ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participants in survey group examining POC NAT acceptability.	POC NAT acceptability survey	117	1	20/60
Participants in cross-sectional comparison of several point-of-care NATs.	Release of information form	333	1	10/60
	Study visit survey	333	1	15/60
Acceptability/feasibility assessment among clinical and community providers.	POC NAT acceptability survey, focus group, or interview.	33	1	1

Jeffrey M. Zirger,

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

[FR Doc. 2021–13434 Filed 6–23–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Needs and Challenges in Personal Protective Equipment (PPE) Use for Underserved User Populations

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: NIOSH requests information on the Needs and Challenges in Personal Protective Equipment (PPE) Use for Underserved User Populations.

DATES: Submit a letter of information by August 23, 2021.

ADDRESSES: Interested parties should submit information to: NIOSH, Attn: Sherri Diana, National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998, Email address: *ppeconcerns@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: N. Katherine Yoon, Ph.D., National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Email Address: *NYoon@cdc.gov,* Phone number: 412–386–6752 [non-toll-free number]

SUPPLEMENTARY INFORMATION:

Background: The NIOSH National Personal Protective Technology Laboratory (NPPTL) is expanding its portfolio to include activities that consider the needs of U.S. worker populations who are underserved related to personal protective equipment (PPE) use, availability, accessibility, acceptability, or knowledge. Underserved PPE user populations may include, but are not limited to, workers who are of an atypical size; who are members of a gender, racial, ethnic, or linguistic minority group; who conduct non-traditional worker activities; or who are members of sub-disciplines that are not the primary focus of the current PPE activities within their larger field. To inform the possible design and execution of these activities, NPPTL seeks information from the public, including individuals/organizations who/that (1) advocate for these worker populations, (2) actively conduct PPE research, services, or policymaking for these worker populations, (3) are planning to conduct PPE research, services, or policymaking for these worker populations, (4) have direct knowledge about research, service, or policy gaps affecting these worker populations, or (5) are current or former PPE users that experienced PPE use, availability, accessibility, acceptability, or knowledge issues.

Information Needs: CDC is particularly interested in receiving information being sought in Request (1). As such, responders are requested to provide information responsive to Request (1), and may address any or all of the topics identified in Requests (2) and (3):

Request (1) Describe respondent(s)

i. Individual or company/institution name, location, and website (if any)

ii. Individual or company/institution contact information (include the respondent's role in the organization, address, phone number, and email address)

iii. The primary motivation(s) for why you (or your organization) are responding to this Notice

iv. Any additional relevant background information about yourself or your organization as well as names of any other organizations currently working in applicable issues

Request (2) Describe your experiences related to PPE use, availability, accessibility, acceptability, and knowledge issues for underserved PPE user populations within the U.S. (*e.g.,* individuals of small or large size; members of gender, racial, ethnic or other minority group of a specific occupation, non-traditional workers, etc.)

i. What experiences have you had in recent years related to PPE use, availability, accessibility, acceptability, and knowledge issues for underserved PPE user populations? Also, specify and describe the underserved PPE user group(s) with which you have had experience.

ii. What data/information/resources did you find to be the most relevant/valuable to the experiences described in Request 2(i)?

iii. How long have you or your organization been working in the areas of work identified in Request 2(i)? Did your or your organization's involvement change over time, and if so, how and why?

iv. What achievements were a result of your work in PPE use, availability, accessibility, acceptability, and knowledge for underserved PPE user populations? (*e.g.,* publications, guidance, new/revised policies or procedures, establishment of a key committee)

v. What is your future work plan on PPE use, availability, accessibility, and knowledge for underserved PPE user populations?

Request (3) Describe PPE gaps/barriers that remain to be addressed for underserved PPE user populations within the U.S. related to PPE use, availability, accessibility, acceptability, and knowledge issues (if any)

i. What research gaps/barriers remain to be addressed?

ii. What service gaps/barriers remain to be addressed?

iii. What policy gaps/barriers remain to be addressed?

Informational submissions in response to this Notice are due no later than August 23, 2021. Please limit informational submission to three pages

or less in 12-point font, single-spaced. NIOSH will not respond to individual informational submissions nor publish publicly a compendium of responses. An informational submission in response to this Notice does not create any commitment on or behalf of CDC or HHS to develop or pursue any program or ideas discussed herein or related to PPE use for underserved user populations more generally.

Disclaimer and Important Notes

This **Federal Register** Notice is for planning purposes; it does not constitute a formal announcement for comprehensive applications. In accordance with Federal Acquisition Regulation 48 CFR 15.201(e), responses to this Notice are not offers and cannot be accepted by the Government to form a binding award. NIOSH will not provide reimbursement for costs incurred in responding to this Notice.

John J. Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2021–13263 Filed 6–23–21; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–1266]

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 ''HIV prevention among Latina transgender women who have sex with men: Evaluation of a locally developed intervention'' 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 February 25, 2021 to obtain comments from the public and affected agencies. CDC received one comment 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. 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

HIV prevention among Latina transgender women who have sex with men: Evaluation of a locally developed intervention (OMB Control No. 0920–1266, Exp. 6/30/2021)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) is requesting approval for a two-year extension of a currently approved ICR (OMB Control No. 0920–1266), titled ''HIV prevention among Latina transgender women who have sex with men: Evaluation of a locally developed intervention.'' The goal of this study is to evaluate the efficacy of ChiCAS (Chicas Creando Acceso a la Salud [Chicas: Girls Creating Access to Health]), a locally developed and culturally congruent two-session Spanish-language small-group combination intervention, designed to promote consistent condom use, and access to, and participation in, pre-exposure prophylaxis (PrEP) and medically supervised hormone therapy by HIV seronegative Hispanic/Latina transgender women who have sex with men.

The information collected through this study will be used to evaluate whether the ChiCAS intervention is an effective HIV-prevention strategy by assessing whether exposure to the intervention results in improvements in participants' health and HIV prevention behaviors. The study will compare pre-(baseline) and post-intervention (six-month) levels of HIV risk among participants who have received the intervention and participants who have not yet received the intervention (delayed-intervention group).

This study will be carried out in metropolitan areas in and around North Carolina, including Ashville, NC; Charlotte, NC; Research Triangle (metropolitan area of Greensboro, Winston-Salem and High Point NC); Raleigh, NC; Wilmington, NC; and Greenville, SC. The study population will include 140 HIV-negative Spanish-speaking transgender women. Participants will be adults, at least 18 years of age, self-identify as male-to-female transgender or report having been born male and identifying as female, and report having sex with at least one man in the past six months. We anticipate participants will be comprised mainly of racial/ethnic minority participants under 35 years of age, consistent with the epidemiology of HIV infection among transgender women.

Intervention participants will be recruited to the study through a combination of approaches, including traditional print advertisement, referral, in-person outreach, and through word of mouth. A quantitative assessment will be used to collect information for this study, which will be delivered at the time of study enrollment, and again at a six-month follow up. The assessment will be used to measure differences in sexual risk knowledge, perceptions and behaviors including condom use, PrEP use, and use of medically supervised hormone therapy. Intervention mediators, including healthcare provider trust and communication skills, self-reported health status and healthcare access, community attachment and social support will also be measured. All participants will complete an assessment at baseline and