**Contact Investigation Outcome Reporting Forms**

**(OMB Control No. 0920-0900)**

**Expires 05/31/2021**

**Request for Revision of a Currently Approved Data Collection**

**5/18/2021**

#### Supporting Statement B

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#### Table of Contents

[1. Respondent Universe and Sampling Methods 2](#_Toc503526959)

[2. Procedures for the Collection of Information 2](#_Toc503526960)

[3. Methods to Maximize Response Rates and Deal with No Response 2](#_Toc503526961)

[4. Tests of Procedures or Methods to be Undertaken 2](#_Toc503526962)

[5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or 2](#_Toc503526963)

**B. Collections of Information Employing Statistical Methods**

No statistical methods are used in this information collection.

# Respondent Universe and Sampling Methods

The information to be collected in the proposed request will be gathered primarily by state and local health department officials, maritime operators, and, on occasion, CDC staff. This information will be requested by CDC in the event that persons who have traveled by air, sea, or, rarely, other land-based commercial conveyance are confirmed to have a case of infectious disease and require follow-up to prevent further spread. The frequency of these requests will be determined by the number of disease exposure risks for which a contact investigation is prudent.

# Procedures for the Collection of Information

The information collected on the outcome reporting forms by state health departments and maritime operators enables CDC to more fully understand the extent of disease spread and transmission during travel. This information assists in the development and/or refinement of investigative protocols, aimed at reducing the spread of communicable disease.

The purpose of the proposed contact investigation outcome reporting forms is to uniformly collect information from state and local health department officials as well as maritime operators conducting contact investigations on behalf of CDC. This information enables CDC to assess, detect, and respond efficiently and accurately to communicable disease threats of potential public health concern at ports of entry. The information collected is also necessary for public health surveillance (tracking) and follow-up purposes. The forms collect the following categories of information: demographics, pertinent clinical and medical history, and epidemiologic and travel history.

This information enables CDC staff to assist conveyances and border agents in the public health management of ill persons at U.S. ports and plan the appropriate response. This data is then entered into the Quarantine Activities Reporting System (QARS), a secure web-based, data-management system used by all Quarantine Stations to record information about the daily activities of Quarantine Station staff.

The process begins when CDC learns that an individual traveled and is confirmed to have been in an infectious state during their flight, maritime voyage, or other travel and may have exposed other individuals. CDC then obtains manifest information and shares the relevant contact information for the exposed travelers with State/Local public health staff or Cruise Ship Medical Staff/Cargo Ship Managers. These partners make contact with the individuals within their respective jurisdictions or ships based on information provided by CDC via the secure Epi-X notification system or secure email. Submission of the appropriate contact investigation follow-up form by the public health staff or Cruise Ship Medical Staff/Cargo Ship Managers is by secure fax or through secure electronic e-mail. A copy of the follow up form will be sent to CDC for use in analyzing, coordinating, and maintaining oversight of case that triggered the initiation of the contact investigation.

# Methods to Maximize Response Rates and Deal with No Response

Response to this data collection is voluntary. The information requested on each of the forms has been streamlined to ensure the ease of response and to minimize the public burden. Each form is constructed to collect information that is useful for public health purposes for environment in which the communicable disease exposure took place, e.g. airplanes vs cruise ships.

# Tests of Procedures or Methods to be Undertaken

CDC currently collects this information under a previously approved OMB control number 0920-0900. The protocols and electronic systems used for this data collection are continually updated and improved for quality of data collection and ease of use for the public, state and local public health, maritime and air industry, and CDC program administrators.

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

Not Applicable