

One Health Harmful Algal Bloom System (OHHABS)

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Supporting Statement B

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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-associated illness surveillance is designed to collect information on environmental HAB events, HAB-associated human illness, and HAB-associated 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 are 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 collected from states and territories will 1) identify and characterize HAB events, HAB-associated illnesses, and HAB-associated exposures in the United States and 2) better inform and improve the understanding of HAB-associated 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. **A list of reporting jurisdictions is included (attachment H).**

2. Procedures for the Collection of Information

OHHABS includes data elements for HAB events and single HAB-associated human cases and single HAB-associated animal cases, which are collected electronically on the web-based platform for 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; OHHABS is available through a link within NORS **as well as through a direct login page.** 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. OHHABS does not collect personally identifying information. Respondents 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-associated human illness 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-associated 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-associated 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 (attachment E) are available online to provide assistance for states that may not have existing case definitions to detect and identify HAB events, HAB-associated human illnesses, and HAB-associated animal illnesses. The HAB-associated human and animal case and HAB event definitions have been incorporated into the electronic system so that these data fields may 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-associated event or associated 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-associated human illnesses (e.g., foodborne illness), the state may create a report for the HAB-associated human case.

State and territorial health departments may submit information on HAB events or HAB-associated human or animal illnesses to CDC by logging into OHHABS directly or using NORS, a secure password-protected, web-based platform. A link to OHHABS is available within NORS. Access to OHHABS data is 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 are be available to all states and territories, including the reports that each state or territory has entered, and any reports that another state or territory may have decided to share with them (e.g., for a multijurisdictional HAB event). OHHABS data collection supports reporting of HAB-associated illnesses and HAB events. CDC coordinated a HAB Working Group that informed development of OHHABS. Based on the responses of the 16 states participating in the HAB Working Group, at least 15 state agencies were already collecting information on HAB-associated illnesses and HAB events. Of the 15 states collecting HAB-associated illness or HAB event data, 10 of the states participated in a former HAB-associated data collection effort (OMB Control No. 0920-0004 through the National Center for Environmental Health). This group continues to meet to discuss public health surveillance for HAB-associated illnesses and events. Collection of data into OHHABS improves 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 are 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. While

processes exist for reviewing and releasing information about foodborne and waterborne outbreaks, these processes are being developed for OHHABS so that data reported since 2016 can be summarized and published. For example, CDC introduced an OHHABS system feature that enables system users to check data completeness when finalizing a report.

4. Test of Procedures or Methods to be Undertaken

OHHABS data elements and reporting case definitions were developed by a HAB Working Group coordinated by CDC. This Working Group included 16 volunteer state health departments and seven volunteer federal partners as of June 2015; these partners collected information on HAB-associated illnesses and events or had other relevant knowledge and experience about HAB events, surveillance, environmental sciences, or chemical/toxin exposures. These partners were thus in a position to provide informative feedback regarding the utility and value of data elements and reporting case definitions to be used in OHHABS. Following approval and launch of OHHABS, CDC continued to coordinate the group to solicit input on OHHABS updates and new features. In 2017, CDC responded to feedback from the group about its interest and needs. As a result, the group continued to engage to provide feedback but transitioned from an OHHABS working group to a broader One Health HAB surveillance group that meets to discuss and share knowledge on other HAB surveillance topics (i.e., inclusive of but not limited to 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.