Dated: November 8, 2024.

Marquita Cullom,

Associate Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–25AW; Docket No. CDC–2024–0094]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Concussion Surveillance System. This data collection is designed to allow CDC to calculate the prevalence and incidence of traumatic brain injuries (TBI) for both adults and children, and the circumstances related to TBIs occurring in the preceding year.

DATES: CDC must receive written comments on or before January 17, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0094 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, 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

National Concussion Surveillance System—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2014, an Institute of Medicine (IOM) report titled ''Sports-Related Concussions in Youth: Improving the Science, Changing the Culture,'' recommended that the U.S. Centers for Disease Control and Prevention (CDC) establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions [*i.e.,* mild traumatic brain injuries, or TBIs], including those in youth ages five to 21. The report further recommended that the cause, nature, and extent of the concussive injury also should be collected, including the sport or activity, level of competition, and signs and symptoms consistent with a concussion. The IOM recommendation was made because there were significant gaps in understanding of TBI, including concussion, incidence and prevalence estimates. Current non-fatal TBI surveillance estimates typically utilize emergency department (ED) or hospitalization-focused data sources. But these sources cannot account for injuries that go untreated or injuries diagnosed in primary care, urgent care, or specialty care settings, potentially missing information on millions of TBIs sustained each year. Without an accurate understanding of the burden, trends, and characteristics of these injuries, it is challenging to design or focus effective prevention programs, policies, or practices. The consequences from TBI are staggering, with many resulting in intensive and long-term care needs. This data collection could help fill significant knowledge gaps and inform prevention efforts across the country.

The purpose of this data collection is to calculate the 12-month prevalence and incidence of TBI for both adults and children, and the circumstances related to TBIs occurring in the preceding 12 months. The data collection instrument is largely based on the instrument used during the pilot that utilized cognitive testing prior to deployment. Data collected will include reports of head injuries experienced in the preceding 12 months, and the most recent head injury reported will be assessed for symptoms of TBI. We will also query respondents who sustained a head injury regarding the mechanism of injury (cause) and circumstances related to the TBI, medical care received, impact on social and school functioning, and information related to returning to work/school/play.

Data will be analyzed to produce nationally representative 12-month incidence and prevalence estimates of non-fatal TBI in children (ages 5–17) and adults. Data collected are likely to be used by state and local governments, researchers, voluntary health organizations, physicians, health educators, workplace wellness

programs, healthcare systems, and professional and advocacy organizations to guide program investments, provide up-to-date information on symptom presentation, healthcare utilization patterns, and patient recovery among others, and to provide information on prevention of TBI.

Data obtained from this data collection are not available from currently existing databases, and the data needed for analysis cannot be added to existing data collection processes. This data collection will occur over three years. After each data collection year, findings will be reviewed to identify potential modifications to the methodology and survey for following year collection. Depending on the nature and scope of the improvements, a change request or a Revision package will be submitted to OMB for review and approval. CDC requests OMB approval for an estimated 5,656 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Individuals and Households	Initial Invitation Letter	57,405	1	1/60	957
	Reminder Postcard	53,312	1	1/60	889
	Final Reminder Letter	50,583	1	1/60	843
	Text Message Reminder	27,696	1	1/60	462
	Screener	10,058	1	4/60	671
	Survey, web	8,682	1	11/60	1592
	Survey, phone	1,318	1	11/60	242
Total					5,656

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Advisory Committee on Breast Cancer in Young Women

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Advisory Committee on Breast Cancer in Young Women (ACBCYW). The ACBCYW consists of up to 15 experts in fields associated with breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women, or in related disciplines with a specific focus on young women.

DATES: Nominations for membership on the ACBCYW must be received no later than December 16, 2024. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to Kimberly E. Smith, M.B.A., M.H.A., c/o ACBCYW Secretariat, Centers for Disease Control and Prevention, 3719 North Peachtree Road, Building 100, Chamblee, Georgia 30341 or emailed to *acbcyw@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: Kimberly E. Smith, M.B.A., M.H.A., Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway NE, Mailstop S107–4, Atlanta, Georgia 30341. Telephone: (404) 498–0073; Email: *acbcyw@cdc.gov.*

SUPPLEMENTARY INFORMATION: Nominations are sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the objectives of the Advisory Committee on Breast Cancer in Young Women (ACBCYW). Nominees will be selected based on expertise in the fields of breast health, breast cancer, disease prevention and risk reduction, survivorship (including metastatic breast cancer), hereditary breast and ovarian cancer, or in related disciplines with a specific focus on young women. Persons with personal experience with early onset breast cancer are also eligible to apply. This includes but may not be limited to breast cancer survivors 45 years of age or younger, and caregivers of said persons. Federal employees will not be considered for membership. Members may be invited to serve up to four-year terms. Selection of members is based on candidates' qualifications to contribute to the accomplishment of ACBCYW objectives (*https://www.cdc.gov/breast-cancer/php/advisory-committee/*).

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. The Centers for Disease Control and Prevention (CDC) reviews potential candidates for ACBCYW membership each year and provides a slate of