NWSS that represents an estimated 141 million individuals, or 41% of the US population. Wastewater data collection will be coordinated by STLT health departments through close collaboration with wastewater utilities. CDC will coordinate national-level testing contracts that cover up to 500 wastewater testing sites. Once collected, wastewater data will be submitted to the Data Collation and Integration for Public Health Event Response (DCIPHER) platform for participants to view and analyze in near real-time.

There are three data components comprising this collection request. For data collection Component 1, wastewater utilities or partners will collect metadata and samples from wastewater influent lines or at other points in the collection stream at regular intervals twice a week, or at irregular intervals as needed. The wastewater samples will be shipped, along with their associated sampling metadata, to STLT health departments where pathogen- or target-specific RNA or DNA will be quantified for up to 40 targets (*e.g.,* SARS–CoV–2, mpox, influenza, antibiotic resistance, etc.). Data collection for specific infectious diseases or targets will be based on public health need and input from the NWSS Advisory Council comprised of subject matter experts from across CDC. For some wastewater samples, target sequencing will be conducted to help public health officials monitor infectious disease variant trends (*e.g.,* SARS–CoV–2). STLT health departments will compile, review, and submit testing data to CDC through the NWSS DCIPHER platform, or national contract laboratories will submit data directly to the CDC. Four forms are to be submitted for this data component, with four documents used as reference.

For data collection Component 2, STLT health departments will work with participating utilities to obtain geographic boundary data of the wastewater utility service areas, also called a sewershed. These sewershed boundary data files (also referred to as spatial files) will be uploaded by jurisdiction health departments into the NWSS DCIPHER platform. No forms are to be submitted for this data component, only spatial files, with one document used as reference.

For data collection Component 3, STLT health departments may choose to develop a line list of reported cases of specific infections (*e.g.,* COVID–19, mpox, influenza, antibiotic resistant infections, etc.) associated with the participating wastewater utility service areas, for which wastewater testing data is also being collected. The STLT health department will submit to CDC the line list of deidentified cases into the NWSS DCIPHER platform. Two forms are to be submitted for this data component, with two documents used as reference.

Based on previous pilot data collection and additional estimates from 2022–2023 US case numbers in the CDC National Notifiable Disease Surveillance System, we estimate that 166,400 wastewater samples and 3,664,607 sewershed-level case data file identifiers will be collected and reported to NWSS each year, while 1,100 sewershed spatial files will only need to be submitted once during the three-year period. In total, the estimated annual burden for all data collection components for this request is 695,941 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State, tribal, local, territorial health department staff.	*Component 1 Forms:* Component-1 BioSample_ww_template_v1.9_NWSS; Component-1 SRA_ww_template_v5.7_NWSS; Component-1 NWSS_DCIPHER_Wastewater_Data_CSV_Upload_Template_v3_1_All Fields.	55	2,080	1
Wastewater Utilities Staff	*Component 1 Forms:* Component-1 NWSS_DCIPHER_Wastewater_Data_CSV_Upload_Template_v3_1_All Fields.	1,100	104	80/60
Contract laboratory	*Component 1 Forms:* Component-1 BioSample_ww_template_v1.9_NWSS; Component-1 SRA_ww_template_v5.7_NWSS; Component-1 NWSS_DCIPHER_Wastewater_Data_CSV_Upload_Template_v3_1_All Fields; Component-1 NWSS_Sequencing_Manifest_Template.	1	52,000	140/60
State, tribal, local, territorial health department staff.	*Component 2 Forms:* Sewershed spatial files, no form required	55	20	5/60
Wastewater utility staff	*Component 2 Forms:* Sewershed spatial files, no form required	1,100	1	2
State, tribal, local, territorial health department staff.	*Component 3 Forms:* Component-3 NWSS_DCIPHER_CaseData_CSVUpload_Template; Component-3 NWSS_DCIPHER_Sewershed_Name_Crosswalk_CSV_Upload_Template.	55	66,629	5/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–1373]

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 ''Fire Fighter Fatality Investigation and Prevention Program Survey'' 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 August 23, 2023, 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

