

Public Health Practice, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop D-44, Atlanta, Georgia 30329, Telephone: (404) 639-7450; Fax: (404) 471-8772; Email: [OPHPR.BSC.Questions@cdc.gov](mailto:OPHPR.BSC.Questions@cdc.gov).

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.*

[FR Doc. 2019-10871 Filed 5-23-19; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP, STAC); Notice of Charter Renewal**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice of Charter Renewal.

**SUMMARY:** This gives notice that under Public Law 111-347 (the James Zadroga 9/11 Health and Compensation Act of 2010), as amended by Public Law 114-113, and the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, the World Trade Center Health Program Scientific/Technical Advisory Committee, the Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through May 12, 2021.

**FOR FURTHER INFORMATION CONTACT:**

Tania Carreón-Valencia, Ph.D., Designated Federal Officer, WTCHP STAC, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, 1600 Clifton Road NE, MS: R-12, Atlanta, GA 30329; telephone (513) 841-4515; email [TCarreonValencia@cdc.gov](mailto:TCarreonValencia@cdc.gov).

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**[30Day-19-0824]**

**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 Syndromic Surveillance Program—Revision 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 March 20, 2019 to obtain comments from the public and affected agencies. CDC received one comment 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](mailto: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 Syndromic Surveillance Program (OMB Control No. 0920-0824, Exp. 5/31/2019)—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CELS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Syndromic surveillance uses syndromic data and statistical tools to detect, monitor, and characterize unusual activity for further public health investigation or response. Syndromic data include electronic extracts of electronic health records (EHRs) from patient encounter data from emergency departments, urgent care, ambulatory care, and inpatient healthcare settings, as well as pharmacy and laboratory data. Though these data are being captured for different purposes, they are monitored in near real-time as potential indicators of an event, a disease, or an outbreak of public health significance. On the national level, these data are used to improve nationwide situational awareness and enhance responsiveness to hazardous events and disease outbreaks to protect America's health, safety, and security.

The BioSense Program was created by congressional mandate as part of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and was launched by the CDC in 2003. The BioSense Program has since been expanded into the National Syndromic Surveillance Program (NSSP) which promotes and advances development of a syndromic surveillance system for the timely exchange of syndromic data.

CDC requests a three-year approval for a Revision for NSSP (OMB Control No. 0920-0824, Expiration Date 5/31/2019). This Revision includes a new request for approval to receive onboarding data from state, local and territorial public health departments about healthcare facilities in their jurisdiction.

NSSP features the BioSense Platform and a collaborative Community of Practice. The BioSense Platform is a secure integrated electronic health information system that CDC provides, primarily for use by state, local and