

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day–24–24JB; Docket No. CDC–2024–0075]

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 Surveillance for *C. auris* Cases. The purpose of this project is to collect minimal pertinent information about *C. auris* cases based on the Council of State and Territorial Epidemiologists (CSTE) case definition.

DATES: CDC must receive written comments on or before December 2, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0075 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

National Surveillance for *C. auris* Cases—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Candida auris (*C. auris*) is an emerging healthcare-associated fungal pathogen associated with high mortality and antifungal resistance. The incidence of *C. auris* cases has continued to increase globally and in the United States. Most cases are the result of healthcare transmission and have mortality estimates between 30–60%. *C. auris* can asymptomatically colonize the skin and other body sites, which contributes to potential spread and increases patients' risk of clinical infections. The persistence of *C. auris* on the skin has been linked to an increased risk in the development of *C. auris*-related bloodstream infections in adults and pediatric cases. These clinical infections can be severe and invasive and are associated with high mortality.

The goal of the National Surveillance for *C. auris* Cases is to monitor burden to guide public health action and ultimately prevent morbidity and mortality from *C. auris*. In coordination with the states/jurisdictions that submit data, CDC plans to share, present, and publish findings to the general public on the burden of *C. auris* in the United States. CDC requests OMB approval of an estimated 1,303 annual burden hours. There is no cost to respondents other than their time.

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)
States/Jurisdictions	MDB <i>Candida auris</i>	46	340	5/60	1,303
Total					1,303

Jeffrey M. Zirger,

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

[FR Doc. 2024-22476 Filed 9-30-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-24-1046; Docket No. CDC-2024-
0074]

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 National Breast
and Cervical Cancer Early Detection
Program (NBCCEDP) Monitoring
Activities. This data collection is
designed to systematically collect
information about implementation,
including delivery of screening and
follow-up clinical services, and
outcomes of the National Breast and
Cervical Cancer Early Detection Program
(NBCCEDP).

DATES: CDC must receive written
comments on or before December 2,
2024.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2024-
0074 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

National Breast and Cervical Cancer
Early Detection Program (NBCCEDP)
Monitoring Activities (OMB Control No.
0920-1046, Exp. 03/31/2025)—
Revision—National Center for Chronic
Disease Prevention and Health
Promotion (NCCDPHP), Centers for
Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a Revision of the
information collection titled National
Breast and Cervical Cancer Early
Detection Program (NBCCEDP)
Monitoring Activities (OMB Control No.
0920-1046). The information collection
consists of an annual NBCCEDP survey,
baseline and annual clinic-level data
collection, a quarterly program update
(QPU) tool, a service delivery projection
worksheet, and minimum data elements
(MDEs). CDC proposes revisions to the
Annual NBCCEDP Survey, clinic-level
data collection tool and QPU, and
continued use of the service delivery
projection worksheet and MDEs with no
changes. The number of respondents
will increase from 70 to 71 and the total
estimated annualized burden will
decrease from 1,220 hours to 1,162
hours.

Breast and cervical cancers are
prevalent among U.S. women. In 2021,
the U.S. experienced 272,454 new cases
and 42,211 deaths as a result of breast
cancer, as well as 12,536 new cases and
4,051 deaths as a result of cervical
cancer. Evidence shows that deaths
from both breast and cervical cancers
can be avoided by increasing screening
services—mammography, pap, and
human papillomavirus (HPV) tests—
among women. However, in 2021,
approximately one quarter of adults
were not up to date with breast and/or
cervical cancer screening, and screening
was underutilized among women who
are under- or uninsured, have no regular
source of healthcare, or who recently
immigrated to the U.S. As a
longstanding priority within chronic
disease prevention, CDC focuses on
increasing access to these cancer
screenings, particularly among women
who may be at increased risk.

To improve access to cancer
screening, Congress passed the Breast
and Cervical Cancer Mortality
Prevention Act of 1990 (Pub. L. 106-
354), which directed CDC to create the
National Breast and Cervical Cancer
Early Detection Program (NBCCEDP).
The NBCCEDP currently provides
funding to 71 recipients under “Cancer
Prevention and Control Programs for
State, Territorial, and Tribal
Organizations (DP22-2202).” NBCCEDP
awardees include states or their bona
fide agents; U.S. territories; and tribes or
tribal organizations. The purpose of
NBCCEDP is to increase breast and
cervical cancer screening rates among
women residing within defined
geographical locations (as determined
by the funded program) who are at or
below 250% of the federal poverty level;
aged 50-75 years for breast cancer