Fire Fighter Fatality Investigation and Prevention Program Survey (OMB Control No. 0920–1373, Exp. 10/31/2023)—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Fire Fighter Fatality Investigation and Prevention Program (FFFIPP) conducts independent investigations of fire fighter (FF) line-of-duty deaths (LODD) and recommends ways to prevent deaths and injuries. In 2003, an evaluation was conducted to determine the extent to which recommendations from NIOSH investigations of FF fatalities are being implemented by fire departments. Since then, there have been changes to the Program recommendations and methods of disseminating FFFIPP reports. For example, there have been changes to: (1) the details and types of recommendations for preventing FF fatalities; and (2) the method to disseminate the FFFIPP reports to FDs (driven in large part by cost). Dissemination methods have evolved from hardcopy mailings to FDs, to internet-based, with notifications of new FFFIPP reports by the fire service media and if FDs sign-up at the NIOSH website for notifications of new reports.

Understanding how, or if NIOSH recommendations are used by various types of FDs will allow a better understanding of barriers to the use of proven prevention recommendations and help identify approaches to improve the delivery of services to FDs. Additionally, we will gain insight into whether changes to the communication and dissemination have impacted the reach of these recommendations. Knowing if different types of FDs are aware of and willing to access FFFIPP reports and recommendations in non-print formats is critical, as these recommendations cannot have the intended impact of saving fire fighter lives if large numbers of FDs do not know where to find NIOSH reports or have the resources to access them.

The purpose of this data collection is to assess FD implementation of the NIOSH FFFIPP recommendations and identify barriers to implementation of recommendations. Results will provide an understanding of current FD operational procedures, insight into MV-related activities and related policies, and identify whether FFFIPP recommendations are being utilized by FDs. Findings will inform strategies for communication of future recommendations and identify areas for potential intervention projects in order to improve the delivery of services and help ensure an effective and efficient stakeholder experience.

The estimate for burden hours is based on a pilot test of the survey instrument by eight FD personnel. In the pilot test, the average time to complete the survey, including time for reviewing instructions, gathering needed information, and completing the survey was 10–25 minutes. Based on these results, the estimated time range for actual respondents to complete the survey is 10–25 minutes. For the purposes of estimating burden hours, the upper limit of this range is used. There are screening questions at the beginning of the survey so all respondents may not actually participate.

The respondent universe is based on: (1) 4500 fire departments; (2) eight strata (region, department type): and (3) position (firefighter, chief, company officer). An estimated 13,500 respondents are anticipated to participate in the survey. The annual respondent burden is estimated to be 4,050 hours, and there is no cost to respondents other than their time to participate.

Estimated Annualized Burden Hours

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Fire fighters	Survey	4,500	1	18/60
Fire Chiefs	Survey	4,500	1	18/60
Company Officers	Survey	4,500	1	18/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–24AH; Docket No. CDC–2023–0087]

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 to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled IRB Authorization Agreement for Human Research. The purpose of the data collection is to keep track of, and provide regulatory oversight for, those institutions that have elected to rely on the CDC IRB's review of research studies.

DATES: CDC must receive written comments on or before December 29, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0087 by either of the following methods:

- *Federal eRulemaking Portal: www.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. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.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; Telephone: 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

IRB Authorization Agreement for Human Research—New—Office of Science (OS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC Human Research Protection Office (HRPO) often receives requests from outside institutions seeking to rely on the CDC Institutional Review Board (IRB) for review of a research study. This arrangement also allows multiple institutions to use, or rely on, the CDC IRB for centralized review and approval of research studies instead of review by the site-specific IRBs, which helps reduce duplication of effort, delays, and expenses.

To meet regulatory requirements, institutions that elect to rely on the CDC IRB's review of research studies are required to complete a CDC IRB Authorization Agreement for Human Research and a Local Context Survey. The agreement and the survey will be used to provide regulatory oversight for human subjects research, maintain records and track those institutions that have elected to rely on the CDC IRB for review.

CDC requests OMB approval for an estimated 450 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Hospital/Academic Institutions/IRB Administrators.	CDC IRB Authorization Agreement for Human Research (for review, completion and submission to CDC).	150	1	1	150
Hospital/Academic Institutions/IRB Administrators.	Local context survey (for completion and submission to CDC.	150	1	2	300
Total					450