

# **Adding 2019 – Novel Coronavirus (2019-nCoV) to the National Notifiable Diseases Surveillance System**

Request for OMB approval of a Revised Information Collection for OMB  
Control Number 0920-0728

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## **Supporting Statement Section B**

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**Table of Contents**

1. Respondent Universe and Sampling Methods.....3

2. Procedures for the Collection of Information.....3

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

4. Tests of Procedures or Methods to be Undertaken.....3

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....4

## **1. Respondent Universe and Sampling Methods**

The respondent universe consists of 60 jurisdictions that voluntarily submit case notifications for nationally notifiable conditions to CDC: health departments in every U.S. state, New York City, Washington DC, 5 U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands), and 3 freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). No statistical sampling methods are used. The anticipated response rate is 100 percent. The previous actual response rate was 100 percent. All participate.

## **2. Procedures for the Collection of Information**

Information is obtained by state and local public health officials for individuals who have nCoV and for PUI and will be collected through the National Notification Disease Surveillance System (NNDSS).

No statistical sampling methods are used. Public health departments review, process and analyze reportable conditions data and voluntarily submit case notification data on nationally notifiable conditions to CDC. The Council of State and Territorial Epidemiologists (CSTE), local, state, and territorial health departments and CDC work jointly to decide which conditions are nationally notifiable and added to the National Notifiable Diseases Surveillance System (NNDSS).

Approximately 90% of case notifications are sent to CDC by automated electronic Health Level 7 (HL7) or National Electronic Telecommunications System for Surveillance (NETSS) messaging. Some case notifications messages are sent to CDC by non-automated mechanisms including fax, email, secure file upload, and data entry to a secure website. These different mechanisms used to send case notifications to CDC vary by the jurisdiction and disease or condition. All 50 states, all cities (New York City and Washington, D.C.) and one territory (Puerto Rico) submit STD case notifications (STD case notifications account for approximately 87% of all case notifications received by CDC) by automated electronic messaging. Most territories and all freely associated states send STD case notifications counts by non-automated methods including fax (only quarterly aggregate data are sent by fax), email and secure file upload, and data entry to a secure website. States and cities submit arboviral disease case notifications by automated electronic messaging (15), non-automated secure file upload (8) and non-automated data entry to a secure website (29). All states and cities send case notification data by automated electronic messaging for all other diseases and conditions covered by this ICR.

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

Methods are not necessary to maximize response rates and deal with no response. Jurisdictions voluntarily submit notifications to CDC. The response rate is 100 percent.

## **4. Tests of Procedures or Methods to be Undertaken**

CDC laboratories currently have the capacity to detect 2019-nCoV by sequencing the virus from clinical specimens and comparing the sequences against the publicly posted genetic sequence. CDC also is using the genetic sequence data provided by China to begin work on a test to detect this virus more easily.

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

There are no individuals consulted on statistical aspects of the data collection design as no sampling is used. The CDC's CSELS, DDID, and CGH/CDC collects and analyzes the information.

#### **Attachments**

1. Authorizing Legislation
2. 60-day FRN
3. Human Subjects Determination
4. Core Data Elements
5. PRA Burden Statement Screenshot