

Proposed Project

Enhanced Surveillance for Histoplasmosis—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Histoplasmosis is an infectious disease caused by inhalation of the environmental fungus *Histoplasma capsulatum*. Histoplasmosis can range from asymptomatic or mild illness to severe disseminated disease, and it is often described as the most common endemic mycosis in North America. However, much still remains unknown about the epidemiology and patient burden of histoplasmosis in the United States.

Histoplasmosis is currently reportable in 11 states but is not nationally notifiable. In June 2016, the Council of State and Territorial Epidemiologists (CSTE) passed a position statement to standardize the case definition for histoplasmosis, a first step towards more consistent surveillance methodology. A recent multistate analysis of histoplasmosis cases reported to public health during 2011–2014 also revealed variation in the data elements collected by each state,

limiting inter-state comparability. In addition, data on possible exposures, underlying medical conditions, symptoms, and antifungal treatment were only collected in a few states. Furthermore, no multistate data exists about histoplasmosis cases identified using the newly-created CSTE case definition.

More detailed data about histoplasmosis cases detected during routine surveillance are needed to better understand the features of persons at risk, characterize the effects of histoplasmosis on patients (e.g., delays in diagnosis, symptom duration, and decreased productivity), understand patient awareness of histoplasmosis, and determine its true public health burden. This information will not only help inform routine surveillance practices, but also guide awareness efforts and appropriate prevention strategies.

For a period of one year, health department personnel in participating states will conduct telephone interviews with individuals reported as histoplasmosis cases and that meet the CSTE case definition. Health department personnel will record responses on a standardized form. The form will collect information on

demographics, underlying medical conditions, exposures, symptom type and duration, healthcare-seeking behaviors, diagnosis, treatment, and outcomes.

This interview activity is consistent with the state’s existing authority to investigate reports of notifiable diseases for routine surveillance purposes; therefore, formal consent to participate in the surveillance is not required. However, individuals may choose not to participate and may choose not to answer any question they do not wish to answer.

It will take health department personnel approximately 15 minutes to administer the questionnaire and 15 minutes to retrieve and record diagnostic information from their state reportable disease database. For an estimated 300 patient respondents and 10 public health respondents, this results in an estimated annual burden to the public of 150 hours. There are no additional costs to respondents other than their time.

This is a new Information Collection Request. CDC seeks a 24-month approval. This study is authorized under Section 301 of the Public Health Service Act (42 U.S.C. 241).

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Histoplasmosis cases	Case Report Form for Histoplasmosis Enhanced Surveillance.	300	1	15/60
Health Department Personnel	Case Report Form for Histoplasmosis Enhanced Surveillance.	10	30	15/60

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Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

RIN 0970–0427

Request for Public Comments on Head Start Program Information Report

AGENCY: Office of Head Start (OHS), Administration for Children and

Families (ACF), Department of Health and Human Services (HHS).

ACTION: Request for public comments on Head Start Program Information Report.

SUMMARY: The Office of Head Start invites public comment on several major changes to the Head Start Program Information Report (PIR) to better align with the comprehensive revision of the Head Start Program Performance Standards (HSPPS), reduce reporting burden, and improve the data collection. Major changes include proposals to remove, add, and significantly update PIR questions. To view proposed changes to the PIR to go into effect for the 2019–20 PIR, please visit <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/summary-of-proposed->

changes-to-the-pir-for-public-comment.pdf.

DATES: Submit comments by April 6, 2018.

FOR FURTHER INFORMATION CONTACT: Fran Majestic, Division Director of Program Operations Division, *HeadStart@eclkc.info*, 1–866–763–648. Deaf and hearing-impaired individuals may call the Federal Dual Party Relay Service at 1–800–877–8339 between 8 a.m. and 7 p.m. Eastern Standard Time.

Dated: February 28, 2018.

Ann Linehan,

Acting Director, Office of Head Start.

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