PTA / PIA: CDC - OCIO ISB INFR SVCS - Botulism System - QTR2 - 2026 - CDC8919056

Created Date: 6/30/2026 5:20 PM Last Updated: 7/16/2026 2:22 PM

General Information

PTA / PIA Name:	CDC - OCIO ISB INFR SVCS - Botulism System - QTR2 - 2026 - CDC8919056	**PTA / PIA ID:**	4612372
Component Name:	CDC - OCIO ISB Infrastructure Services	**ATO Boundary Name:**	OCIO ISB Infrastructure Services
Overall Status:	Complete	**# of Days - Open:**	50
Submitter:		**Submit Date:**	7/6/2026
Next Assessment Date:	07/15/2029	**Expiration Date:**	7/15/2029
Office:		**OpDiv:**	CDC
Security Categorization:	High		
Make PIA available to Public?:	Yes	**PIA Required:**	Yes

General 01:	Identify the Enterprise Performance Lifecycle Phase of the system.	Operations and Maintenance
General 02:	Is this a FISMA-Reportable system?	Yes
General 03:	Does the system have or is it covered by a Security Authorization to Operate (ATO)?	Yes
General 04:	ATO Date or Planned ATO Date.	11/22/2023
General 05:	Is the system or electronic information collection, agency or contractor operated?	Agency
History Log:	View History Log	

Privacy Threshold Analysis

Privacy Threshold Analysis

PTA 01:	Point of Contact (POC) Name	Richard Bishop (rqb7@cdc.gov)
PTA 01A:	POC Title and Organization	Technical Steward/Business Steward (alternate); Centers for Disease Control and Prevention / National Center for Emerging and Zoonotic Infectious Diseases / Division of Foodborne, Waterborne, and Environmental Disease (CDC/NCEZID/DFWED)
PTA 01B:	POC Email Address	rqb7@cdc.gov
PTA 01C:	POC Phone Number	404-639-4706

PTA 02:	Indicate the following reason(s) for this PTA. Choose from the following options.	PIA Validation (PIA Refresh)
PTA 02A:	Describe in further detail any changes to the system that have occurred since the last PIA.	The Botulism System (BOT) has transitioned to an archival role until archived data can be migrated to the One CDC Data Platform (1CDP). All active case management, reporting, and data entry occur in the 1CDP, which has its own approved PTA/PIA. BOT now maintains only historical data previously collected, and no new information is added.
PTA 03:	Is the data contained in the system owned by the agency or contractor?	Agency
PTA 04:	Please give a brief overview of the purpose of the system by describing what the functions of the system are and how the system carries out those functions in support of HHS.	System (Botulism System (BOT)) IS A SUB-COMPONENT OF (OCIO ISB Infrastructure Services). BOT originally supported tracking and analysis of botulism cases and antitoxin distribution. The system now functions solely as an archival resource that maintains previously collected case information for historical reference and analysis. The Botulism System (BOT) stores the data necessary for CDC to analyze and monitor trends in botulism outbreaks and follow-up treatment in the United States. This allows the CDC to create scientific based information and make it available to the public to help prevent future Botulism cases. It also allows the CDC to keep track of the issuance of antitoxin. Botulism System supports HHS mission to Protecting the Health and Well-Being of Americans by tracking, analyzing, and monitoring these cases.
PTA 05:	List and/or describe all the types of information that are collected, maintained, and/or shared by the system regardless of whether that information is PII and how long that information is stored.	Because the Botulism System is now an archival system, it no longer collects or updates case information. Historically, the system collected, maintained, and shared botulism case reports (suspected and confirmed) as well as data related to the tracking and administration of botulism antitoxin by state and public health officials. The archived data include demographic information—such as name, date of birth, email address, mailing address, phone number, race, sex, and ethnicity—used for case tracking and follow up. Medical notes were also collected, including medical caregiver information, patient ID, transmission category, toxin type, clinical outcomes, suspected botulism outcome reports, and daily suspect botulism line lists. This data enabled CDC to analyze and monitor trends in botulism outbreaks and follow up treatment in the United States. All information is retained in accordance with applicable retention requirements or until no longer needed, consistent with General Records Schedule (GRS) 5.2
PTA 05A:	Are user credentials used to access the system?	Yes, but the user credentials are maintained in a separate system (e.g., AD, AMS) and not collected or maintained by this system.
PTA 05C:	Please identify the system that maintains the user credentials or controls access to this system.	CDC Active Directory (AD)

