

To: Jeffrey M. Zirger, Information Collection Review Office, CDC

From: Mitchell Berger, (comments made in personal capacity), mazruia@hotmail.com, Rockville, MD, 3.14.26

Re: Proposed Data Collection Submitted for Public Comment and Recommendations, <https://www.federalregister.gov/documents/2026/01/15/2026-00718/proposed-data-collection-submitted-for-public-comment-and-recommendations> [Poison Center Collaborations for Public Health Emergencies, <https://www.regulations.gov/document/CDC-2025-1014-0001>]

Dear Dr. Zirger: In reference to this information collection, I have the following suggestions. Thank you for your consideration.

- **Broaden questions concerning where an individual obtained care to include nurse practitioners as well as doctors, retail and pharmacy clinics and telehealth support:** The current sample forms and process (based on the harmful algal bloom example)¹ ask about where the individual or their child received care, such as urgent care centers, emergency departments and doctor's offices. First, I would suggest rephrasing 'doctor's office' to 'health care provider's office.' This would ensure inclusion nurse practitioners who can practice independently in 27 states, among others.² The forms also should be broadened to ask not only about urgent care centers but also pharmacies and retail clinics of which there are about 1800.³ These sites would likely be distinct from urgent care. Additionally, the form should ask about telehealth as increasingly insurers and others may support telehealth appointments.
- **Ask about long-term health consequences:** The current forms do appear to ask about "[w]hat happened after the visit at the health care facility was completed" including whether the patient was admitted, discharged, transferred or other disposition. However, it may be useful to also ask about whether the patient is experiencing any sequelae or ongoing impacts from their exposure such as cognitive and mental health impacts, gastrointestinal effects, respiratory damage and so on. Such questions may be useful from a research, epidemiological and medical perspective.
- **Ask about Internet/social media information:** Questions asking about whether an individual or their parent/guardian heard or read warnings about potential poisonings should be expanded to ask about what someone may have heard or seen through social media/Internet along with more traditional channels such as television, radio and newspapers.
- **Consider limiting these investigations only to situations where cases are most likely due to unintentional exposures:** These forms and approaches are a good fit for situations like the harmful algae blooms (see Lavery *et al.*) where exposures almost certainly were unintentional. While it seems implicit, the *Federal Register* notice and forms do not expressly state that the process would not be used when intentional exposures are a strong possibility, but under such circumstances a different approach may be needed. (At times, it may be difficult to know from the outset of an investigation to what extent this consideration may apply). Thus, while I think that one of the other docket comments has a good point about leveraging potential opportunities for these investigations and NPDS with respect to

¹ Lavery AM, Kieszak SM, Law R, et al. Harmful Algal Bloom Exposures Self-reported to Poison Centers in the United States, May–October 2019. *Public Health Reports*®. 2023;138(6):865-869. doi:10.1177/00333549221146654

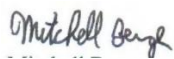
² <https://nursejournal.org/nurse-practitioner/np-practice-authority-by-state/>

³ <https://www.definitivehc.com/resources/healthcare-insights/retail-clinics-us>

substance use/overdoses, careful thought would need to be given about how best or even if it is appropriate to contact a parent or adolescent or even an adult in reference to a deliberate or unintentional overdose. Generally, while there certainly may be exceptions I don't think likely/suspected intentional exposures would fit with this approach given ethical, legal and other considerations.

- **Define what is meant by 'domestic': One of the criteria cited in the *Federal Register* notice for using this process is that "the incident is domestic."** Does this mean those calling must be within the US when exposed or that the exposure itself must take place in the US. This is important because in some cases suspected exposures could include international flights, cruise ships, etc. or cases that may have been due to exposures elsewhere but then result in calls when someone returns.⁴ Other cases could involve a mix of US-Canadian-Mexican patients or those traveling back/forth from the US Territories and freely associated states (while US territories likely would be considered 'domestic' this is not always the case since sometimes 'domestic' is limited to the continental US). Such situations should not necessarily be excluded from these investigations.
- **Consider joint interviews with parents and older children or obtain parental consent for interviews:** Relative to the current forms,⁵ it appears that the current adolescent form is intended for those age 15 and above and, based on the examples, these forms seem to be virtually the same as the adult forms. It is important to note that state, tribal and territorial requirements for adolescent consent to surveys and medical care are not consistent.⁶ As well, in many cases parents or guardians typically may be involved in any medical care the adolescent receives. While there may be exceptions in certain circumstances that are consistent both with the specific situation/type of emergency/investigation and ethical and legal requirements, as a matter of best practice, I would recommend the interviewer seek to speak both to the adolescent and their parent/guardian. Alternatively, CDC could limit use of the adolescent form to ages 16-17 which would be more likely to fit with state laws concerning adolescent treatment.
- **Include date of interview and date of medical care (if received):** The current sample forms do have a place for the date of the interview. However, given that recall bias may impact these investigations, particularly if someone is contacted more than 2-3 weeks after the initial contact with Poison Control, the questionnaire should also include, and the interviewee asked about, the date when they contacted Poison Control and the date when they received medical care (if sought).

Sincerely,



Mitchell Berger Note/Disclosure: I am submitting these suggestions solely in my personal/private capacity. The views expressed are mine only and should not be imputed either to other individuals or to any public or private entity.

⁴ <https://www.cdc.gov/yellow-book/hcp/environmental-hazards-risks/poisonings-envenomations-and-toxic-exposures-during-travel.html>

⁵ https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202211-0920-012

⁶ <https://schoolhouseconnection.org/article/state-laws-on-minor-consent-for-routine-medical-care>; <https://www.networkforphl.org/resources/state-legal-requirements-for-parental-consent-for-school-based-surveys/>;

<https://publications.aap.org/pediatrics/article/149/6/e2021053458/187003/State-by-State-Variability-in-Adolescent-Privacy?autologincheck=redirected>; Mientkiewicz L, Grover P. Adolescent Confidentiality and Consent in an Emergency Setting. *Pediatr Emerg*

Care. 2022 Dec 1;38(12):697-699. doi: 10.1097/PEC.0000000000002880