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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–1385; Docket No. CDC–2024–
0084]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease
Control and Prevention (CDC), as part of
its continuing effort to reduce public
burden and maximize the utility of
government information, invites the
general public and other federal
agencies the opportunity to comment on
a continuing information collection, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comment on a proposed information
collection project titled Characteristics
of Cases of Priority Fungal Diseases.
These case report forms (CRF) collect
information on patient demographics,
underlying conditions, diagnosis,
treatments, healthcare utilization, and
outcomes of patients with
coccidioidomycosis, histoplasmosis,
blastomycosis, *Candida auris*, triazole-
resistant *Aspergillus fumigatus* infection
or colonization, or antifungal-resistant
dermatophytosis, chromoblastomycosis,
mycetoma, and sporotrichosis.

DATES: CDC must receive written
comments on or before December 24,
2024.

ADDRESSES: You may submit comments,
identified by Docket No. CDC–2024–
0084 by either of the following methods:

- *Federal eRulemaking Portal:*
www.regulations.gov. Follow the
instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE, MS H21–8, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
www.regulations.gov.

Please note: Submit all comments
through the Federal eRulemaking portal
(www.regulations.gov) or by U.S. mail to
the address listed above.

FOR FURTHER INFORMATION CONTACT: To
request more information on the
proposed project or to obtain a copy of
the information collection plan and
instruments, contact Jeffrey M. Zirger,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE, MS
H21–8, Atlanta, Georgia 30329;
Telephone: 404–639–7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the
Paperwork Reduction Act of 1995 (PRA)
(44 U.S.C. 3501–3520), federal agencies
must obtain approval from the Office of
Management and Budget (OMB) for each
collection of information they conduct
or sponsor. In addition, the PRA also
requires federal agencies to provide a
60-day notice in the **Federal Register**
concerning each proposed collection of
information, including each new
proposed collection, each proposed
extension of existing collection of
information, and each reinstatement of
previously approved information
collection before submitting the
collection to the OMB for approval. To
comply with this requirement, we are
publishing this notice of a proposed
data collection as described below.

The OMB is particularly interested in
comments that will help:

1. 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;
2. Evaluate the accuracy of the
agency's estimate of the burden of the
proposed collection of information,
including the validity of the
methodology and assumptions used;
3. Enhance the quality, utility, and
clarity of the information to be
collected;
4. 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 submissions
of responses; and
5. Assess information collection costs.

Proposed Project

Characteristics of Cases of Priority
Fungal Diseases (OMB Control No.
0920–1385, Exp. 4/30/2027)—
Revision—National Center for Emerging
and Zoonotic Infectious Diseases

(NCEZID), Centers for Disease Control
and Prevention (CDC).

Background and Brief Description

Fungal diseases cause substantial
illness, ranging from mild infection to
severe or life-threatening invasive
disease. They also constitute a
considerable financial burden on
patients and healthcare systems.
Awareness of fungal diseases is low,
and data collection has historically been
limited in size, scope, and coordination,
which has hindered our understanding
of these diseases. Detailed
epidemiologic and clinical data are
critical to inform appropriate public
health responses.

CDC plans to enhance surveillance of
high priority fungal diseases across the
United States to better characterize
factors such as disease burden,
geographic scope, patient risk factors,
health disparities, healthcare utilization,
outcomes, and emerging trends. This
project will serve as a Revision to the
information collection project
Characteristics of Cases of Priority
Fungal Diseases (OMB Control No.
0920–1385). The Revision will expand
the number of fungal diseases for which
data may be collected. In addition to
triazole-resistant *A. fumigatus*
infections, coccidioidomycosis,
histoplasmosis, blastomycosis, *C. auris*,
and antifungal-resistant
dermatophytosis, Case Report Forms
(CRF) have also been developed for
chromoblastomycosis, mycetoma, and
sporotrichosis.

