Poison Center Collaborations for Public Health Emergencies

OMB Control No. 0920-1166
(Expiration Date 04/30/2026)

Revision of a Generic Clearance

Supporting Statement Part A –
Justification

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Part A. Justification

A.1. Circumstances Making the Collection of Information Necessary

The National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC), requests a three-year Paperwork Reduction Act (PRA) clearance for a revision of the generic clearance information collection request (Generic ICR) titled the "Poison Center Collaborations for Public Health Emergencies (PCCPHE)" (expiration date: 04/30/2026).

There are no proposed revisions affecting the requested burden.

NCEH is authorized to collect this information under the Public Health Service Act Section 301 [241] (**Attachment 1).** The 60-day Federal Register Notice (FRN) was published on 15 January 2026 and is further discussed in Section A8 (**Attachment 2**)**.** The information will be collected in accordance with NCEH's mission to promote health and quality of life by preventing or controlling disease, injury, and disability related to the interactions between people and their environment outside the workplace.

Partnering with Poison Centers

CDC's key partner, America's Poison Centers™ (formerly known as the American Association of Poison Control Centers [AAPCC]), is a national network of 53 poison centers working to prevent and treat poison exposures (**Attachment 3**). The poison centers service all states and US territories. Some states have a single poison center servicing the whole jurisdiction, some states have multiple poison centers servicing the state, and some states have poison centers outside the state servicing their jurisdiction. A free national hotline is available 24 hours a day, seven days a week to speak to poison center experts related to poison exposures. Callers using the national hotline are automatically routed to the poison center closest to the caller location.

CDC's collaboration with America's Poison Centers™ has two main components.

Surveillance – National Poison Data System (NPDS)

The National Poison Data System (NPDS) is not the subject of this Generic ICR. Already in existence and use, America's Poison Centers™ owns and operates the NPDS, a surveillance system compiling all calls to all poison centers in the US. On average, every 5 minutes, all poison centers upload data collected from calls made to their organizations to NPDS.[1] Data routinely uploaded into NPDS include basic demographic information of the exposed (age, gender), the substance of exposure, reported signs and symptoms following exposure, and medical outcome of the exposure.[2-3] America's Poison Centers™ collects this data as part of its routine surveillance and CDC does not direct the NPDS data collection.

Therefore, it has previously been determined that PRA clearance is not required for CDC's use of NPDS data, under 5 CFR part 1320.3(b)(2).[Footnote 1]

Through an existing cooperative agreement with America's Poison Centers™ (CDC-RFA-EH20-2003), CDC provides some funding to America's Poison Centers™ for NPDS maintenance and data storage. A data licensing agreement between CDC and America's Poison Centers is in place (**Attachment 4**) to facilitate CDC data access for secondary analysis. Since 2001, CDC and America's Poison Centers have developed collaborative methods to use NPDS data for near real-time surveillance of exposures to hazardous substances. The national surveillance program through NPDS improves the ability of poison centers to respond to public health emergencies related to a wide variety of agents in the environment.

Investigations - Select Public Health Emergencies

For this Generic ICR, CDC is requesting PRA clearance for follow-up investigations conducted by poison centers, on behalf of CDC, through call-back questionnaires about select public health emergencies. To support these investigations, CDC will work with America's Poison Centers™ through its existing cooperative agreement, further described in Section A14.

CDC learns of potential public health emergencies through various means, including discussions among colleagues, media reports, and notifications from poison centers receiving an unusual number of calls about a particular exposure or calls about a novel exposure. Upon receiving this information, CDC and its America's Poison Centers™ collaborators will hold a meeting to mutually decide whether the incident is a public health emergency that needs further investigation using the criteria discussed in Section A.2.

Table A1-1. Description of data currently collected by poison centers and the proposed data to be collected through this Generic ICR.

