CONTESTING RECORD PROCEDURES:

See § 4.13 of the FTC's Rules of Practice, 16 CFR 4.13. For additional guidance, see also Appendix II (How to Make A Privacy Act Request), available on the FTC's website at *https://www.ftc.gov/about-ftc/foia/foia-reading-rooms/privacy-act-systems* at 73 FR 33592, 33634 (June 12, 2008).

NOTIFICATION PROCEDURES:

See § 4.13 of the FTC's Rules of Practice, 16 CFR 4.13. For additional guidance, see also Appendix II (How to Make A Privacy Act Request), available on the FTC's website at *https://www.ftc.gov/about-ftc/foia/foia-reading-rooms/privacy-act-systems* at 73 FR 33592, 33634 (June 12, 2008).

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

Records contained in this system that have been placed on the FTC public record are available upon request or, where applicable, made available online. See FTC–I–6 (Public Records—FTC). However, pursuant to 5 U.S.C. 552a(k)(2), records in this system, which reflect records that are contained in other systems of records that are designated as exempt, are exempt from the requirements of subsections (c)(3), (d), (e)(1), (e)(4)(G), (H), (I), and (f) of 5 U.S.C. 552a. See § 4.13(m) of the FTC Rules of Practice, 16 CFR 4.13(m).

HISTORY:

73 FR 33591–33634 (June 12, 2008).

* * * * *

Josephine Liu,

Assistant General Counsel for Legal Counsel.

[FR Doc. 2022–00075 Filed 1–6–22; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day–22–22BJ]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Agency for Toxic Substances and Disease Registry (ATSDR) has submitted the information collection request titled Evaluating the Association between Serum Concentrations of Per- and Polyfluoroalkyl substances (PFAS) and Symptoms and Diagnoses of Selected Acute Viral Illnesses to the Office of Management and Budget (OMB) for review and approval. ATSDR previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on April 5, 2021 to obtain comments from the public and affected agencies. ATSDR did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

ATSDR 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

Evaluating the Association between Serum Concentrations of Per- and Polyfluoroalkyl Substances (PFAS) and Symptoms and Diagnoses of Selected Acute Viral Illnesses—New—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

Per- and poly-fluoroalkyl substances (PFAS) are a large, diverse group of thousands of chemicals that have been used extensively in a wide range of industrial and consumer applications. Epidemiological studies have evaluated the associations between PFAS exposure and health effects in humans. Evidence from these studies in occupationally exposed populations, residential populations exposed to higher levels of PFAS in drinking water, and studies in the general population suggest associations between PFAS and several health outcomes.

Exposure to PFAS is nearly ubiquitous in the United States. Epidemiological studies suggest that PFAS exposure may impact the immune system and susceptibility to viral infections. However, there is little consistency in the results of studies on PFAS exposure and infectious disease. The coronavirus disease 2019 (COVID–19) pandemic presents a unique concern and opportunity to explore this association. If PFAS affect the immune system, it is possible that they could affect susceptibility to infection with severe acute respiratory syndrome coronavirus 2 (SARS–CoV–2), the virus that causes COVID–19, or could affect severity of COVID–19 symptoms.

In 2019 and 2020, the Agency for Toxic Substances and Disease Registry (ATSDR) conducted statistically based biomonitoring PFAS exposure assessments (EAs) in eight communities that had documented exposures to PFAS in drinking water. ATSDR also supported two EAs that were designed to test the PFAS Exposure Assessment Technical Tools (PEATT). PFAS concentrations were measured in serum collected from EA and PEATT assessment participants, and a questionnaire was administered to gather information to characterize each individual's exposure. These communities were investigated under ''Per- or Polyfluoroalkyl Substances Exposure Assessments [PFAS EAs]'' (OMB Control No. 0923–0059, expiration date 06/30/2022). During the same period, ATSDR initiated a health study at the Pease International Tradeport that included measurement of PFAS serum levels and collection of information about individual exposures in participants under ''Human Health Effects of Drinking Water Exposures to Per- and Polyfluoroalkyl Substances (PFAS) at Pease International Tradeport, Portsmouth, NH (The Pease Study)'' (OMB Control No. 0923–0061, expiration date 08/31/2022).

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,

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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