

**Non-substantive Change Request to OMB Control # 0920-1011  
Emergency Epidemic Investigation Data Collections**

**Date Submitted: November 5, 2020**

This is a non-substantive change request for the Emergency Epidemic Investigations (EEI) Generic ICR, (OMB Control No. 0920-1011, Expiration 01/31/2023). This allows the Centers for Disease Control and Prevention (CDC) to continue to conduct EEIs in response to acute public health emergencies resulting from outbreaks or events with undetermined agents, undetermined sources, undetermined modes of transmission, or undetermined risk factors. CDC frequently is called upon to conduct EEIs at the request of one or more external partners (e.g., local, state, tribal, military, port, other federal agency, or international health authorities, or other partner organizations) seeking support to respond to urgent public health problems. In response to external partner requests, CDC readily provides necessary epidemiologic support to facilitate appropriate engagement in epidemiological investigations. Such investigations often are dependent on rapid and flexible data collection that evolves during the investigation period.

The purpose of this non-substantive change request is for OMB approval for an increase in the number of respondents for this EEI generic ICR, which is necessary to ensure CDC's ability to respond to the COVID-19 pandemic. The number of respondents for the currently approved EEI Generic ICR was calculated based on CDC's routine response activities. However, due to the magnitude and scope of the COVID-19 pandemic, the number of respondents for CDC's COVID-19-related data collections conducted under the EEI generic ICR is expected to significantly exceed the estimated number of respondents which was based on routine CDC response activities.

The first case of COVID-19 was first detected in the United States in late January 2020.

As of November 20, 2020, the current U.S. case count is greater than 9 million and rising. While state and local jurisdictions conduct most case investigation and contact tracing, when response needs exceed states' capacity or federal coordination of data collection is needed, CDC is available to support, augment, or coordinate state and local responses. If CDC conducts federally sponsored data collections for 1% of COVID-19 cases and their contacts annually, based on current estimates, this could represent 55,000 cases and approximately 880,000 close contacts, assuming 16 close contacts per case\*. The estimated burden per data collection is .5 hours. In August, we requested an increase in the annual burden for this EEI generic ICR from 6,000 to 473,500 and it was approved. Given the estimates provided, we would also like to request a significant increase in the number of respondents for this EEI generic ICR to 935,000. This is an increase from 12,000, which would make the total number of respondents requested 947,000.

The approved and requested burden is summarized in Table 1.

Table 1. Approved and Requested Estimated Annualized Burden Hours

|                             | <b>Type of Respondents</b>                    | <b>Form Name</b>   | <b>No. of Respondents</b> | <b>Avg. Burden per Response (in hrs.)</b> | <b>Total Burden (in hrs.)</b> |
|-----------------------------|---|--|---------------------------|---|-------------------------------|
| Approved Burden             | Emergency Epidemic Investigation Participants | Emergency Epidemic Investigation Data Collection Instruments | 12,000                    | 0.5                                       | 473,500                       |
| Additional Requested Burden | Emergency Epidemic Investigation Participants | Emergency Epidemic Investigation Data Collection Instruments | 935,000                   | 0.5                                       | 0                             |
| Total Burden                |   |  | 947,000                   | 0.5                                       | 473,500                       |

\*It is difficult to estimate the number of close contacts per case. One large surveillance study found the number of close contacts ranged from 1 to 201.<sup>1</sup> As a reasonable estimate, we cite here an investigation of a case that found 16 close contacts per case.<sup>2</sup>

<sup>1</sup>Burke RM, Midgley CM, Dratch A, et al. Active Monitoring of Persons Exposed to Patients with Confirmed COVID-19 — United States, January–February 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:245–246. DOI: <http://dx.doi.org/10.15585/mmwr.mm6909>

<sup>2</sup>Scott SE, Zabel K, Collins J, et al. First Mildly Ill, Nonhospitalized Case of Coronavirus Disease 2019 (COVID-19) Without Viral Transmission in the United States-Maricopa County, Arizona, 2020. *Clin Infect Dis*. 2020;71(15):807-812. doi:10.1093/cid/ciaa374