Description	**Data routinely collected by poison centers**	**Data uploaded to NPDS**	**Data collected in follow-up investigations through the Generic ICR**
Nature of the data	Data are collected by America's Poison Centers™ as a part of the clinical triage function of poison centers and used for follow-up	Select data fields from poison center data are uploaded to NPDS for national surveillance	Follow-up questionnaire administered by poison centers at America's Poison Centers™ and CDC request
Is the activity sponsored by CDC?	No	No	Yes
Individually Identifiable Information?	Yes; name and contact information	No; age and sex only	No
CDC has access?	No	Yes	Yes

[1] 5 CFR part 1320.3(b)(2): *The time, effort, and financial resources necessary to comply with a collection of information that would be incurred by persons in the normal course of their activities (e.g., in compiling and maintaining business records) will be excluded from the "burden" if the agency demonstrates that the reporting, recordkeeping, or disclosure activities needed to comply are usual and customary.*

Data storage	Local poison centers servers	Password-protected web access	Microsoft Access database transmitted via secure EFT to CDC; on occasion, data from web surveys, using REDCap, may be directly collected, stored, transmitted using CDC servers.
Under this PRA clearance?	No	No	Yes

Past Uses of NPDS and PCCPHE Information

CDC uses the NPDS to improve public health surveillance for chemical and poison exposures and associated illnesses, to identify early markers of chemical incidents, and to enhance situational awareness during outbreaks.[4] Currently, the poison centers ask only those questions needed to diagnose and provide guidance for addressing the exposure. These items of information have proven useful for past surveillance efforts.[5-7] Table A1-2 includes examples of public health emergencies where NPDS contributed to effective emergency response.

Table A1-2. NPDS in Emergency Response

Incident	Year	NPDS in emergency response [2,6,7,8]
COVID-19 Pandemic	2020-present	• NPDS data monitored over a million calls from concerned citizens as well as from medical professionals related to COVID-19, vaccinations, and at-home tests as well as potentially harmful, non-traditional behaviors taken to prevent, treat, or cure COVID-19 (e.g., exposure to cleaning products, vitamins, medications such as chloroquine). • Rapidly published data of concern in several MMWR articles and Health Alert Networks (HANS) as well as journals to notify others of public health threats
Harmful Algal Blooms (HABs)	Recurring	• NPDS data monitors potential exposure to harmful algal blooms (HABs) • Published data from follow-up survey further characterizing exposure and risk factors (2022)
2017 Hurricane season	2017	• NPDS data tracked potential carbon monoxide exposures, gasoline/diesel exposures, and bites/stings related to Hurricanes Harvey, Irma, and Maria which led to rapid communication follow-up (e.g., twitter) and notification to respective health departments
Hurricane Sandy	2012	• NPDS data identified over 250 potential carbon monoxide exposures related to Hurricane Sandy which led to rapid notification of the respective state health departments. • Rapidly published this data in an MMWR article to notify other public health officials of this public health threat.
Radiological incident in Japan	2011	• NPDS data identified the ingestion of potassium iodide and other iodine/iodide products as a potential public health

(Fukushima)		concern within the US. Individuals were ingesting these products bought off internet sites to prevent radiation contamination even though no such recommendation was given in the US. • Findings used to guide CDC and local health department's public health messaging and communication activities.
Deepwater Horizon Oil Spill	2010	• NPDS data identified exposure trends and monitor severity of health effects because of exposure to the oil spill. • Findings aided CDC leadership in determining the public health impact of the oil spill on the general population and were an integral part of the Gulf Coast Oil Spill Response Surveillance Activities. • Information was also sent to each affected state to use in their surveillance activities and public health response efforts.
Salmonella outbreak in peanut butter	2009	• Through NPDS-based surveillance, five states captured probable cases that had not been previously identified by CDC. • Aggregate data from NPDS were reported daily to the Division of Foodborne and Mycotic Diseases at CDC to enhance their situational awareness.

These examples demonstrate that during a public health emergency, immediate action by CDC can minimize or prevent public harm. CDC seeks approval for this Generic ICR to ensure the agency is poised to mobilize quickly when urgent epidemiologic support is needed in an emergency situation. This Generic ICR will allow CDC and poison centers to collect and share critical data needed to allow public health officials to rapidly respond during emergencies.

