

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-20-20DC; Docket No. CDC-2019-
0113]

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 proposed and/or continuing
information collection, as required by
the Paperwork Reduction Act of 1995.
This notice invites comment on a
proposed information collection project
titled “2019 Lung Injury Response
Understanding Vaping Practices In the
United States.” This is a formative study
to identify why people are getting sick
after vaping/dabbing, in order to narrow
the list of products, substances, and risk
factors requiring further public health
action.

DATES: CDC must receive written
comments on or before February 21,
2020.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2019-
0113 by any of the following methods:

- **Federal eRulemaking Portal:**
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-D74, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
Regulations.gov.

*Please note: Submit all comments
through the Federal eRulemaking portal
(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-
D74, Atlanta, Georgia 30329; phone:
404-639-7570; Email: 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; and
 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.
5. Assess information collection costs.

Proposed Project

2019 Lung Injury Response
Understanding Vaping Practices In the
United States—New—National Center
for Injury Prevention and Control
(NCIPC), Centers for Disease Control
and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and
Prevention (CDC), National Center for
Injury Prevention and Control (NCIPC)

requests approval for a New Information
Collection, “2019 Lung Injury Response
Understanding Vaping Practices In the
United States.”

In early August 2019, initial cases of
e-cigarette, or vaping, product use
associated lung injury (EVALI) were
reported to CDC. As of November 13,
2019, 2,172 EVALI cases have been
reported to CDC from 49 states, the
District of Columbia, the US Virgin
Islands, and Puerto Rico; 42 deaths have
been reported among these cases. A
multi-state centrally coordinated
response for this severe pulmonary
injury was established at CDC to assist
each state/local/territory jurisdiction in
making rapid, practical decisions for
actions to prevent and control this
public health problem.

To date, all EVALI patients have
reported a history of using e-cigarette, or
vaping, products. The latest national
and state findings suggest products
containing THC, particularly from
informal sources like friends, or family,
or in-person or online dealers, are
linked to most of the cases and play a
major role in the outbreak. In addition,
vitamin E has been identified as a
chemical of concern among people with
e-cigarette, or vaping, product use
associated lung injury (EVALI).
However, while it appears that vitamin
E acetate is associated with EVALI,
evidence is not yet sufficient to rule out
contribution of other chemicals of
concern to EVALI. Many different
substances and product sources are still
under investigation, and it may be that
there is more than one cause of this
outbreak. At present, there is very little
data on which to compare EVALI cases
to individuals who are vaping the same
products at the same frequency but have
not developed EVALI. Comparing
EVALI cases to people who vape but
have not developed EVALI in a timely
way is very important for narrowing the
list of products, substances, and risk
factors requiring further public health
action (e.g., continuing to refine
communication messages) and
additional studies (e.g., prioritizing
samples for laboratory testing). Further,
there is insufficient data for guiding the
selection of controls for a rigorous case
control study (lack of uniformity in
demographic characteristics and
product brands and types).

The data collected will be used to
identify product types, “brands”,
devices, and frequency of use
(collectively referred to as use
characteristics) from a geographically
diverse convenience sample of
individuals who report vaping THC but
have not developed EVALI. These data
will enable CDC to compare the

frequency of use characteristics between the convenience sample and EVALI cases to prioritize follow up on hypotheses about potential risk factors and causes of the outbreak as well as to refine, target, and prioritize additional information gathering, *e.g.*, epidemiological analyses, laboratory testing, and analysis of pathological specimen.

The proposed approach leverages on an opt-in internet panel survey to rapidly collect specific information on a

demographically and geographically diverse convenience sample of individuals who report vaping THC but have not developed EVALI. Because such sampling frame is not population representative and not suitable for generalizing about populations, only unweighted data will be obtained from the opt-in internet panel survey and only unweighted, aggregate results will be shared with partners or publicly. The data collected will not be used to produce national, regional, or state-

representative estimates; rather, the data will be used to help prioritize hypotheses for future epidemiological, laboratory, and clinical analyses as part of CDC's ongoing lung injury response.

There is no cost to respondents other than the time to participate. The annualized burden is estimated at 5,000 hours. Authorizing legislation comes from Section 301 of the Public Health Service Act (42 U.S.C. 241).

ESTIMATED TOTAL BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Individuals	Understanding Vaping Practices in the United States Survey—screening questions.	120,000	1	2/60	4,000
Individuals	Understanding Vaping Practices in the United States Survey—full survey.	6,000	1	10/60	1,000
Total					5,000

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Centers for Disease Control and Prevention

[30Day–20–19BDE]

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 “The Maternal Mortality Review Information Application (MMRIA)” 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 June 20, 2019 to obtain comments from the public and affected agencies. CDC received four 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 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

The Maternal Mortality Review Information Application (MMRIA)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to collect information through the Maternal Mortality Review Information Application (MMRIA) for three years. MMRIA is a standardized data collection system that allows Maternal Mortality Review Committees (MMRCs) across the country to abstract relevant data (clinical and non-clinical) from a variety of sources, document committee decisions, and analyze data in order to better understand the contributing factors and preventability of maternal deaths and thus to develop recommendations for prevention.

About 700 women die each year in the United States as a result of pregnancy or delivery complications, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Furthermore, considerable racial disparities exist, with black women almost four times more likely to die from pregnancy-related complications than white women.