to and utilization of HIV-related medical care and services, the quality of HIV-related ambulatory care, and HIV-related behaviors and clinical outcomes.

For the proposed project, the same data collection methods will be used as for the currently approved project. Data would be collected from a probability sample of HIV-diagnosed adults in the U.S. who consent to an interview and abstraction of their medical records. As for the currently approved project, de-identified information would also be extracted from HIV case surveillance records for a dataset (referred to as the minimum dataset), which is used to assess non-response bias, for quality control, to improve the ability of MMP to monitor ongoing care and treatment of HIV-infected persons, and to make inferences from the MMP sample to HIV-diagnosed persons nationally. No other Federal agency collects such nationally representative population-based information from HIV-diagnosed adults. The data are expected to have significant implications for policy, program development, and resource allocation at the State/local and national levels.

The changes proposed in this Revision request update the data collection system to meet prevailing information needs and enhance the value of MMP data, while remaining within the scope of the currently approved project purpose. The burden is the same as in the currently approved project. Changes were made that did not affect the burden are listed below:

- Revisions to the Interview Questionnaire were made to improve coherence, boost the efficiency of the data collection, and increase the relevance and value of the information. These changes did not affect the average burden per response.
- Revisions to the Medical Record Abstraction Data Elements were made to streamline the information collected and add important questions, such as those related to mpox vaccination. Because the medical records are abstracted by MMP staff, these changes do not affect the burden of the project.
- The Interview and Medical Record data collection system were integrated to improve project efficiency and enhance data quality.

This proposed data collection would supplement the National HIV Surveillance System (NHSS, OMB Control No. 0920–0573, Exp. 02/28/2026) in 23 selected State and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV infection and AIDS. Through their participation, respondents will help to improve programs to prevent HIV infection as well as services for those who already have HIV. Participation of respondents is voluntary. Total estimated annual burden requested is 5,707 hours. There is no cost 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 hours per response
State and Local Health Departments	Interview Questionnaire	7,760	1	40/60
	Look up contact information	1,940	1	2/60
	Approach persons for enrollment	970	1	5/60
	Pull medical records	7,760	1	3/60

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–24–1186]

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 ''Information Collection for Tuberculosis Data from Referring Entities to CureTB'' 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 December 15, 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

Information Collection for Tuberculosis Data from Referring

Entities to CureTB (OMB Control No. 0920–1186, Exp. 02/29/2024)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CureTB program works to prevent the spread of tuberculosis (TB) among people who cross international borders. To reduce disease transmission and the emergence of drug-resistant TB, CureTB connects people with TB to healthcare services as they move between the United States and other countries. The program is a collaboration between CDC's Division of Global Migration Health (DGMH) and the County of San Diego's Tuberculosis Control Program. CureTB collaborates with health authorities throughout the United States and around the world to link people with TB to care at their destinations. Health departments, healthcare providers, and others seeking help in linking patients to ongoing TB care in other countries can refer patients to CureTB.

Information will be collected from the referring entities, which are State and local health departments and Federal immigration and detention agencies. Whenever the referring entities provide clinical services to an individual with TB who has imminent plans to relocate, and an individual needs continuity of care in their new location, CDC CureTB is contacted to assist with coordinating that care. TB patients may also be a respondent if critical clinical or contact data is missing and requires follow-up by CureTB to complete a patient's referral information set. The request for CDC CureTB services comes from the referring entities and they supply the information at the time the patient is likely to leave their jurisdiction. The referring entities update information only if relevant information to the patient's care becomes available to them after their first communication with CDC CureTB. Therefore, information is already largely collected by CDC CureTB only at one point in time, with subsequent information only collected if departure is delayed or when initially pending information becomes available and this is beyond the control of CDC.

Post relocation of the TB patient, data is also collected from the receiving physicians to determine patient outcomes. CDC CureTB contacts the physician an average of every two months during the standard six-month TB treatment process. The data provides valuable information on globally mobile populations and allows CDC to assist in continuity of TB care and monitor the effectiveness of the program.

The continuous expansion and use of the CureTB Program requires certain processes be evaluated. The Supplemental CureTB Program Partner Satisfaction Assessment Questionnaire will guide CureTB in making appropriate program improvements to best serve referring partners. The Questionnaires will not be used to collect demographic or clinical information, rather, they will ask the referring partners about their experience separately from the other forms already used for demographic and clinical information for each patient.

As part of this revision request, CureTB is updating the number of respondents and total burden hours. There are no changes to the data collection instruments. CDC requests OMB approval for an estimated 1,139 annual burden hours. There are no costs 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)
U.S. Health Departments	CureTB Transnational Notification	100	3	30/60
TB patients referred by U.S. health departments.	CureTB Transnational Notification	200	1	5/60
TB patients referred by ICE	CureTB Transnational Notification	600	1	45/60
TB treating physicians in new country	CureTB Telephone Script Clinician/foreign health authority Referral Follow-up.	900	3	10/60
U.S. Health Departments	CureTB Contact/Source Investigation (CI/SI) Notification.	20	5	30/60
U.S. Health Department (Local & State)	CureTB Partner Feedback (Satisfaction Assessment)—Questionnaire 1.	100	1	10/60
U.S. Health Department	CureTB Partner Feedback (Satisfaction Assessment)—Questionnaire 2.	50	1	6/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–0138]

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 ''Pulmonary Function Testing Course Approval Program'' 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 October 30, 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: