

One Health Harmful Algal Bloom System (OHHABS)

NEW

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1. Respondent Universe and Sampling Methods

The One Health Harmful Algal Bloom System (OHHABS) for harmful algal bloom (HAB) events and HAB-related illness surveillance is designed to collect information on environmental HAB events, HAB-related human illness, and HAB-related animal illness. OHHABS participation is voluntary for state and territorial public health departments. State and territorial public health departments that choose to participate in OHHABS will be responsible for the collection, interpretation, and transmission of OHHABS data elements by logging into a password-protected, web-based reporting system linked to the National Outbreak Reporting System (NORS), which operates under OMB 0920-0004. Data will be collected from states and territories 1) to identify and characterize HAB events, HAB-related illnesses, and HAB-related exposures in the United States and 2) to better inform and improve the understanding of HAB-related illnesses and exposures through routine surveillance to inform public health policy and illness prevention efforts. This is a nationally-available system so no sample selection is required.

2. Procedures for the Collection of Information

OHHABS will include data elements for HAB events and single HAB-related human cases and single HAB-related animal cases, which will be collected electronically on a web-based platform, NORS. NORS is an existing, password-protected, web-based surveillance platform hosted at CDC (ITSO/AHB) that is designed to support reporting to CDC from state and territorial public health departments; a link to OHHABS will be available within NORS. NORS is a shared access point that collects information for foodborne and waterborne disease

outbreaks, as well as enteric disease outbreaks involving person-to-person, animal contact, environmental contamination, and undetermined modes of transmission. [The data collected in OHHABS](#) will have no personally identifying information. Respondents will submit information such as the date of the HAB event, the reporting date of the case, the date of the exposure, and information on, laboratory testing, medical diagnosis, or veterinary diagnosis.

[OHHABS data for HAB-related human illness](#) will include age (in years), gender, state of exposure, county of exposure (but not county of residence), case health history, and types of clinical testing performed. Data elements related to exposure settings, exposure activities, description of blooms, and signs and symptoms will also be collected. These data are not personally identifiable and cannot be used to recognize individuals. Data entry and data management guidance will be developed for scenarios where the county of exposure is also the county of residence. [OHHABS](#) data will be collected electronically from participating state and [territorial](#) government health departments. Paper forms will not be collected by CDC.

[Participating states may identify HAB events or HAB-related illnesses from a variety of sources or through illness investigations. For example, HAB events may be identified within a state by observation and reporting \(e.g., from the general public, beach managers, park staff\), water quality monitoring data, or in relation to illnesses after a potential exposure to a water body containing algae \(e.g., dog becomes ill after swimming in a HAB-contaminated lake\). Similarly, HAB-related illnesses at the state may be detected or identified through multiple routes, including poison control centers, clinicians \(e.g., physicians, veterinarians\), the general public \(e.g., self-report via phone, fax, or email\), or other partners \(e.g., fish and wildlife programs\). Working case definitions created by the HAB Working Group will be available online to provide](#)

assistance for states who may not have existing case definitions to detect and identify HAB events, HAB-related human illnesses, and HAB-related animal illnesses. The HAB-related human and animal case and HAB event definitions will also be used by CDC to assess data quality in OHHABs and categorize events and cases for data dissemination.

State and territorial health departments have the ability to create an OHHABS report starting with any HAB-related event or illness where information is available. For example, if a state only has environmental information about HAB in a lake, the state may create a report for the environmental HAB data. Alternatively, if a state only has information about a HAB-related human illnesses (e.g., foodborne illness), the state may create a report for the HAB-related human case.

State and territorial health departments may submit information on HAB events or HAB-related human or animal illnesses to CDC by logging into OHHABS through NORS, a secure password-protected, web-based platform. A link to OHHABS will be available within NORS. Access to OHHABS data will be limited to users on a permission-only basis. All contractor staff working on the project at CDC will sign data use agreements whereby they agree to safeguard the data and to not make unauthorized disclosures. Data will be safeguarded in accordance with applicable statutes including the Privacy Act.

3. Methods to Maximize Response Rates and Deal with No Response

OHHABS data are collected as passive surveillance with voluntary participation from state and territorial public health departments. OHHABS data will be available to all states and territories through NORS, a nationally-available web-based reporting platform. OHHABS data collection

will support reporting of HAB-related illnesses and HAB events. Based on the responses of the 16 states participating in the HAB Working Group coordinated by CDC, at least 15 state agencies are already collecting information on HAB-related illnesses and HAB events. Of the 15 states collecting HAB-related illness or HAB event data, 10 of the states participated in the former HABISS data collection (OMB Control No. 0920-0004 through the National Center for Environmental Health). Collection of data into OHHABS will improve data quality and its use by state and national partners by providing a database for routine, standardized data collection at the state and national level. State agencies will be able to submit, review, and edit data in an ongoing (real-time) basis, thus encouraging timely data submission to OHHABS. Multiple human or animal cases could result from exposure to a single HAB; thus, surveillance for human and animal cases might increase the detection of foodborne and waterborne outbreaks, which are nationally notifiable and reported voluntarily to CDC through NORS.

4. Test of Procedures or Methods to be Undertaken

OHHABS data elements to be collected and reporting case definitions have been developed by a HAB Working Group coordinated by CDC. This Working Group includes 16 volunteer state health departments and 7 volunteer federal partners as of June 2015; these partners collect information on HAB-related illnesses and events or have other relevant knowledge and experience about HAB events, surveillance, environmental sciences, or chemical/toxin exposures. These partners are thus in a position to provide informative feedback regarding the utility and value of updated data elements to be collected and reporting case definitions to be used in OHHABS.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

State and territorial public health departments that collect [OHHABS](#) data elements may voluntarily report those data to OHHABS. CDC will consult on statistical aspects of [OHHABS](#) analyses and seek input from internal statisticians as needed on projects involving OHHABS data. Individual states and territories will have access to [OHHABS data](#) in accordance with established data-use guidelines and user permissions for NORS.