**Adverse Health Outcomes Associated with Medical Tourism Surveillance System**

### Request for OMB approval of a New Information Collection

#### 07/02/2025

#### Supporting Statement B

#### Contact:

Rudith Vice

National Center for Emerging and Zoonotic Infectious Diseases

Centers for Disease Control and Prevention

1600 Clifton Road, NE

Atlanta, Georgia 30333

Email: nhr9@cdc.gov

#### Table of Contents

[1. Respondent Universe and Sampling Methods 2](#_Toc473882440)

[2. Procedures for the Collection of Information 2](#_Toc473882441)

[3. Methods to maximize Response Rates and Deal with No Response 2](#_Toc473882442)

[4. Tests of Procedures or Methods to be Undertaken 2](#_Toc473882443)

[5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data 2](#_Toc473882444)

Descriptive statistical methods (e.g., frequencies) will be calculated. The purpose of the collection is not to make statistical generalizations beyond the particular respondents.

# Respondent Universe and Sampling Methods

Respondents include state/local health department staff and ill persons who have experienced an adverse health outcome related to medical tourism.

# Procedures for the Collection of Information

The Division of Global Migration Health (DGMH) Travelers’ Health Branch (THB) will send the Medical Tourism Case Intake Form (Form 1), upon request, to state/local health departments investigating adverse health outcomes among returned medical tourists.

Form data will be collected and stored in an electronic database. THB will review data weekly to assess for potential epidemiologic links\*. When cases appear to be associated, THB will reach out to appropriate internal and external partners for further information and to coordinate a response, if needed. Health departments may be asked to complete the Medical Tourism Enhanced Surveillance Form (Form 2).

\*Possible epidemiologic links between cases of adverse health outcomes involving medical tourists can include, but are not limited to, clinics where procedures are performed and timing of procedures associated with adverse health outcomes.

# Methods to maximize Response Rates and Deal with No Response

State/local health departments will use the forms and report them to THB on a voluntary basis. THB will review data weekly to assess for potential epidemiologic links. When cases appear to be associated, THB will reach out to appropriate internal and external partners for further information and to coordinate a response, if needed.

# Tests of Procedures or Methods to be undertaken

THB scheduled informational sessions with nine state/local health jurisdictions to gather feedback on the data collection instruments. After each session, the forms (Form 1 and Form 2) were emailed to participants with instructions to report how long it took them to complete each form. Time estimates were calculated by averaging the reported time it took to complete each form by each state/jurisdiction.

# Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Not applicable. THB will analyze data received from state/local health departments using descriptive methods.