

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–19–19AEG; Docket No. CDC–2019–0025]

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 Verona Integron-Encoded Metallo- β -Lactamase (VIM)-Producing Carbapenem-Resistant *Pseudomonas aeruginosa* Infections Associated with Invasive Medical Procedures in Tijuana, Mexico. This project is being developed to identify infections among individuals in the U.S. who had surgery at Facility 1 in Tijuana, Mexico in order to prevent the spread of resistance in the U.S.

DATES: CDC must receive written comments on or before June 7, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0025 by any of the following methods:

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

- **Mail:** Jeffrey M. Zirger, 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 comments through the Federal eRulemaking portal (*regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, 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

Verona Integron-Encoded Metallo- β -Lactamase (VIM)-Producing Carbapenem-Resistant *Pseudomonas aeruginosa* Infections Associated with Invasive Medical Procedures in Tijuana, Mexico—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is investigating an outbreak of highly resistant *Pseudomonas aeruginosa* infections associated with bariatric surgery at a hospital in Tijuana, Mexico. Approximately 750 Americans from 45 states have had surgery at this facility since August 1, 2018. Among these individuals, approximately 200 had surgery since January 1, 2019, and are still at risk for developing infection and/or having infections that are still being treated in the U.S. healthcare system. CDC recently received the contact information for these exposed individuals to enable public health response. To help prevent spread of this resistant organism in U.S. hospitals, and to ensure that individuals who develop infection get prompt and appropriate treatment, a public health response was initiated to contact individuals exposed to Facility 1 in order to assess whether they developed infections and whether they have been hospitalized since their surgery in Mexico.

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)
Individuals exposed for Facility 1 since January 1, 2019.	Verona Integron-Encoded Metallo- β -Lactamase (VIM)-Producing Carbapenem-Resistant <i>Pseudomonas aeruginosa</i> Infections Associated with Invasive Medical Procedures in Tijuana, Mexico: Survey.	197	1	20/60	66
Total					66

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-19-0009; Docket No. CDC-2019-
0014]

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 “National Disease Surveillance
Program—I. Case Reports” to collect
disease-specific surveillance reports of
four rare, uncommon, or infrequent
diseases.

DATES: CDC must receive written
comments on or before June 7, 2019.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2019-
0014 by any of the following methods:

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

- *Mail:* Jeffrey M. Zirger, 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 comments through
the Federal eRulemaking portal
(*regulations.gov*) or by U.S. mail to the
address listed above.

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

instruments, contact Jeffrey M. Zirger,
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

National Disease Surveillance
Program—I. Case Reports—Revision—
National Center for Emerging and
Zoonotic Infectious Diseases (NCEZID),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

Surveillance of the incidence and
distribution of disease has been an
important function of the US Public
Health Service (PHS) since an 1878 Act
of Congress authorized the PHS to
collect morbidity reports. After the
Malaria Control in War Areas Program

had fulfilled its original 1942 objective
of reducing malaria transmission, its
basic tenets were carried forward and
broadened by the formation of the
Communicable Disease Center (CDC) in
1946. CDC was conceived of as a well-
equipped, broadly staffed agency used
to translate facts about analysis of
morbidity and mortality statistics on
communicable diseases and through
field investigations.

It was soon recognized that control
measures (such as the DDT spraying for
malaria) did not alleviate the threat of
disease reintroduction. In 1950, the
Malaria Surveillance Program began and
in 1952, the National Surveillance
Program started. Both programs were
based on the premise that diseases
cannot be diagnosed, prevented, or
controlled until existing knowledge is
expanded and new ideas developed and
implemented. The original scope of the
National Surveillance Program included
the study of malaria, murine typhus,
smallpox, psittacosis, diphtheria,
leprosy, and sylvatic plague. Over the
years, the mandate of CDC has
broadened in preventive health
activities and the surveillance systems
maintained have expanded. This
program is authorized under the Public
Health Service Act, Section 301 and 306
(42 U.S.C. 241 and 242K).

This ICR covers surveillance activities
for these four, rare diseases:

1. Creutzfeldt-Jakob Disease (CJD)
2. Reye Syndrome
3. Kawasaki syndrome
4. Acute Flaccid Myelitis

Changes are being requested only to
the Kawasaki Syndrome form. The CDC
KD form has been used as part of a
passive national surveillance system to
collect additional case information,
including data on cardiac complications
and treatment. In recent years, new
treatments and/or treatment
combinations have been implemented at
some institutions; this information is
not collected on the current form. Also,
more specific information regarding the
results of coronary artery testing would
be beneficial for assessing disease
severity and treatment effectiveness. To
incorporate these additions to the form
without increasing the estimated
burden, some current questions on the
form, specifically those collecting
information on the presence or absence
of certain complications, will be
removed. The form will be targeted to
sentinel KD research centers across the
US, reducing the number of respondents
compared to previous years.

Annual burden is estimated to
decrease by 53 hours since the last
approval (June, 2019). There is no cost