Enhanced Surveillance of Respiratory Illness Among People Experiencing Homelessness in Anchorage, Alaska

Request for OMB approval of a New Information Collection

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Supporting Statement B

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The data collection does involve statistical methods. The purpose of the collection is not to make statistical generalizations beyond the population under study.

1. Respondent Universe and Sampling Methods

The project is open to people experiencing homelessness in congregate and non-congregate settings. This will include people experiencing homelessness who are adults 18 years or older who represent an array of ages, genders, racial/ethnic identities, sexual orientation, family composition (i.e., single individuals, partnered individuals, individuals with children under age 18), and experiences with homelessness (i.e., type and duration). Adults experiencing homelessness with respiratory symptoms will be enrolled if they consent. Individuals with respiratory illness will be identified through three possible avenues: care-seeking among symptomatic people at facility-based clinics, people who are experiencing respiratory symptoms at the time of COVID-19 screening testing, or people experiencing symptoms who access a respiratory infection testing kiosk at two or more of the largest congregate and non-congregate facilities.

2. Procedures for the Collection of Information

At the time of recruitment, individuals with respiratory symptoms from the shelters will be given consent forms by a project team member. If the individual is interested in participating in the project, then the person will sign the consent form. Once a participant agrees, a unique identifier will be assigned to the participant and this identifier will be used throughout the project. Interviews with participants will be performed by a trained member of the project team who will collect demographic information, symptoms, course of illness, influenza, and COVID-19 vaccination status on a short questionnaire (Appendix 3).

A standardized case report form will be completed using data obtained from the interview and from the laboratory (Appendix 3). Data obtained will be entered into a REDCap database that follows the case report form. Surveillance staff at each participating site will enter data from the case report form into the database and submit their data to the reporting database daily to weekly. Data will be collected via-password protected device (i.e., tablet, laptop), and stored on a secure, HIPAA-compliant server through REDCap. Any laboratory samples sent for testing or data sent for statistical analysis will use only the project ID. The link between participant name and project ID will only be accessible to senior staff

through password protected files. Electronic data will be monitored regularly by project personnel and checked for data entry mistakes.

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

Participation in the project is voluntary. The demographic and symptom questionnaire has been designed to inquiry about necessary information which will generate accurate, reliable data and streamlined to reduce the burden to the participant. Interviewers have taken a course offered at CDC to work with people experiencing homelessness and some have experience working with this population.

A token of appreciation ($25 gift card) is being offered as the nasopharyngeal swab collection process may cause discomfort to some participants.

4. Tests of Procedures or Methods to be undertaken

No pre-tests are planned.

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

Individuals involved in the statistical aspects are members of the project team. The respiratory pathogen identification of the respiratory viral pathogens will be performed at CDC/AIP in Anchorage, Alaska by team members.

Interviewers collecting the demographic information, symptom data, and the NP swab are trained, experienced local contractors. Analysis of data collected by contractors will be performed by members of the team.

The data collection and pathogen identification were designed by CDC's DPEI/Science unit and DPEI/Artic Investigation Program (AIP).

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