

“Promoting Adolescent Health through School-Based HIV Prevention”

OMB #0920-1275 Extension

Attachment 2a 60-Day FRN Public Comments

**Comment ID:** CDC-2022-0048-0002

**Tracking Number:** l1s-ctuy-n1f4

**Received Date:** Apr 9, 2022

**Comment:** nobody is promoting health when you listen to fauci. mussolini promote his political agenda to make money for big pharma and his own pockets. vaccines are not healthy. the human body is healthy before vaccines. they dont need vaccines for everuthiong in life, and some are massively hurt by vaccines. fauci has been pushing this agenda while parents tried to get him to listen for about 30 years now and he just brushes parents aside, when he is known liar to the americna peop.e this push on vaccines is about moneymaking to put in big pharma and faucis pockets. the clinical trials that have been promoted toth e american people need to be redone. nobody shoudl trust any of teh. when you look back at teh unreliability of them nobody should trust the clinical results from fauci. they are sloppy and slipshod. and fauci wants to hold back giving out information on what he has been doing for 76 years so that nobody can find out the slipshod nature of his management of this agency. he is sneaky and doesnt believe in "open and transparent: govt aothough that is a vital part of american policy. i believe the percentag of sexualy is about 10% not 40%. i dont trust faucis surveys either. he is very sloppy about surveys too. vaccines are unsafe and dont belong in teens bodies and there are massiv einjuries and deaths from vaccines which are hidden by fauci. fauci has shown that completely and totally in his recent covid information on deaths from vaccines. people are dying and injurred and he just wrties them off as deb ris eventhough they can have a lifetime of high massive medical bills from teh vaccine. imo fauci has been getting away with govt murder. shut down this push to vaccines and lets go back over every clinical trial that this rob ber has been responsible for. his recent behavior to push vaccines on covid shows what a liar he is. he is runnig a political dictatorship and not science at all. when true scientists try to have a word, he shuts them down. this whole ting is absoltely disgusting to the maximum shut down this push. no money for it from the americna people. close down this push to vaccines. no wonder the american people are so sick ethey are dyingj early from all these endless pushes of needles into your arm for so many things. 70 injections is disturbtn the human body. we have never had all the autism we have now. its an epidemic and these kids are getting 75 injections. 70. years ago we had 1 or 2. this is insanitty. this is madness

**Response from CDC Program:**

Thank you for sharing your concerns with us. The data monitoring system under consideration for approval does not include vaccines or promote vaccines.

**Comment ID:** CDC-2022-0048-0003

**Tracking Number:** l2p-obzb-ohzp

**Received Date:** May 3, 2022

The project “Promoting Adolescent Health through School-Based HIV Prevention” should continue using a web-based system to collect the data and ensure the goals of the program are being met and I support the efforts to do so. Electronic data collection (when used properly through secure avenues) can simply the incoming data so that it can be evaluated quickly, and the appropriate “next steps” can be organized. By age 11 more than half of the children in the United States have a personal smartphone (Kamenetz, 2019). The smartphones accompany the children to school where they spend at least 6 hours of their day for 12 or more years. Smartphones have become a required tool in our society for daily functions. When not on their personal devices many students will have access to electronic devices while in school or at home and these devices can be utilized for health outreach and data reporting. The dependence on devices almost guarantees that the necessary electronic data collection can occur. Data collection has shown to have undeniable benefits and is used globally to address “large, complex research questions, while maximizing the gain on scientific investment” (Chandler et al., 2015). The investment could lead to continuously decreasing HIV infection rates as sex education and health education becomes more accessible. The data collected will help determine the best ways to continue health education outreach. Ultimately, the “burden” hours will be less in comparison to the hours spent by health care providers caring for and treating those who may become infected without the investment into this program.

**Response from CDC Program:**

Thank you for your comment and thoughtful suggestion to reach students more efficiently via their personal phones. However, this data collection does not include direct responses from students. Rather the monitoring system queries staff at local education agencies (school districts) and faculty working in schools about the programs they are implementing for students. Using this data collection methodology over the past four years has allowed us to demonstrate successful DASH program implementation.

**Comment ID:** CDC-2022-0048-0004

**Tracking Number:** l2z-izmt-wgpw

**Received Date:** May 9, 2022

As a college student myself, I have witnessed firsthand the need for increased education and resources to prevent the spread of STIs, adolescents and young adults. Subsequently, action must be taken to reduce the rate of transmission of HIV.

I agree that schools (high schools, especially) are a perfect setup for distributing critical health information to individuals from all backgrounds. However, there is a possibility that this health information could be taught inconsistently or incompletely, such as been the case with sexual health education and its variance across the United States (Scuzs et al., 2022). Topics such as sexual abstinence, condom use, and pathology and transmission of HIV are taught with highly varied success to the student body, across the country (Soe et al., 2018).

Perhaps, this target audience is correct, but the method of delivery (or assurance of quality of delivery, rather) is the issue. From the surface, a petition for implementation of further data collection to promote high-quality delivery of this information, sounds like a sound argument. However, I was left with several questions after reviewing the literature.

1. What parameters are included in this data collection? How is the data being collected?

2. Why was an extension for data collection needed/issued?

The literature was effective in stressing the need for an increase in high-quality sexual health education services for adolescents and young adults. I understand a petition for extended length of data collection. As a student reading this petition, I am searching for an increased understanding of what this collection looks like and why additional time is needed. A simple inclusion of this information would further educate the audience and bolster the argument in favor of a time extension.

#### References

Soe, N., Bird, Y., Schwandt, M., & Moraros, J. (2018). STI health disparities: A systematic review and meta-analysis of the effectiveness of preventive interventions in educational settings. *International Journal of Environmental Research and Public Health*, 15(12), 2819.

Szucs, L. E., Barrios, L. C., Young, E., Robin, L., Hunt, P., & Jayne, P. E. (2022). The CDC's Division of Adolescent and School Health Approach to Sexual Health Education in Schools: 3 Decades in Review. *Journal of School Health*, 92(2), 223-234.

#### **Response from CDC Program:**

Thank you for your comment and thoughtful questions.

1) The data collection described here consists of an online system that queries staff at local education agencies (school districts) and schools about the programs they are implementing for

students. Twice per year district staff report on the activities implemented in the previous six months using an online reporting system. Further information about this data collection is available at: <https://www.reginfo.gov/public/do/PRASearch>

2) An extension is required in this case because the data collection is focused on activities implemented for a five-year cooperative agreement, but the original approval for data collection expires after three years. This extension will allow the completion of data collection for the final year of the cooperative agreement.