# Explanation for Program Changes or Adjustments

There are two total forms being changed as a part of this non substantive change request. This change request includes minor revised language, formatting and rewording to improve clarity and readability of the data collection forms.

CDC is requesting non-substantive changes to the *CDC Initial Screening* and *POE Public Health Risk Assessment* forms. The purpose of this change is to streamline the data collection by providing clarifying language and reordering the questions to streamline the forms for both travelers and CDC staff conducting these screenings.

Details of each collection instrument are as follows:

**ABCs:**

This non-substantive change request includes minor proposed changes to 2 approved data collection tools (form/s) detailed below:

Approved Forms:

1. CDC Initial Screening
2. POE Public Health Risk Assessment

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| **CDC Initial Screening Form** |
| **Type of Change**  | **Itemized Changes / Justification**  | **Impact to Burden**  |
| Revision  | Vomiting or diarrhea?**Justification:** Removed comma for grammatical correctness | No change to burden  |
| Revision  | Were you present in any healthcare facility in Rwanda? **Justification:** Added ‘Rwanda’ to provide clarity for traveler.   | No change to burden  |
| Revision  | Did you have any contact with or were you near a sick person? **Justification:** Formatted as a question for consistency with the rest of the section.  | No change to burden  |
| Revision | Did you come into contact with anyone's blood or other body fluids? **Justification:** Revised language for consistency with the rest of the section.  | No change to burden  |
| Revision  | What was the main reason you were in Rwanda? (mark all that apply)  ☐ Other Humanitarian Service (not healthcare or public health) **Justification:** Revised response option to spell out abbreviation   | No change to burden  |
| Addition  | Duration of stay at U.S. destination: \_\_\_\_\_\_\_days (if ≥21, enter 21)  **Justification:** Added question to align with CDC’s [Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda](https://www.cdc.gov/marburg/php/public-health-strategy/management-of-US-based-healthcare-personnel-2024-marburg-outbreak.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviral-hemorrhagic-fevers%2Fphp%2Fpublic-health-strategy%2Fmanagement-of-US-based-healthcare-personnel-2024-marburg-outbreak.html).    | No change to burden  |
| Addition | ☐ Self-monitoring  **Justification:** Added option for CDC staff to indicate recommended public health intervention | No change to burden  |
| **POE Public Health Risk Assessment** |
| **Type of Change**  | **Itemized Change / Justification**  | **Impact to Burden**  |
| Revision  | Reason for Referral: ☐ Provided healthcare/interactions with patients (e.g., professional, trainee, student)**Justification:** Reworded and moved option up to align with likely exposures  | No change to burden  |
| Revision/Deletion | Tell traveler: You were referred for this additional public health assessment because we need to get more information to complete a public health evaluation. **Justification:** Reworded so process is clearer to traveler.  | No change to burden  |
| Addition   | HEALTH ASSESSMENT☐ No symptoms reported **Justification:** Added option to indicate if traveler does not report symptoms  | No change to burden  |
| Revision  | Use of antipyretic medication(s) in past 4824 hours2 days **Justification:** Changed 48 hours to 2 days is easier for traveler to understand.   | No change to burden  |
| Revision  | Complete this section if provided healthcare/interacted with patients**Justification:** Updated language to align with CDC’s [Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda](https://www.cdc.gov/marburg/php/public-health-strategy/management-of-US-based-healthcare-personnel-2024-marburg-outbreak.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviral-hemorrhagic-fevers%2Fphp%2Fpublic-health-strategy%2Fmanagement-of-US-based-healthcare-personnel-2024-marburg-outbreak.html).      | No change to burden  |
| Addition   | Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Justification:** Added field to capture qualitative information reported by traveler | No change to burden  |
| Revision  | Complete this section if any presence in healthcare facility (HCF)/healthcare setting**Justification:** Reworded to make it easier for travelers to understand.    | No change to burden  |
| Revision  | ☐ Clinical Lab **Justification:** Reworded to make it easier for travelers to understand.  | No change to burden  |
| Revision  | Last day present in HCF (mm/dd/yy): \_\_\_\_ /\_\_\_\_/\_\_\_\_\_ **Justification:** Changed order of question so questions related to presence in Rwandan healthcare facility are grouped together | No change to burden  |
| Addition | Does the traveler work in a U.S. healthcare facility? ☐ Yes ☐ No**Justification:** Updated language to align with CDC’s [Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda](https://www.cdc.gov/marburg/php/public-health-strategy/management-of-US-based-healthcare-personnel-2024-marburg-outbreak.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviral-hemorrhagic-fevers%2Fphp%2Fpublic-health-strategy%2Fmanagement-of-US-based-healthcare-personnel-2024-marburg-outbreak.html). | No change to burden  |
| Revision | Complete this section if provided healthcare, contact/near a sick person, contact with blood/body fluids**Justification:** Revised language from ‘exposure assessment’ which is jargon, to plain language.  | No change to burden  |
