

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

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) <input type="checkbox"/> 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 .	No change to burden
Addition	<input type="checkbox"/> 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: <input type="checkbox"/> 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 <input type="checkbox"/> 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 48/24 hours/2 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.	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	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Justification: Updated language to align with CDC's Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda.	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? <input type="checkbox"/> YES <input type="checkbox"/>	No change to burden

	<p>NO If NO, skip to sick person question</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	
Addition	<p>Did this contact involve any of the following? Check as applicable: <input type="checkbox"/> Needlestick <input type="checkbox"/> Other injury with a sharp object (that is, piercing of your skin) <input type="checkbox"/> Skin contact <input type="checkbox"/> Splash to the eye, nose, or mouth</p> <p>Justification: Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Addition	<p>Was the person suspected or known to have Marburg? <input type="checkbox"/> YES SUSPECTED <input type="checkbox"/> YES CONFIRMED <input type="checkbox"/> UNSURE <input type="checkbox"/> NO Diagnosis other than Marburg, if known: _____ Description: _____</p> <hr/> <p>Justification: Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>Did you have contact with any sick person? <input type="checkbox"/> YES <input type="checkbox"/> UNSURE <input type="checkbox"/> NO If NO, section is complete.</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Addition	<p>Did the person have fever? <input type="checkbox"/> YES <input type="checkbox"/> UNSURE <input type="checkbox"/> NO</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>Did the sick person have vomiting, diarrhea, or bleeding? <input type="checkbox"/> YES <input type="checkbox"/> UNSURE <input type="checkbox"/> NO</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>Was the person suspected or known to have Marburg? <input type="checkbox"/> YES SUSPECTED <input type="checkbox"/> YES CONFIRMED <input type="checkbox"/> UNSURE <input type="checkbox"/> NO Diagnosis other than Marburg, if known: _____</p> <hr/> <p>Justification: Necessary to determine if traveler is high-risk and if immediate intervention is required.</p>	No change to burden
Revision	<p>Did you have physical contact with this person? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Justification: Clarified language for travelers and screeners;</p>	No change to burden

	necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.	
Revision	<p>Did you stay in the same household as this person? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>Did you provide care to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to provided care: Did you provide this care in a healthcare facility or another location? <input type="checkbox"/> HCF <input type="checkbox"/> Home <input type="checkbox"/> Other:</p> <hr/> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>For healthcare personnel only: What personal protective equipment did you use? (Most relevant for care given to a patient with known or suspected MVD) <input type="checkbox"/> No PPE/A <input type="checkbox"/> Surgical or medical mask <input type="checkbox"/> N95 Respirator (e.g., N95, KN95) <input type="checkbox"/> Surgical hood <input type="checkbox"/> PAPR <input type="checkbox"/> Disposable fluid-resistant or impermeable gown/coverall <input type="checkbox"/> Disposable apron <input type="checkbox"/> Disposable full-face shield or g <input type="checkbox"/> Goggles <input type="checkbox"/> Disposable facemask <input type="checkbox"/> Waterproof rubber boots <input type="checkbox"/> Boot covers <input type="checkbox"/> One pair of Latex/nitrile gloves: <input type="checkbox"/> One pair <input type="checkbox"/> Two pairs of disposable gloves (outward gloves with extended cuffs)</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Addition	<p>Did you perform hand hygiene after removing PPE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Justification: Clarified language for travelers and screeners; necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>Did you participate in an invasive procedure on the ill person or aerosol-generating procedure? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Justification: Clarified language for travelers and screeners.</p>	No change to burden
Revision	<p>Complete this section if worked in a clinical laboratory</p> <p>Justification: Clarified language for travelers and screeners.</p>	No change to burden
Revision/Addition	<p>What PPE did you use? <input type="checkbox"/> None</p> <p><input type="checkbox"/> Surgical or medical mask <input type="checkbox"/> Respirator (e.g., N95, KN95) <input type="checkbox"/> Surgical hood <input type="checkbox"/> PAPR <input type="checkbox"/> Disposable fluid-resistant or impermeable gown/coverall <input type="checkbox"/></p>	No change to burden

	<p>Disposable apron <input type="checkbox"/> Disposable full-face shield or goggles <input type="checkbox"/> Waterproof rubber boots <input type="checkbox"/> Disposable facemask <input type="checkbox"/> Boot covers <input type="checkbox"/> N95 respirator <input type="checkbox"/> PAPR <input type="checkbox"/> Latex/nitrile gloves: <input type="checkbox"/> One pair <input type="checkbox"/> Two pairs (outward with extended cuffs) <input type="checkbox"/> Other: _____</p> <p>Justification: Added additional response options. Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	
Addition	<p>Did you perform hand hygiene after removing PPE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Justification: Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision	<p>Complete if worked as environmental cleaner or doing laundry in HCF</p> <p>Justification: Clarified language for travelers and screeners.</p>	No change to burden
Revision	<p>What was your role in the healthcare facility?</p> <p>Justification: Changed question to open ended and clarified language for travelers and screeners.</p>	No change to burden
Addition	<p>Did you handle wet or soiled laundry? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Justification: Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	No change to burden
Revision/Addition	<p>What protective equipment PPE did you use? <input type="checkbox"/> None <input type="checkbox"/> Surgical or medical mask <input type="checkbox"/> Respirator (e.g., N95, KN95) <input type="checkbox"/> Disposable fluid-resistant or impermeable gown/coverall <input type="checkbox"/> Disposable apron <input type="checkbox"/> Disposable full-face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Waterproof rubber boots <input type="checkbox"/> Boot covers <input type="checkbox"/> Disposable apron <input type="checkbox"/> N95 respirator <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Other: _____ Latex/nitrile gloves: <input type="checkbox"/> One pair <input type="checkbox"/> Two pairs <input type="checkbox"/> Other: _____</p> <p>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.</p>	No change to burden
Addition	<p>Did you wash hands after removing protective equipment? <input type="checkbox"/> YES (every time) <input type="checkbox"/> NO (not every time)</p> <p>Justification: Necessary to determine if traveler is high-risk and if immediate intervention or travel restrictions are required.</p>	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? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you touch a dead body? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> None <input type="checkbox"/> Surgical or medical mask <input type="checkbox"/> Respirator (e.g., N95, KN95) <input type="checkbox"/> Disposable fluid-resistant or impermeable gown/coverall <input type="checkbox"/> Disposable apron <input type="checkbox"/> Disposable full-face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Disposable apron <input type="checkbox"/> Waterproof rubber boots <input type="checkbox"/> Boot covers <input type="checkbox"/> N95 respirator <input type="checkbox"/> Disposable gloves Latex/nitrile gloves: <input type="checkbox"/> One pair <input type="checkbox"/> Two pairs (outward with extended cuffs)	No change to burden
Addition	Did you wash hands after removing protective equipment? <input type="checkbox"/> YES (every time) <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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