

### **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 revised language, formatting and rewording to improve clarity and readability of the data collection forms.

CDC is requesting non-substantive changes to the *CDC Marburg Virus Disease Healthcare Worker Monitoring* and *2024 Rwanda MVD Outbreak Domestic Response: Final Survey for traveler monitoring data capture from STLHDs* 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 health departments completing the surveys.

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 Marburg Virus Disease Healthcare Worker Monitoring
- 2) 2024 Rwanda MVD Outbreak Domestic Response: Final Survey for traveler monitoring data capture from STLHDs

<b>CDC Marburg Virus Disease Healthcare Worker Monitoring</b>		
<b>Type of Change</b>	<b>Itemized Changes / Justification</b>	<b>Impact to Burden</b>
Addition	or report additional situations with exposure potential (as outlined in the CDC recommendations linked below)  <b>Justification:</b> Added language to the instructions for clarity.	No change to burden
Deletion/Revision	Health departments  <b>Justification:</b> Revised instructions to clarify that state and local health departments may be submitting these forms.	No change to burden
Revision	<a href="mailto:eocevent367@cdc.gov">eocevent367@cdc.gov</a>  <b>Justification:</b> Updated email address for jurisdictions to send questions.	No change to burden
Addition	Health departments who are encountering technical issues with the platform, should also email <a href="mailto:eocevent367@cdc.gov">eocevent367@cdc.gov</a> .  <b>Justification:</b> Updated instructions to indicate when health departments should contact CDC.	No change to burden
Deletion/Revision	4) How many other travelers are you monitoring daily?  <b>Justification:</b> Revised question to simplify.	No change to burden
Deletion/Revision	5) How many other travelers are you monitoring intermittently? (even if not contacted on that day)  <b>Justification:</b> Revised question to simplify.	No change to burden
Revision	6) Are you having any problems contacting travelers? (Very frequently, Frequently, Occasionally, Rarely, Very rarely, Never)  <b>Justification:</b> Changed answer from Y/N to Likert scale option based on feedback from health department respondents.	No change to burden
<b>2024 Rwanda MVD Outbreak Domestic Response: Final Survey for traveler monitoring data capture from STLHDs</b>		
<b>Type of Change</b>	<b>Itemized Change / Justification</b>	<b>Impact to Burden</b>
Addition	Brief introduction and links to interim guidance  <b>Justification:</b> Added in response to comments from partners requesting information on the survey purpose and how CDC intends to use the data collected.	No change to burden

Addition	<p>What is your jurisdiction? For follow-up if needed: name, email, and role of respondent.</p> <p><b>Justification:</b> Added as question 1 and 1a – for tracking purposes and in response to comments from jurisdiction health departments in the event CDC needs to follow up with jurisdictions to request clarifying information.</p>	No change to burden
Addition	<p>(Columns in table are distinct categories, but rows are not. A single traveler may be counted in multiple rows.)</p> <p><b>Justification:</b> Added this explanation in response to partner feedback requesting clarity on how data in table should be reported.</p>	No change to burden
Revision	<p>Updated categories (column headings) of travelers to U.S.-based HCW monitored daily**</p> <p><b>Justification:</b> Revised categories (column headings) to align with the weekly survey for traveler monitoring.</p>	No change to burden
Revision	<p>Updated categories (column headings) of travelers to U.S.-based HCW monitored intermittently or single check-in at end of 21-day period**</p> <p><b>Justification:</b> Revised categories (column headings) to align with the weekly survey for traveler monitoring.</p>	No change to burden
Revision	<p>Updated categories (column headings) of travelers to Other travelers monitored daily***</p> <p><b>Justification:</b> Revised categories (column headings) to align with the weekly survey for traveler monitoring.</p>	No change to burden
Revision	<p>Updated categories (column headings) of travelers to Other traveler monitored intermittently****</p> <p><b>Justification:</b> Revised categories (column headings) to align with the weekly survey for traveler monitoring.</p>	No change to burden
Addition	<p>In table, added section headers For each type of traveler, for how many travelers did you:</p> <p><b>Justification:</b> Clarification for survey users</p>	No change to burden
Revision	<p>Receive contact information from a sponsoring org.*</p> <p><b>Justification:</b> Updated language to align with CDC's <a href="#">Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda.</a></p>	No change to burden
Revision	<p>In table, entered 'N/A' for the columns 'other travelers monitored daily***, Other traveler monitored intermittently***' in the row 'Receive contact information from a sponsoring org.*'</p> <p><b>Justification:</b> Sponsoring organizations only provide contact information for HCW as indicated in CDC's <a href="#">Interim</a></p>	

