Explanation for Program Changes or Adjustments

There is one form 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* form. The purpose of this change is to streamline the data collection by providing clarifying language and reformatting 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 1 approved data collection tools (form/s) detailed below:

Approved Forms:1) CDC Initial Screening

CDC Initial Screening Form		
Type of Change	Itemized Changes / Justification	Impact to Burden
Revision/Deletion	Today or in the past 2 days: have you had any of the following symptoms? Fever (100.4° F / 38° C or higher), or feeling feverish, or chills? ☐ Yes ☐ No	No change to burden
	Justification: Removed "Chills" as a separate line and combined with question related to fever.	
Revision	New or unusual headache or muscle aches?	No change to burden
	Justification: Changed "body" to "muscle" to provide clarity for travelers.	
Addition	Rash □ Yes □ No	No change to burden
	Justification: Updated to align with symptoms listed on CDC's website: <u>Traveling to the United States from Rwanda Marburg CDC</u>	
Addition	Chest pain or sore throat? ☐ Yes ☐ No	No change to burden
	Justification: Updated to align with symptoms listed on CDC's website: <u>Traveling to the United States from Rwanda Marburg CDC</u>	
Addition/Revision	Nausea, vomiting or diarrhea? □ Yes □ No	No change to burden
	Justification: Added "nausea" and "vomiting" to align with symptoms listed on CDC's website: <u>Traveling to the United States from Rwanda Marburg CDC</u>	
Addition/Revision	While you were in Rwanda, in the past 21 days: Were you in any of the following districts? ☐ Yes ☐ No [Screener to provide current list of outbreak districts]	No change to burden
	Justification: Clarified that the question refers to presence in Rwanda in the past 21 days and list affected districts to align with CDC's Level 3 Travel Health Notice - Marburg in Rwanda	
Deletion/Revision	While you were in any of the districts listed above in the past 21 days:	No change to burden

	Justification: Revised title of section to provide clarify for	
	travelers and screeners.	
Deletion/Revision	Were you present in any healthcare facility (such as hospital or clinic) or did you visit a traditional healer? ☐ Yes ☐ No	No change to burden
	Justification: Revised question to provide clarify for travelers.	
Revision	Did you provide health care to or have any other contact with patients? ☐ Yes ☐ No	No change to burden
	Justification: Revised question to provide clarify for travelers.	