A.2. Purpose and Use of Information Collection

The purpose of this Generic ICR is to create a timely mechanism to allow poison centers, supported by CDC, to follow-up with callers during select public health emergencies on exposure and health. For a public health emergency to be selected for call-back data collection, the incident must meet the criteria below:

1. The incident is an acute public health emergency that is believed to be causing adverse health effects.

2. Timely data are urgently needed to inform rapid public health action to prevent or reduce injury, disease, or death.

3. The incident is characterized by (1) a natural or human-induced - disaster; (2) contaminated food/water; (3) a new or existing consumer product; or (4) an emerging public health threat.

4. The incident has resulted in calls to a poison center, and the poison center agrees to conduct the call-back data collection.

5. The incident is domestic.

6. Data collection will be completed in 60 days or less.

Additional criteria for the investigations, also called generic information collections (GenICs) under the Generic ICR, include:

1. No request for technical assistance by state, local, or regional public health is required to initiate a GenIC.

2. The investigations will be non-research GenICs designed to identify, characterize, and to assist with an immediate public health emergency and the knowledge gained will directly benefit the affected community.

3. Investigations conducted for the primary purpose of program evaluation, surveillance, needs assessment, or research (e.g., to contribute to generalizable knowledge) are excluded from this generic pathway.

4. Investigations related to non-urgent outbreaks or incidents are excluded from this pathway.

Respondents selected for poison center investigations will comprise those who initially call a poison center about triage and treatment of potential poison exposures related to the select public health emergency. CDC or the poison center will identify and recruit the respondents based on information already collected in NPDS. In their daily operations, poison centers track a caller's contact information for the purposes of medical follow-up; this information will be used to contact the caller for the follow-up data collection. These respondents to the poison center investigations include the following:

- Adults (18 years and older)
- Adolescents (15 up to 18 years)
- Parents or guardians of children (less than 15 years)

Table A2-1 describes the role of the CDC and the poison center staff during the data collection.

Table A2-1. Delineation of roles

Organization	Role in the data collection
CDC	• Determines whether an incident is a public health emergency that meets the scope of the ICR • Obtains Research Determination • Obtains PRA Clearance • Develops questions as appropriate, in collaboration • Selects respondents based on incident-specific exposure data collected in NPDS. If NPDS ID No. (unique identifier generated by NPDS when data are uploaded) is available, then CDC uses this as a linking variable for poison center follow-up.

	• Communicates with poison centers during the data collection process • Analyzes de-identified data
Poison Center	• Obtains consent or assent from participants over the phone • Administers questionnaire over the phone or Internet • Enters data into secure database • Provides de-identified data to CDC

These data collections will obtain information on sources of exposure, scenario of exposure, health seeking behaviors following exposure, and awareness of health communication messaging. These additional data can help CDC identify interventions to improve health messaging meant to reduce exposure; improve disaster and emergency response and preventing future incidents. CDC will use this information to improve the public health response, including public health messaging for the specific area or incident of interest.

The negative consequence of not having the information is that CDC would not have access to valuable information critical for response and public health messaging. Without this data there would be the following:

- Barriers to collecting information on sources of exposure, scenario of exposure, health seeking behaviors following exposure, and awareness of health communication messaging
- Less effective interventions to improve health messaging meant to reduce exposure
- Limitations to effective and timely assessment of public health needs during public health emergencies
- Limitations to linking potentially related exposures
- Limitations on improving disaster and emergency response
- Limitations on preventing future incidents

The information collected will enable CDC to quickly provide information to regional, state, and local health departments responding to the emergency and to later disseminate information to the larger public health community through Morbidity and Mortality Weekly Report (MMWR) publications, Center reports, CDC web pages, and posters/presentations. As respondents participating in a collection for a given public health emergency will be limited to those individuals who call a participating poison control center, any publication of outcomes, presentations, or dissemination of findings gathered from this generic will clearly describe the non-generalizability of outcomes to broader populations.

Only incidents that meet the criteria as outlined in A2 will be eligible for information collection. Because of the need to rapidly obtain information to appropriately respond to the urgent public health emergency, data collection must be completed within 60 days.

