

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form No. & name	Number of respondents	Number of responses per respondent (in hours)	Average burden per response (in hours)
	57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction.	500	1	20/60
	57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction.	500	2	20/60
	57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction.	500	4	20/60
	57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction.	500	1	20/60
	57.313 Hemovigilance Adverse Reaction—Infection .....	500	1	20/60
	57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura ..	500	1	20/60
	57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea.	500	1	20/60
	57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease.	500	1	20/60
	57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury.	500	1	20/60
	57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload.	500	2	20/60
	57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction.	500	1	20/60
	57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction	500	1	20/60
	57.400 Outpatient Procedure Component—Annual Facility Survey .....	700	1	10/60
	57.401 Outpatient Procedure Component—Monthly Reporting Plan .....	700	12	15/60
	57.402 Outpatient Procedure Component Same Day Outcome Measures.	200	1	40/60
	57.403 Outpatient Procedure Component—Monthly Denominators for Same Day Outcome Measures.	200	400	40/60
	57.404 Outpatient Procedure Component—SSI Denominator .....	700	100	40/60
	57.405 Outpatient Procedure Component—Surgical Site (SSI) Event ..	700	5	40/60
	57.500 Outpatient Dialysis Center Practices Survey .....	7,200	1	12/60
	57.501 Dialysis Monthly Reporting Plan .....	7,200	12	5/60
	57.502 Dialysis Event .....	7,200	30	25/60
	57.503 Denominator for Outpatient Dialysis .....	7,200	30	10/60
	57.504 Prevention Process Measures Monthly Monitoring for Dialysis	1,730	12	75/60
	57.505 Dialysis Patient Influenza Vaccination .....	615	50	10/60
	57.506 Dialysis Patient Influenza Vaccination Denominator .....	615	5	10/60
	57.507 Home Dialysis Center Practices Survey .....	430	1	30/60
	Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities.	125	52	60/60
	Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Long-Term Care Facilities.	1,200	52	60/60
	Weekly Resident Influenza Vaccination Cumulative Summary for Long-Term Care Facilities.	2,500	52	60/60
	Annual Healthcare Personnel Influenza Vaccination Summary .....	5,000	1	120/60
	Monthly Survey Patient Days & Nurse Staffing .....	2,500	12	60/60

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[FR Doc. 2022–28004 Filed 12–22–22; 8:45 am]

BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30-Day–23–1318]

**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 “Requirement for Proof of COVID–19 Vaccination for Noncitizen, Nonimmigrant Air Passengers Arriving into the United States from a Foreign Country” 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 July 5, 2022 to obtain comments from the public and affected agencies. CDC received 5,935 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](http://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**

Requirement for Proof of COVID-19 Vaccination for Noncitizen, Nonimmigrant Air Passengers Arriving into the United States from a Foreign

Country (OMB Control No. 0920-1318, Exp. 12/31/2022)—Extension—National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ) requests a two-year Extension for the information collection: Requirement for Proof of COVID-19 Vaccination for Noncitizen, Nonimmigrant Air Passengers Arriving into the United States from a Foreign Country. This information collection is necessary to implement the Presidential Proclamation Advancing Safe Resumption of Global Travel During the COVID-19 Pandemic and CDC’s Amended Order Implementing Presidential Proclamation on Advancing Safe Resumption of Global Travel During the COVID-19 Pandemic.

Pursuant to Sections 1182(f) and 1185(a)(1) of Title 8, and Section 301 of Title 3, United States Code, on October 25, 2021, the President issued a Proclamation (“the Proclamation”) titled, “Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic.” With this Proclamation, the President implemented a global suspension and limitation on entry for noncitizens who are nonimmigrants (“noncitizen nonimmigrants”) seeking to enter the United States by air travel and who are not fully vaccinated against COVID-19. The Proclamation directs, in part, the Secretary of Health and Human Services (HHS), through the Director of the Centers for Disease Control and Prevention (CDC), to implement the Proclamation as it applies to public health in accordance with appropriate

public health protocols and consistent with CDC’s independent public health judgment.

CDC issued the Order Implementing the Presidential Proclamation on Advancing Safe Resumption of Global Travel During the COVID-19 Pandemic on October 25, 2021. Beginning on November 8, 2021, CDC’s Order required noncitizen nonimmigrants to show proof of being fully vaccinated against COVID-19 with: (1) one of the vaccines approved (or authorized for emergency use) by the U.S. Food and Drug Administration (FDA); (2) a vaccine listed for emergency use by the World Health Organization (WHO); or (3) a combination of vaccines as specified in CDC Technical Instructions.

Air passengers who are noncitizen nonimmigrants must provide proof of COVID-19 vaccination and attest to the truthfulness of the proof of vaccination. Airlines must also confirm that the proof of vaccination matches the passengers’ identity, as instructed by the airline before being allowed to board a flight to the United States. The Order allows some exceptions to this requirement. Most categories of exceptions require the individual to attest to taking certain measures after U.S. arrival, specifically, getting tested 3-5 days after arrival and isolating if they test positive or develop symptoms. An additional category of exceptions requires the individual to attest to getting fully vaccinated against COVID-19 if staying more than 60 days.