	<a href="#">Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda.</a> , so the cells in the two ‘other traveler’ columns for this row are not applicable.	
Revision	Monitored through contact at least once during the response  <b>Justification:</b> Consolidated monitoring categories into one category to simplify jurisdictional reporting.	No change to burden
Deletion	Removed row for “completed monitoring”  <b>Justification:</b> Removed to align with the weekly survey for traveler monitoring.	1 minute reduction in burden
Deletion	Removed row for “discontinued monitoring before the end of the 21 day period”  <b>Justification:</b> Removed to align with the weekly survey for traveler monitoring.	1 minute reduction in burden
Deletion	Removed row for “receive contact information, but when you spoke to them they reported they had not been in Rwanda”  <b>Justification:</b> Removed to align with the weekly survey for traveler monitoring.	1 minute reduction in burden
Addition	Below table, added footnotes: *Sponsoring organization – nongovernmental organization or academic center sending U.S.-based healthcare workers to volunteer or work in a Rwandan healthcare facility. Please count these persons even if information was subsequently provided by CDC. ** <a href="#">Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda   Marburg   CDC</a> *** <a href="#">Interim Recommendations for Post-Arrival Public Health Management of Travelers from Rwanda   Marburg   CDC</a>  <b>Justification:</b> Added to provide definition of sponsoring org, as well as reference pages describing HCW monitoring and other traveler monitoring	No change to burden
Addition	3) What was your jurisdiction’s general strategy for monitoring of travelers from Rwanda? a) Followed CDC interim recommendations as published b) Exceeded CDC interim recommendations (e.g. HD contacted travelers more frequently than was recommended by CDC or monitored travelers for whom CDC recommended self-monitoring). Please describe in comments. c) Other/Comments (Free text)  <b>Justification:</b> Added in response to the request from	2 minute addition to burden

	multiple jurisdictions to receive names and contact information for travelers screened at entry but not recommended for follow-up by CDC (e.g. recommended for self-monitoring) – to determine if there are expanded monitoring information needs of jurisdictions before the next response.	
Revision	<p>Reordered 2) as 4) Revised wording of 4 to: Please estimate how many hours total your staff (both state level as well as any local level staff who were delegated monitoring duties) spent on monitoring HCWs or travelers and directly-associated activities (include time spent on activities such as development of infrastructure to support monitoring and the response, training of personnel from HD and partner organizations, etc.)</p> <p><b>Justification:</b> Changed ‘per traveler’ to ‘total’ to provide a more accurate capture of time spent (because different categories of travelers require different amounts of time for monitoring). Added parenthetical explanations to clarify who is included in “staff”. Added time spent on ‘directly-associated activities’ to clarify that total hours spent on monitoring should include both the actual process of monitoring and other activities in support of monitoring.</p>	No change to burden
Revision	<p>Added section a) to 4) a) How did your jurisdiction estimate this total (e.g. staff directly reported hours spent on active monitoring, best estimate from HD management, other)?</p> <p><b>Justification:</b> Added to allow for standardization of interpretation of this question.</p>	No change to burden
Revision	<p>Revised wording of 5) to: <b>Outside of staff time</b>, if any, did your jurisdiction incur any other costs associated with traveler or HCW monitoring? If yes, what other items or activities incurred costs and, if available, please provide an estimate of the costs for each of the items or activities (consider resources spent on information technology, communication, travel for staff, transportation for staff or travelers, housing for staff or travelers, data support, other equipment and supplies, building out or updating previous platforms built for traveler monitoring, etc.).</p> <p><b>Justification:</b> Revised “personnel costs” to “staff time” and added costs ‘associated with traveler or HCW’ monitoring to align with wording in 4. and clarify what is meant by costs. Replaced ‘what is the estimated total’ with a request to list items that incurred costs and associate an estimated cost with each item, in order to better be able to characterize costs incurred.</p>	No change to burden
Revision	<p>Combined 3) and 4) and reordered as 6). Revised wording of 6) to: What tools, systems, or processes were used in your jurisdiction to communicate with travelers for the purpose of monitoring? (select all that apply)</p>	No change to burden

