Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) Evaluate the accuracy of the agencies' estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) 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 submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Enhanced Surveillance of Coccidioidomycosis in Low- and Non-Endemic States—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Coccidioidomycosis, also called “Valley fever,” is a nationally notifiable fungal infection caused by inhalation of soil-dwelling Coccidioides spp. In the United States, coccidioidomycosis is known to be endemic in the southwestern states, but new evidence suggests that the true endemic areas may be broader than previously recognized. Approximately 10,000 coccidioidomycosis cases are reported in the U.S. each year to the National Notifiable Disease Surveillance System (NNDSS), but this system captures limited clinical and epidemiological information about reported cases. Most cases occur in Arizona or California, so the epidemiology of this disease has been well-described for these states, but little is known about the features of cases in other states.

Enhanced surveillance in low- and non-endemic states will help determine which information is most important to collect during routine surveillance and will help assess the suitability of the Council of State and Territorial Epidemiologists (CSTE) case definition for coccidioidomycosis in these areas. Primary prevention strategies for coccidioidomycosis have not yet been proven to be effective, so public health efforts may be best aimed at promoting awareness of coccidioidomycosis among healthcare providers and the general public. Improved surveillance data are essential for identifying such opportunities to promote awareness about this disease and for determining its true public health burden.

State health department personnel in participating low- and non-endemic states will conduct telephone interviews with coccidioidomycosis cases reported during one calendar year that meet the CSTE case definition and will record responses on a standardized form. State health department personnel will use the form to collect information on demographics, underlying medical conditions, travel history, symptom type and duration, healthcare-seeking behaviors, diagnosis, treatment, and outcomes.

OMB approval is requested for two years. Participation is voluntary. The total estimated annualized burden is 48 hours.

**Estimated Annualized Burden Hours**

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Health Department Personnel</td>
<td>Case Report Form for Coccidioidomycosis (Valley Fever) Enhanced Surveillance.</td>
<td>145</td>
<td>1</td>
<td>20/60</td>
</tr>
</tbody>
</table>

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. 2015–13161 Filed 6–1–15; 8:45 am]  
BILLING CODE 4163–18–P
and (6), Title 5 U.S.C., and the
Determination of the Director,
Management Analysis and Services
Office, CDC, pursuant to Public Law 92–
463.

Matters for Discussion: The meeting
will include the initial review,
discussion, and evaluation of
applications received in response to
“Development and validation of
laboratory procedures using next
generation sequencing technologies to
assess genes causing severe combined
immune deficiency (SCID) in state
newborn screening laboratories”, EH15–
002.

Contact Person for More Information:

Jane Suen, Dr.P.H., M.S., Scientific
Review Officer, CDC, 4770 Buford
Highway, NE., Mailstop F63, Atlanta,
Georgia 30341–3724, Telephone (770)
488–4281.

The Director, Management Analysis
and Services Office, has been delegated
the authority to sign Federal Register
notices pertaining to announcements of
meetings and other committee
management activities, for both the
Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Elaine L. Baker,
Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention.

[FR Doc. 2015–13314 Filed 6–1–15; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

[30Day–15–0010]

Agency Forms Undergoing Paperwork
Reduction Act Review

The Centers for Disease Control and
Prevention (CDC) has submitted the
following information collection request
to the Office of Management and Budget
(OMB) for review and approval in
accordance with the Paperwork
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Written comments and suggestions
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following: (a) 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; (b) Evaluate the
accuracy of the agencies estimate of the
burden of the proposed collection of
information, including the validity of
the methodology and assumptions used;
(c) Enhance the quality, utility, and
clarity of the information to be
collected; (d) 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 submission of
responses; and (e) Assess information
collection costs.

To request additional information on
the proposed project or to obtain a copy
of the information collection plan and
instruments, call (404) 639–7570 or
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CDC Desk Officer, Office of Management
and Budget, Washington, DC 20503 or
by fax to (202) 395–5806. Written
comments should be received within 30
days of this notice.

Proposed Project

Birth Defects Study To Evaluate
Pregnancy exposureS (BD–STEPS)
(formerly titled The National Birth
Defects Prevention Study (NBDDS)),
(OMB 0920–0010, Expiration 01/31/
2017)—Revision—National Center on
Birth Defects and Developmental
Disabilities (NCBDDD), Centers for
Disease Control and Prevention (CDC).

Background and Brief Description

CDC has been monitoring the
occurrence of serious birth defects and
genetic diseases in Atlanta since 1967
through the Metropolitan Atlanta
Congenital Defects Program (MACDP).
The MACDP is a population-based
surveillance system for birth defects
currently covering three counties in
Metropolitan Atlanta.

Since 1997, CDC has funded case-
control studies of major birth defects
that utilize existing birth defect
surveillance registries (including
MACDP) to identify cases and study
birth defects causes in participating
states/municipalities across the United
States.

The current study, BD–STEPS, is a
 case-control study that is similar to the
previous CDC-funded birth defects
case-control study, NBDDS, which stopped
interviewing participants in 2013. As
with NBDDS, BD–STEPS control infants
are randomly selected from birth
certificates or birth hospital records;
mothers of case and control infants are
interviewed using a computer-assisted
telephone interview.

The results from NBDDS have
improved understanding of the causes
of birth defects. Over 200 articles have
been written in professional journals
using the data from NBDDS, and BD–
STEPS data will soon be added to
NBDDS data for analysis. The current
BD–STEPS revision is a change in
proposed data collection. Specifically,
the study will not ask BD–STEPS
participants to participate in saliva
collection as originally planned, but we
will add an opportunity for some
participants to respond to an online
questionnaire, and we will also ask
some participants for permission to
retrieve newborn bloodspots.

The BD–STEPS interview takes
approximately forty-five minutes to
complete. A maximum of 275
interviews are planned per year per
center, 200 cases and 75 controls. With
seven centers planned, the maximum
interview burden for all centers
combined would be approximately
1,444 hours. Mothers in five of the
seven BD–STEPS Centers will also be
asked to provide consent for the study
to access previously collected infant
bloodspots. It takes approximately 15
minutes to read, sign and return the
informed consent for retrieval of
bloodspots. For approximately one fifth
of participants, some medical records
review will be conducted. The medical
records release form will take
participants approximately 15 minutes
to read, sign and return. In addition, it
will take approximately 30 minutes for
each medical record reviewer to
conduct the review and send the
medical record. Finally, the newly
planned online questionnaire will be
offered to approximately one third of
participants who report certain
occupations during the telephone
interview; these participants will be
asked to complete additional
occupational questions via a Web site
which will take approximately 20
minutes to answer.

Information gathered from both the
interviews and the Deoxyribonucleic
acid specimens has been and will
continue to be used to study
independent genetic and environmental
factors as well as gene-environment
interactions for a broad range of
carefully classified birth defects.

This request is submitted to revise
the previously estimated burden details
and to request OMB clearance for three
additional years. The total estimated
annual burden hours are 2,290.

There are no costs to the respondents
other than their time.