

Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Cryptosporidium are a genus of parasites that cause the diarrheal disease cryptosporidiosis. As part of *Cryptosporidium* case and outbreak investigations, it is common for state and local health departments to conduct comprehensive interviews with cases and contacts to identify how individuals became sick with cryptosporidiosis, to identify individuals who could have come into contact with an individual sick with cryptosporidiosis, and to identify strategies to control the disease spread. Since cryptosporidiosis can be transmitted through numerous modes, it can be challenging to identify how individuals could have become ill. As a result, comprehensive case report forms focused on a range of settings, activities, and potential modes of transmission are needed to guide prevention and control activities.

The CryptoNet case report form (CRF) was developed to meet the needs of CDC’s case surveillance experts and local officials. The CRF includes a set of data elements that can be used to identify exposure trends in outbreak- and non-outbreak-associated *Cryptosporidium* cases, to generate hypotheses about the source(s) of infection in clusters or outbreaks, and to identify strategies to prevent and control

Cryptosporidium cases, clusters, or outbreaks. CryptoNet is meant to supplement existing cryptosporidiosis case surveillance data reported through the National Notifiable Diseases Surveillance System (NNDSS) (OMB No. 0920–0728, Exp. 3/31/2024). Current cryptosporidiosis case surveillance through NNDSS lacks information on key exposures proposed to be captured by CryptoNet. Notably, information proposed to be collected as part of CryptoNet serves as the foundation for the recently developed foodborne and diarrheal diseases message mapping guide— cryptosporidiosis tab (FDD MMG). The FDD MMG is the latest revision to NNDSS that aims to increase the amount of exposure data collected on each cryptosporidiosis case. Upon nationwide implementation of the FDD MMG, NCEZID anticipates that the CryptoNet Case Report form will be retired.

Administration of the CRF is to conduct surveillance on exposures associated with *Cryptosporidium* cases to better inform prevention and control strategies for these infections. There are no research questions addressed. Standardized data will be compiled on recent exposures related to cryptosporidiosis with the intention to inform disease prevention and control activities and will not be used to inform generalizable knowledge. CDC’s CryptoNet staff and the Case

Surveillance node in CDC’s Waterborne Disease Prevention Branch (WDPB) will oversee data collection, data management, and analyses and dissemination of data collected with the CRF during cryptosporidiosis investigations. The data collected from the CRF will be used to inform exposure trends among cases, clusters, or outbreaks with the intention to identify and implement prevention and control strategies and recommendations.

The CRF data elements and form were designed for administration via telephone interview with cases of cryptosporidiosis or their proxies. This method was chosen to reduce the overall burden on respondents because it allows for the assessment team to ask for clarification from participants during the interview, and this limits the need for additional follow-up. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project.

Based on the annual number of laboratory specimens collected by the *Cryptosporidium* laboratory at CDC, it is expected that an average of 500 CryptoNet CRFs will be collected each year. OMB approval is requested for three years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden is 125 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals ill with Cryptosporidiosis, or their designated proxy.	CryptoNet Case Report Form	500	1	15/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–1169]

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 “Development of CDC’s Let’s Stop HIV Together Social Marketing Campaign for Consumers” 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 March 12, 2021 to obtain comments from the public and affected agencies. CDC did not receive comments 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

Development of CDC’s Let’s Stop HIV Together Social Marketing Campaign for Consumers—Reinstatement—National Center for HIV/AIDS, Viral Hepatitis,

STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To address the HIV epidemic in the U.S., the Department of Health and Human Services launched Ending the HIV Epidemic: A Plan for America, which is a cross-agency initiative aiming to reduce new HIV infections in the U.S. by 90% by 2030. CDC’s Let’s Stop HIV Together campaign (formerly known as Act Against AIDS) is part of the national Ending the HIV Epidemic initiative and includes resources aimed at reducing HIV stigma and promoting testing, prevention, and treatment across the HIV care continuum.

Within this context, CDC’s Division of HIV/AIDS Prevention (DHAP) has and will continue implementing various communication initiatives to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV/AIDS in the US and its territories. Specifically, the campaigns target consumers aged 18 to 64 years old and includes the following audiences: (1) General public; (2) Men who have sex with men; (3) Blacks/African Americans; (4) Hispanics/Latinos; (5) Transgender individuals; (6) people

who inject drugs; and (7) people with HIV (PWH).

The rounds of data collection include exploratory, message testing, concept testing, and materials testing. Information collected by DHAP will be used to assess consumers’ informational needs about HIV testing, prevention, and treatment and pre-test campaign related messages, concepts, and materials and evaluate the extent to which the communication initiatives are reaching the target audiences and providing them with trusted HIV-related information. Data collections will include in-depth interviews, focus groups, brief surveys, and intercept interviews.

