

Infectious Zoonotic Disease, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mail Stop H16-3, Atlanta, GA 30329.

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: Katherine Allen-Bridson, RN, BSN, MScPH, CIC, National Center for Emerging and Infectious Zoonotic Disease, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mail Stop H16-3, Atlanta, GA 30329. Phone: 404-639-4000; Email: nhsn@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose of the Notice: The purpose of this notice is to request input and information from individuals and organizations on issues and areas for potential improvement for consideration as CDC updates and maintains the NHSN surveillance protocols for 2020. CDC will carefully consider all comments with an intent to improve on and maintain the requirements for a successful surveillance program: Acceptable data collection burden, consistency, sensitivity, specificity, representativeness, and timeliness. The CDC reserves the right to respond to time-sensitive issues outside of this RFI as needed to maintain the reliability of the NHSN data.

Scope of Issue: The mission of CDC's Division of Healthcare Quality Promotion (DHQP) is to protect patients and healthcare personnel and promote safety, quality, and value in national and international healthcare delivery systems. In accordance with this mission, DHQP seeks to identify effective prevention methods, foster their implementation, and measure their impact on the incidence of healthcare-associated infections (HAIs). Over 21,000 healthcare facilities report data on HAIs to CDC's NHSN. This includes data that CDC reports to the Centers for Medicare and Medicaid Services (CMS) on behalf of healthcare facilities. CMS uses the data in its public reporting and payment programs.

Approach: CDC seeks information from NHSN users and stakeholders regarding the NHSN surveillance protocols, including comments that describe specific concerns about and recommendations for specific changes regarding the following topics: Protocol scope, definitions, criteria, data collection requirements, and other

surveillance specifications for the OPC and BSI module.

Also, CDC is exploring the possibility of adding a new HAI event to its surveillance protocols, hospital onset bacteremia (HOB). The scope of HOB's surveillance would be all bloodstream infections that develop in patients following hospital admission, *i.e.*, those bloodstream infections that are not present on admission. Although this scope would be wider than Central Line-associated Bloodstream Infection (CLABSI) surveillance, CLABSI surveillance could be incorporated as a subset of HOB surveillance. CDC seeks input on NHSN's current CLABSI surveillance protocol and potential work on HOB surveillance.

Potential Areas of Focus: CDC is interested in receiving information on issues and areas for potential improvement for consideration for the following:

1. Outpatient Procedure Component surveillance protocol.
2. Patient Safety Component Bloodstream Infection Module surveillance protocol.
3. Possible addition of hospital onset bacteremia (HOB) to NHSN's surveillance protocols.

Examples of the types of information valuable to CDC include:

1. How could the CLABSI and OPC surveillance protocols and/or surveillance definitions be improved?
2. What challenges are faced when applying these definitions? What could be added to the definitions to address these challenges?
3. What protocol or data analysis changes could make the CLABSI or OPC data more useful?

Dated: February 6, 2019.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2019-01915 Filed 2-11-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of

the Chief Operating Officer, Centers for Disease Control and Prevention, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—SIP19-001; Improving Cognitive Impairment Detection and Referral to Resources among Older Adults: Applying the KAER Model in a Clinical Health Care System.

Dates: April 23, 2019.

Times: 11:00 a.m.–6:30 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Jaya Raman Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway, Mailstop F80, Atlanta, Georgia 30341, Telephone: (770) 488-6511, kva5@cdc.gov.

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.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019-01960 Filed 2-11-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

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constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel; (SEP)—SIP19-002, Managing Epilepsy Well 2.0 (MEW) Network—Coordinating Center and SIP19-003, Managing Epilepsy Well 2.0 (MEW) Network—Collaborating Center.

Dates: April 25, 2019.

Times: 10:00 a.m.–6:30 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Jaya Raman Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway, Mailstop F80, Atlanta, Georgia 30341, Telephone: (770) 488-6511, kva5@cdc.gov.

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Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019-01961 Filed 2-11-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day-19-0048]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Agency for Toxic Substances and Disease Registry (ATSDR) has submitted the information collection request titled *ATSDR Exposure Investigations (EIs)* to the Office of Management and Budget (OMB) for review and approval. ATSDR previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on November 6, 2018 to obtain comments from the public and affected agencies. ATSDR did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

ATSDR 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 or send an email to omb@cdc.gov. 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

ATSDR Exposure Investigations (EIs), (OMB Control No. 0923-0048, Expiration Date 3/31/2019)—Extension—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is requesting a three-year Paperwork Reduction Act approval for the extension of the generic clearance titled ATSDR Exposure Investigations (OMB No. 0923-0048; OMB Exp. Date: 3/31/2019) to allow the agency to conduct exposure investigations (EIs), through methods developed by ATSDR.

After a chemical release or suspected release into the environment, EIs are usually requested by officials of a state health agency, county health departments, the Environmental Protection Agency (EPA), the general public, and ATSDR staff.

EI results are used by public health professionals, environmental risk managers, and other decision makers to determine if current conditions warrant intervention strategies to minimize or eliminate human exposure. For example, four of the EIs that ATSDR

conducted in the past three years include the Anaconda Smelter (MT—blood lead and urine arsenic), Former United Zinc and Associated Smelters (KS—blood lead), Dimock Private Well Water Sampling (PA) and the Follow-up Arsenic Urine Testing in Hayden, Arizona.

Example 1: Anaconda Smelter Blood Lead and Urine Arsenic Sampling, MT

The site is a former smelter located in Anaconda, Montana. Past smelting activities resulted in high levels of heavy metals, primarily arsenic and lead, in community soil and in the slag piles. ATSDR sampled blood and urine in 191 community members to evaluate lead (blood) and arsenic (urine) in September 2018. Given community concern about contamination, all members of the community were invited to participate in the testing. Given community interest in the testing, an additional round of testing (177 participants) was completed in November 2018 that focused on residents that were not tested in the September event as well as young children and women of childbearing age, since they are the most impacted by lead exposure.

Urine samples were evaluated for total arsenic, speciated arsenic (organic and inorganic), creatinine and specific gravity. If arsenic is detected, speciation of the sample will determine whether the arsenic is organic (probably resulting from eating seafood) or inorganic (likely resulting from exposure to environmental arsenic). The results of the testing are currently being analyzed by the National Center for Environmental Health/Division of Laboratory Sciences (NCEH/DLS). For the initial testing event, participants have been notified of their results by mail; two adult participants with blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$ were also notified of their results by phone by the EI Medical Officer. Results for the follow-up testing will be sent individually to participants when the analysis is completed and a report will be prepared and presented to the community in a community meeting.

Example 2: Former United Zinc and Associated Smelters, Iola, Kansas

The community is located in the vicinity of the Former United Zinc and Associated Smelters in Iola, Kansas. The smelters operated from 1902 to 1925 and operations resulted in heavy metal contamination in community soils. Limited sampling of the community in the past found elevated blood lead levels (BLLs) in young children. The blood testing was completed in two