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National Outbreak Reporting System (NORS)

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Comment from (Anonymous Anonymous)

Submitter Information

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General Comment

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I am a United States citizen and a college student who has been greatly affected by the situation of COVID-19. Since this pandemic has become such a prominent factor in my life, I have become greatly interested in the CDC and how it works to prevent and respond to public health crises. I am aware of the National Outbreak Reporting System (NORS), as authorized by 42 U.S.C 241, and its value in collecting outbreak data so that public health in this nation can be improved and preserved. When I saw and read the new proposed data collection that was submitted for notice and comment in the federal registry, I became concerned that the request may be insufficient to accommodate the scope of the current pandemic crisis. I am submitting the following comment on behalf of myself only.

I agree with the reasoning in the proposed project that NORS needs continued annualized burden hours in order for there to be timely updates to information collection instruments so as to meet the needs of public health surveillance. However, I have two major concerns with this specific proposed project. The first is that the request is for only 747 annualized burden hours, which upon further research appears to be a very low request. My second larger concern is that the proposed project has very little transparency as to why the hours are needed or why they are

sufficient. Several previous modifications of OMB Control No. 0920-0004, which approved NORS, were clearer and contained more specifics.

My first concern is that the CDC is only requesting 747 annualized burden hours for NORS in the middle of the COVID-19 crisis. With the information available it is unclear as to which years this request applies. If it follows the model of previous OMB Control No. 0920-0004 revisions, then this could be the new annualized burden hours requested for the next three-year period. However, currently the OMB Control No. 0920-0004 revision that was approved in October of 2017 (ICR Reference No. 201707-0920-010) is effective through October 31, 2020. This leads me to assume that this current proposed annual burden hours could be a request for an addition of these hours to the current approved amount. This is, however, very unclear and should be clarified in the proposed project. Either way, I am concerned about the amount of hours. If these are the requested annual hours for the next three years, the numbers fall greatly below the past several iterations of revisions (The hours requested for NORS over three-year periods during the past decade have ranged from approximately 21,000 to 56,000. Search 0920-0004 at <https://www.reginfo.gov/public/do/PRASearch>). If the request is to add the hours to the existing approved burden hours of 24, 801, then the total amount would still add up to less than the previous period where 31, 921 burden hours were approved (See https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201707-0920-010; https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201407-0920-012). While I acknowledge that technology may be lowering the amount of hours necessary, I remain concerned that the hours do not even meet approval numbers from recent years, even though we are currently in the middle of the COVID-19 crisis.

My second concern is that this proposed project gives little to no information about what the hours are needed for. Previous revisions of OMB Control No. 0920-0004 vary in specificity, but usually at the minimum there is a reference to forms being modified and so on. In contrast, this proposed project just says that it is requesting the hours for more timely updates. This is very vague and gives no indication as to what specifically the hours are needed for. I believe this is concerning for the public because we are currently in the middle of a pandemic, NORS is an important tool to deal with the pandemic, and transparency as to what further NORS hours are being used for is important so that the public knows how the CDC is using this tool to ensure public health during this difficult time.

In conclusion, I recommend that the proposed project be revised to request more annualized burden hours and that more detail is provided in the proposal as to how the hours are being used - especially in light of the COVID-19 pandemic. These recommendations are in line with previous hour requests for NORS and I believe these adjustments will be helpful for the public during this pandemic.