

- National Center for Health Statistics (CPC)
- Center for Surveillance, Epidemiology and Laboratory Services (CPN)
- Deputy Director for Non-Infectious Diseases (CU)
- National Center on Birth Defects and Developmental Disabilities (CUB)
- National Center for Chronic Disease Prevention and Health Promotion (CUC)
- National Center for Environmental Health (CUG)
- National Center for Injury Prevention and Control (CUH)
- Deputy Director for Infectious Diseases (CV)
- National Center for Immunization and Respiratory Diseases (CVG)
- National Center for Emerging and Zoonotic Infectious Diseases (CVL)
- National Center for HIV, Viral Hepatitis, STD, and TB Prevention (CVJ)

II. Under Part C, Section C–B, Organization and Functions, make the following changes:

- Retitle the Office of the Director to the Immediate Office of the Director (CA)
- Retitle the Office of the Associate Director for Policy and Strategy to the Office of Policy, Performance, and Evaluation (CAQ)
- Retitle the Office of the Associate Director for Communication to the Office of Communications (CAU)

III. Under Part C, Section C–B, Organization and Functions, insert the following:

- Office of Readiness and Response (CAD)
- Center for Forecasting and Outbreak Analytics (CADB)
- Office of Health Equity (CAG)
- Office of Science (CAH)
- Office of Public Health Data, Surveillance, and Technology (CAK)
- National Center for Health Statistics (CAKB)
- Office of Laboratory Science and Safety (CAN)
- National Center for Injury Prevention and Control (CE)
- National Center on Birth Defects and Developmental Disabilities (CF)
- National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (CH)
- National Center for Immunization and Respiratory Diseases (CJ)
- National Center for HIV, Viral Hepatitis, STD and TB Prevention (CK)
- National Center for Chronic Disease Prevention and Health Promotion (CL)
- National Center for Environmental Health (CN)
- National Center for Emerging and Zoonotic Infectious Diseases (CR)

- Global Health Center (CW)

Delegations of Authority

All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

(Authority: 44 U.S.C. 3101)

Dated: February 7, 2023.

Xavier Becerra,

Secretary, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–23–0728]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “National Notifiable Diseases Surveillance System (NNDSS)” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on November 16, 2022 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Notifiable Diseases Surveillance System (OMB Control No. 0920–0728, Exp. 7/31/2025)—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The National Notifiable Diseases Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels as a result of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction’s health priorities and needs. Each year, the Council of State and Territorial Epidemiologists (CSTE), supported by CDC, determines which reportable conditions should be designated nationally notifiable or under standardized surveillance.

CDC requests a three-year approval for a Revision for the NNDSS. This Revision includes requests for approval to: (1) receive case notification data for Carbapenemase-Producing Organisms

(CPO), a new nationally notifiable condition; (2) receive case notification data for Strongyloidiasis, a new condition under standardized surveillance (CSS); and (3) receive new disease-specific data elements for Brucellosis, Candida auris, CPO, Carbon Monoxide Poisoning, Hepatitis, Leptospirosis, Melioidosis, and Viral Hemorrhagic Fevers.

The NNDSS currently facilitates the submission and aggregation of case notification data voluntarily submitted to CDC from 60 jurisdictions: public health departments in every U.S. state, New York City, Washington, DC, five U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands), and three freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). This information is shared across jurisdictional boundaries and both surveillance and prevention and control activities are coordinated at regional and national levels.

Over 90% of case notifications are encrypted and submitted to NNDSS electronically from already existing databases by automated electronic messages. When automated transmission is not possible, case notifications are faxed, emailed,

uploaded to a secure network or entered into a secure website. All case notifications that are faxed or emailed are done so in the form of an aggregate weekly or annual report, not individual cases. These different mechanisms used to send case notifications to CDC vary by the jurisdiction and the disease or condition. Jurisdictions remove most personally identifiable information (PII) before data are submitted to CDC, but some data elements (e.g., date of birth, date of diagnosis, county of residence) could potentially be combined with other information to identify individuals. Private information is not disclosed unless otherwise compelled by law. All data are treated in a secure manner consistent with the technical, administrative, and operational controls required by the Federal Information Security Management Act of 2002 (FISMA) and the 2010 National Institute of Standards and Technology (NIST) Recommended Security Controls for Federal Information Systems and Organizations. Weekly tables of nationally notifiable diseases are available through CDC WONDER and *data.cdc.gov*. Annual summaries of finalized nationally notifiable disease data are published on CDC WONDER and *data.cdc.gov* and disease-specific data are published by individual CDC programs.

The burden estimates include the number of hours that the public health department uses to process and send case notification data from their jurisdiction to CDC. Specifically, the burden estimates include separate burden hours incurred for automated and non-automated transmissions, separate weekly burden hours incurred for modernizing surveillance systems as part of CDC's Data Modernization Initiative (DMI) implementation, separate burden hours incurred for annual data reconciliation and submission, and separate one-time burden hours incurred for the addition of new diseases and data elements. The burden estimates for the one-time burden for reporting jurisdictions are for the addition of case notification data for CPO and Strongyloidiasis; and disease-specific data elements for Brucellosis, Candida auris, CPO, Carbon Monoxide Poisoning, Hepatitis, Leptospirosis, Melioidosis, and Viral Hemorrhagic Fevers.

The estimated annual burden for the 257 respondents is 18,594 hours. The total burden hours increased from 18,294 to 18,594 since the last revision because there were more disease-specific data elements added in this revision as compared to the last revision.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States	Weekly (Automated)	50	52	20/60
States	Weekly (Non-automated)	10	52	2
States	Weekly (DMI Implementation)	50	52	4
States	Annual	50	1	75
States	One-time Addition of Diseases and Data Elements	50	1	6
Territories	Weekly (Automated)	5	52	20/60
Territories	Weekly, Quarterly (Non-automated)	5	56	20/60
Territories	Weekly (DMI Implementation)	5	52	4
Territories	Annual	5	1	5
Territories	One-time Addition of Diseases and Data Elements	5	1	6
Freely Associated States	Weekly (Automated)	3	52	20/60
Freely Associated States	Weekly, Quarterly (Non-automated)	3	56	20/60
Freely Associated States	Annual	3	1	1
Freely Associated States	One-time Addition of Diseases and Data Elements	3	1	6
Cities	Weekly (Automated)	2	52	20/60
Cities	Weekly (Non-automated)	2	52	2
Cities	Weekly (DMI Implementation)	2	52	4
Cities	Annual	2	1	75
Cities	One-time Addition of Diseases and Data Elements	2	1	6

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