Recent CDC accomplishments using this Generic ICR include a 2019 GenIC, titled ""Risk Factors for Harmful Algal Blooms (HABs)," used to identify sources of and risk factors for harmful algal bloom exposures through poison control center follow-up questionnaires. Investigators analyzed and submitted these data for publication in 2021. They found that details about HAB exposures through this data collection can be used to better aid in HAB incident response, communication, and outreach at the state and national level. The investigation also identified important areas for future work and health

communications both for the public and for poison centers, particularly in the lack of knowledge about HABs before exposure which presents the opportunity to develop more public messaging about the potential health hazards from HABs.[9]

During the past three-year approval period, no GenICs were conducted. Previously, two studies were implemented using the HHS Secretary's Public Health Emergency PRA Waiver for COVID-19 (effective 17 January 2020).[10] During a non-pandemic situation, these two studies would have used this Generic ICR. These studies assessed unintentional exposures associated with cleaning products (e.g., bleach, hand sanitizers) in home settings to determine knowledge, attitudes, and practices regarding cleaning behaviors and help guide public health messaging. Data collection information are used as the basis for the updated burden tables.

A.3. Use of Improved Information Technology and Burden Reduction

We estimate that 66.7 percent of poison centers will continue to use telephone surveys as previously approved (n=1,000 out of 1,500 annual responses). Data collection via telephone survey is still the preferred method because it uses the same mode of contact that the exposed persons used when they first contacted the poison center. A poison center staff member will administer the questionnaire over the phone and enter the data into a password-protected database, such as Microsoft Access. By respondent type, it is estimated that 800 adults, 100 adolescents, and 100 parents/guardians will respond by telephone survey.

As poison centers move to both chat and advanced phone features, internet-based data collection is still a secondary option. This was a request by America's Poison Centers™ to further ease burden on their Specialists in Poison Information (SPIs). These SPIs conduct the survey as well as provide options to their callers for preferred method of data collection.

Therefore, CDC will increasingly use improved technology in the form of web surveys among poison centers that choose this mode of collection. We estimate that 33.3 percent of the call back surveys will use web surveys (n=500 out of 1,500 annual responses). By respondent type, it is estimated that 400 adults, 50 adolescents, and 50 parents/guardians will respond by this mode.

- One option involves the poison centers with the capability to program and deploy the online survey tool and to store the data within their own secure systems. This flexibility is important as all the poison centers have different preferences, capabilities, and platforms. In this instance, a secure and unique weblink will be sent by the participating poison centers to the exposed persons via email or text.
- There may be some occasions where the individual poison center does not have its own web capability but still prefers using a web survey. CDC may develop the web-based questionnaire in REDCap to be hosted on secure CDC servers. Unique web addresses will be sent to America's Poison Centers who will distribute the unique addresses to the participating poison centers for dissemination to qualifying participants.

- We estimate that 50 percent of the web surveys (n=250 out of 500 annual responses) will be hosted directly on poison center servers and 50 percent will be hosted directly on CDC servers. By respondent type, it is estimated that 200 adults, 25 adolescents, and 25 parents/guardians will respond on either platform.

For all data collection modes, the data collection instrument will be designed to collect the minimum information necessary for the purposes of this project (**Attachments 5-8**). Attachment 8 is an example of a programmed web-based survey and has no additional burden hours associated.

A.4. Efforts to Identify Duplication and Use of Similar Information

If existing information already exists, a poison center follow–up investigation will be deemed unnecessary. Redundant data collection is avoided, and the utility of the data collected are maximized. The poison centers will ask exposure-specific questions not initially collected and which are specifically tailored to minimize duplication of information already collected through normal poison center operations. Ensuring no duplication of information collection will reduce undue burden on the poison center callers who subsequently agree to follow-up.

Literature searches and discussions with other health authorities will be conducted to determine the extent of existing information. If found, previous information is used whenever appropriate to contribute to an investigation. However, a public health emergency generally requires the collection of data specific to the incident because each situation is unique in many aspects (e.g., exposure, location, affected populations, sources of exposure, and modes of transmission, risk factors, and environmental factors). Each investigation will contribute to better understanding a particular type of outbreak or incident for the requesting agency, and data collections are designed to incorporate knowledge gained from similar situations in the past.

This information collection will fill a gap in current surveillance efforts by enabling CDC and poison centers to collect in-depth exposure information for public health emergencies to improve public health for specific incidents.

