

Poison Center Collaborations for Public Health Emergencies

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Revision of a Generic Clearance

Supporting Statement Part B –
Collections of Information Employing Statistical Methods

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Project Officer

Amy Helene Schnall, DrPH
National Center for Environmental Health
Centers for Disease Control and Prevention
4770 Buford Highway NE
Atlanta, Georgia 30341
Phone: (770) 488-3422
Email: GHU5@cdc.gov

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Part B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

There are 53 poison centers in the United States that service all states and US territories (**Attachment 3**). 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 that are 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 will be automatically routed to the poison center closest to their location.

For a public health emergency to be selected for additional data collection under this Generic Information Collection Request (Generic ICR); an incident must meet the criteria below:

1. The incident is a public health emergency 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 man-made 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 the following:

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.

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 will identify the respondents based on information already collected in the National Poison Data System (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 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)

The criteria for the sample of callers to poison centers for follow-up will be decided by CDC, in collaboration with America’s Poison Centers™, and will depend on the particular information needs of the select public health emergency. For example, if there was illicit drug incident and information already collected in NPDS suggests many callers were reporting a particularly usual and severe symptom such as respiratory depression, then CDC may choose to identify respondents as those who reported respiratory depression after using the illicit drug and exclude those not reporting respiratory depression.

CDC does not expect unusual problems requiring specialized sampling.

B.2. Procedures for the Collection of Information

Consent and Survey Design

Once a public health emergency is selected for call-back, the CDC works in collaboration with America’s Poison Centers™ to develop consent/assent/permission forms derived from the template in **Attachment 12** and survey questions derived from the templates in **Attachments 5-8**.

Verbal (phone interviews) or written (web version) consent will be obtained from respondents over 18 years of age. For respondents between 15 and up to 18 years old, assent and parental permission will be obtained. For children less than 15 years of age, the parent or legal guardian will consent to respond on behalf of the child.

For each investigation, a questionnaire may be tailored for adults (**Attachment 5**) or adolescent (**Attachment 6**) to respond for themselves or for parents or guardians who are proxies for their children (**Attachment 7**). The same questions are used for phone or web. They will have less than 15 questions that fall under various categories. Table B2-1 below summarizes the typical breakdown of questions in the example questionnaire.

Table B2-1. Overview of question types used for data collection

Question Type	# of Questions Used
Exposure information	7
Health effects and medical treatment	5
Health messaging	3

America’s Poison Centers™ then distributes the finalized consent forms and surveys to the participating poison centers typically in a Word document or PDF.

Data Collection Procedures

The interviewers for poison center investigations are trained public health professionals who conduct interviews regularly in their roles as Specialists in Poison Information (SPIs). Prior to beginning interviews, these poison center staff will be oriented to the consent procedures and the questionnaire forms. Quality control procedures will be implemented in each poison center investigation to the extent possible given the rapid nature of the data collection to collect high quality data. These will be one-time data collections.

Prior to administering the call-back questionnaire, the consent process will be administered to the convenience sample of callers to poison centers, either all those who called about a particular exposure during the select public health emergency within a given time frame or a subset of those callers, such as those who were hospitalized.

Data collected by telephone survey will be hand-entered directly into a secure database, such as Microsoft Access. Data collected by web survey will be automatically entered into the secure server database. Data will be reviewed by the poison center staff for accuracy by comparing notes and the questionnaire results.

Mode of Data Collection

Poison centers are given the option to choose the mode of collection and how to deploy the survey. This can be by telephone survey, by web survey implemented through secure poison center servers, or by web survey implemented through secure CDC servers. See Supporting Statement A Section A3 for a description of how each mode is implemented and an estimate on the annual number of respondents for each mode.

