This a new two-year ATSDR information collection request (ICR) for a collaborative study between the Centers for Disease Control and Prevention's National Center for Environmental Health (CDC/NCEH) and ATSDR. This follow-up study will recruit participants who; (1) participated in a previous ATSDR-funded study, (2) have existing serum-PFAS measurements, and (3) have given prior consent for additional contact from NCEH/ATSDR. We anticipate that the total number of participants enrolled in the CDC/ATSDR cohorts will be around 3,170 (2,800 adults and 370 children) individuals. This study will attempt to enroll the entire universe of eligible participants; therefore, our target sample size is 3,170. The cohorts have a substantial number of participants with high PFAS exposure, as well as a sufficient range of serum-PFAS concentrations to allow examination of associations between the outcomes and across a wide range of PFAS exposures.

The objectives are the following: (1) To examine the association between serum-PFAS collected through the EAs, PEATT assessments, and Pease Study and the frequency of occurrence of selected syndromes (combinations of self-reported symptoms), which will be used as a proxy for viral infections; and, (2) to examine the association between serum-PFAS collected through the EAs, PEATT assessments, and Pease Study and self-reported positive test results indicating specific viral infections.

During the first three months of the two-year study period, NCEH/ATSDR will invite and consent approximately 3,170 participants (2,800 adults and 370 children) to complete a new series of surveys to determine whether PFAS exposure increases susceptibility to viral infections, including, but not limited to COVID–19. Data will be collected from those who enroll in the study through an initial paper-based survey and a series of four additional surveys over a 12- to 14-month period. Follow-up surveys will be offered in two modes: Web-based and paper-based. It is estimated that 75% of the participants will choose the web-based mode. Participants will also be given symptom diaries to improve recall after the initial and between each of the follow-up surveys.

The total time burden requested is 19,816 hours (or 9,908 hours annually). There are no costs to the respondents 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)
Adults	Initial Questionnaire—Adult (paper)	700	1	30/60
	Follow up Questionnaire—Adult (paper)	175	4	30/60
	Follow up Questionnaire—Adult (REDCap)	525	4	25/60
	Symptom Diary	700	1	4
Children (7–17 years)	Initial Questionnaire—Child (paper)	70	1	30/60
	Follow up Questionnaire—Child (paper)	18	4	30/60
	Follow up Questionnaire—Child (REDCap)	52	4	25/60
	Symptom Diary	70	1	4
Parents of Children (3–6 years).	Initial Questionnaire—Child (paper)	12	1	30/60
	Follow up Questionnaire—Child (paper)	6	4	30/60
	Follow up Questionnaire—Child (REDCap)	18	4	25/60
	Symptom Diary	23	1	4

Jeffrey M. Zirger,

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

[FR Doc. 2022–00101 Filed 1–6–22; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Single-Source Cooperative Agreement To Fund the Kinshasa School of Public Health, Democratic Republic of the Congo (KSPH, DRC)

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately $700,000, with an expected total funding of $3,500,000 over a five-year period, to the Kinshasa School of Public Health, Democratic Republic of the Congo (KSPH DRC). The award will support the investigation of the epidemiological, ecological, and anthropological aspects of monkeypox and assess clinical intervention strategies in the Democratic Republic of Congo (DRC). These activities align with CDC priorities to promote surveillance and global health to prevent the international spread of diseases and to control them at the source.

DATES: The period for this award will be September 30, 2022, through September 29, 2027.

FOR FURTHER INFORMATION CONTACT: Dr. Amy Yang, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS US8–1, Atlanta, GA 30329–4027, Telephone: 404–718–8835, Email: *corp_erpo_8835@cdc.gov.*

SUPPLEMENTARY INFORMATION: This single-source award will support the investigation of the epidemiological, ecological, and anthropological aspects of monkeypox and assess clinical intervention strategies in the DRC. Research activities will focus on improvement and evaluation of lab-based surveillance systems, investigations of animal reservoirs and human behaviors at the human-animal interface, epidemiologic investigations, genome sequencing and phylogenetic analysis, risk mitigation, enhancing health communication strategies, and clinical evaluation of vaccines and therapeutic treatments. The research should provide the DRC Ministry of Health and other key stakeholders with evidence-based strategies to develop

monkeypox and other zoonotic disease interventions.

The Kinshasa School of Public Health, Democratic Republic of the Congo (KSPH, DRC) is in a unique position to conduct this work, as it has a distinct role in the public health system of DRC by being both an institute of the University of Kinshasa and previously serving as the bone fide agent of the Ministry of Health; is the implementing partner for an open label trial of JYNNEOS smallpox vaccine in the healthcare workers of Tshuapa Province (2017–present), a study that will continue under the new cooperative agreement; along with their partners at the University of Kinshasa, has 10 years of experience in conducting rigorous investigations of potential monkeypox reservoir species; and has continually maintained a field office in Tshuapa Province devoted to monkeypox surveillance and research since 2011. This longstanding commitment to working in this area has yielded the most thorough longitudinal dataset on monkeypox incidence globally since smallpox eradication. No other indigenous or foreign institution has been able to sustain a continual field site for this length of time in a monkeypox-endemic area of DRC.

Summary of the Award

Recipient: The Kinshasa School of Public Health, Democratic Republic of the Congo (KSPH, DRC).

Purpose of the Award: The purpose of this award is to investigate the epidemiological, ecological, and anthropological aspects of monkeypox and assess clinical intervention strategies in the Democratic Republic of Congo (DRC). This research may extend to other zoonotic and vaccine-preventable diseases that are of importance in the DRC and elsewhere.

Amount of Award: $700,000 in Federal Fiscal Year (FYY) 2022 funds, and an estimated $700,000 for each subsequent 12-month budget period over five years, subject to availability of funds.

Authority: This program is authorized under Public Health Service Act, Sections 301(a) [42 U.S.C. 241(a)] and 307 [42 U.S.C. 242*l*].

Period of Performance: September 30, 2022, through September 29, 2027.

Dated: January 4, 2022.

Terrance Perry,

Chief Grants Management Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022–00078 Filed 1–6–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–22–0213; Docket No. CDC–2022–0004]

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 National Vital Statistics Report (NVSR) Form. The NVSR Forms collects annual statistics on marriage and divorce and is used to permit uninterrupted tracking of family dynamics.

DATES: Written comments must be received on or before March 8, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0004 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 H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov,* including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov.*

Please note: All public comment should be submitted 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 H21–8, 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 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

National Vital Statistics Report (NVSR) Forms (OMB Control No. 0920–0213, Exp. 10/31/2023)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The compilation of national vital statistics dates back to the beginning of the 20th century and has been conducted since 1960 by the Division of Vital Statistics of the National Center for Health Statistics (NCHS), CDC. The collection of data is authorized by 42 U.S.C. 242k. This submission requests to continue use of the Annual Vital