A.5. Impact on Small Business or Other Small Entities

This data collection will not involve small businesses.

A.6. Consequences of Collecting the Information Less Frequently

Each poison center investigation will be a one-time information collection undertaken during or immediately after a public health emergency.

There are no legal obstacles to reduce the burden.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

Often, data need to be collected within hours or days of the request. Therefore, NCEH requests 5-day approval, or within 72 or 24 hours, if urgently needed. Because of the need to rapidly obtain information to appropriately respond to the urgent public health emergency, data collection must be completed within 60 days.

To comply with the regulation 5 CFR 1320.5 and at the same time ensure that public health data are collected in a timely manner as necessary to protect the health of the public, public health emergencies that fit the criteria for data collection will adhere to the following timeline and processes:

1. After an emergency incident is identified, the NCEH project officer reviews the "Step-by-Step How to use the Generic Clearance" guide (**Attachment 9**) and notifies the NCEH/ATSDR ICR Liaison (ICRL) of a potential poison center GenIC.
2. NCEH engages America's Poison Centers™ to determine if the incident is an eligible public health emergency and ensures all data collection criteria are met (refer to Section A2).
3. Following concurrence from America's Poison Centers™, NCEH requests poison center(s) to collect follow-up information.
4. If a 72- or 24-hour approval will be requested, the NCEH project officer prepares and routes the Advance Notification Email with justification (**Attachment 10**) to the ICRL to provide as much advance warning as possible that the request is being prepared. This step is not needed for a 5-day approval.
5. The ICRL routes the 72- or 24-hour advance notification to the CDC Information Collection Request Office (ICRO) via email, which in turn alerts the United States (US) Department of Health and Human Services (HHS) and the OMB desk officers to expect a new urgent poison center GenIC. Again, a 5-day approval will not require advance notification.
6. The NCEH project officer prepares and submits the GenIC package to the ICRL in STARS, which includes:
    a. GenIC Request for Approval (**Attachment 11**)
    b. Supporting Statement B
    c. Consent Form (**Attachment 12** - sample consent forms)
    d. Questionnaires for adults, adolescents, and parent or guardian of child (**Attachment 5-7** – sample questions that can be quickly modified)
    e. Worksheet 2
    f. Any other supporting documents
7. The ICRL reviews, completes the STARS determination, and submits the GenIC package to ICRO via email for processing with HHS and OMB.

8. The OMB desk officer responds with approval or comments on the proposed investigation within the time frame is requested (default is 5 days unless otherwise requested).
9. The OMB desk officer may provide approval and comments orally (followed by e-mail for written documentation) or e-mail directly. This may occur before the GenIC request is submitted and received by OMB through the official ICR tracking system.
10. Data collection proceeds upon approval and may not exceed 60 days.
11. Within 5 days of the completion of the data collection, the investigators submit the final data collection instrument(s), consent forms, and associated burden using the "Burden Memo" form (**Attachment 13**) to the ICRL in STARS. The ICRL will review and return the STARS project to the NCEH project officer.
12. On a quarterly basis, the NCEH project officer will submit a non-substantive change request for all GenICs conducted in the prior quarter in STARS. The following documents will be submitted to support the request: burden memos, final questionnaires, and final consent forms. The ICRL will review and approve the change request in STARS and will submit the change request package to ICRO via email.

The NCEH/ATSDR PRA contact serves in the role of the ICRL. The ICRL oversees the clearance process for individual GenICs.

The NCEH program will maintain a library of data collection instruments that includes all final data collection instruments conducted under this Generic ICR.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published on 15 January 2026 (**Attachment 2**)**.** Three public comments were received (https://www.regulations.gov/docket/CDC-2025-1014/comments), with one substantive comment (**Attachment 2a, Attachment 2b, Attachment 2c**). NCEH responded to the comments (**Attachment 2a1, Attachment 2b1, Attachment 2c1**).

CDC has not consulted any outside agencies or organizations on this data collection in the past three years.

