

**From:** [NCEH/ATSDR PRA/OMB Clearance \(CDC\)](#)  
**To:** [mazruia@hotmail.com](mailto:mazruia@hotmail.com)  
**Subject:** Response to Public Comment Re: CDC-2025-1014  
**Date:** Wednesday, March 25, 2026 9:34:22 AM  
**Attachments:** [Att2a CDC-2025-1014-0004.pdf](#)

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Mitchell,

Thank you for your thoughtful suggestions regarding the proposed data collection for Poison Center Collaborations for Public Health Emergencies. We appreciate your input and the opportunity to clarify several points.

Regarding the inclusion of additional healthcare settings such as nurse practitioners, retail and pharmacy clinics, and telehealth services, the current data collection instruments are designed to be flexible and modifiable depending on the specific public health incident and information needs. Additionally, the inclusion of “other” data fields currently allows for capturing additional healthcare settings not categorically listed. This applies to the suggestion to include Internet/social media information for questions that ask about hearing or reading health warnings as well.

For long-term health consequences, the scope of this generic data collection is focused on immediate public health action and investigations. Data collection for investigations conducted using this generic will not exceed 60 days. Therefore, questions related to long-term health impacts are outside the current scope. We agree about the importance of long-term health consequences after a public health incident, and further epidemiologic research may be necessary and collected under a different mechanism.

The 53 poison centers serve all 50 states and U.S. territories. Thus, “domestic” refers to public health emergencies involving cases called into one of these localities. We agree about the geographic complexities of public health incidents and determine sampling frames. With the current criteria for a public health emergency to be selected for call-back data collection, as well as the functionality of poison centers, we must adhere to this inclusion criteria.

We acknowledge the importance of considering adolescent consent and parental involvement in interviews. While the current adolescent forms are designed for individuals aged 15 through <18 years of age, and the proxy form is for those under 15 years of age, we recognize variability in state and territorial laws. We appreciate the suggestion to include parents or guardians in interviews with adolescents and will consider that revision in the future. Additionally, the data collection forms are modifiable, so the adolescent data collection form can be modified depending on

the public health incident and the information needed to collect.

Finally, we appreciate the suggestion to include dates of interview and medical care to minimize recall bias. The National Poison Data System collects the date the case called the poison center, so that information will be available. As the forms are modifiable, the date the case received medical care if sought can be added as needed and appropriate.

Thank you again for your valuable feedback, which will help us improve the effectiveness and responsiveness of our data collection efforts.

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