PTA 06:	Describe why each type of information is collected, maintained, and/or shared by the system. Specify what information is collected about each category of individual.	Because the Botulism System is now an archival system, the information below reflects data that was previously collected by State and public health partners and shared with CDC when the BOT system was operational. Health Partners collected and provided patient information for case tracking and follow up, including date of birth, name, email address, mailing address, phone number, race, sex, and ethnicity. Medical notes were also collected, including medical caregiver details, patient ID, transmission category, toxin type, clinical outcome, suspected botulism outcome reports, and the daily suspect botulism line list. These data enabled CDC to analyze and monitor trends in botulism outbreaks and follow up treatment in the United States.
PTA 07:	Does the system collect, maintain, use, or share PII?	Yes
PTA 08:	Does the system include a website or online application?	No
PTA 14:	Does the system have a mobile application?	No
PTA 20:	Are any third-party websites or applications (TPWA) associated with the system?	No
PTA 21:	Does this system use artificial intelligence (AI) tools or technologies?	No

Privacy Impact Assessment

Privacy Impact Assessment

PIA 22:	Indicate the type(s) of personally identifiable information (PII) that the system will collect, maintain, or share.	Biographical Information Name Date of Birth Contact Information Email Address (Personal) Mailing Address (Personal) Phone Numbers (Personal) Medical Information Patient ID Number Other Other
PIA 22A:	Identify the “other” type(s) of personally identifiable information (PII) not mentioned in the above list.	Other: sex, race, ethnicity, Medical Notes include medical care giver, transmission category, toxin type (case reports), clinical outcome, suspected botulism outcomes report.
PIA 23:	Indicate the categories of individuals about whom PII is collected, maintained, or shared.	Patients
PIA 24:	Indicate the approximate number of individuals whose PII is maintained in the system.	500 – 4,999

PIA 25:	For what primary purpose is the PII used?	PII was originally used to support botulism surveillance and antitoxin coordination. BOT now retains this information only for historical analysis, reference, and research. Operational case management and patient follow-ups no longer occur within BOT.
PIA 26:	Describe any secondary uses for which the PII will be used (e.g., testing, training, or research).	None
PIA 28:	Identify legal authorities, governing information use and disclosure specific to the system and program.	Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)).
PIA 29:	Are records in the system retrieved by one or more PII data elements?	Yes
PIA 29A:	Please specify which PII data elements are used to retrieve records.	Name
PIA 29B:	Provide the number, title, and URL of the Privacy Act System of Records Notice (SORN) that is being used to cover the system or indicate whether a new or revised SORN is in development.	
PIA 30:	Identify the sources of PII in the system.	Government Sources Within the OPDIV State/Local/Tribal Foreign Non-Government Sources Members of the Public Private Sector
PIA 31:	Is there an Office of Management and Budget (OMB) information collection approval number?	Yes
PIA 31A:	Provide the information collection approval number(s) and expiration date(s).	0920-0728; 11/30/2028
PIA 32:	Is the PII in the system shared directly with other organizations outside the system's Operating Division?	Yes
PIA 32A:	Identify with whom the PII is shared or disclosed.	Within HHS
PIA 32B:	For each disclosure, name the organizations/systems the system shares PII with and the purpose(s) of the disclosure.	If historical information must be referenced by authorized CDC programs, disclosures would be limited to what is necessary for verification or analysis. However, BOT's data has transitioned to an Archival role, so disclosures of PII are no longer routinely being shared.
PIA 32C:	List any agreements in place that authorize the information sharing or disclosure (e.g., Computer Matching Agreement (CMA), Memorandum of Understanding (MOU), or Information Sharing Agreement (ISA)).	None