CDC issued an amended Order on October 30, 2021, and on April 4, 2022. The Amended Vaccination Order signed on April 4, 2022 superseded the previous Order signed by the CDC Director on October 30, 2021, and continues to implement the President’s direction. CDC requests OMB approval for an estimated 68,005,000 annual burden hours.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Noncitizen Nonimmigrant Air Passenger .....	Section 2 of Combined Passenger Disclosure and Attestation to the United States of America.	60,000,000	1	1
Airline Desk Agent .....	Combined Passenger Disclosure and Attestation to the United States of America.	60,000,000	1	8/60
Noncitizen Nonimmigrant Air Passenger .....	Request Humanitarian or Emergency Exception to Proof of Vaccination Requirement—(No form).	1,290	1	2
Air Traveler (for illness or death investigation)	Air Travel Illness or Death Investigation or Traveler Follow-up Form.	10,000	1	15/60

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[FR Doc. 2022-28005 Filed 12-22-22; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Board of Scientific Counselors, Center for Preparedness and Response

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting for the Board of Scientific Counselors, Center for Preparedness and Response (BSC, CPR). This is a virtual meeting that is open to the public. The number of attendees is limited only by the number of internet conference accesses available, which is 500. Pre-registration is required by accessing the link in the addresses section below. Time will be available for public comment.

**DATES:** The meeting will be held on January 23, 2023, from 1 p.m. to 3 p.m., EST.

**ADDRESSES:** Zoom virtual meeting. If you wish to attend the virtual meeting, please pre-register by accessing the link at: [https://cdc.zoomgov.com/webinar/register/WN\\_KQGdJ4e4TYWCBzed1omJg](https://cdc.zoomgov.com/webinar/register/WN_KQGdJ4e4TYWCBzed1omJg). Instructions to access the meeting will be provided in the link following registration.

**FOR FURTHER INFORMATION CONTACT:** Dometa Ouisley, Management Analyst, Office of Science and Public Health Practice, Center for Preparedness and Response, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21-6, Atlanta, Georgia 30329-4027; Telephone: (404) 639-7450; Facsimile: (678) 669-1667; Email: [DOuisley@cdc.gov](mailto:DOuisley@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

**Purpose:** The Board of Scientific Counselors, Center for Preparedness and Response (BSC, CPR) is charged with providing advice and guidance to the Secretary, Department of Health and Human Services; the Assistant Secretary for Health; the Director, Centers for

Disease Control and Prevention; and the Director, Center for Preparedness and Response, concerning strategies and goals for the programs and research within the agency and CPR, monitoring the overall strategic direction and focus of the CPR Divisions and Offices, and administration and oversight of peer review for CPR scientific programs. For additional information about the Board, please visit: <https://www.cdc.gov/cpr/bsc/index.htm>.

**Matters to be Considered:** The agenda will include: (1) an update on the CDC Moving Forward initiative; and (2) a BSC, CPR health equity discussion. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit,  
Office of the Chief Operating Officer, Centers  
for Disease Control and Prevention.

[FR Doc. 2022-28001 Filed 12-22-22; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Placement and Transfer of Unaccompanied Children Into Office of Refugee Resettlement Care Provider Facilities (OMB #: 0970-0554)

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is inviting public comments on revisions to an approved information collection. The request will allow the Unaccompanied Children (UC) Program to ensure that UC are placed in foster homes that meet their individual needs and ensure continuity of services.

**DATES:** Comments due within 60 days of publication. In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

**Description:** ORR is proposing the following revisions to its Long-Term Foster Care Placement Memo (Form P-5):

- Change the title to “Community-Based Care Placement Memo” and update the term “long-term foster care” to “community-based care” throughout the memo. This term is more in line with terminology currently used in domestic child welfare programs and will be inclusive of ORR long-term foster care and transitional foster care programs.
- Increase the number of respondents and number of responses per respondent to include transitional foster care programs (in addition to long-term foster care programs).
- Update instructions on which fields are completed for initial placements and which are completed for transfers within the community-based care program.
- Reword some fields and instructions for clarity.
- Add field to capture the facility name for children placed in an out-of-network community-based care program.
- Separate fields that capture contact information for the foster family or group home into separate subsections and expand the fields to capture additional contact information (e.g., phone or email) in addition to name and address.

For information about all currently approved forms under this OMB number, see: [https://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=202210-0970-008](https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202210-0970-008).

**Respondents:** ORR grantee and contractor staff, UC, and other federal agencies.

#### Annual Burden Estimates

**Note:** These burden estimates include burden related to the revisions to Form P-5 described above and currently approved forms for which we are not proposing any changes.