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

CDC Oral Health Management Information System (OMB Control No. 0920–0739)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tooth decay is one of the most common chronic conditions among children. More than 23% of children ages 2–11 have untreated decay, which can cause pain and infection and may lead to problems in eating, speaking, and learning. Children from low-income households are more than twice as likely to have untreated tooth decay as children from high-income households. Similar disparities exist for racial/ethnic minorities. By age 15, nearly 60% of all adolescents will have experienced dental decay. Approximately 51.7 million school hours annually are missed due to a dental problem or visit.

More than 40% of adults have felt pain in their mouth in the last year and more than $6 billion in productivity is lost each year. Among dentate adults aged 65 years and older, 25% have lost all their teeth. The nation spends $117.5 billion annually on costs related to dental care. Individuals and families bear much of the burden, spending $30 billion out-of-pocket on dental services, which ranks second only to prescription drug expenditures.

Most oral diseases and conditions are preventable. Underutilized evidence-based preventive interventions exist to prevent cavities and save money. They remain underutilized because implementation barriers exist such as: Lack of state basic capacity to support oral health; costs associated with sustaining preventive programs; low awareness of effectiveness and safety of interventions; and lack of dental insurance and access to clinical and community preventive services.

CDC seeks to improve the oral health of the nation by strengthening and enhancing state programs to monitor their population's oral health status and behaviors; reducing oral health disparities among high-risk groups; and supporting the development of effective programs. The Division of Oral Health provides $1.85 to $2.85 million in funding per state to 20 state health programs through Cooperative Agreement DP18–1810, *State Actions to Improve Oral Health Outcomes* for five years.

This information collection aims to enable CDC to monitor states' progress, tailor technical assistance, facilitate continuous quality improvement, and share findings. The request also revises the web-based platform to reduce the collection burden on states for several fields and monitor outcomes more efficiently, and revises the burden to reflect all of the forms in the platform rather than only the reporting form. The revision requests 1195 burden hours from the current 171 hours and extends the request for an additional three years.

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	Action Plan	20	1.33	12	319
	Program Information	20	1.33	1	27
	Planning	20	1.33	20	532
	Annual Performance Report	20	1.33	24	638
	Financial Information	20	1.33	.5	13
	Resources	20	1.33	2.25	60
Total Hours					1,195

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

[30Day–19–0852]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use in U.S. Acute Care Hospitals to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on June 10, 2019 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use in U.S. Acute Care Hospitals (OMB Control No. 0920–0852, Exp. 12/31/2019)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Preventing healthcare-associated infections (HAIs) and improving antimicrobial use (AU) are CDC and national priorities. An essential step in reducing the occurrence of HAIs is to estimate accurately the burden of these infections in U.S. acute care hospitals and to describe the types of HAIs and causative pathogens. Periodic assessments of the magnitude and types of HAIs and AU occurring in all patient populations within acute care hospitals are needed to inform decisions by policy makers and hospital infection control personnel (ICP) regarding appropriate targets and strategies for HAI prevention and antimicrobial stewardship.

Since 2009, CDC has conducted four prevalence surveys (*i.e.,* pilot survey in 2009, limited-scale survey in 2010, and two full-scale surveys in 2011 and 2015) in partnership with the CDC's Emerging Infections Program (EIP) sites. Findings from the most recent survey showed a reduction in the percentage of patients with healthcare-associated infections compared with 2011.

Minor adjustments to data collection instruments since the previous 2016 OMB approval have been made. These adjustments were made to enhance future analyses and utility of the survey data. These changes are non-substantive and are not expected to increase the public reporting burden. An Extension of the prevalence survey's existing OMB approval is sought to allow a repeat HAI and AU Prevalence Survey to be performed in 2020. A repeat survey will allow assessment of changes in HAI and AU prevalence, pathogen distribution, and quality of antimicrobial prescribing. These data will also allow CDC and its partners to continue to monitor HAI and AU trends, to measure progress in meeting national targets, and to further refine prevention strategies.

In the 2020 survey, data collection will occur within acute care general hospitals of varying size in each of the 10 EIP sites (*i.e.,* CA, CO, CT, GA, MD, MN, NM, NY, OR, & TN). ICP in participating hospitals may assist EIP site personnel in collecting demographic and limited clinical data from the electronic or paper-based medical records of a sample of randomly selected patients on a single day in 2020. Patients will not be interviewed, and no direct interaction with patients will occur. Hospital and patient-level data will be collected using unique identification codes. EIP site personnel will submit hospital and patient-level data to CDC using a secure data management system. Based on experiences from previous surveys, the time required to complete the Healthcare Facility Assessment Form (HFA) and Patient Information Form (PIF) is estimated to be 45 and 17 minutes, respectively. To conduct the full-scale survey in a three-year approval period, 100 hospital respondents will complete the HFA 1x and the PIF on average 63 × per year. The total estimated annualized public burden is 1,860 hours, which represents no change from the 2016 OMB approval.

To assess changes in HAIs and AU over time, EIP sites will seek participation from the same hospitals that participated in prior surveys. These hospitals were originally selected for participation using a stratified random sampling scheme based on the number of staffed acute care beds (*i.e.,* small: <150 staffed beds; medium: 151–399 staffed beds; large: >400 staffed beds). Each site will also have the option to recruit additional hospitals for a total of up to 30 in each site. As in previous surveys, hospital participation will remain voluntary. Within each participating hospital, EIP site personnel will establish patient sample size targets based on the number of staffed acute care beds (*e.g.,* up to 75 patients in small hospitals, 75 patients in medium hospitals, and 100 patients in large hospitals). The estimated annual burden hours are 1860. There are no costs 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)
Hospital Staff (i.e., Infection Preventionist)	HFA *	100	1	45/60	75
	PIF **	100	63	17/60	1785

* HFA: Healthcare Facility Assessment.
** PIF: Patient Information Form.

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