PIA 32D:	Describe process and procedures for logging/tracking/accounting for the sharing and/or disclosing of PII. If no process or procedures are in place, please explain why not.	The program maintains a Word document to record disclosures, excluding those made to the quarantine station for antitoxin release and delivery, as these are considered part of each release record in the database. Because the system is now archival and no new reports are being entered, this document serves as the record of any remaining disclosures. It captures the unique release ID, the date of the disclosure, the variable names disclosed (but not their values), and the purpose for the disclosure.
PIA 33:	Is the submission of PII by individuals voluntary or mandatory as defined in the Privacy Act?	Voluntary
PIA 34:	Describe the method in place to notify and obtain consent from individuals whose PII will be collected. If no prior notice is given or consent cannot be obtained, explain why.	Botulism is a Nationally Notifiable Disease, and reporting to State health authorities is mandatory under applicable State laws. Submission of Nationally Notifiable Disease data from State and local health departments to CDC is voluntary. The system is now archival, and no new case reports or updates are being entered. Personally identifiable information (PII) including name, address, telephone number, email, and date of birth was originally required to ensure that antitoxin could be delivered to the correct individual. Patients provided consent to the health clinic collecting their PII prior to any sharing with CDC. CDC does not obtain consent directly from individuals.
PIA 35:	Describe the process to notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of original collection). If they cannot be notified or have their consent obtained, explain why.	PII data has historically been collected by State Public Health Partners who submit to CDC in support of Public Health laboratory testing, outbreaks, surveillance, and investigation activities. In the event of a major system change that significantly alters the disclosure and/or use of PII maintained in the system, the CDC will notify the State Public Health Partners (State Public Health Labs, other Federal Agencies, International Institutions) of the change so they can take appropriate action to notify the affected individuals.

PIA 36:	Describe the process in place to resolve an individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate. If no process exists, explain why not.	If there is a PII incident where an individual believes their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate, they would contact the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Foodborne, Waterborne and Environmental Diseases (DFWED), Enteric Diseases Epidemiology Branch (EDEB) Branch Manager at 770-488-6384. In the case of a discrepancy, the submitter must provide identification and be able to reasonably identify the record and specify the information being contested, the reasons for requesting the correction, and the corrective action sought along with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant. The CDC Official will investigate the request and resolve the data security issue or discrepancy. CDC will facilitate the resolution based on the individual's request and report back to the individual following a successful resolution with the Public Health Agency submitter.
PIA 37:	Describe the process in place for periodic reviews of the system to ensure the integrity, availability, accuracy, and relevancy of the PII in the system. Please address each element in your response. If no processes are in place, explain why not.	Because the system is now archival, system administrators conduct an annual manual review of the data elements previously collected by state and public health officials and submitted to CDC. This review ensures that only the authorized elements were recorded, that records correspond to antitoxin issuance, and that follow-up evaluations are properly documented. Additionally, Security performs an Annual Assessment, which includes a yearly review of the data types maintained in the archival system, including PII.
PIA 38:	Identify who will have access to the PII in the system.	Users Administrators Contractors
PIA 38A:	Select the type of contractor.	HHS/OpDiv Direct Contractors
PIA 38B:	Do contracts include Federal Acquisition Regulation (FAR) and other appropriate clauses ensuring adherence to privacy provisions and practices?	Yes

PIA 39:	Provide the reason why each of the groups identified in 38 needs access to PII.	Users: have access to the PII they entered, in order to notify patients/assure patients are getting required medication, but do not have access to other PII they did not enter. Administrators: have access to ensure that only authorized users are accessing the server and database; this can include both CDC and Contractor personnel. Contractors: are primarily responsible for ensuring the integrity of the data within the database. Only Direct Contractors have access to the system; they can be either users or administrators. Only database administrators would have access to PII and that is to allow them to confirm the data integrity of the PII.
PIA 40:	Describe the administrative procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	Users who need to monitor Botulism trends will be granted access by the Business Steward. Direct Contractors will be given access according to their need to maintain the data integrity. Developers and System Administrators do not need access to the PII data in order to perform their jobs. Users who need to monitor patients and provide antitoxin will be given access to the system by the Business Steward. All access is granted using Role-Based Access Control (RBAC) upon approval from the Business Steward.
PIA 41:	Describe the technical methods in place to allow those with access to PII to access only the minimum amount of information necessary to perform their job.	The Enteric Diseases Epidemiology Branch (EDEB) program grants access to the system on an individual basis based on need. The system has a limited number of users so it is not difficult to monitor users and roles.
PIA 42:	Identify the general security and privacy awareness training provided to system users (system owners, managers, operators, contractors and/or program managers) to make them aware of their responsibilities for protecting the information being collected and maintained.	All users are required to complete CDC Annual Security Awareness Training or their access is removed.
PIA 43:	Describe the training system users receive above and beyond general security and privacy awareness training.	All individuals with significant security responsibilities are required to complete CDC Role Based Training annually.

