

## 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)
Epidemiologist .....	Attachment G—U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) Weekly—CDC 55.20.	1,800	52	10/60	15,600
Epidemiologist .....	Attachment H—U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) Workfolder 55.20E.	1,800	1	5/60	150
Epidemiologist .....	Attachment J—Influenza-Associated Pediatric Mortality—Case Report Form.	57	2	30/60	57
Epidemiologist .....	Attachment K—Human Infection with Novel Influenza A Virus Case Report Form.	57	2	30/60	57
Epidemiologist .....	Attachment M—Human Infection with Novel Influenza A Virus Severe Outcomes.	57	1	90/60	86
Epidemiologist .....	Attachment P—Novel Influenza A Virus Case Screening Form.	57	1	15/60	14
Epidemiologist .....	Attachment T—Antiviral Resistant Influenza Infection Case Report Form.	57	3	30/60	86
Epidemiologist .....	Attachment U—National Respiratory & Enteric Virus Surveillance System (NREVSS) (55.83A, B, D) (electronic).	550	52	15/60	7,150
Epidemiologist .....	Attachment V—National Enterovirus Surveillance Report: (CDC 55.9) (electronic).	20	12	15/60	60
Epidemiologist .....	Attachment W—National Adenovirus Type Reporting System (NATRS).	13	4	15/60	13
Epidemiologist .....	Attachment X—Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Short Form.	57	3	25/60	71
Epidemiologist .....	Attachment Y—Viral Gastroenteritis Outbreak Submission Form.	20	5	5/60	8
Epidemiologist .....	Attachment AA—Influenza Virus (Electronic, Year Round), PHLIP_HL7 messaging Data Elements.	57	52	5/60	247
Epidemiologist .....	Attachment BB—Influenza virus (electronic, year round) (PHIN—MS).	3	52	5/60	13
Epidemiologist .....	Attachment CC—Suspect Respiratory Virus Patient Form.	10	5	30/60	25
Total .....	.....	.....	.....	.....	24,115

**Jeffrey M. Zirger,**

Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.

[FR Doc. 2020-06019 Filed 3-20-20; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-FY-2020; Docket No. CDC-2020-0032]

#### 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 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 the Customer Surveys Generic Clearance for the National Center for Health Statistics. This collection is used to assess NCHS customers' satisfaction with the content, quality and relevance of the information it produces.

**DATES:** Written comments must be received on or before May 22, 2020.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2020-0032 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://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-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](https://www.regulations.gov), including any personal information provided. For access to the docket to read background documents or comments received, go to [Regulations.gov](https://www.regulations.gov).

*Please note:* All public comment should be submitted through the Federal eRulemaking portal ([regulations.gov](https://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-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: [omb@cdc.gov](mailto: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.

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; and
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.
5. Assess information collection costs.

**Proposed Project**

Customer Surveys Generic Clearance for the National Center for Health Statistics (OMB Control No. 0920-0729, Exp. 09/30/2020)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on “the extent and nature of illness and disability of the population of the United States.” This is an extension request for a generic approval from OMB to conduct customer surveys over the next three years at an overall burden rate of 4000 hours.

As part of a comprehensive program, the National Center for Health Statistics (NCHS) plans to continue to assess its customers' satisfaction with the content, quality and relevance of the information it produces. NCHS will conduct voluntary customer surveys to assess strengths in agency products and services and to evaluate how well it addresses the emerging needs of its data users. Results of these surveys will be used in future planning initiatives.

The data will be collected using a combination of methodologies appropriate to each survey. These may include: evaluation forms, mail surveys,

focus groups, automated and electronic technology (e.g., email, Web-based surveys), and telephone surveys. Systematic surveys of several groups will be folded into the program. Among these are Federal customers and policy makers, state and local officials who rely on NCHS data, the broader educational, research, and public health community, and other data users. Respondents may include data users who register for and/or attend NCHS sponsored conferences; persons who access the NCHS website and the detailed data available through it; consultants; and others. Respondent data items may include (in broad categories) information regarding respondent's gender, age, occupation, affiliation, location, etc., to be used to characterize responses only. Other questions will attempt to obtain information that will characterize the respondents' familiarity with and use of NCHS data, their assessment of data content and usefulness, general satisfaction with available services and products, and suggestions for improvement of surveys, services and products.

In order to capture anticipated feedback opportunities, this extension request allows a total estimated annual burden total of 4,000 hours. There is no cost to respondents other than their time to participate in the survey. The resulting information will be for NCHS internal use.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Questionnaire for conference registrants/attendees.	Public/private researchers, Consultants, and others.	6,000	1	15/60	1,500
Focus groups .....	Public/private researchers, Consultants, and others.	500	1	1	500
Web-based .....	Public/private researchers, Consultants, and others.	6,000	1	15/60	1,500
Other customer surveys .....	Public/private researchers, Consultants, and others.	2,000	1	15/60	500
<b>Total .....</b>	.....	.....	.....	.....	<b>4,000</b>

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2020-06023 Filed 3-20-20; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**[Docket No. FDA-2020-N-0008]**

**Blood Products Advisory Committee; Postponed**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The meeting of the Blood Products Advisory Committee (BPAC) scheduled for April 2-3, 2020, is postponed. The Food and Drug Administration (FDA), like other government agencies, is taking the necessary steps to ensure the Agency is prepared to continue our vital public health mission in the event that our day-to-day operations are impacted by the