- *Telephone Survey* - Data are collected by the poison center (**Attachments 5-8**), stored in a password-protected database and sent to America's Poison Centers™. America's Poison Centers™ compiles all poison center data and sends it to CDC in an encrypted Microsoft Access or Excel database via secure file sharing.
- *Web Survey* - Data are collected by the poison center via web survey using the same survey questions as the telephone survey (**Attachments 5-8**), stored in a password-protected database, and sent to America's Poison Centers™. America's Poison Centers™ compiles all data and sends to CDC in an encrypted Microsoft Access or Excel database via secure file sharing.

On the occasions where the individual poison center does not have its own web capability but 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.

All data, regardless of the mode of data collection, will be compiled and de-identified by the individual poison centers and sent to America's Poison Centers™.

Data Access and Analysis at CDC

America's Poison Centers™ compiles all poison center data and sends it to CDC in an encrypted Microsoft Access or Excel database via secure file sharing. If needed at CDC, data will be exported from

Access/Excel and analyzed in SAS or R. Because Access database encryption is not Federal Information Processing Standards (FIPS) 140-2 compliant, the data will be transmitted through CDC's secure and FIPS-compliant file transfer protocol (EFT) site.

Where the web survey is hosted on CDC servers, all CDC IT security requirements are met.

Data Linkage with NPDS

CDC will use the NPDS CaseID number as a linking variable between NPDS records and poison center follow-up. NPDS records do not have name or phone number. Individual PCs and America's Poison Centers™ will not share any link between the caller's IIF and the NPDS CaseID Number. IIF owned by and stored on local poison center servers for the purposes of follow up is not uploaded to NPDS nor ever shared with CDC.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

The poison center team will take the following steps to improve the response rates, including the following:

- Recontacting potential respondents at least twice more if the first attempt to reach them is unsuccessful
- Rescheduling the interview to a time that is more convenient for the respondent
- Providing a toll-free number for individuals to return calls
- Providing a secure unique web link for online data collection

The response rates for previous data collections of a similar nature were only tracked at the local poison centers and an overall response rate could not be estimated. However, per their normal operations, poison centers follow up with all exposure calls to ascertain medical outcome following the exposure. Participation rates for these follow ups are high (over 80%) and we estimate participation rates for this data collection to be high as well.

B.4. Tests of Procedures or Methods to be Undertaken

The sample questionnaires (**Attachment 5-8**) were derived using questionnaires from previous data collections (e.g., Harmful Algal Blooms, hand sanitizers, bleachers and cleaners) for which CDC collaborated with poison centers. For these previous data collections, basic descriptive statistics were used to analyze the data.

The questionnaires were reviewed by other CDC staff as well as representatives from America's Poison Centers and local poison centers.

Limitations to data collection are that all reported exposures and questionnaire responses are self-reported, so there is no confirmation of exposure or response information. Not all exposures are

reported to poison centers, so the information collection lacks representativeness. Conclusions drawn from aggregate data may not be representative of individuals within the affected area.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The CDC investigators guiding the poison center data collection and analyzing the data will be trained in epidemiology. CDC investigators will collaborate extensively with poison center staff throughout the process of data collection. While CDC staff will supervise the investigation, only poison center staff will collect data.

The following CDC staff will be involved in consultation of statistical design and responsible for collection and data analysis.

Table B5-1. Personnel consulted on statistical design and data analysis

Name	Title	Affiliation
Amy Helene Schnall, DrPH	Epidemiologist	NCEH
Arianna Hanchey, MPH	Health Scientist	NCEH

Table 5-2. Personnel responsible for collection and analysis of information

Name	Title	Affiliation
Amy Helene Schnall, DrPH	Epidemiologist	NCEH
Arianna Hanchey, MPH	Health Scientist	NCEH
Rene Suarez-Soto, MSEnvE	Data Scientist	NCEH
Michael Yeh, MD	Toxicologist	NCEH
Angela Peralta, MPH	Health Scientist	NCEH
Maraia Tremarelli, MPH	Health Scientist	NCEH

Because the investigations will be public health responses and not planned research studies, the analysis is largely descriptive. Statisticians will be consulted if sampling or a more complex analysis is needed.