

Jeffrey M. Zirger,

Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.

[FR Doc. 2024–24921 Filed 10–24–24; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–25–1385; Docket No. CDC–2024–  
0084]

#### 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 Characteristics  
of Cases of Priority Fungal Diseases.  
These case report forms (CRF) collect  
information on patient demographics,  
underlying conditions, diagnosis,  
treatments, healthcare utilization, and  
outcomes of patients with  
coccidioidomycosis, histoplasmosis,  
blastomycosis, *Candida auris*, triazole-  
resistant *Aspergillus fumigatus* infection  
or colonization, or antifungal-resistant  
dermatophytosis, chromoblastomycosis,  
mycetoma, and sporotrichosis.

**DATES:** CDC must receive written  
comments on or before December 24,  
2024.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC–2024–  
0084 by either of the following methods:

- *Federal eRulemaking Portal:*  
[www.regulations.gov](http://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](http://www.regulations.gov).

*Please note:* Submit all comments  
through the Federal eRulemaking portal  
([www.regulations.gov](http://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](mailto: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

Characteristics of Cases of Priority  
Fungal Diseases (OMB Control No.  
0920–1385, Exp. 4/30/2027)—  
Revision—National Center for Emerging  
and Zoonotic Infectious Diseases

(NCEZID), Centers for Disease Control  
and Prevention (CDC).

#### Background and Brief Description

Fungal diseases cause substantial  
illness, ranging from mild infection to  
severe or life-threatening invasive  
disease. They also constitute a  
considerable financial burden on  
patients and healthcare systems.  
Awareness of fungal diseases is low,  
and data collection has historically been  
limited in size, scope, and coordination,  
which has hindered our understanding  
of these diseases. Detailed  
epidemiologic and clinical data are  
critical to inform appropriate public  
health responses.

CDC plans to enhance surveillance of  
high priority fungal diseases across the  
United States to better characterize  
factors such as disease burden,  
geographic scope, patient risk factors,  
health disparities, healthcare utilization,  
outcomes, and emerging trends. This  
project will serve as a Revision to the  
information collection project  
Characteristics of Cases of Priority  
Fungal Diseases (OMB Control No.  
0920–1385). The Revision will expand  
the number of fungal diseases for which  
data may be collected. In addition to  
triazole-resistant *A. fumigatus*  
infections, coccidioidomycosis,  
histoplasmosis, blastomycosis, *C. auris*,  
and antifungal-resistant  
dermatophytosis, Case Report Forms  
(CRF) have also been developed for  
chromoblastomycosis, mycetoma, and  
sporotrichosis.

CDC plans to use standardized CRFs  
to collect public health surveillance  
data for cases of these diseases regarding  
demographics (*e.g.*, age, sex, race/  
ethnicity, location of residence),  
underlying medical conditions,  
diagnosis (*e.g.*, clinical presentation,  
laboratory testing), treatments, and  
outcomes (*e.g.*, hospitalization, vital  
status). The corresponding CRF would  
be filled out voluntarily by state, local  
or tribal health departments, federal  
agencies, and members of the private  
sector (*e.g.*, academic institutions), and  
contains a section for medical chart  
review and an optional supplemental  
interview (including data on potential  
occupational or environmental  
exposures) of the patient or their  
representative. Findings can help  
identify populations at higher risk of  
these diseases, detect emerging  
epidemiologic trends, and guide  
prevention and response efforts. They  
can also help better focus public and  
healthcare provider outreach, inform  
efforts to contain or mitigate spread, and  
influence health policy and research on  
prevention and treatment.

CDC requests OMB approval for an estimated 1,564 annual burden hours.

There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Triazole-resistant Aspergillus fumigatus Case Report Form	State and Local Health Departments ....	15	15	0.5	113
Coccidioidomycosis Case Report Form .....	State and Local Health Departments ....	10	25	1.0	250
	Private Sectors .....	3	10	1.0	30
Histoplasmosis Case Report Form .....	State and Local Health Departments ....	10	25	1.0	250
	Private Sectors .....	3	10	1.0	30
Blastomycosis Case Report Form .....	State and Local Health Departments ....	10	25	1.0	250
	Private Sectors .....	3	10	1.0	30
Candida auris Case Report Form .....	State and Local Health Departments ....	15	20	0.75	225
	Private Sectors .....	3	10	0.75	23
Antifungal-resistant dermatophytosis case report form .....	State and Local Health Departments ....	10	10	0.5	50
Chromoblastomycosis case report form .....	Private Sectors .....	25	10	0.5	125
Mycetoma case report form .....	Private Sectors .....	25	5	0.5	63
Sporotrichosis case report form .....	Private Sectors .....	25	10	0.5	125
Total .....					1,564

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. 2024-24922 Filed 10-24-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Lead Exposure and Prevention Advisory Committee

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention announces the following meeting for the Lead Exposure and Prevention Advisory Committee (LEPAC). This virtual meeting is open to the public. Advance registration by December 4, 2024, is needed to receive the information to join the meeting. The registration link is provided in the addresses section below.

DATES: The meeting will be held on December 11, 2024 from 11 a.m. to 5 p.m., EST.

ADDRESSES: Register in advance <https://events.gcc.teams.microsoft.com/event/0e538aa3-bc82-43e9-89ee-d997b498cfe6@9ce70869-60db-44fd-abe8-d2767077fc8f> to receive information to join the meeting.

FOR FURTHER INFORMATION CONTACT: Paul Allwood, Ph.D., M.P.H., Designated Federal Officer, National Center for

Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway, Atlanta, Georgia 30341, Telephone: 770-488-6774; Email: LEPAC@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background: The Lead Exposure and Prevention Advisory Committee was established under Section 2203 of Public Law 114-322, the Water Infrastructure Improvements for the Nation Act; 42 U.S.C. 300j-21, Registry for Lead Exposure and Prevention Advisory Committee.

Purpose: The LEPAC is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), and the Director, CDC and Administrator, ATSDR, on (1) reviewing Federal programs and services available to individual communities exposed to lead; (2) reviewing current research on lead exposure to identify additional research needs; (3) reviewing and identifying best practices, or the need for best practices regarding lead screening and the prevention of lead poisoning; (4) identifying effective services, including services relating to healthcare, education, and nutrition for individuals and communities affected by lead exposure and lead poisoning, including in consultation with, as appropriate, the lead exposure registry as established in Section 2203(b) of Public Law 114-322; and (5) undertaking any other review or activities that the Secretary determines to be appropriate.

Matters to be Considered: The agenda will include presentations and discussions on the following topics: vote on the 2023 annual LEPAC report, report from the Preventing Lead Exposure in Adults workgroup, lead

related updates from the LEPAC members, local perspective on improving blood lead testing, blood lead testing strategies. Agenda items are subject to change as priorities dictate.

Public Participation

Oral Public Comment: The public comment period is scheduled on December 11, 2024, from 12:30 p.m. until 12:50 p.m., EST. Individuals wishing to make a comment during the public comment period, please email your name, organization, and phone number by November 25, 2024, to LEPAC@cdc.gov.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024-24925 Filed 10-24-24; 8:45 am]

BILLING CODE 4163-18-P