

departments will also expand the SUDORS case definition beyond the current focus on opioid-related overdose deaths to include all individuals who died of an unintentional or undetermined intent drug-related overdose. The expanded focus will allow CDC and health departments to begin characterizing overdose deaths attributable to emerging illicit drug threats (e.g., non-opioid synthetic drugs), deaths attributable to opioid co-use with other classes of drugs (e.g., gabapentin or benzodiazapine), and the extent to which certain types of prescription drugs (both opioid and non-opioid) are involved in fatal overdoses.

Participating states and jurisdictions will continue to report SUDORS information to CDC through a module in the NVDRS web-based platform. State- and jurisdiction-level public health

departments will be funded to abstract standardized data elements from ME/C reports as well as death certificates. Beginning in 2020, cooperative agreement goals include reducing the time lag for reporting from eight months to no more than six months. Information can be entered into the SUDORS system at any time, but reports on overdose deaths that occur between January 1 and June 30 will be entered into the SUDORS by December of the same calendar year. Data entry for overdose deaths that occur between July 1 and December 31 will be complete by June of the next calendar year. The accelerated reporting schedule is needed to support timely identification of the causes of overdose deaths, and effective public health intervention.

This Revision request does not entail a change in the estimated burden per response, which is based on the time

needed for a health department to retrieve and refile vital statistics records, ME/C records, etc. The estimated burden per response does not include the time needed to abstract SUDORS data variables from those sources, since this activity is funded by the SUDORS cooperative agreement. Total estimated annualized burden will increase due to the inclusion of additional types of overdose-related deaths. Also, increased Congressional appropriation in 2019 to expand SUDORS nationwide as a component of CDC's Overdose Data to Action (OD2A) Notice of Funding Opportunity (NOFO) (CDC-RFA-CE19-1904, posted February 1, 2019) requires expanding the number of participating jurisdictions from 50 to 52. OMB approval is requested for three years. The total estimated annualized burden hours are 32,838.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Total number of responses per respondent	Average burden per response (in hours)
Public Agencies	Retrieving and refiling records	52	1,263	30/60

Jeffrey M. Zirger,

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

[FR Doc. 2019-23367 Filed 10-24-19; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Council for the Elimination of Tuberculosis Meeting (ACET)

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting of the Advisory Council for the Elimination of Tuberculosis Meeting (ACET). This meeting is open to the public, limited to 80 room seats and 100 ports for audio phone lines. Time will be available for public comment. The public is welcome to submit written comments in advance of the meeting. Comments should be submitted in writing by email to the contact person listed below. The deadline for receipt is

Monday, December 9, 2019. Persons who desire to make an oral statement, may request it at the time of the public comment period on December 11, 2019 at 11:40 a.m., EST.

DATES: The meeting will be held on December 10, 2019, 8:30 a.m. to 4:30 p.m., EST and December 11, 2019, 8:30 a.m. to 12:00 p.m., EST.

ADDRESSES: CDC, 8 Corporate Boulevard, Building 8, Conference Rooms 1-A/B/C, Atlanta, Georgia 30329-4027 and Web conference: 1-877-927-1433 and participant passcode: 12016435 and <https://adobeconnect.cdc.gov/r5p8l2tytpq/>.

FOR FURTHER INFORMATION CONTACT: Margie Scott-Cseh, Committee Management Specialist, CDC, 1600 Clifton Road NE, Mailstop: E-07, Atlanta, Georgia 30329-4027, telephone (404) 639-8317; zkr7@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: This Council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis. Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and

reviews the extent to which progress has been made toward eliminating tuberculosis.

Matters To Be Considered: The agenda will include discussions on (1) Use of Project ECHO in supporting tuberculosis (TB) activities; (2) Update on CDC Centers of Excellence for TB Training, Education and Medical Consultation; (3) Update on Latent Tuberculosis Infection (LTBI) communications campaign; (4) TB Host Directed Therapy; and (5) Updates from ACET workgroups. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of 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.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019-23237 Filed 10-24-19; 8:45 am]

BILLING CODE 4163-18-P