

SUPPORTING STATEMENT - PART A

Screening and Monitoring of DoD Personnel Deployed to Ebola Outbreak Areas –0720-0056

1. Need for the Information Collection

Ebola virus disease (EVD), formerly known as Ebola hemorrhagic fever, is a severe, often fatal illness in humans. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks. The 2014-2016 Ebola outbreak in West Africa was the largest in history, with multiple countries affected to include the United States.

During an epidemic or pandemic the Center for Disease Control and Prevention (CDC) partners with other U.S. government agencies to take all precautions in preventing the spread of disease within the United States and throughout the world. When necessary, the CDC will activate an Emergency Operations Center to help coordinate technical assistance and control activities with all partners. It is US Public Health Service requirement that all suspected viral hemorrhagic fever (VHF) cases be reported to state and local health departments and the diagnoses confirmed by the CDC.

The Department of Defense (DoD) supports CDC efforts to break the chain of infection when necessary. During the 2014-2016 Ebola outbreak the DoD helped support these efforts under Operation United Assistance (OUA). As part of this overseas humanitarian assistance/disaster relief (OHADR) mission, several thousand personnel, including DoD Service members, civilians, and contractors were deployed to the area where they will face the risk of exposure to EVD. The “Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance Form” is designed to collect information from individuals during deployment and redeployment from infected area(s). These assessments are critical to DoD’s efforts to ensure Ebola exposure risk is evaluated, proper prevention and quarantine efforts are implemented, appropriate medical care is provided, and the spread of Ebola beyond the epidemic region (such as West Africa in 2014-2016) is minimized.

This proposed information collection activity is supported by several DoD regulations, Federal laws, and a new Executive Order, including:

- 10 U.S.C. § 136: Under Secretary of Defense for Personnel and Readiness, section (b) assigns the responsibilities of the DoD Under Secretary of Defense for Personnel and Readiness (USD(P&R)), and includes maintenance of health and readiness of DoD personnel in those responsibilities.
- DoDD 5124.02: Under Secretary of Defense for Personnel and Readiness, which assigns the responsibilities of the (USD(P&R)), including support of health and medical affairs, and assurance of readiness of personnel.
- DoDD 6490.02E: Comprehensive Health Surveillance, “Comprehensive Health Surveillance” and DoDI 6490.03, “Deployment Health” (DoDI 6490.03), which

form the basis for all pre- and post- deployment surveillance, as well as in-theater surveillance.

- 42 U.S. Code § 264: Regulations to Control Communicable Diseases, section 361 of the Public Health Service Act.
- Executive Order 13295: Ordering the Selected Reserve and Certain Individual Ready Reserve Members of the Armed Forces to Active Duty

2. Use of the Information

This information will be used by DoD medical and public health officials to: (1) ensure Ebola exposure risk is evaluated, (2) proper prevention and quarantine efforts are implemented, (3) appropriate medical care is provided, (4) medical surveillance programs are robust, and (4) the spread of Ebola beyond the point of origin is minimized.

Respondents are deployed DoD personnel who are in support of an Operation United Assistance (OUA) mission. This includes DoD civilians, contract personnel deploying with the Armed Forces and service members supporting these efforts. The Ebola Risk Assessment is conducted on U.S. military units in the affected West African region. Respondents are monitored twice daily for exposure or symptom concerns; respondents with a temperature of $\geq 100.4^{\circ}\text{F}$ ($\geq 38.0^{\circ}\text{C}$) or known exposure to the virus are taken to the nearest DoD medical facility for evaluation by medical personnel and complete a risk assessment via the DD-2990 form. Additionally, approximately 12 hours before departing an affected region, and after verification of compliance with unit monitoring during the preceding 21 days, medical providers screen departing service members for Ebola exposures, fever, and symptoms of possible Ebola, via the DD- 2991 form.

The DD-2990 and DD-2991 forms are provided by the medical provider conducting the Ebola Risk Assessment. The medical provider verbally collects the personnel's responses and enters them onto the DD-2990 or DD-2991 electronically. This information is then uploaded or scanned into the personnel's electronic medical record which can be retrieved via the service components electronic record. No invitations or communications associated with this collection are sent to respondents.

3. Use of Information Technology

100% of responses are collected electronically. DD form 2990 and 2991 will be provided to the respondents through an electronic system during the evaluation process with the provider. That information will be loaded into the individual's Service Component medical record. To enable the rapid transmission of the data collected to medical and public health authorities, DoD is currently assessing whether any current field deployable information systems can be used for this data collection. Technical approaches being considered include the use of DoD theater medical information systems, fillable pdfs, or scantron-type systems which would be supported by information technology in the field. Given the infrastructure shortfalls and the lack of DoD information systems in West Africa during the 2014-2016 Ebola outbreak, the fallback position was having respondents (Department of Defense military personnel, DoD civilians, and contract personnel deploying with the Armed Forces) complete the questionnaires by hand with their data subsequently being

entered into the Service Components medical record by the DoD Medical/Public Health community personnel.

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

6. Less Frequent Collection

Less frequent collection of the requested information would pose an enormous health risk to the respondents as well as the U.S. public, by increasing the risk of spread of Ebola Virus Disease between DoD personnel, and from DoD personnel to their family members, and close contacts upon return from deployment. The entire purpose of the information collection – medical surveillance – would be defeated by less frequent collection.

