

certified-eligible WTC survivors.”<sup>3</sup> The new WTC Health Program youth research cohort is referred to as “WTC Youth.” In accordance with section 3341, the cohort of WTC Youth must:

- Be of sufficient size to conduct future research studies on the health and educational impacts of 9/11 exposures;
- Include in this group sufficient representation of individuals who were 21 years of age or younger at the time of exposure; and
- Include in this group individuals who are screening-eligible WTC survivors or certified-eligible WTC survivors.

The cohort may also include individuals who were 21 years of age or younger on September 11, 2001, who were located outside the NYCD and in Manhattan not further north than 14th Street; or anywhere within the borough of Brooklyn. Additionally, the cohort may include age-appropriate control populations as needed for research purposes.

In response to these new requirements, the Administrator, following consultation with the Secretary of Education, will engage the public for input on a multi-phased approach for establishing the youth cohort. At this time, the Administrator seeks initial comments on the following approach:

1. *Phase I: Community Engagement:* Gather sufficient information from educators, scientists, and community members on options for establishing a youth cohort that will efficiently support future research.
2. *Phase II: Options Development:* Use the information gathered in Phase I to develop a set of options for moving forward with establishing the youth cohort.
3. *Phase III: Options Ranking:* Engage community in ranking the options developed in Phase II.
4. *Phase IV: Option Selection and Implementation:* Use the information from Phase III to select the preferred option(s) for establishing the youth cohort.

#### Request for Information

NIOSH is soliciting information from any interested party, including educators, researchers, clinicians, community members, WTC Health Program members, treatment providers, and government agencies at all levels

(Federal, State, Territorial, local, and Tribal), regarding the proposed approach to establishing the WTC Health Program youth cohort.

In particular, NIOSH seeks comments on the following items regarding the general approach to assembling the cohort, as described above:

1. Whether the four-phased approach for establishing the youth cohort is comprehensive and adequately incorporates community involvement in selecting a preferred approach for establishing the youth cohort.
2. Any potential partnerships for future actions for establishing the cohort of WTC Youth.

NIOSH also seeks information on the following scientific parameters, best practices, and approaches for assembling a research cohort that is best suited for future research of WTC Youth:

3. Ideas regarding outreach, recruitment, retention, community involvement, and project oversight. NIOSH is interested in descriptions of any anticipated barriers to the project and propose potential risk mitigation strategies.
4. Health conditions and potential social and educational impacts (*i.e.*, adverse effects of interest) that may be priorities for future research on WTC Youth. In light of these adverse effects to be researched, NIOSH is interested in descriptions of the cohort characteristics believed necessary to support future research, including recommendations on data collection requirements, such as describing methods for and frequency of contact with prospective cohort members.
5. The recruitment and retention of appropriate control group(s) for future observational studies of WTC Youth. For example, recruitment methods may differ between exposed and control groups given expected differences in participation rates. These differences may lead to a selection bias. A selection bias may also arise given the long period of time between exposure and recruitment (*i.e.*, a survivorship bias). NIOSH is interested in comments regarding selection of controls using methods that reduce the potential for bias in future research.

Commenters are encouraged to offer information and insights into the specific topics described above, or any other aspect of this activity.

#### Disclaimer

This notice is intended for planning purposes; it does not constitute a formal announcement for comprehensive applications. In accordance with Federal Acquisition Regulation 48 CFR

15.201(e), responses to this notice are not offers and cannot be accepted by the Government to form a binding award. NIOSH will not provide reimbursement for costs incurred in commenting on this notice.

NIOSH will not respond to individual public comments or publish publicly a compendium of responses. An informational submission in response to this notice does not create any commitment by or on behalf of CDC or HHS to develop or pursue any program or ideas discussed.

**John J. Howard,**

*Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.*

[FR Doc. 2023–08756 Filed 4–25–23; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket No. CDC–2023–0025]

#### **Draft Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Pregnant Healthcare Personnel Section**

**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), in the Department of Health and Human Services (HHS), announces the opening of a docket to obtain comment on the *Draft Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Pregnant Healthcare Personnel Section* (“*Draft Guideline: Pregnant Healthcare Personnel Section*”). The *Draft Guideline: Pregnant Healthcare Personnel Section* updates the *Guideline for infection control in health care personnel, 1998* (“*1998 Guideline*”), *Part F: Pregnant Personnel*, and its corresponding recommendations in Part II of the *1998 Guideline*. The updated recommendation in the *Draft Guideline: Pregnant Healthcare Personnel Section* is intended for use by the leaders and staff of Occupational Health Services. This updated recommendation will help facilitate the provision of occupational infection prevention and control

<sup>3</sup> WTC survivors include individuals who lived, worked, went to school, or attended child or adult day care in the NYC Disaster Area on September 11, 2001, or in the following days, weeks, or months and those otherwise meeting the eligibility criteria in 42 CFR 88.7 or 88.8.

services to healthcare personnel (HCP) who are pregnant or intend to become pregnant.

