

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	Daily Surveys	230	7	10/60	269
	Annual End of Year Survey	230	1	15/60	58
	Final Survey	230	1	15/60	58
Total	779

Leroy A. Richardson,
 Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[60Day-17-17AHW; Docket No. CDC-2017-
 0052]

**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 efforts to reduce public
 burden and maximize the utility of
 government information, invites the
 general public and other Federal
 agencies to take this opportunity to
 comment on proposed and/or
 continuing information collections, as
 required by the Paperwork Reduction
 Act of 1995. This notice invites
 comment on an information collection
 titled “Zika Virus Enhanced
 Surveillance of Selected Populations.”
 This information collection will help
 state health departments better define
 the public health burden and clinical
 characteristics of Zika virus disease.

DATES: Written comments must be
 received on or before July 31, 2017.

ADDRESSES: You may submit comments,
 identified by Docket No. CDC-2017-
 0052 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
 for submitting comments.
- *Mail:* Leroy A. Richardson,
 Information Collection Review Office,
 Centers for Disease Control and

Prevention, 1600 Clifton Road NE., MS-
 D74, Atlanta, Georgia 30329.

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

*Please note: All public comment
 should be submitted through the
 Federal eRulemaking portal
 (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 Leroy A.
 Richardson, Information Collection
 Review Office, Centers for Disease
 Control and Prevention, 1600 Clifton
 Road NE., MS-D74, Atlanta, Georgia
 30329; phone: 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 OMB for approval. To
 comply with this requirement, we are
 publishing this notice of a proposed
 data collection as described below.

Comments are invited on: (a) Whether
 the proposed collection of information
 is necessary for the proper performance
 of the functions of the agency, including
 whether the information shall have
 practical utility; (b) the accuracy of the
 agency’s estimate of the burden of the
 proposed collection of information; (c)

ways to enhance the quality, utility, and
 clarity of the information to be
 collected; (d) ways to minimize the
 burden of the collection of information
 on respondents, including through the
 use of automated collection techniques
 or other forms of information
 technology; and (e) estimates of capital
 or start-up costs and costs of operation,
 maintenance, and purchase of services
 to provide information. Burden means
 the total time, effort, or financial
 resources expended by persons to
 generate, maintain, retain, disclose or
 provide information to or for a Federal
 agency. This includes the time needed
 to review instructions; to develop,
 acquire, install and utilize technology
 and systems for the purpose of
 collecting, validating and verifying
 information, processing and
 maintaining information, and disclosing
 and providing information; to train
 personnel and to be able to respond to
 a collection of information, to search
 data sources, to complete and review
 the collection of information; and to
 transmit or otherwise disclose the
 information.

Proposed Project

*Zika Virus Enhanced Surveillance of
 Selected Populations—Emergency ICR—
 National Center for Emerging and
 Zoonotic Infectious Diseases (NCEZID),
 Centers for Disease Control and
 Prevention (CDC)*

Background and Brief Description

Zika virus is a mosquito-borne
 flavivirus primarily transmitted to
 humans by Aedes mosquitoes. Zika
 virus infections can also be transmitted
 congenitally, at the time of birth from a
 viremic mother to her newborn,
 sexually, through blood transfusion, and
 through inadvertent laboratory
 exposure. Most Zika virus infections are
 asymptomatic. Clinical illness, when it
 occurs, is generally mild and
 characterized by acute onset of fever,
 maculopapular rash, arthralgia, and/or
 nonpurulent conjunctivitis. As routine
 surveillance data have been reported to
 CDC, it has become apparent that the

full spectrum of Zika virus disease may have been underestimated. In addition, there has been recent recognition that some non-congenital infections are quite severe. Guillain-Barre syndrome, other neurologic manifestations, and thrombocytopenia have been reported following Zika virus infections, but specific clinical findings and outcomes are not well described. Additionally, there are few published reports describing postnatally-acquired Zika virus disease among children, but there is some indication that the disease presentation in children may differ from that seen in adults. Identifying risk factors for developing more severe disease with Zika virus infections and better describing the full spectrum of Zika virus disease is important to obtain prior to the next transmission season in order develop or revise existing guidance used by clinicians and public health officials.

This information is essential to the CDC's ongoing Zika response in order to be able to develop more specific guidance and other informational tools for clinicians who care for patients and assist public health officials in targeting prevention messages towards high risk groups. This information will help healthcare providers recognize Zika virus disease among their patients and allow them to alert their state or local

health department of suspect cases to facilitate diagnosis and mitigate the risk for local transmission.

CDC cannot reasonably comply with the normal OMB clearance procedures given the need for these data to evaluate and revise existing guidance documents and informational products prior to the summer months when we anticipate that Zika virus transmission in the Americas will substantially increase.

CDC will request an accelerated OMB review to give CDC the ability to rapidly answer urgent remaining questions that will shape the course of this public health emergency response.

The specific goals and objectives are:

1. Describe the clinical manifestations and outcomes among:
 - a. Patients hospitalized for Zika virus disease.
 - b. Children <18 years of age with postnatally acquired Zika virus disease.
 - c. Children of different age groups.
 - d. Persons with neurologic symptoms associated with Zika virus disease.
2. Assess for unique clinical feature of Zika virus disease in children <18 years of age.
3. Compare demographics, underlying medical conditions, and acute symptoms among cases hospitalized and not hospitalized for Zika virus disease.

Basic demographic information, clinical, and laboratory data will be collected by participating health

departments from patients/guardians, providers, or medical records as appropriate. Many of the data elements included in the Enhanced Surveillance Forms are standard ArboNET variables covered by OMB Control No. 0920-0728.

Additional data elements requested for this enhanced surveillance project are sometimes already routinely collected by health departments but are not reported to CDC.

Once eligible cases are identified by participating health departments, staff will extract data already collected using pre-existing case report forms and available medical records.

If data are missing in existing records, patients/caregivers or healthcare providers will be contacted telephonically using a standard script and the case investigation form to collect any additional data elements needed.

Once data are collected, participating sites will submit data to CDC through secure means. Data will be coded prior to submission to CDC for analysis purposes.

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

Authorizing legislation comes from Section 301 of the Public Health Service Act (42 U.S.C. 241).

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health Departments	Zika Virus Disease Enhanced Surveillance—Neurologic symptoms associated with Zika virus disease.	11	3	4	132
	Zika Virus Disease Enhanced Surveillance—Postnatally acquired Zika virus disease among children aged <18 years.	12	10	1	120
	Zika Virus Disease Enhanced Surveillance—Hospitalization associated with Zika virus disease.	12	5	2	120
Total	372

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 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
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 Prevention.

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