CDC plans to use standardized CRFs
to collect public health surveillance
data for cases of these diseases regarding
demographics (*e.g.*, age, sex, race/
ethnicity, location of residence),
underlying medical conditions,
diagnosis (*e.g.*, clinical presentation,
laboratory testing), treatments, and
outcomes (*e.g.*, hospitalization, vital
status). The corresponding CRF would
be filled out voluntarily by state, local
or tribal health departments, federal
agencies, and members of the private
sector (*e.g.*, academic institutions), and
contains a section for medical chart
review and an optional supplemental
interview (including data on potential
occupational or environmental
exposures) of the patient or their
representative. Findings can help
identify populations at higher risk of
these diseases, detect emerging
epidemiologic trends, and guide
prevention and response efforts. They
can also help better focus public and
healthcare provider outreach, inform
efforts to contain or mitigate spread, and
influence health policy and research on
prevention and treatment.

CDC requests OMB approval for an estimated 1,564 annual burden hours.

There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Triazole-resistant Aspergillus fumigatus Case Report Form	State and Local Health Departments	15	15	0.5	113
Coccidioidomycosis Case Report Form	State and Local Health Departments	10	25	1.0	250
	Private Sectors	3	10	1.0	30
Histoplasmosis Case Report Form	State and Local Health Departments	10	25	1.0	250
	Private Sectors	3	10	1.0	30
Blastomycosis Case Report Form	State and Local Health Departments	10	25	1.0	250
	Private Sectors	3	10	1.0	30
Candida auris Case Report Form	State and Local Health Departments	15	20	0.75	225
	Private Sectors	3	10	0.75	23
Antifungal-resistant dermatophytosis case report form	State and Local Health Departments	10	10	0.5	50
Chromoblastomycosis case report form	Private Sectors	25	10	0.5	125
Mycetoma case report form	Private Sectors	25	5	0.5	63
Sporotrichosis case report form	Private Sectors	25	10	0.5	125
Total					1,564

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Lead Exposure and Prevention Advisory Committee

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention announces the following meeting for the Lead Exposure and Prevention Advisory Committee (LEPAC). This virtual meeting is open to the public. Advance registration by December 4, 2024, is needed to receive the information to join the meeting. The registration link is provided in the addresses section below.

DATES: The meeting will be held on December 11, 2024 from 11 a.m. to 5 p.m., EST.

ADDRESSES: Register in advance <https://events.gcc.teams.microsoft.com/event/0e538aa3-bc82-43e9-89ee-d997b498cfe6@9ce70869-60db-44fd-abe8-d2767077fc8f> to receive information to join the meeting.

FOR FURTHER INFORMATION CONTACT: Paul Allwood, Ph.D., M.P.H., Designated Federal Officer, National Center for

Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Atlanta, Georgia 30341, Telephone: 770-488-6774; Email: LEPAC@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background: The Lead Exposure and Prevention Advisory Committee was established under Section 2203 of Public Law 114-322, the Water Infrastructure Improvements for the Nation Act; 42 U.S.C. 300j-21, Registry for Lead Exposure and Prevention Advisory Committee.

Purpose: The LEPAC is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), and the Director, CDC and Administrator, ATSDR, on (1) reviewing Federal programs and services available to individual communities exposed to lead; (2) reviewing current research on lead exposure to identify additional research needs; (3) reviewing and identifying best practices, or the need for best practices regarding lead screening and the prevention of lead poisoning; (4) identifying effective services, including services relating to healthcare, education, and nutrition for individuals and communities affected by lead exposure and lead poisoning, including in consultation with, as appropriate, the lead exposure registry as established in Section 2203(b) of Public Law 114-322; and (5) undertaking any other review or activities that the Secretary determines to be appropriate.

Matters to be Considered: The agenda will include presentations and discussions on the following topics: vote on the 2023 annual LEPAC report, report from the Preventing Lead Exposure in Adults workgroup, lead

related updates from the LEPAC members, local perspective on improving blood lead testing, blood lead testing strategies. Agenda items are subject to change as priorities dictate.

Public Participation

Oral Public Comment: The public comment period is scheduled on December 11, 2024, from 12:30 p.m. until 12:50 p.m., EST. Individuals wishing to make a comment during the public comment period, please email your name, organization, and phone number by November 25, 2024, to LEPAC@cdc.gov.

The Director, Office of Strategic Business Initiatives, Office of 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.

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Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

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