7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice for the collection published on Wednesday, March 14, 2018. The 60-Day FRN citation 83 FRN 11188.

A 30-Day Federal Register Notice for the collection published on Wednesday, May 30, 2018. The 30-Day FRN citation is 83 FRN 24750.

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the 60-Day Federal Register Noticed was conducted for this submission.

9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

A Privacy Act Statement (PAS) is required for this information collection. The PAS is provided on the top of the DD-2990 and DD-2991 forms located at http://www.esd.whs.mil/Directives/forms/dd2500_2999/.

The Privacy Act System of Records Notice (SORN) ID number is A0040-5a DASG DoD “Defense Medical Surveillance System”. (August 19, 2009, 74 FR 41877) is available via the link below:

<http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569970/a0040-5a-dasg-dod.aspx>

The information collected using the “Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance Form” will be subject to the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). As such, they will be protected by Federal laws and regulations on confidentiality of health records, as well as DoD regulations, including DoDD 5400.11, DoD 5400.11-R, DoD 6025.18-R, and DoD 8580.02-R.

A draft copy of the PIA, “Defense Medical Surveillance Systems (DMSS)” has been provided with this package for OMB’s review.

This collection’s records disposition follow the guidelines of NARA Authority N1-330-10-003 and DAA-GRS-2017-0010-0009: Destroy/ delete 100 years after the Date of Separation of the member from the Armed Services and destroy 30 years after employee separation or when the Official Personnel Folder (OPF) is destroyed, whichever is longer, respectively.

11. Sensitive Questions

Sensitive information will be collected on the “Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance Form,” including personal health information and the social security number, because this data will comprise part of the individual’s medical record and is required for health surveillance as well as Ebola prevention measures, including illness investigations and contact tracing.

A Social Security Number (SSN) Justification Memo has been included as part of the information collection package.

12. Respondent Burden and its Labor Costs

a. Estimation of Respondent Burden

1. DD Form 2990: Ebola Virus Disease Exposure Risk Evaluation

- a. Number of Respondents: 1200
- b. Number of Responses Per Respondent: 1
- c. Number of Total Annual Responses: 1200
- d. Response Time: 12 minutes
- e. Respondent Burden Hours: 240 hours

2. DD Form 2991: Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance

- a. Number of Respondents: 1200
- b. Number of Responses Per Respondent: 1

- c. Number of Total Annual Responses: 1200
- d. Response Time: 12 minutes
- e. Respondent Burden Hours: 240 hours

3. Total Submission Burden

- a. Total Number of Respondents: 2400
- b. Total Number of Annual Responses: 2400
- c. Total Respondent Burden Hours: 480 hours

b. Labor Cost of Respondent Burden

1. DD Form 2990: Ebola Virus Disease Exposure Risk Evaluation

- a. Number of Total Annual Responses: 1200
- b. Response Time: 12 minutes
- c. Respondent Hourly Wage: \$24.87
- d. Labor Burden per Response: \$4.97
- e. Total Labor Burden: \$5,968.80

2. DD Form 2991: Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance

- a. Number of Total Annual Responses: 1200
- b. Response Time: 12 minutes
- c. Respondent Hourly Wage: \$24.87
- d. Labor Burden per Response: \$4.97
- e. Total Labor Burden: \$5,968.80

3. Overall Labor Burden

- a. Total Number of Annual Responses: 2400
- b. Total Labor Burden: \$11,937.60

The Respondent hourly wage was determined by using the United States Office of Personnel Management website https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/GS_h.pdf. The estimated labor cost of Respondent Burden is based on the 2017 General Schedule (Base) rate for GS-9, Step 7.

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

a. Labor Cost to the Federal Government

1. DD Form 2990: Ebola Virus Disease Exposure Risk Evaluation

- a. Number of Total Annual Responses: 1200
- b. Processing Time per Response: .75 hour
- c. Hourly Wage of Worker(s) Processing Responses: \$43.05
- d. Cost to Process Each Response: \$32.29
- e. Total Cost to Process Responses: \$38,748

2. DD Form 2991: Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance

- a. Number of Total Annual Responses: 1200
- b. Processing Time per Response: .75 hour
- c. Hourly Wage of Worker(s) Processing Responses: \$43.05
- d. Cost to Process Each Response: \$32.28
- e. Total Cost to Process Responses: \$38,748

3. Overall Labor Burden to Federal Government

- a. Total Number of Annual Responses: 2400
- b. Total Labor Burden: \$77,496

The workers hourly wage was determined by using the Defense Finance and Accounting Service website <https://www.dfas.mil/militarymembers/payentitlements/military-pay-charts.html>. The estimated processing cost is based on the Military Pay Chart Jan. 1, 2017, for an O-4 provider with over 10 years of service.

b. Operational and Maintenance Costs

- a. Equipment: \$20,000
- b. Printing: \$0
- c. Postage: \$0
- d. Software Purchases: \$0
- e. Licensing Costs: \$0
- f. Other: \$0
- g. Total: \$0

- 1. Total Operational and Maintenance Costs: \$20,000
- 2. Total Labor Cost to the Federal Government: \$77,472
- 3. Total Cost to the Federal Government: \$97,496

15. Reasons for Change in Burden

There has been no change in burden since the last approval.

16. Publication of Results

The results of this information collection will not be published.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.