A.9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

On 12/03/2019, the CDC Chief Privacy Officer reviewed the previous submission and determined that the Privacy Act did not apply and that a Privacy Threshold Analysis (PTA), and not a full Privacy Impact Assessment (PIA), was needed (**Attachment 14**). On 16 March 24, 2026, the NCEH/ATSDR Information Systems Security Officer (ISSO) reviewed this revision ICR and determined that an updated PTA is not needed. Therefore, a System of Record Notices (SORN) is not required.

Information in identifiable form (IIF) (e.g., name, phone number) is collected and maintained by the poison center as part of its routine collection for its own follow-up when an individual first contacts the poison center (refer to Table A1-1). The poison center will use this identifying information to reach back to ask more questions via this Generic ICR. Each individual poison center system is encrypted and password protected. The systems have very strict access rights that follow Health Insurance Portability and Accountability Act (HIPAA) guidelines. Each individual poison center owns their data. Data collected by poison centers and delivered to CDC, as described in this package, will not have IIF. CDC never receives any identifying link to any PC caller information and will not be given access to any links between the NPDS IDs and the caller's identify (**Attachment 15**)

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

The NCEH Human Subjects Contact has reviewed and classified the overall scope of these investigations to be non-research public health surveillance (**Attachment 16**). Investigations will be undertaken to identify, characterize, and assist with an immediate public health emergency. The knowledge gained will directly benefit the affected community. Although the investigations will use systematic methods, they will not be designed to develop or contribute to generalizable knowledge to other populations or other public health emergencies. As such, information collection and information dissemination activities are not intended to guide significant policy or rulemaking.

Each GenIC submitted under this Generic ICR will be reviewed to assure human subjects protections. A separate research determination will be completed and submitted to OMB.

The majority of questions asked will not be of a sensitive nature. However, some respondents may find thinking about and discussing symptoms of an exposure unpleasant, or a portion of respondents could consider questions about race, ethnicity, demographic characteristics, or behaviors to be sensitive. Where relevant to the information collection, race and ethnicity data will be collected consistent with HHS policy and standard OMB classifications.

Additionally, some respondents may feel uncomfortable answering particular questions about their course of treatment as a result of the exposure. Such questions, if asked, would be necessary for the

purposes of a targeted CDC activity and thus to the information collection. To minimize psychological distress, the poison center interviewer will inform participants that they do not have to respond to any questions they do not want to answer and they may stop participating at any time.

Social security numbers will not be needed and will not be collected.

A.12. Estimates of Annualized Burden Hours and Costs

Table A12-1 presents the estimated annual time burden to respondents for this data collection. The respondents for the information collection include adults, adolescents, and parents or guardians of children with an exposure during an emergency. The time burden for each respondent will average 10 minutes as the upper limit for the questionnaire. The estimated total number of respondents for all information collections has been calculated based on the following assumption: three incidents per year with a sample size of approximately 500 respondents (total = 500*3 = 1500). These estimates were derived from information gathered during previous data collections that had used NPDS over the past 5 years. The number of participants can vary because of poison center capacity, the number of poison centers participating, the number of individuals affected, and funding constraints. The respondent populations for a single incident have been an average of less than 500 respondents, which we believe is an upper estimate for each incident that is submitted under this data collection request. Using these calculations, we anticipate a total annualized burden of 250 hours (1500*10/60).

See Section A3 for an annual estimate of the number of respondents who will complete the call-back questionnaire through telephone surveys or through web surveys.

Table A12-1: Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Adult Poison Center Callers	Call-back Questionnaire for Self	1,200	1	10/60	200
Adolescent Poison Center Callers	Call-back Questionnaire for Self	150	1	10/60	25
Parent or Guardian Poison Center Callers	Call-back Questionnaire for Proxy	150	1	10/60	25
Total					**250**

Table A12-2 presents the estimated annual burden costs to respondents for this data collection. Hourly mean wage information is from the U.S. Department of Labor's Bureau of Labor Statistics website, specifically originating from the May 2021 National Occupational Employment and Wage Estimates for the United States (http://www.bls.gov/oes/current/oes_nat.htm#00-0000). Since this data collection

would include collecting data from members of the general public, an average rate for all occupations, or $32.66 per hour, is used. For adolescents, the federal minimum wage rate of $ 7.25, is used (https://www.dol.gov/whd/minwage/q-a.htm). Using the burden hours calculated in Table A12-1 and our wage estimates, the total estimated annualized respondent cost is $7,529.75 (225*$32.66 plus 25*7.25).