**DATES:** Written comments must be received on or before June 26, 2023.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2023–0025 by either of the methods listed below. Do not submit comments by email. CDC does not accept comments by email.

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Follow the instructions for submitting comments.

- **Mail:** Healthcare Infection Control Practices Advisory Committee (HICPAC) Secretariat, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–3, Atlanta, Georgia 30329, Attn: Docket Number CDC–2023–0025

**Instructions:** All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:**

Laura Wells, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–2, Atlanta, Georgia 30329; Telephone: (404) 639–4000.

**SUPPLEMENTARY INFORMATION:**

**Public Participation**

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data related to the *Draft Guideline: Pregnant Healthcare Personnel Section*.

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. Do not submit

comments by email. CDC does not accept comments by email.

**Background**

The *Draft Guideline: Pregnant Healthcare Personnel Section*, located in the “Supporting & Related Material” tab of the docket, updates the *Guideline for Infection Control in Health Care Personnel, 1998, Part F: Pregnant Personnel*, and its corresponding recommendations in Part II of the *1998 Guideline*. The *1998 Guideline* provided information and recommendations for Occupational Health Services (OHS) of healthcare facilities and systems on the prevention of transmission of infectious diseases among healthcare personnel (HCP) and patients and can be found at <https://stacks.cdc.gov/view/cdc/11563>.

In this document, “OHS” is used synonymously with “Employee Health,” “Employee Health Services,” “Employee Health and Safety,” “Occupational Health,” and other such programs. OHS refers to the group, department, or program that addresses many aspects of health and safety in the workplace for HCP, including the provision of clinical services for work-related injuries, exposures, and illnesses. In healthcare settings, OHS addresses workplace hazards including communicable diseases; slips, trips, and falls; patient handling injuries; chemical exposures; HCP burnout; and workplace violence.

This *Draft Guideline: Pregnant Healthcare Personnel Section* update is part of a larger guideline update: *Infection Control in Healthcare Personnel*. Part I, *Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (2019)* and the Diphtheria, Group A *Streptococcus*, Meningococcal Disease, Pertussis, and Rabies sections of Part II, *Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2022)* are complete and have been published on the CDC Infection Control Guideline website: <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>. The *Draft Guideline: Pregnant Healthcare Personnel Section*, once finalized, is intended for use by the leaders and staff of OHS to guide the provision of occupational infection prevention and control services to HCP who are pregnant or intend to become pregnant.

Since 2015, the Healthcare Infection Control Practices Advisory Committee (HICPAC) has worked with national partners, academicians, public health professionals, healthcare providers, and other partners to develop *Infection*

*Control in Healthcare Personnel* (<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>) as a segmental update of the *1998 Guideline*. HICPAC is a federal advisory committee appointed to provide advice and guidance to HHS and CDC regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections, antimicrobial resistance, and related events in United States healthcare settings. HICPAC includes representatives from public health, infectious diseases, regulatory and other federal agencies, professional societies, and other stakeholders. *Draft Guideline: Pregnant Healthcare Personnel Section*, once finalized, will be the next section to be posted to the *Infection Control in Healthcare Personnel* website.

The updated draft recommendation in *Draft Guideline: Pregnant Healthcare Personnel Section* is informed by reviews of the *1998 Guideline*; CDC resources (e.g., CDC infection control website), guidance, and guidelines as noted more specifically in the draft document; and new scientific evidence, when available. CDC is seeking comments on the *Draft Guideline: Pregnant Healthcare Personnel Section*. Please provide references to new evidence and justification to support any suggested revisions or additions. This *Draft Guideline: Pregnant Healthcare Personnel Section* is not a federal rule or regulation.

**Tiffany Brown,**

*Executive Secretary, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Notice of Award of a Single-Source Cooperative Agreement To Fund the International Organization for Migration (IOM)**

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately \$1,000,000, for Year 1 to International Organization for Migration (IOM). The award will