The data gathered under this request will be summarized in reports prepared for CDC by its contractor, such as quarterly and annual reports and topline reports that summarize results from each data collection. It is possible that data from this project will be published in peer-reviewed manuscripts or presented at conferences; the manuscripts and conference presentations may appear on the internet.

The total estimated annualized burden hours are 1,856. Participation by respondents is voluntary, and there is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health care providers.	Study screener	2,165	1	2/60
	Exploratory—HIV Testing In-depth Interview	50	1	1
	Exploratory—HIV Prevention In-depth Interview	52	1	1
	Exploratory—HIV Communication and Awareness In-depth Interview ..	50	1	1
	Exploratory—HIV Prevention with Positives In-depth Interview	50	1	1
	Message Testing In-depth Interview	50	1	1
	Concept Testing In-depth Interview	50	1	1
	Materials Testing In-depth Interview	50	1	1
	Exploratory—HIV Testing Focus Group	74	1	2
	Exploratory—HIV Prevention Focus Group	74	1	2
	Exploratory—HIV Communication and Awareness Focus Group	74	1	2
	Exploratory—HIV Prevention with Positives Focus Group	74	1	2
	Concept Testing Focus Group	68	1	2
	Message Testing Focus Group	68	1	2
	Materials Testing Focus Group	68	1	2
	HIV Testing Survey	213	1	15/60
	HIV Prevention Survey	213	1	15/60
	HIV Communication and Awareness Survey	213	1	15/60
	HIV Prevention with Positives Survey	213	1	15/60
	Intercept Interview	657	1	20/60

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Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-21-0800; Docket No. CDC-2021-
0072]

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 proposed and/or continuing
information collection, as required by
the Paperwork Reduction Act of 1995.
This notice invites comment on a
proposed information collection project
titled Focus Group Testing to Effectively
Plan and Tailor Cancer Prevention and
Control Communication Campaigns.
CDC is requesting a Revision to this
Generic Clearance to include an
additional cancer-related
communications campaign, expand the
modes of data collection to include
online focus groups and in-depth
interviews (in-person, phone, and
online), and to focus on respondents
from the general public.

DATES: CDC must receive written
comments on or before September 24,
2021.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2021-
0072 by any of the following methods:

- *Federal eRulemaking Portal:*
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-D74, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
Regulations.gov.

Please note: Submit all comments
through the Federal eRulemaking portal
(*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-
D74, Atlanta, Georgia 30329; phone:
404-639-7570; Email: *omb@cdc.gov.*

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

Focus Group Testing to Effectively
Plan and Tailor Cancer Prevention and
Control Communications Campaigns—
(OMB Control No. 0920-0800, Exp. 10/
31/2021)—Revision—National Center
for Chronic Disease Prevention and

Health Promotion (NCCDPHP), Centers
for Disease Control and Prevention
(CDC).

Background and Brief Description

The mission of the CDC's Division of
Cancer Prevention and Control (DCPC)
is to reduce the burden of cancer in the
United States through cancer
prevention, reduction of risk, early
detection, and improved quality of life
for cancer survivors. Toward this end,
the DCPC supports the scientific
development and implementation of
various health communication
campaigns with an emphasis on specific
cancer burdens.

This process requires testing of
messages, concepts, and materials prior
to their final development and
dissemination, as described in the
second step of the health
communication process. The health
communication process is a scientific
model developed by the U.S.
Department of Health and Human
Services' National Cancer Institute to
guide sound campaign development.
The communication literature supports
various data collection methods to
conduct credible formative, concept,
message, and materials testing. This
process ensures that the public clearly
understands cancer-specific information
and concepts, are motivated to take the
desired action, and do not react
negatively to the messages. CDC is
currently approved to collect
information needed to plan and tailor
cancer communication campaigns (OMB
Control No. 0920-0800, Exp. 10/31/
2021), and seeks OMB approval to
revise the existing generic clearance to
include another cancer-related
communications campaign, expand the
modes of data collection to include
online focus groups and in-depth
interviews (in-person, phone, and
online), and to focus on respondents
from the general public.

Information collection will involve
discussions to assess numerous
qualitative dimensions of cancer
prevention and control messages
including, but not limited to, cancer
knowledge, attitudes, beliefs, behavioral
intentions, information needs and
sources, and compliance with cancer
screening as recommended by the
United States Preventive Services Task
Force. Insights gained from these
discussions will assist in the
development and/or refinement of
future campaign messages and
materials. Communication campaigns
and messages will vary according to the
type of cancer and the qualitative
dimensions of the message described
above. A separate information collection