

Non-Substantive Change Request to OMB Control Number 0920-1039; Information Collection on Cause-Specific Absenteeism in Schools

Program Contact

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Circumstances of Change Request for OMB 0920-1039

CDC requests approval for a non-substantive change to OMB Control No. 0920-1039; Information Collection on Cause-Specific Absenteeism in Schools

Form Name: Acute Respiratory Infection and Influenza Surveillance Form

Building on the current home visit process in the ongoing ORCHARDS (ORegon CHild Absenteeism due to Respiratory Disease Study) project, we would like to include two questions on the presence of respiratory symptoms in other household members. This allows us to estimate secondary transmission of influenza and other respiratory infections within households where a student was absent from school due to ILI. This information will contribute to meeting the goal of the study as a complimentary layer of influenza and ILI surveillance. Not collecting this information is a missed opportunity.

Additionally, CDC would like to inquire about the intent to seek medical evaluation and treatment for the ORCHARDS participant in order to evaluate healthcare seeking behavior of ILI patients.

Estimates of annualized burden hours for this change request remain the same. The burden estimate for the form included in OMB Control No. 0920-1039 is 15 minutes.

Description of Changes

The changes to the form are as follows:

- I. Following the question asking if there was exposure to a similar illness 1-3 days prior to Acute Respiratory Infection (ARI) onset, greater detail is being asked in TWO follow-up questions:
 1. The first follow-up question asks the respondent to identify the likely source of the exposure. The choices are: Classmate, Friend, Family Member (Adult/Sibling), and Other.
 2. The second follow-up question asks the respondent to identify which individuals are living in the household and also identify if they have ARI. The choices are: Grandmother, Grandfather, Mother, Father, Sibling, Other Adult, or Other Child.
- II. There is a new question asking if, and when, the respondent has visited a health care provider for this illness prior to home visit. The options are yes (specify when) or no.
- III. There is a new question asking if, and when, the respondent plans to visit a health care provider in the next few days. The options are yes (specify when) or no.

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Form	Current Question	Requested Change
Acute Respiratory Infection and Influenza Surveillance Form	N/A	Likely Source: Classmate, Friend, Family Member (Adult/Sibling), Other:
Acute Respiratory Infection and Influenza Surveillance Form	N/A	Household Member (circle if living in household, check box if ill with similar ARI)
Acute Respiratory Infection and Influenza Surveillance Form	N/A	Visit to health care provider for this illness prior to home visit? Yes (specify when ____), No
Acute Respiratory Infection and Influenza Surveillance Form	N/A	Visit to health care provider planned in next few days? Yes (specify when ____), No