DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30 Day–19–0047]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Agency for Toxic Substances and Disease Registry (ATSDR) has submitted the information collection request titled ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery'' to the Office of Management and Budget (OMB) for review and approval. ATSDR previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on March 1, 2018 to obtain comments from the public and affected agencies. ATSDR received four non-substantive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

ATSDR 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

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (OMB Control Number 0923–0047, Expiration Date 12/31/2018)—Extension—National Center for Environmental Health and Agency for Toxic Substances and Disease Registry (NCEH/ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

The Agency received four non-substantive comments in response to the 60-day notice published in the **Federal Register** on March 1, 2018 (83 FR 8870).

Respondents will be screened and selected from Individuals and Households, Businesses, Organizations, and/or State, Local or Tribal Government. There is no cost to respondents other than their time. The estimated annualized burden hours for this data collection activity are 7,075.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals and Households, Businesses, Organizations, and/or State, Local or Tribal Government.	Small discussion groups	300	1	90/60
	Request for customer comment cards/complaint forms/post-conference or training surveys.	1,500	1	15/60
	Focus groups of customers, potential customers, delivery partners, or other stakeholders.	2,000	1	2
	Qualitative customer satisfaction surveys or interviews.	3,000	1	30/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	Usability testing/in-person observation testing	1,500	1	30/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–19–0728]

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 National Notifiable Diseases Surveillance System 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 13, 2018 to obtain comments from the public and affected agencies. CDC received 2 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

National Notifiable Diseases Surveillance System (OMB Control Number: 0920–0728, Exp. Date: February 28, 2021)—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The National Notifiable Diseases Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels as a result of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction's health priorities and needs. Infectious disease agents and environmental hazards often cross geographical boundaries. Each year, the Council of State and Territorial Disease Epidemiologists (CSTE), supported by CDC, determines which reportable conditions should be designated nationally notifiable or under standardized surveillance and voluntarily submitted to CDC so that information can be shared across jurisdictional boundaries and surveillance and prevention and control activities can be coordinated at regional and national levels.

CDC requests a three-year approval for this Revision which includes (1) receipt of case notification data for *Candida auris* (*C. auris)* which is now nationally notifiable; (2) receipt of case notification data and disease-specific data elements for Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP–CRE) which is now nationally notifiable; (3) receipt of case notification data and disease-specific data elements for *S.* Paratyphi Infection which is now nationally notifiable; (4) renaming Typhoid Fever to ''*S.* Typhi Infection'' on the List of Nationally Notifiable Conditions; (5) receipt of case notification data and disease-specific data elements for Carbon Monoxide (CO) Poisoning; (6) receipt of case notification data and disease-specific data elements for Tuberculosis (TB) Disease; (7) receipt of case notification data and disease-specific data elements for Latent TB Infection which is now under standardized surveillance; (8) receipt of case notification data for Respiratory Syncytial Virus (RSV)-Associated Mortality which is now under standardized surveillance; (9) receipt of disease-specific data elements for Shiga Toxin-Producing Escherichia coli (STEC), Salmonellosis, Shigellosis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, Cholera, Vibriosis, *S.* Typhi Infection, S. Paratyphi Infection, Lyme Disease, Invasive *Haemophilus influenzae* Disease, Meningococcal Disease, Invasive Pneumococcal Disease, Psittacosis, Legionellosis, Tickborne Rickettsial Diseases (TBRD), and Hepatitis; and (10) the extension of the pilot period by two years for receiving sexual orientation and gender identity (SO/GI) data elements for sexually transmitted diseases (STD).

The burden estimates include the number of hours that the public health department uses to process and send case notification data from their jurisdiction to CDC. Specifically, the burden estimates include separate burden hours incurred for automated and non-automated transmissions, separate weekly burden hours incurred