PIA 44:	Describe the process and guidelines in place for the retention and destruction of PII. Cite specific National Archives and Records Administration (NARA) records retention schedule(s) and include the retention period(s).	Records are retained and disposed of in accordance with (IAW) the CDC General Records Schedule (GRS). Records are maintained in agency for four years. Disposal methods include erasing computer media, burning or shredding paper materials or transferring records to the Federal Records Center when no longer needed for evaluation and analysis. Records destroyed by paper recycling process IAW GRS 5.2. BOT Systems: Input Data: Non-electronic records manually data entered Schedule: Dispose when no longer needed IAW GRS 5.2 Output Data: Routine Reporting Material Schedule: Dispose of in Five Years IAW GRS 5.2 System Data: Created for research purposes that may be required for follow up or reference for a moderate period of time Schedule: Dispose of in Ten Years IAW GRS 5.2
PIA 45:	Describe how the PII will be secured in the system using administrative, technical, and physical controls. Please address each element in your response.	Administrative - access to the application is approved by the individual's supervisor indicating that the user has a need to know the information on the system; vetted and granted by Business Steward. Technical - The CDC user id is encrypted while stored in the Active Directory system. Servers are configured using the approved System Baseline for each device. The system baseline is established using IT Best Practices, to include FIPS encryption and protections to protect PII. Physical - The system is housed on CDC property with gate guards at the entrances to the property, individual user access credentials are required for each non-public building, floor, and office. Closed circuit TV is also used by the internal security guards to check for and grant access to authorized individuals.

Review and Comments

OpDiv Privacy Analyst Review

Privacy Analyst Review Decision:	Approved	**Privacy Analyst Review Date:**	7/6/2026
Privacy Analyst Review Comments:		**# of Days - PA Review:**	0

SOP Review

SOP Review Decision:	Approved	**SOP Review Date:**	7/13/2026
SOP Review Comments:	Approved on behalf of Beverly Walker	**# of Days - SOP Review:**	7

Agency Privacy Analyst Review

Agency Privacy Analyst Review Decision:	Approved	**Agency Privacy Analyst Review Date:**	7/14/2026
Agency Privacy Analyst Review Comments:	Reviewer: Godisgreat Peters 7/14/2026 All comments have been addressed, This PIA is ready for SAOP review and approval. 7/6/2026 Please see comment and update accordingly: **PIA-22A:** Per PTA 5, Please include the following PII "race".	**# of Days - APA Review:**	1

SAOP Review

SAOP Review Decision:	Approved	**SAOP Review Date:**	7/16/2026
SAOP Review Comments:		**# of Days - SAOP Review:**	2

SAOP Signature

Date	User	Type	Name	Original Value	New Value
7/16/2026 2:22 PM	BAUR, VANESSA	Signature	SAOP (Email PIN)		Content Signed

Supporting Document(s)

Name	Size	Type	Upload Date	Downloads
No Records Found				

Comments

Question Name	Submitter	Date	Comment	Attachment
PTA 02A	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Based on our discussions and the current purpose of the system, below is a suggested example. Please	

