Gadsden-Knowles, Kim (CDC/DDPHSS/CSELS/DHIS)

From: Gadsden-Knowles, Kim (CDC/DDPHSS/CSELS/DHIS)
Sent: Wednesday, July 6, 2022 11:00 AM
To: Gadsden-Knowles, Kim (CDC/DDPHSS/CSELS/DHIS)
Subject: FW: corrupt cdc does slipshod work

From: jean public <jeanpublic1@gmail.com>
Sent: Saturday, May 7, 2022 6:03 PM
To: John Gilmore <JGILMORE@autismactionnetwork.org>; OMB-Comments (CDC) <omb@cdc.gov>; info@njaicv.org; sue@njaicv.org
Cc: info@whitecoatwaste.org; pcrm@pcrm.org
Subject: Fwd: corrupt cdc does slipshod work

public comment on federal register
Subject: corrupt cdc does slipshod work

the cdc does lamentable slipshod sneaky work that does not stand up to first class excellence at all. it deserves a grade of f minus for its work. it is like the wizard of oz. there is no there there. it makes all these statements and there is absolutely no documentation behind any of it. it just has tried to scare the hell out of the american public and denied them early care which caused millions of death. this is one bad actor and needs to be shut down. fire mussolini fauci. who is a negative leader and a dishonest liar imo. collins left. he knew he did bad. fauci i think i s insane making statements he is the only "science" int he world. many millinos disagree with this self centered little dishonest man imo.

america desrves a first class sytem to handle anhy disease. instead we have the mixed up disorganized lying cdc. their handling of this alleged pandemic was faulty, sneaky, dishonest and disgustintingly evil tothe american people. the american public does not deserve this man to make $400,000 a year. he is worth $1.00 tops. he is not a scientists at all he is a political - a fat cat bureaucrat who thinks he knows it all, when he is just an m.d. the epidimiologists, virologists and specialists all show the error of this fauci stpuidity.

america deserve first class for what it pays this agency. we are getting third world health from mussolini fauci. we need change. shut down this agency and lets start fresh. even the general services administration and endless other govt agencies are pointong ouut the horror that is the cdc. this comment is for the public record. the national academyu of science pointed out this agency.

we are also disgusted with the use of animals for worthless science so that animals suffer an ddie by the tens of millions at great cost when this is an archaic method of research and using cells and humans makes sense. this commetn is for the public record. please receipt. i thoroguhly oppose this proposal by this lax sneaky slipshod agency, this commetn is for the public record. pleasd receipt. jean publiee jean public1@gmail.com

[Federal Register Volume 87, Number 88 (Friday, May 6, 2022)]
[Notices]
[Pages 27149-27151]
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[FR Doc No: 2022-09787]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-22-0824; Docket No. CDC-2022-0059]

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 the National Syndromic Surveillance Program (NSSP). The NSSP promotes and advances development of a syndromic surveillance system for the timely exchange of syndromic data.

DATES: CDC must receive written comments on or before July 5, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2022-0059 by any of the following methods:

Federal eRulemaking Portal 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.

Please note: Submit all comments through the Federal eRulemaking portal (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.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA)

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(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

National Syndromic Surveillance Program (NSSP) (OMB Control No. 0920-0824, Exp. 7/31/2022)--Revision--Center for Surveillance, Epidemiology and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Syndromic surveillance uses syndromic data and statistical tools to detect, monitor, and characterize unusual activity for further public health investigation or response. Syndromic data include electronic extracts of electronic health records (EHRs) from patient encounter data from emergency departments, urgent care, ambulatory care, and inpatient healthcare settings, as well as laboratory data. Though these data are being captured for different purposes, they are monitored in near real-time as potential indicators of an event, a disease, or an outbreak of public health significance. On the national level, these data are used to improve nationwide situational awareness and enhance responsiveness to hazardous events and disease outbreaks to protect America's health, safety, and security.

The BioSense Program was created by congressional mandate as part of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, and was launched by the CDC in 2003. The BioSense Program has since been expanded into the National Syndromic Surveillance Program (NSSP) which promotes and advances development of a syndromic surveillance system for the timely exchange of syndromic data.

CDC requests a three-year approval for a Revision for NSSP (OMB Control No. 0920-0824, Exp. 7/31/2022). This Revision includes a request for approval to continue to receive onboarding data from state, local and territorial public health departments about healthcare facilities in their jurisdiction; registration data needed to allow users access to the BioSense Platform tools and services; and data sharing permissions so that state, local and territorial health departments can share data with other state, local and territorial health departments and CDC.

NSSP features the BioSense Platform and a collaborative Community of Practice. The BioSense Platform is a secure integrated electronic

health information system that CDC provides, primarily for use by state, local and territorial public health departments. It includes standardized analytic tools and processes that enable users to rapidly collect, evaluate, share, and store syndromic surveillance data. NSSP promotes a Community of Practice in which participants collaborate to advance the science and practice of syndromic surveillance. Health departments use the BioSense Platform to receive healthcare data from facilities in their jurisdiction, conduct syndromic surveillance, and share the data with other jurisdictions and CDC.

The BioSense Platform provides the ability to analyze healthcare encounter data from EHRs, as well as laboratory data. All EHR and laboratory data reside in a cloud-enabled, web-based platform that has authorization to operate from CDC. The BioSense Platform sits in the secure, private Government Cloud which is simply used as a storage and processing mechanism, as opposed to on-site servers at CDC. This environment provides users with easily managed on-demand access to a shared pool of configurable computing resources such as networks, servers, software, tools, storage, and services, with limited need for additional IT support. Each site (i.e., state or local public health department) controls its data within the cloud and is provided with free secure data storage space with tools for posting, receiving, controlling and analyzing their data; an easy-to-use data display dashboard; and a shared environment where users can collaborate and advance public health surveillance practice. Each site is responsible for creating its own data use agreements with the facilities that are sending the data, retains ownership of any data it contributes to its exclusive secure space, and can share data with CDC or users from other sites.

NSSP has three different types of information collection:

(1) Collection of onboarding data about healthcare facilities needed for state, local, and territorial public health departments to submit EHR data to the BioSense Platform;

(2) Collection of registration data needed to allow users access to the BioSense Platform tools and services; and

(3) Collection of data sharing permissions so that state and local health departments can share data with other state and local health departments and CDC.

Healthcare data shared with CDC can include: EHR data received by state and local public health departments from facilities including hospital emergency departments and inpatient settings, urgent care, and ambulatory care; mortality data from state and local vital statistics offices; laboratory tests ordered and their results from a national private sector laboratory company; and EHR data from the Department of Defense (DoD) and the Department of Health and Human Services (HHS) National Disaster Medical System (NDMS) Disaster Medical Assistance Teams (DMATs).

Respondents include state, local, and territorial public health departments. The only burden incurred by the health departments are for submitting onboarding data about facilities to CDC, submitting registration data about users to CDC, and setting up data sharing permissions with CDC. The estimated annual burden is 671 hours. There are no costs to respondents other than their time to participate.

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	Estimated Annualized Burden Hours		
	Number of	Avg. burden	

Type of respondents	Form name	Number of respondents	responses per respondent	per response (in hours)	Total burden (in hours)
State, Local, and Territorial Public Health Departments.	Onboarding	20	100	10/60	333
State, Local, and Territorial Public Health Departments.	Registration	20	100	10/60	333
State, Local, and Territorial Public Health Departments.	Data Sharing Permissions.	20	1	15/60	5
Total					671

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

[FR Doc. 2022-09787 Filed 5-5-22; 8:45 am]
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