July 14, 2020

Jeffrey M. Zirger
Information Collection Review Office
U.S. Centers for Disease Control and Prevention
1600 Clifton Road NE, MS-D74
Atlanta, GA  30329

**Re: Docket no. CDC-2020-0043, Proposed Information Collection Project Tracking SARS-CoV-2 Infections among Healthcare Personnel**

Dear Mr. Zirger:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Disease Control and Prevention (CDC) for the opportunity to provide comment on a proposed information collection project titled “Emerging Infections Program (EIP) Tracking of SARS-CoV-2 Infections among Healthcare Personnel.” APIC is a nonprofit, multidisciplinary organization representing nearly 16,000 infection preventionists (IPs) whose mission is to create a safer world through prevention of infection. Our members work to prevent infection transmission in healthcare facilities and educate healthcare personnel (HCP) and the public about patient safety. As IPs we work closely with our colleagues in Employee and Occupational Health to assess risk and educate HCP on infection prevention and control precautions to minimize risk to our patients and HCP.

1. **Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.**
   APIC supports this data collection and agrees that it is beneficial. The tracking and interviewing of HCP with COVID-19, and those HCP who had an identified exposure with no subsequent infection is crucial to ensuring the health and wellbeing of HCP and the patients they care for. The compiled data, from an analytical perspective, will also hopefully better inform us on the transmission behaviors of SARS-CoV-2 and lend better insights into prevention for HCPs.

2. **Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.**
   The total estimated annualized burden hours of 2,300 may be an underestimate. APIC appreciates all efforts to minimize burden on healthcare facilities; however, it may be unrealistic to obtain HCP lists and contact information from public health departments. Additionally, in nursing home facilities the individual responsible for infection prevention commonly holds additional responsibilities, one of which usually includes occupational health.

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When EIP site staff identify a convenience sample of healthcare facilities within the catchment areas considerations need to be made for those with moderate to substantial community transmission of SARS-CoV-2. Access to the desired information may not be possible in healthcare facilities with insufficient resources for contact tracing, risk assessment of exposed HCP, or staffing shortages. Compiling and organizing the data is also time consuming and interfacing with human resource records may require information technology (IT) support and resources. APIC is concerned that the estimated annualized burden hours may not reflect these anticipated challenges including the ability to establish initial and/or follow-up contact with HCP or occupational health nurses.

3. **Enhance the quality, utility, and clarity of the information to be collected:**

   While hospitals and nursing homes are prioritized for inclusion, APIC strongly encourages EIPs to explore inclusion of alternate settings such as behavioral health or ambulatory care services (e.g., urgent cares, surgical centers), since these settings have similar increased risks. However, we must also note that the already-strained resources in these settings will also increase the burden of the data collection.

   To ensure clarity of information to be collected, APIC suggests a template form be shared for communications with occupational health nurses at healthcare facilities. Items may include the definition of HCP, the definition of an exposure, and examples of staff who may be captured.

4. **Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.**

   APIC agrees with the identified methods EIP staff will collect data from HCP: via telephone interviews or a self-administered electronic case report form.

   APIC appreciates the opportunity to provide input on this proposed information collection project in order to better understand how to protect HCP from infection by the SARS-CoV-2 virus. We look forward to continuing to work with the CDC to protect patients and HCP from COVID-19 during this public health emergency.

   Sincerely,

   [Signature]

   Connie Steed, MSN, RN, CIC, FAPIC
   2020 APIC President

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