			update or tailor it as needed. The Botulism System (BOT) has transitioned to an archival role. All active case management, reporting, and data entry occur in the One CDC Data Platform (1CDP), which has its own approved PTA/PIA. BOT now maintains only historical data previously collected, and no new information is added.
PTA 04	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Suggest you add similar language to your current description. BOT originally supported tracking and analysis of botulism cases and antitoxin distribution. The system now functions solely as an archival resource that maintains previously collected case information for historical reference and analysis.
PTA 05	Data Feed Service, pta_pia_CDC_Release	6/3/2026	I would recommend you change the language to past tense since this is now archival or use suggested language as applicable: Because the Botulism System is now an archival system, it no longer collects or updates case information. Historically, the system collected, maintained, and shared botulism case reports (suspected and confirmed) as well as data related to the tracking and administration of botulism antitoxin by state and public health officials. The archived data include demographic information—such as name, date of birth, email address, mailing address, phone number, race, sex, and ethnicity—used for case tracking and follow-up. Medical notes were also collected, including medical caregiver information, transmission category, toxin type, clinical outcomes, suspected botulism outcome reports, and daily suspect botulism line lists. These data enabled CDC to analyze and monitor trends in botulism outbreaks and follow-up treatment in the United States. All information is retained in accordance with applicable retention requirements or until no longer needed, consistent with General Records Schedule (GRS) 5.2
PTA 06	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Suggest using past tense. or updating with an updated statement similar to the one shown below: Because the Botulism System is now an archival system, the information below reflects data that was previously collected by State and

			public health partners and shared with CDC when the system was operational. Health Partners collected and provided patient information for case tracking and follow-up, including date of birth, name, email address, mailing address, phone number, race, sex, and ethnicity. Medical notes were also submitted, including medical caregiver details, transmission category, toxin type, clinical outcome, suspected botulism outcome reports, and the daily suspect botulism line list. These data enabled CDC to analyze and monitor trends in botulism outbreaks and follow-up treatment in the United States.
PIA 25	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Suggested example: PII was originally used to support botulism surveillance and antitoxin coordination. BOT now retains this information only for historical analysis, reference, and research. No operational case management or patient follow-up occurs in BOT.
PIA 32B	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Please check for grammar and rewrite with this additional statement: When historical information must be referenced by authorized CDC programs, disclosures are limited to what is necessary for verification or analysis.
PIA 32D	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Suggested example, update as applicable: The program maintains a Word document to record disclosures, excluding those made to the quarantine station for antitoxin release and delivery, as these are considered part of each release record in the database. Because the system is now archival and no new reports are being entered, this document serves as the record of any remaining disclosures. It captures the unique release ID, the date of the disclosure, the variable names disclosed (but not their values), and the purpose for the disclosure.
PIA 34	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Suggested example nothing archival status, Pelase update as appicable: Botulism is a Nationally Notifiable Disease, and reporting to State health authorities is mandatory under applicable State laws. Submission of Nationally Notifiable Disease data from State and local health departments to CDC is voluntary. The system is now

			archival, and no new case reports or updates are being entered. Personally identifiable information (PII) including name, address, telephone number, email, and date of birth was originally required to ensure that antitoxin could be delivered to the correct individual. Patients provided consent to the health clinic collecting their PII prior to any sharing with CDC. CDC does not obtain consent directly from individuals.	
PIA 35	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Pelase note: Because this transition represents a system change that affects how PII is maintained, the program is required to notify the State Public Health Partners. Please ensure the STLs and other partners are informed of the move to 1CDP.	
PIA 37	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Updated for grammar and current archival purpose. Update as applicable. Because the system is now archival, system administrators conduct an annual manual review of the data elements previously collected by state and public health officials and submitted to CDC. This review ensures that only the authorized elements were recorded, that records correspond to antitoxin issuance, and that follow-up evaluations are properly documented. Additionally, Security performs an Annual Assessment, which includes a yearly review of the data types maintained in the archival system, including PII.	
PTA 05	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Patient ID number was listed in PIA 22, please add it to this list.	
PTA 06	Data Feed Service, pta_pia_CDC_Release	6/3/2026	Patient ID number was listed in PIA 22, please add it to this list.	
PIA 22A	PETERS, GODISGREAT	7/2/2026	Per PTA 5, Please include the following PII "race".	
PIA 29B	PETERS, GODISGREAT	7/6/2026	Per CDC's Email: CDC SORN Number: 09-90-2001 Records Used for Surveillance and Study of Epidemics, Preventable Diseases and Problems	Re_ CDC - OCIO ISB INFR SVCS - Botulism System - QTR2 - 2026 - CDC8919056 PIA .pdf BOT Privacy_Assessment.rtf