Table A12-2: Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Adult Poison Center Callers	Call-back Questionnaire for Self	200	$32.66	$6,532
Adolescent Poison Center Callers	Call-back Questionnaire for Self	25	$7.25	$181.25
Parent or Guardian Poison Center Callers	Call-back Questionnaire for Proxy	25	$32.66	$816.5
Total				**$7,529.75**

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

No capital, start-up, or maintenance costs are involved.

A.14. Annualized Cost to the Federal Government

The only direct cost to the federal government will be the salary of CDC staff supporting the data collection activities preparation and data analysis. The estimated annualized direct cost to the federal government is $5726.40. Table A14-1 describes how this cost estimate was calculated.

These data collections will be conducted by poison center staff. Since the data collection effort will go beyond the regular business operations of poison centers, participating poison centers will be paid for the tasks by CDC through the existing cooperative agreement in place with America's Poison Centers™. Participating poison centers will be identified using a vetting process through America's Poison Centers™ where payment will be on a per-incident basis. The estimated cost to the federal government for these other expenses is $120,000. Estimates of the costs of reimbursing the poison centers for their data collection efforts are included in Table A14-1.

The total annualized cost to the federal government, including direct costs and contractual costs is $122,784.

Table A14-1: Estimated Annualized Cost to the Federal Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Cost to the Federal Government		
Full Time Employee (GS-13) – Develops and changes the instrument, prepares OMB package, analyzes data	$53.93 hourly salary, 40 hours staff time per data collection; 3 data collections per year $53.93*40*3	$6,471.60
Subtotal, Direct Costs to the Government per year		**$6,471.60**
Cooperative Agreement Cost and Other Expenses		
Funding for poison center data collection costs	Estimates derived from a previous study with costs of approximately $150,000 per study	$150,000
Subtotal, Contract and Other Expenses per year		*$150,000*
Total of all annualized expenses		***$156,471.60***

A.15. Explanation for Program Changes or Adjustments

This is a revision Generic ICR. The original Generic ICR was approved in February 2017 and an extension was granted in March 2020 and March 2023. The following minor changes were made:

- Updating web-based questionnaire development from EpiInfo™ to REDCap because EpiInfo™ has been discontinued.
- Updating the number of poison centers from 55 to 53.

A.16. Plans for Tabulation and Publication and Project Time Schedule

The epidemiologic data collected in each investigation provides information necessary for an effective public health response to an incident with adverse health consequences. Therefore, it is critical to collect data as soon as possible after the incident is identified. The duration of each investigation varies; however, data collection must be completed within 60 days of the incident.

For each investigation, the CDC staff is responsible for developing an analysis plan and conducting the data analysis of the de-identified data. Data analysis could include data cleaning, descriptive analyses,

and trend analysis. Appropriate statistical software (e.g., R, SAS, Excel, NVivo) will be used, as necessary.

Findings are generally provided to emergency responders and epidemiologists at the federal, state, and local level for situational awareness. Findings are shared with the CDC Emergency Operations Center (EOC), if activated, state emergency responders, and state epidemiologists. Any publication of data derived from an investigation is subject to review by CDC, America's Poison Centers™, poison centers, STLT health departments where the incident occurred, and other collaborating federal agencies.

Final findings will be disseminated to the larger public health community through presentations and/or posters at meetings and publications in peer-reviewed journals. Abstracts, poster presentations, and manuscripts will undergo an internal scientific review prior to submission to conferences or journals. CDC may also disseminate the findings, as appropriate, through Morbidity and Mortality Weekly Report (MMWR) publications, Health Alert Network announcements (HANs), Center reports, or CDC web pages. Information that is disseminated will remain de-identified.

In some cases, the results of information collection will not be published; instead, the information will be used to inform activities across CDC or the community impacted by the public health incident.

A.17. Reason(s) Display of OMB Expiration Date Is Inappropriate

The display of the OMB expiration date is appropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

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