

One Health Harmful Algal Bloom System (OHHABS)

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Collection

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 HAB events (i.e., environmental data), 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. Data collected from states and territories 1) identify and characterize HAB events, HAB-associated illnesses, and HAB 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. OHHABS 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 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 are also collected. These data are not personally identifiable and cannot be used to recognize individuals. Data entry and data management guidance that have been developed will continue to be reviewed and refined 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 (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 HAB 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 where information is available. If a state only has environmental information about HAB in a lake, the state may create a report for the HAB event without reporting any illness 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 by adding a case form from once the initial report has been created. Minimum fields for the environmental form are still required in this scenario.

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 using a secure password-protected, web-based platform. A link to OHHABS is also available within the National Outbreak Reporting System (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 **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.

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 event; 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.

Additionally, the OHHABS web platform provides an integrated data cleaning and finalization process which verifies required fields and prompts completeness of report fields. CDC conducts a separate data closeout process to support report entry and finalization. OHHABS adoption is further encouraged during external-facing (e.g., state-federal meetings, academic conferences) presentations and a monthly One Health HAB Community of Practice meeting held by CDC.

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 events and associated illnesses 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 has continued to coordinate a series of conference calls where state and federal partners may discuss their surveillance activities, needs, and priorities.

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.