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The Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-19-0978]

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 Emerging Infections Program 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 November 15, 2018 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

Emerging Infections Program (OMB Control No. 0920-0978, Expiration Date 5/31/2021)—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 collection instruments clearer and to add several new forms specifically surveying laboratory practices. These forms will allow the EIP to better detect, identify, track changes in laboratory testing methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

The total estimated burden is 40,601 hours per year, an increase of 612 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of responders	Number of responses per respondent	Average burden per response (in hours)
State Health Department	ABCs Case Report Form	10	809	20/60
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	22	10/60
	ABCs <i>H. influenzae</i> Neonatal Sepsis Expanded Surveillance Form.	10	6	10/60
	ABCs Severe GAS Infection Supplemental Form.	10	136	20/60
	ABCs Neonatal Infection Expanded Tracking Form.	10	37	20/60
	FoodNet Campylobacter	10	942	21/60
	FoodNet Cyclospora	10	163	10/60
	FoodNet Listeria monocytogenes	10	15	20/60
	FoodNet Salmonella	10	789	21/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of responders	Number of responses per respondent	Average burden per response (in hours)
	FoodNet Shiga toxin producing E. coli	10	205	20/60
	FoodNet Shigella	10	213	10/60
	FoodNet Vibrio	10	34	10/60
	FoodNet Yersinia	10	48	10/60
	FoodNet Hemolytic Uremic Syndrome Case Report Form.	10	10	1
	FoodNet Clinical Laboratory Practices and Testing Volume—NEW.	10	70	20/60
	Influenza Hospitalization Surveillance Network Case Report Form.	10	1000	25/60
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English/Spanish).	10	333	5/60
	Influenza Hospitalization Surveillance Project Vaccination Phone Script (English/Spanish).	10	333	5/60
	Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	10	333	5/60
	FluSurv-NET Laboratory Survey—NEW	10	23	10/60
	HAIC CDI Case Report Form	10	1650	35/60
	HAIC CDI Annual Laboratory Survey—NEW	10	16	10/60
	HAIC CDI Annual Surveillance Officers Survey—NEW.	10	1	15/60
	HAIC CDI LTCF Survey—NEW	10	45	5/60
	HAIC Multi-site Gram-Negative Bacilli Case Report Form (<i>MuGSI-CRE/CRAB</i>).	10	500	25/60
	HAIC Multi-site Gram-Negative Surveillance Initiative—Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (<i>MuGSI-ESBL</i>).	10	1200	25/60
	HAIC Invasive Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA).	10	474	25/60
	HAIC Invasive Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA).	10	754	25/60
	HAIC Invasive <i>Staphylococcus aureus</i> Annual Laboratory Survey—NEW.	10	11	8/60
	HAIC Invasive <i>Staphylococcus aureus</i> Annual Surveillance Officers Survey—NEW.	10	1	10/60
	HAIC Candidemia Case Report Form	9	800	20/60
	HAIC Candidemia Periodic Laboratory Survey—NEW.	9	15	20/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-19-1092]

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 “Sudden Death in the Young (SDY) Case Registry” 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 November 6, 2018 to obtain comments from the public and affected agencies. CDC received no 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.