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CDC Desk Officer
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

RE: Docket #30Day-24-1385: Characteristics of Cases of Priority Fungal Diseases

To Whom It May Concern:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Disease Control and Prevention (CDC) for providing the opportunity to comment on the proposed information collection request (ICR) titled "Characteristics of Cases of Priority Fungal Diseases." APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists (IPs) whose mission is to advance the science and practice of infection prevention and control. IPs work in collaboration with the local and state Department of Health agencies for disease and infection reporting.

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:**

As we have seen during the COVID-19 pandemic, our ability to identify the burden, scope and impact of high-risk pathogens is critical to guiding our prevention and response efforts in a timely manner. We cannot fix what we cannot measure; thus, expanding and standardizing reporting of high-risk fungal pathogens is value-added.

Candida auris, a multidrug-resistant fungal pathogen was first identified in the United States in 2016 and by 2021 had seen a 95 percent increase in its infection rate.[1] The CDC considers *Candida auris* a serious health threat for healthcare facilities. Similarly, the number of hospitalizations related to invasive aspergillosis, a disease caused by a common mold, increased an average of 3 percent from 2000-2013,[2] but because it is not a reportable infection in the U.S., the exact number of cases and burden outside this context is difficult to determine. These are just two examples of fungal pathogens impacting the public.

To be value-added, APIC urges the data collection be actionable and serve as a surveillance indicator for U.S. healthcare system burden, capacity, capability, and patient safety. Additionally, we must also take into account the persistent staff shortages and consider how to best balance providing actionable data to public health agencies without overburdening already stretched healthcare staff. Standardized data elements should be considered to offer a streamlined process for reporting and receiving information from healthcare entities to local, state, and national public health departments.

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:**

Public health reporting is a complex process that requires collaboration between healthcare facilities and the public health agencies to which they report. The estimate of burden in the ICR does not take into account time spent by healthcare facility staff in compiling, validating, and submitting the data to state and local health departments to be reported to the CDC. APIC believes the estimated burden hours are underrepresented because they are not reflective of the total reporting process nor are they inclusive of the role healthcare facilities (usually the infection preventionist) play in providing the required information to the state and local health departments. While some facilities have developed electronic reporting innovations to ensure timely management of notifiable conditions, many must still rely on manual data collection and reporting.

3. **Enhance the quality, utility, and clarity of the information to be collected:**

APIC agrees data quality, utility and clarity is essential. However, the burden of data collection further exemplifies the need for careful consideration of the optimum minimum required data needed to provide meaningful information to the federal agency. Utilization of a standard report form can help alleviate some of this burden, creating a uniform, streamlined process.

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:**

APIC encourages a streamlined process for the reporting process, which should include automated and electronic lab reporting, when available, between the healthcare institutions and the respective agencies to minimize the burden.

In summary, APIC supports enhancing the surveillance of high priority fungal disease in the United States to help identify populations at higher risk for infection and guide prevention and response efforts. We approve the CDC request to change the name of the current information collection project to "Characteristics of Cases of Priority Fungal Diseases" in order to expand the number of fungal diseases for which data may be collected. APIC encourages a streamlined standardized process that utilizes technology (when available) to capture the required data while being cognizant of the total burden of reporting that includes the healthcare facility along with the local and state health department resources.

Sincerely,

Tania Bubb, PhD, RN, CIC, FAPIC
2024 APIC President

[1] American Society of Microbiology. (2023 June 17). Drug Resistant Candida auris Infection Rates Continue to Rise. Drug-Resistant Candida auris Infection Rates Continue to Rise | ASM.org.

[2] Snigdha Vallabhaneni, Kaitlin Benedict, Gordana Derado, Rajal K. Mody, Trends in Hospitalizations Related to Invasive Aspergillosis and Mucormycosis in the United States, 2000–2013, *Open Forum Infectious Diseases*, Volume 4, Issue 1, Winter 2017, ofw268, https://doi.org/10.1093/ofid/ofw268.