

GenIC Request for Approval Form for Poison Center Collaborations for Public Health Emergencies (0920-1166)

Instruction: This form should be completed by the primary contact person from the CDC CIO that will be sponsoring the investigation.

DETERMINE IF YOUR INVESTIGATION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM: *Instruction: Before completing and submitting this form, determine first if the proposed investigation is appropriate for the Poison Center Generic ICR mechanism. Complete the checklist below. If you select “yes” to all criteria, the Poison Center Generic IR mechanism can be used.*

Public Health Emergency Selection Criteria for Investigation	
1	The event is a public health emergency that causes adverse health effects. [X] Yes [] No
2	Timely data are urgently needed to inform rapid public health action to prevent or reduce injury, disease, or death. [X] Yes [] No
3	The event is characterized by (1) a natural or man-made disaster, (2) contaminated food/water, (3) a new or existing consumer product, or (4) an emerging public health threat. [X] Yes [] No
4	The event has resulted in calls to a poison center, and the poison center agrees to conduct the call-back data collection. [X] Yes [] No
5	The event is domestic. [X] Yes [] No
6	Data collection will be completed in 60 days or less. [X] Yes [] No

Did you select “Yes” to all criteria?

If yes, the Poison Center Generic ICR may be appropriate for your investigation. → You may proceed with this form.

If no, the Poison Center Generic ICR is not appropriate for your investigation. → Stop completing this form now.

TITLE OF INFORMATION COLLECTION: *Identifying Sources of and Risk Factors for Harmful Algal Bloom Exposures through Poison Control Center Follow-up Questionnaires – United States, 2019.*

REQUESTED TYPE OF EXPEDITED APPROVAL AND EFFECTIVE DATE:

[X] 5 day [] 72-hour [] 24-hour

Requested Approval Date: [08/09/2019]

JUSTIFICATION: [insert reason why 72 or 24-hour approval is requested and a description of the public health need] not applicable

DESCRIPTION OF THIS SPECIFIC COLLECTION

1. Problem to be Investigated:

Poison control centers (PCCs) have seen increases in HABs-related reported exposures in 2019; there have been more than 150 HABs-related exposures from March 1 to April 30. Federal, state, and local public health officials are aware of the public health threat, but more contextual information is needed about HABs exposures to understand the problem including how individuals were exposed, medical treatments recommended or conducted on the exposed individuals, and awareness of health communication messages surrounding HABs exposures. Information collected will inform incident response, public health communication, and outreach activities to reduce HABs exposures.

2. Characteristics of Outbreak or Event (*Check all that apply*):

- Natural disaster
- Man-made disaster
- Contaminated food/water
- New/existing consumer product
- Emerging health threat
- Other (describe)

3. Location of Investigation: *Instruction: Indicate location where investigation will occur. If multiple locations, specify each one.*

Country: United States

4. Selection of Respondents:

The study population will include any individual calling PCCs reporting HABs exposure, including callers reporting ingesting contaminated shellfish, bathing or swimming in waters contaminated with toxins, or drinking water contaminated with toxins. HABs-related exposures will be identified using PCC substance coding identifiers. Inclusion criteria include human exposures (excluding information calls and animal calls) with at least some clinical effects (excluding exposures with no reported clinical effects). The goal is to conduct 150 total HABs exposure questionnaires (105 adult, 15 adolescent, and 30 parent-children).

5. Type of Information to be Collected: *Instruction: Select all that apply. For each type of information to be collected, provide a brief description. Use as much space as necessary for the description.*

- Demographic information (describe):
- Exposure information (describe): Exposure information include what was the substance of exposure that led to the call to the PCC, the location of the exposure (e.g., body of water, residence), and appearance of the location or substance of exposure (e.g., unusual coloring of body of water)

Health effects and medical treatment (describe): Health effects and medical treatment information include the health effects experienced following exposure, the recommend and performed treatment following exposure, and what happened after medical treatment (e.g., discharged, admitted to hospital)

Health messaging (describe): Health messaging information including awareness of warnings related to exposure, awareness of communication messages prior to exposure, and whether any preventive action was taken as a result of health messaging.

Other (describe):

6. Duration of Data Collection (number of weeks)"

30 days

INVESTIGATION LEAD: *Instruction: Indicate the name, title, and affiliation of the person who will be leading the investigation.*

Name: Royal Law, PhD MPH

Title: Epidemiologist

Affiliation: CDC National Center for Environmental Health, Division of Environmental Health Science and Practice

CDC SPONSORING PROGRAM AND PRIMARY CONTACT PERSON: *Instruction: Indicate the sponsoring CIO/Division/Branch for this investigation. Indicate the name, title, and contact information of the CDC Primary Contact Person for this investigation. Indicate the preferred method of contact during the OMB approval process. Note, contact person or a designee must be available during the OMB approval process in case questions arise.*

CIO/Division/Branch: National Center for Environmental Health/Division of Environmental Health Science and Practice/Emergency Management, Radiation, and Chemicals Branch

Name of CDC Sponsoring Program Primary Contact Person: Royal Law

Title of CDC Sponsoring Program Primary Contact Person: Epidemiologist

Contact Information: *Provide complete contact information. Check box for preferred method(s) of contact during the OMB approval process.*

Office phone: 770-488-3416

Home phone:

Cell phone/Blackberry: 404-952-3933

E-mail: hual@cdc.gov

Other:

CERTIFICATION: *Please read the certification carefully. Type your name to validate that you are providing certification. Note: If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved. Certification should be signed by the CDC Primary Contact Person for this Investigation.*

I, Royal Law, certify the following to be true:

1. The collection is voluntary.
 2. Respondents will not be personally identified in any published reports of the study.
 3. Information gathered will be primarily used to inform effective prevention and control measures.
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CDC Sponsoring Program Primary Contact Name: Royal Law
Date of Certification: June 29, 2019

REQUESTED APPROVAL DATE (08/09/2019): *Instruction: Indicate the date by which approval is needed.*

DATE SUBMITTED TO INFORMATION COLLECTION REQUEST LIAISON (07/29/2019): *Instruction: Please indicate the date the request is submitted to the ICRL.*

E-mail the completed form to the Information Collection Request Liaison (ICRL), Stephanie Davis, at NCEHOMB@cdc.gov or submit through the S3P System, as appropriate. If submitting outside business hours and immediate approval is needed, call 404-213-2967 to notify the ICRL of the submission.

List of Attachments:

Supporting Statement B

Attachment 1. Consent, Permission, and Assent Forms for HABs GenIC

Attachment 2. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – Adult

Attachment 3. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – Adolescent

Attachment 4. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – Child

Attachment 5. NCEH/ATSDR Human subjects Research Determination Form