| Revision | Did you have any contact with blood/body fluids? ☐ YES ☐ NO If NO, skip to sick person question**Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Addition | Did this contact involve any of the following? Check as applicable:☐ Needlestick ☐ Other injury with a sharp object (that is, piercing of your skin) ☐ Skin contact ☐ Splash to the eye, nose, or mouth **Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Addition | Was the person suspected or known to have Marburg? ☐ YES SUSPECTED ☐ YES CONFIRMED ☐ UNSURE ☐ NO Diagnosis other than Marburg, if known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Did you have contact with any sick person? ☐ YES ☐ UNSURE ☐ NO If NO, section is complete.**Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Addition | Did the person have fever? ☐ YES ☐ UNSURE ☐ NO **Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Did the sick person have vomiting, diarrhea, or bleeding? ☐ YES ☐ UNSURE ☐ NO **Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Was the person suspected or known to have Marburg? ☐ YES SUSPECTED ☐ YES CONFIRMED ☐ UNSURE ☐ NO Diagnosis other than Marburg, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Justification:** Necessary to determine if traveler is high-risk and if immediate intervention is required. | No change to burden  |
| Revision | Did you have physical contact with this person? ☐ YES ☐ NO**Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Did you stay in the same household as this person? ☐ YES ☐ NO **Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Did you provide care to this person? ☐ YES ☐ NO If YES to provided care: Did you provide this care in a healthcare facility or another location? ☐ HCF ☐ Home ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | For healthcare personnel only: What personal protective equipment did you use?(Most relevant for care given to a patient with known or suspected MVD) ☐ No PPE/A☐ Surgical or medical mask ☐ N95 Respirator (e.g., N95, KN95) ☐ Surgical hood ☐ PAPR ☐ Disposable fluid-resistant or impermeable gown/coverall ☐ Disposable apron ☐ Disposable full-face shield or g ☐ Goggles ☐ Disposable facemask ☐ Waterproof rubber boots ☐ Boot covers ☐ One pair of Latex/nitrile gloves: ☐ One pair ☐ Two pairs of disposable gloves (outward gloves with extended cuffs) **Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Addition | Did you perform hand hygiene after removing PPE? ☐ YES ☐ NO **Justification:** Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Did you participate in an invasive procedure on the ill person or aerosol-generating procedure? ☐ YES ☐ NO ☐ N/A**Justification:** Clarified language for travelers and screeners. | No change to burden  |
| Revision | Complete this section if worked in a clinical laboratory**Justification:** Clarified language for travelers and screeners. | No change to burden  |
| Revision/Addition | What PPE did you use? ☐ None☐ Surgical or medical mask ☐ Respirator (e.g., N95, KN95) ☐ Surgical hood ☐ PAPR ☐ Disposable fluid-resistant or impermeable gown/coverall ☐ Disposable apron ☐ Disposable full-face shield or g☐ Goggles ☐ Waterproof rubber boots ☐ Disposable facemask ☐ Boot covers ☐ N95 respirator ☐ PAPR ☐ Latex/nitrile gloves: ☐ One pair ☐ Two pairs (outward with extended cuffs) ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Justification:** Added additional response options. Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Addition | Did you perform hand hygiene after removing PPE? ☐ YES ☐ NO **Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Complete if worked as environmental cleaner or doing laundry in HCF**Justification:** Clarified language for travelers and screeners. | No change to burden  |
| Revision | What was your role in the healthcare facility?**Justification:** Changed question to open ended and clarified language for travelers and screeners. | No change to burden  |
| Addition | Did you handle wet or soiled laundry? ☐ YES ☐ NO**Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision/Addition | What protective equipment PPE did you use? ☐ None☐ Surgical or medical mask ☐ Respirator (e.g., N95, KN95) ☐ Disposable fluid-resistant or impermeable gown/coverall ☐ Disposable apron ☐ Disposable full-face shield ☐ Goggles ☐ Waterproof rubber boots ☐ Boot covers ☐ Disposable apron ☐ N95 respirator ☐ Disposable gloves ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Latex/nitrile gloves: ☐ One pair ☐ Two pairs ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Justification:** Spelled out abbreviations and added additional response options. Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Addition | Did you wash hands after removing protective equipment? ☐ YES (every time) ☐ NO (not every time) **Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Complete this section if reported contact with dead body or attended a funeral or burial**Justification:** Clarified language for travelers and screeners | No change to burden  |
| Addition | Did you attend a funeral or burial? ☐ YES ☐ NO Did you touch a dead body? ☐ YES ☐ NO **Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Please describe presence in a funeral or touching a dead body (touched deceased garments, belongings, or water used to wash body?)**Justification:** Added additional examples to provide clarity for travelers | No change to burden  |
| Addition | Did you serve as mortuary/burial worker? ☐ YES ☐ NO If NO, go to Final Open Question.**Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision/Addition | If a mortuary/burial worker, what PPE did you use? ☐ None☐ Surgical or medical mask ☐ Respirator (e.g., N95, KN95) ☐ Disposable fluid-resistant or impermeable gown/coverall ☐ Disposable apron ☐ Disposable full-face shield ☐ Goggles ☐ Disposable apron ☐ Waterproof rubber boots ☐ Boot covers ☐ N95 respirator ☐ Disposable gloves Latex/nitrile gloves: ☐ One pair ☐ Two pairs (outward with extended cuffs)  | No change to burden  |
| Addition | Did you wash hands after removing protective equipment? ☐ YES (every time) ☐ NO (not every time) **Justification:** Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |
| Revision | Did you have any problems with your PPE that resulted in skin or clothes coming into contact with the dead body or body fluids?☐ YES ☐ NO ☐ UNSURE**Justification:** Added additional examples to provide clarity for travelers | No change to burden  |
| Addition | FINAL OPEN QUESTION: (all travelers)Any other situation that is of concern to you about your health that we haven’t raised?**Justification:** Optional question for travelers to determine if traveler is high-risk and if immediate intervention or travel restrictions are required. | No change to burden  |