

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Field Test Respondents (Adults >18 Years) ..	Field Test Survey	500	1	45/60

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 Office of Scientific Integrity, Office of the
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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[Docket No. CDC-2018-0001]

**CDC Sex-Specific Body Mass Index
 (BMI)-For-Age Growth Charts**

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

ACTION: Notice with comment period.

SUMMARY: The National Center for
 Health Statistics (NCHS), Centers for
 Disease Control and Prevention (CDC) in
 the Department of Health and Human
 Services (HHS) announces the opening
 of a docket to obtain public comment on
 the production of sex-specific body
 mass index (BMI)-for-age growth charts
 for children and adolescents aged 2-19
 years specifically designed for tracking
 extremely high values of BMI. The 2000
 CDC growth charts include sex-specific
 BMI-for-age percentile charts based on
 data representative of the United States
 (US) population from the National
 Health Examination Survey (NHES) and
 National Health and Nutrition
 Examination Survey (NHANES). In US
 children and adolescents, obesity is
 defined as at or above the sex-specific
 95th percentile on the CDC BMI-for-age
 growth charts. Severe obesity is often
 defined as at or above 120% of the sex-
 specific 95th percentile on the CDC
 BMI-for-age growth charts. Currently,
 the highest percentile displayed is the
 97th percentile. Therefore, it is difficult
 to assess changes in weight status in
 children with very high BMIs that
 exceed this level. The new charts will
 provide additional lines representing
 120%, 130%, 140%, and 150% of the
 95th percentile. The intent of these
 charts is to provide a mechanism for
 documenting BMI percentiles for

children and adolescents with severe
 obesity in both clinical and research
 settings.

DATES: Written comments must be
 received on or before March 9, 2018.

ADDRESSES: You may submit comments,
 identified by Docket No. CDC-2018-
 0001 by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* Verita C. Buie, DrPH, Office of Planning, Budget, and Legislation, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, MS-08, Hyattsville, MD 20782.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:
 Cynthia Ogden, Ph.D., Division of
 Health and Nutrition Examination
 Survey, National Center for Health
 Statistics, 3311 Toledo Road, MS-P08,
 Hyattsville, MD 20782-2064, phone:
 (301) 458-4405.

SUPPLEMENTARY INFORMATION: The
 National Center for Health Statistics
 (NCHS) is congressionally mandated by
 the National Health Survey Act of 1956
 to monitor the health of the nation. The
 National Health and Nutrition
 Examination Survey (NHANES), part of
 NCHS, is a nationally representative
 health survey designed to assess the
 health and nutritional status of adults
 and children in the United States. The
 survey is unique in that it combines
 interviews with physical examinations
 and laboratory studies. NHANES data
 are used throughout Department of
 Health and Human Services (HHS)
 agencies in addition to public health
 researchers world-wide. NHANES data
 have been used to determine national
 obesity estimates, produce pediatric
 growth and BMI charts, and monitor
 prevalence of infectious diseases such
 as the human papillomavirus (HPV).

Body mass index (BMI) is calculated
 as weight in kilograms divided by

height in meters squared and is used in
 the diagnosis, clinical management, and
 estimation of population prevalence of
 obesity and severe obesity. Among
 adults, obesity is defined by an absolute
 BMI value (≥ 30). Among children, BMI
 varies with age as well as sex. Therefore,
 to classify obesity among children and
 adolescents aged 2-19 years,
 measurements are standardized by age
 and sex using BMI-for-age growth
 charts. The 2000 CDC growth charts
 include smoothed percentiles of BMI-
 for-age based on data representative of
 the US population. In the US, obesity is
 defined as at or above the sex-specific
 95th percentile for BMI-for-age.
 However, categorizing severe obesity
 (defined in adults as $BMI \geq 40$) is
 problematic given specific measures are
 not available in standard CDC growth
 charts for values beyond the 97th
 percentile. Researchers have proposed
 using percent of the 95th percentile as
 a flexible, stable measure for extreme
 BMI values. Consequently, severe
 obesity in children is often defined as a
 BMI at or above 120% of the sex-
 specific 95th percentile of BMI-for-age.

Prevalence of severe obesity has
 increased among children and
 adolescents and very high BMI has been
 shown to increase risk for obesity in
 adulthood in addition to adverse health
 outcomes such as diabetes, abnormal
 cholesterol levels, and high blood
 pressure and behavioral health and
 social victimization impacts. Recent
 research has focused on effective
 management and treatment of children
 and adolescents with severe obesity, but
 researchers and clinicians lack a tool to
 determine BMI percentiles for these
 individuals. Specialized growth charts
 with lines reflecting 120%, 130%, 140%
 and 150% will provide an improved
 tool for documenting BMI in the clinical
 and research settings. Please see the
 draft example chart for boys
 (Attachment 1) and girls (Attachment 2).

Date: January 2, 2018.

Lauren Hoffmann,

*Acting Executive Secretary, Centers for
 Disease Control and Prevention.*

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