococcus</i> among residents of a long term care facility —Illinois, 2015
Purpose of Investigation: (Use as much space as necessary)	<p>The Illinois Department of Public Health identified a cluster of Group A <i>Streptococcus</i> cases in a long term care facility in Sangamon county, Illinois. These infections began in February, 2015 and resulted in 69 group A streptococcal positive individuals since that time. There were 12 invasive cases in residents with 4 deaths. Despite infection control measures implemented by the facility, screening cultures and implementation of mass treatment, invasive group A streptococcal infections continue to occur. The Illinois Department of Health requested assistance with the following objectives:</p> <ol style="list-style-type: none"> 1. To evaluate the causes and extent of the ongoing Group A <i>Streptococcus</i> outbreak, including risk factors for carriage and infection among residents and staff. 2. To assess current infection control practices and provide recommendations for enhanced control to halt further spread of Group A <i>Streptococcus</i> in the facility. 3. To identify other measures and actions to control the outbreak which may include, performing additional screening for Group A Streptococcal carriage, assessing Group A <i>Streptococcus</i> disease incidence in the community, and implementing treatment to protect facility residents and staff.
Duration of Data Collection:	14 days
Date Began:	11/5/2015
Date Ended:	11/18/2015
Lead Investigator	
Name:	Katherine Fleming-Dutra
CIO/Division/Branch:	NCIRD/DBD/RDB

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):

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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)

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

Face-to-face Interview (describe):

Telephone Interview (describe):

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

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<input type="checkbox"/> Self-administered Internet Questionnaire (describe): <input type="checkbox"/> Other (describe): <input checked="" type="checkbox"/> Medical Record Abstraction (describe): <input type="checkbox"/> Biological Specimen Sample <input type="checkbox"/> Environmental Sample <input checked="" type="checkbox"/> Other (describe):	<div style="border: 1px solid black; background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Medical records abstracted for history of group A streptococcal disease, underlying medical conditions, procedures, devices or other activities that could be considered as risk factors.</div> <div style="border: 1px solid black; background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px;">Facility records examined for admission and room history of the cases and controls</div>
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Response Rate (if applicable)

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

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*
GAS Employee Survey	Employees of the long term care facility	166	1	15	42
GAS Resident Record Extraction Form	Federal staff	4	8	0	0

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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GenIC No.:	2016004-XXXX
EPI AID No. (if applicable):	2016-006
Requesting entity (e.g., jurisdiction):	Missouri Department of Health and Senior Services Dr. George Turabelidze, State Epidemiologist
Title of Investigation:	Undetermined Source of an outbreak of Legionnaires' Disease among Hotel A Visitors — Hannibal, MO 2015.
Purpose of Investigation: (Use as much space as necessary)	<p>On June 29 2015, CDC detected within their travel surveillance system two initial laboratory-confirmed cases of legionellosis (onsets of illness March 7, 2015 and June 7, 2015). Questioning revealed that both individuals reported staying in Hotel A within their incubation period. An additional case of legionellosis then was reported; this individual also reported staying at Hotel A and had an onset of illness of October 12, 2015. The third patient died from his illness. At the time of the request, the source of this outbreak remained unknown. Upon the identification of two initial cases, an environmental assessment was completed without any sampling. With the third case, the whirlpool spa was disinfected and five environmental samples were collected. All environmental samples are negative to date. Autopsy of lung tissue from deceased case demonstrated <i>Legionella pneumophila</i> serogroup 1 growth on culture. Sequence-based type testing is pending. Given heightened concern regarding the undetermined source of transmission and need for environmental capacity building within local and state health departments, the Missouri Department of Health requested CDC's assistance with an investigation to identify prevention and control measures.</p> <p>The objectives were:</p> <ol style="list-style-type: none"> 1) Assist in the environmental assessment of the risk of Legionnaires' disease at Hotel A 2) Develop and implement plans for additional environmental sampling and remediation to control the outbreak 3) Educate and train local and state epidemiologists and environmental public health staff on how to conduct environmental assessments and environmental sampling techniques for Legionnaires' disease control and prevention 4) Educate hotel staff and building management on epidemiology, disease transmission, and prevention. <p>The Epi-Aid involved training and educating of local and health department staff on <i>Legionella</i> epidemiology, environmental assessment and environmental sampling techniques. Furthermore, face-to-face discussions with building management and maintenance regarding hotel hot water system design, whirlpool spa, swimming pool, and cooling tower maintenance. An environmental assessment form was used by state and local health department staff to determine environmental risk factors within the hotel facility (Appendix 1). Once risk sites were identified, water sampling was conducted and environmental samples will be recorded on data sample sheet (Appendix 2).</p>
Duration of Data Collection:	1 day
Date Began:	11/10/2015
Date Ended:	11/10/2015
Lead Investigator	Laura Cooley
Name:	Medical Epidemiologist
CIO/Division/Branch:	CDC/NCIRD/DBD/RDB

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument: Legionella Environmental Assessment Form

Type of Respondent

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- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe): State and Local Health Departments and building management & maintenance 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): 1) Assisted in the environmental assessment of the risk of Legionnaires' disease at Hotel A
2) Developed and implemented plans for additional environmental sampling and remediation to control the outbreak
- Laboratory Testing (describe):
- Other (describe):

Data Collection Mode (check all that apply)

- Survey Mode (indicate which mode(s) below):
- Face-to-face Interview (describe): We spoke to building management and maintenance staff regarding design of potable hot water system including cooling tower, whirlpool spa, and pool (Appendix 1).
 - 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): 100%

Data Collection Instrument 2

Name of Data Collection Instrument: Sample Data Sheet

Type of Respondent

- General public Healthcare staff Laboratory staff Patients Restaurant staff
 Other (describe): Local and State health departments involved in investigation

Data Collection Methods (check all that apply)

- Epidemiologic Study (indicate which type(s) below)

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<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):	
<input type="checkbox"/> Environmental Assessment (describe):	
X Laboratory Testing (describe):	Environmental samples sent to CDC lab for identification of Legionella by culture or PCR.
<input type="checkbox"/> Other (describe):	

Data Collection Mode (check all that apply)

<input type="checkbox"/> 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 type="checkbox"/> Medical Record Abstraction (describe):	
<input type="checkbox"/> Biological Specimen Sample	
X Environmental Sample	Environmental water and swab samples will be collected and recorded on data sheet (appendix 2).
<input type="checkbox"/> Other (describe):	

Response Rate (if applicable)

Total No. Responded (A):	7
Total No. Sampled/Eligible to Respond (B):	7
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*
Appendix 1 Legionella Environmental Assessment Form	State and Local Health Departments and building management & maintenance staff	6	1	120	12
Appendix 2: Sample Data Sheet	State and Local Health Department	7	1	180	21

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