

**Non-substantive Change Request to OMB Control # 0920-1011
Emergency Epidemic Investigation Data Collections
Year 3, Quarter 2 (Date Submitted: December 12, 2016)**

This is a non-substantive change request for the Emergency Epidemic Investigations (EEI) Generic ICR, (OMB Control No. 0920-1011, Expiration 3/31/17). This allows the Centers for Disease Control and Prevention (CDC) to continue to conduct EEIs in response to acute public health emergencies resulting from outbreaks or events with undetermined agents, undetermined sources, undetermined modes of transmission, or undetermined risk factors. CDC frequently is called upon to conduct EEIs at the request of one or more external partners (e.g., local, state, tribal, military, port, other federal agency, or international health authorities, or other partner organizations) seeking support to respond to urgent public health problems. In response to external partner requests, CDC readily provides necessary epidemiologic support to facilitate appropriate engagement in epidemiological investigations. Such investigations often are dependent on rapid and flexible data collection that evolves during the investigation period.

This non-substantive change request is submitted to comply with the stated procedures in the approved EEI Generic ICR package (as specified in point 5 under Special Circumstances Relating to the Guidelines of 5 CFR 1320.5), “CDC maintains a library of data collection instruments that includes all final data collection instruments conducted under this generic ICR. This library and the updated burden numbers based on data collected via the “Burden Memo” are submitted to OMB quarterly as a non-substantive change to the generic ICR.” This non-substantive change request includes the following: Burden Memos (Appendix 1) and final data collection forms (Appendix 2) for the investigations conducted under 0920-1011 for which data collection was completed during Y3Q2 (July 1, 2016 to September 30, 2016).

The actual burden for the three investigations completed during Y3Q2 was 745 respondents and 259 burden hours. This is less than the 1350 respondents and 611 burden hours that was projected in the GenIC requests for these investigations.

Table 1. Burden in Y3Q2

Type of Respondents	Form Name	No. of Respondents	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Emergency Epidemic Investigation Participants	Emergency Epidemic Investigation Data Collection Instruments	745	30/60	259
Total				259

Table 2 below summarizes the data collection form name and projected and actual burden for each approved GenIC. A projected burden of 0 indicates the data collection form was developed in the field.

Table 2. Y2Q3 Data Collection Forms and Projected and Actual Burden, By GenIC

GenIC No. (OMB)	Date Approved	Form Name	Projected Burden		Actual Burden	
			No. Respondents	Hours	No. Respondents	Hours
2016017-XXX	5/29/2016	CDC Call Script	30	5	0	0
2016017-XXX	5/29/2016	NYC Healthcare Worker Interview Form	5	3	0	0
2016017-XXX	5/29/2016	Medical Chart Abstraction Form	0	0	2	0
2016018-XXX	6/13/2016	Interview Questionnaire	40	20	33	17
2016018-XXX	6/13/2016	Medical Chart Abstraction Form- Federal Staff	0	0	0	0
2016018-XXX	6/13/2016	Medical Chart Abstraction Form-State Staff	0	0	4	10
2016019-XXX	7/15/2016	Ethnographic Interview Guide	25	50	9	18
2016019-XXX	7/15/2016	Detailed Enterics Questionnaire	0	0	7	7
2016020-XXX	7/25/2016	Community Evaluation Questionnaire	250	63	209	35
2016021-XXX	7/25/2016	Zika Virus Exposure Assessment for Healthcare Personnel-Cases	100	20	96	32
2016021-XXX	7/25/2016	Zika Virus Exposure Assessment for Healthcare Personnel-Controls	0	0	113	6
2016022-XXX	8/9/2016	HAV Case Questionnaire	150	75	47	4
2016022-XXX	8/9/2016	Control Questionnaire	450	150	0	0
2016023-XXX	8/16/2016	Final Case Interview Form	300	225	66	50
2016023-XXX	8/16/2016	Final Control Screening Form	0	0	159	80
		Total	1350	611	745	259