	<p>a) REDCap monitoring tool or other web-based survey (such as Google forms)</p> <p>b) automated text messaging system (TIM or other)</p> <p>c) Manual text/SMS</p> <p>d) Phone or video calls</p> <p>e) In-person visits</p> <p>f) Other (Free text)</p> <p><b>Justification:</b> Revised “monitor travelers” to “communicate with travelers for the purpose of monitoring” to clarify what is meant by monitor travelers. Added the a - f selection categories to further clarify and simplify the response process.</p>	
Revision	<p>Revised wording of 7). to: During this response, sponsoring organizations were asked to provide contact information for their U.S.-based HCWs (employees/volunteers) returning from Rwanda. If applicable to your jurisdiction, did sponsoring organizations reliably provide this contact information to your jurisdiction? (i.e., if CDC had not initiated entry screening to support active monitoring, do you believe the contact information provided by sponsoring organizations would have been sufficient to locate healthcare workers returning from Rwanda)? y/n/not applicable (comments). Removed 7a) and made it question 10 (see below).</p> <p><b>Justification:</b> Added language to clarify the question and specifically focus on the provision of contact information.</p>	No change to burden
Deletion/Revision	<p>Combined 8) and 14) as new 8). Revised wording of 8) to: Did you get information from CDC about any U.S.-based HCWs that you did not receive from a sponsoring organization? y/n (No indicates all received from CDC had already been provided by the sponsoring organization) N/A – no U.S.-based HCW returned to jurisdiction.</p> <p><b>Justification:</b> Added language to clarify the first part of question 8.</p>	No change to burden
Revision	<p>Reordered 10) as 9). Revised wording to add HCWs ‘returning after October 8, 2024.’</p> <p><b>Justification:</b> Added date to clarify of when pre-departure processes started.</p>	No change to burden
Revision	<p>Renumbered original section 7a) as number 10). Revised wording to: Did you delegate monitoring of HCWs to sponsoring organizations or employers? y/n (comments) N/A – no HCW returned to jurisdiction</p> <p>a) If yes, what estimated percentage of HCW monitoring did you delegate to sponsoring organizations?</p> <p><b>Justification:</b> Separated 7a) from the original question 7) to</p>	No change to burden

	clarify this question is asking not about contact information (question 7) but rather about delegation of monitoring.	
Revision	<p>Reordered 9) as 11). Added “Y/N” and replaced ‘and if so did they contact the HD or did the HD hear about them from the HCF.’ with a a and b sections:</p> <ul style="list-style-type: none"> <li>a) If yes, how did you hear about them? <ul style="list-style-type: none"> <li>i) Traveler contacted the HD</li> <li>ii) A healthcare facility contacted the HD</li> </ul> </li> <li>b) If yes, can you provide the approximate arrival dates for these individuals? (free text or date verified text)</li> </ul> <p><b>Justification:</b> Clarifying language identifying how the HD was notified of these travelers (a). Added an associated question (b) about arrival date in order to better characterize these travelers.</p>	No change to burden
Addition	<p>Replaced 13) with new 12). In future VHF outbreaks, would your jurisdiction want conduct monitoring of travelers from the outbreak country even if CDC did not recommend such monitoring? y/n/unsure Please explain why? (free text)</p> <p><b>Justification:</b> Changed question to make it much more specific.</p>	No change to burden
Deletion	<p>Original question 6)</p> <p><b>Justification:</b> Elements addressing this question are included in other revised questions.</p>	No change to burden.
Deletion	<p>Original question 11)</p> <p><b>Justification:</b> Elements addressing this question are included in other revised questions.</p>	No change to burden.
Deletion	<p>Original question 12)</p> <p><b>Justification:</b> Elements addressing this question are included in other revised questions.</p>	No change to burden.