

costs to mount responses in the event of an importation of a dog with CRVV. In addition, individuals or their insurance companies may face costs associated with post-exposure prophylaxis if they are exposed to the imported dog.

A threshold analysis was performed to compare the potential annualized costs and benefits of the clarification to the guidance to the potential cost of an importation of a dog with CRVV. To perform the threshold analysis, HHS/CDC compared the most likely estimate, lower bound, and upper bound of the annual net benefits (reduced costs) of the new guidance to the potential costs of an importation and calculated the annual risk of importation necessary for costs to equal benefits (reduced costs).

HHS/CDC rabies subject matter experts estimate that the public health response would require about 800 hours per event for investigation, providing post-exposure prophylaxis to about 16 people exposed to the infected dog after importation, and addressing 30 animal exposures per importation. The net benefits (reduced costs) estimate can be compared to the estimated response costs associated with a dog imported while infected with CRVV (\$213,833, range \$171,066 to \$256,599). See Section 7 of the supplemental appendix for additional details on this cost estimate. This response cost does not include the small risk that a person could die after becoming infected with the rabies virus in the absence of receiving post-exposure prophylaxis. Although U.S. residents have died after exposure to rabid dogs in other countries, no such deaths have resulted from exposures to U.S. dogs since CRVV was eliminated in the United States in 2007. The probability of such a death cannot be quantified, but is expected to be very low under either scenario.

Expected net benefits (reduced costs) would exceed the potential costs associated with the importation of a dog with CRVV if fewer than 26 dogs per year with CRVV are imported from countries classified as CRVV-free or low-risk under the new guidance using the most likely estimates. In the worst case scenario, the lower bound estimate of annualized benefits (reduced costs, \$2.6 million) minus the upper bound estimate of annualized costs (\$780,000) results in an annualized net benefit of about \$1.8 million. This worst case annualized net benefit can be compared to the upper bound cost estimate associated with the importation of a dog with CRVV (\$256,599 per event) to estimate a worst case scenario threshold (6.9 dogs per year).

This threshold analysis can be compared to surveillance data from

Mexico, a country that is considered low-risk. Mexico only identified 11 dogs over the previous 2 years in which surveillance data were available.¹⁰ Thus, even if all of the dogs found with CRVV in Mexico over the past two years had been imported to the United States, the response costs would have fallen under the threshold result. Even in the worst case scenario, it is extremely unlikely that costs will exceed benefits as a result of this clarification in guidance. As noted above, HHS/CDC also believes that any increased risk of importation from a CRVV-free or low-risk country may be offset by allowing DHS/CBP officers to spend more time evaluating dogs entering the United States from high-risk countries. DHS/CBP officers reported that they expected to increase the amount of time spent on dogs from high-risk countries by 3–17 minutes per dog under the new guidance. By refocusing screening effort at U.S. POEs from dogs from CRVV-free or low-risk countries to dogs from high-risk countries, the overall risk of importation of a dog with CRVV may be reduced.

Possible Additional Activities by State or Local Governments

As noted throughout this FRN, importers should continue to check with state and local government officials regarding requirements of the final destination prior to entry or re-entry into the United States; this new federal policy is not intended to invalidate or supersede such requirements. State and local governments may also have to increase efforts to educate their populations about their dog vaccination requirements in the absence of the HHS/CDC requirement for proof of rabies vaccination for dogs to enter from CRVV-free or low-risk countries under the previous guidance. However, HHS/CDC was not able to estimate any costs associated with these efforts.

V. Paperwork Reduction Act

This clarification does not institute a new collection of information. The collection of information, has been previously approved by the Office of Management and Budget (OMB) in accordance with the requirements of the Paperwork Reduction Act (44 U.S.C. 3507) and assigned the following OMB control number: Foreign Quarantine: OMB Control No. 0920–0134, expiration date 5/31/2019.

¹⁰Ma, X., et al. (2018). “Rabies surveillance in the United States during 2016.” JAVMA 252(8): 945–957.

Dated: January 28, 2019.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2019–00506 Filed 1–30–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—Funding Opportunity Announcement (FOA), PAR 16–098, Cooperative Research Agreements to the World Trade Center Health Program (U01).

Dates and Times: March 27, 2019, 8:00 a.m.–5:00 p.m., EDT and March 28, 2019, 8:00 a.m.–12:00 p.m., EDT.

Place: Hampton Inn & Suites Atlanta Buckhead, 3312 Piedmont Road, Atlanta, Georgia 30305, Telephone: (404) 816–7309.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Nina Turner, Ph.D., Scientific Review Officer, CDC/NIOSH, 1095 Willowdale Road, Mailstop L10555, Morgantown, West Virginia 26505, (304) 285–5975, nxt2@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 A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019–00274 Filed 1–30–19; 8:45 am]

BILLING CODE 4163–18–P