

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–18–0978; Docket No. CDC–2017–0116]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled *Emerging Infections Program*, a population-based surveillance via active, laboratory case finding that is used for detecting, identifying, and monitoring emerging pathogens.

DATES: CDC must receive written comments on or before February 20, 2018.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0116 by any of the following methods:

- *Federal eRulemaking Portal:* Regulations.gov. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to Regulations.gov.

Please note: Submit all Federal comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and

instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

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

5. Assess information collection costs.

Proposed Project

Emerging Infections Program (OMB Control Number 0920–0978, Expiration Date 2/28/2019)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) Address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

A revision is being submitted to make existing forms clearer and to add several new forms: ABCs Severe GAS Infection Supplemental Form, HAIC Multi-site Gram-Negative Bacilli Case Report Form for Carbapenem-resistant Pseudomonas aeruginosa (CR–PA), HAIC Multi-site Gram-Negative Surveillance Initiative—Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (MuGSI–ESBL), HAIC Invasive Methicillin-sensitive Staphylococcus aureus (MSSA), and HAIC Candidemia Case Report Form. These forms will allow the EIP to better detect, identify, and monitor emerging pathogens. The estimates of the infection incidence generated by this collection provide the foundation for a variety of epidemiologic studies to explore risk factors, spectrum of disease, and prevention strategies.

The total estimated burden is 40,347 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Health Department	ABCs Case Report Form	10	809	20/60	2,697

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	22	10/60	37
	ABCs Surveillance for Non-Invasive Pneumococcal Pneumonia (SNIIPP) Case Report Form.	10	125	10/60	208
	ABCs <i>H.influenzae</i> Neonatal Sepsis Expanded Surveillance Form	10	6	10/60	10
	ABCs Severe GAS Infection Supplemental Form—NEW FORM	10	136	20/60	453
	ABCs Neonatal Infection Expanded Tracking Form	10	37	20/60	123
	FoodNet Campylobacter	10	850	21/60	2,975
	FoodNet Cryptosporidium	10	130	10/60	217
	FoodNet Cyclospora	10	3	10/60	5
	FoodNet <i>Listeria monocytogenes</i>	10	13	20/60	43
	FoodNet Salmonella	10	827	21/60	2,895
	FoodNet Shiga toxin producing <i>E. coli</i>	10	190	20/60	633
	FoodNet Shigella	10	290	10/60	483
	FoodNet Vibrio	10	25	10/60	42
	FoodNet Yersinia	10	30	10/60	50
	FoodNet Hemolytic Uremic Syndrome	10	10	1	100
	Influenza Hospitalization Surveillance Network Case Report Form	10	1,000	25/60	4,167
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English).	10	333	5/60	278
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (Spanish).	10	333	5/60	278
	Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	10	333	5/60	278
	HAIC CDI Case Report Form	10	1,650	30/60	8,250
	HAIC Multi-site Gram-Negative Bacilli Case Report Form (<i>MuGSI-CRE/CRAB</i>).	10	500	20/60	1,667
	HAIC Multi-site Gram-Negative Bacilli Case Report Form for Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CR-PA)—NEW FORM.	10	344	45/60	2,580
	HAIC Multi-site Gram-Negative Surveillance Initiative—Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (<i>MuGSI-ESBL</i>)—NEW FORM.	10	1,200	20/60	4,000
	HAIC Invasive Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) ...	10	609	20/60	2,030
	HAIC Invasive Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA)—NEW FORM.	10	1,035	20/60	3,450
	HAIC Candidemia Case Report Form—NEW FORM	9	800	20/60	2,400
Total					40,347

Leroy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

[FR Doc. 2017–27482 Filed 12–20–17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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[60Day–18–18EV; Docket No. CDC–2017–
0105]

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Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease
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burden and maximize the utility of
government information, invites the
general public and other Federal
agencies the opportunity to comment on
a proposed and/or continuing
information collection, as required by
the Paperwork Reduction Act of 1995.
This notice invites comment on a
proposed information collection project
titled *Enhanced Surveillance for
Histoplasmosis*. CDC will collect state
health department and patient furnished
histoplasmosis case data.

DATES: CDC must receive written
comments on or before February 20,
2018.

ADDRESSES: You may submit comments,
identified by Docket No. CDC–2017–
0105 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
for submitting comments.

- *Mail:* Leroy A. Richardson,
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