

**State Health Department Reporting and Testing Practices:
Campylobacter and Shiga toxin-producing *Escherichia coli* (STEC)**

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officers

Epidemiologic Module

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

Table B-1: Potential Respondent Universe

The respondent universe is comprised of epidemiologists at the state health department who report *Campylobacter* and STEC cases, and microbiologists at the state public health laboratories who perform testing for *Campylobacter* and STEC at state health departments in all states, the District of Columbia, and US territories. The number of respondents is calculated based on 1 epidemiologist and 1 microbiologist per state (50) and the 5 major US territories (Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands). As collecting data from the entire population of respondents is feasible, a sampling strategy will not be employed.

Entity	Potential Respondent	N
State health department	Epidemiologists	55
State public health laboratory	Microbiologists	55
Total Universe of Potential Respondents		110

2. Procedures for the Collection of Information

For the epi module, a link to a web-based questionnaire hosted in SurveyMonkey, will be sent to each respondent, along with an introductory email explaining the purpose of the data collection and a written statement explaining that participation is voluntary (see **Attachment G. Introductory Email_Epi**). The study team will remind the respondents about the questionnaire at 7 and 20 days via email (see **Attachment H. 7 Day Follow up Email_Epi and Attachment I. 20 Day Follow up Email_Epi**). Names will be recorded for the purpose of follow up on unclear answers, but will not be included in any analysis or reports. Data will be downloaded from the internet-based questionnaire into database such as Excel or Access. The CDC assessment team will provide technical support and address any questions that participants may have. Contact information will be provided in the email.

For the lab module, a link to a web-based questionnaire hosted in SurveyMonkey® will be sent to each respondent, along with an introductory email explaining the purpose of the data collection and a written statement explaining that participation is voluntary (see **Attachment L. Introductory Email_Lab**). The study team will remind the respondents about the questionnaire at 7 and 20 days via email (see **Attachment M. 7 Day Follow up Email_Lab and Attachment N. 20 Day Follow up Email_Lab**). Data will be downloaded from the internet-based questionnaire into database such as Excel or Access. The CDC assessment team will provide technical support and address any questions that participants may have. Contact information will be provided in the email.

3. Methods to Maximize Response Rates Deal with Nonresponse

For the epi module, the assessment team will remind the responders about the data collection at 7 and 20 days via email (see **Attachment H. 7 Day Follow up Email_Epi** and **Attachment I. 20 Day Follow up Email_Epi**). CDC has a working relationship with the respondents and they are highly motivated, therefore, we expect to achieve a higher than 80% participation rate.

For the lab module, the assessment team will remind the responders about the data collection at 7 and 20 days via email (see **Attachment M. 7 Day Follow up Email_Lab** and **Attachment N. 20 Day Follow up Email_Lab**). CDC has a working relationship with the respondents and they are highly motivated, therefore, we expect to achieve a higher than 80% participation rate.

The purpose of this data collection is understand current practices regarding *Campylobacter* and STEC at the state level which will allow us to assess gaps, and develop recommendations that will improve public health's ability to track and respond to these infectious diseases. Higher response rates will yield more reliable information; however, no scientific inferences will be made.

4. Test of Procedures or Methods to be Undertaken

Questions were piloted by six public health professionals in FoodNet sites in CO, CT, NM, NY, OR and TN. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns, and establish the estimated time required to complete the questionnaire. The average time to complete the questionnaire including time for reviewing instructions, gathering needed information and completing the questionnaire, was approximately 10 minutes for the epi module and 15-20 minutes for the laboratory module. Each respondent will complete either the epi or lab module but not both.

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

The team of individuals working on this information collection, including instrument development, data collection, and data analysis will consist of members of the Enteric Diseases Epidemiology Branch (EDEB) and the Enteric Diseases Laboratory Branch (EDLB) of the Division of Foodborne, Waterborne, and Environmental Diseases.

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The majority of data will be analyzed using basic descriptive analyses. Because the major purpose of this data collection is program improvement, this evaluation does not anticipate needing to use complex statistical techniques.

LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- **Attachment G. Introductory Email_Epi**
- **Attachment H. 7 Day Follow up Email_Epi**
- **Attachment I. 20 Day Follow up Email_Epi**
- **Attachment L. Introductory Email_Lab**
- **Attachment M. 7 Day Follow up Email_Lab**
- **Attachment N. 20 Day Follow up Email_Lab**