of the Public Health Service Act, a Certificate of Confidentiality (CoC) applies to this research. The total estimated burden hours are 109 for the field study and 77 for the environmental chamber study. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (hours)
Field study				
Miners	Informed consent form (field)	59	1	30/60
Miners	Initial health screening questionnaire (field)	59	1	30/60
Miners	Pre-shift field questionnaire	59	2	5/60
Miners	Mid-shift field questionnaire	59	4	1/60
Miners	PVT cognitive test	59	5	5/60
Miners	Post-shift field questionnaire	59	2	5/60
Chamber study				
Miners/firefighters/construction workers	Informed consent form (chamber)	30	1	30/60
Miners/firefighters/construction workers	Physical examination form	30	1	10/60
Miners/firefighters/construction workers	Initial health screening questionnaire (chamber)	30	1	30/60
Miners/firefighters/construction workers	Release of information form	5	1	1/60
Miners/firefighters/construction workers	TSS and RPE	30	5	1/60
Miners/firefighters/construction workers	PANAS and KSS	30	5	2/60
Miners/firefighters/construction workers	Cognitive test: PVT	30	5	10/60
Miners/firefighters/construction workers	Cognitive test: N-back	30	5	1/60
Miners/firefighters/construction workers	Pre-testing health questionnaire	30	2	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.

[FR Doc. 2024–03883 Filed 2–26–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–0978; Docket No. CDC–2024–0013]

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 Emerging Infections Program (EIP). EIP is a population-based surveillance activity conducted via active, laboratory case finding that is used for detecting, identifying, and monitoring emerging pathogens.

DATES: CDC must receive written comments on or before April 29, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0013 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

Emerging Infections Program (EIP) (OMB Control No. 0920–0978, Exp. 2/28/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

A Revision is being submitted to make existing collection instruments clearer, consolidate forms and to add new forms. These forms will allow the EIP to better detect, identify, track changes in laboratory testing methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

CDC requests OMB approval for an estimated 42,440 annual burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form number	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Current total burden (in hours)
State Health Department	ABC.100.1	ABCs Case Report Form	10	809	20/60	2697
	ABC.100.2	ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form.	10	127	10/60	212
	ABC.100.3	ABCs *H. influenzae* Neonatal Sepsis Expanded Surveillance Form.	10	6	10/60	10
	ABC.100.4	ABCs Severe GAS Infection Supplemental Form.	10	136	20/60	453
	ABC.100.5	ABCs Neonatal Infection Expanded Tracking Form.	10	37	20/60	123
	FN.200.1	FoodNet Campylobacter	10	970	21/60	3395
	FN.200.2	FoodNet Cyclospora	10	42	10/60	70
	FN.200.3	FoodNet Listeria monocytogenes	10	16	20/60	53
	FN.200.4	FoodNet Salmonella	10	855	21/60	2993
	FN.200.5	FoodNet Shiga toxin producing E. coli	10	290	20/60	967
	FN.200.6	FoodNet Shigella	10	234	10/60	390
	FN.200.7	FoodNet Vibrio	10	46	10/60	77
	FN.200.8	FoodNet Yersinia	10	55	10/60	92
	FN.200.9	FoodNet Hemolytic Uremic Syndrome	10	10	1	100
	FN.200.10	FoodNet Clinical Laboratory Practices and Testing Volume.	10	70	10/60	117
	FSN.300.1	FluSurv-Net Influenza Hospitalization Surveillance Network Case Report Form.	15	727	25/60	4544
	FSN.300.2	FluSurv-Net Influenza Hospitalization Surveillance Project Vaccination Phone Script and Consent Form (English/Spanish).	14	16	10/60	37
	FSN.300.3	FluSurv-Net Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	14	126	5/60	147
	FSN.300.4	FluSurv-NET Laboratory Survey	15	16	10/60	40
	HAIC.400.1	HAIC—Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form.	11	1581	29/60	8406
	HAIC.400.2	HAIC MuGSI CA CP–CRE Health interview.	10	10	30/60	50
	HAIC.400.3	HAIC MuGSI Supplemental Surveillance Officer Survey.	11	1	20/60	4
	HAIC.400.4	HAIC—Invasive *Staphylococcus aureus* Infection Case Report Form.	10	788	29/60	3809
	HAIC.400.5	HAIC—Invasive *Staphylococcus aureus* Laboratory Survey.	10	11	9/60	17
	HAIC.400.6	HAIC—Invasive *Staphylococcus aureus* Supplemental Surveillance Officers Survey.	10	1	10.5/60	2

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form number	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Current total burden (in hours)
	HAIC.400.7	HAIC—CDI Case Report and Treatment Form.	10	1650	38/60	10450
	HAIC.400.8	HAIC—Annual Survey of Laboratory Testing Practices for *C. difficile* Infections.	10	16	17/60	45
	HAIC.400.9	HAIC—CDI Annual Surveillance Officers Survey.	10	1	15/60	3
	HAIC.400.10	HAIC—Emerging Infections Program *C. difficile Surveillance Nursing Home Telephone Survey (LTCF).*	10	45	5/60	38
	HAIC.400.11	HAIC Candidemia Case Report Form	10	170	40/60	1133
	HAIC.400.12	HAIC—Laboratory Testing Practices for Candidemia Questionnaire.	10	20	14/60	47
	HAIC.400.13	HAIC Death Ascertainment Project	10	8	1440/60	1,920
Total	.....	.....	.....	.....	.....	42,440

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–24–24DD; Docket No. CDC–2024–0012]

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 information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Project Confianza to Identify Medical Mistrust Drivers among Hispanic/Latino Gay, Bisexual, and Other Men Who Have Sex With Men (HLMSM). The data collection is designed to identify the root causes of medical mistrust and opportunities to implement interventions that can make HIV-related services trusted and acceptable for HLMSM to increase access to, and utilization of, HIV prevention and care services, as well as contribute toward achieving Ending the HIV Epidemic in the U.S. (EHE) goals and National HIV Strategic Plan health disparities goals.

DATES: CDC must receive written comments on or before April 29, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0012 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: 404–639–7118; 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

Project Confianza to Identify Medical Mistrust Drivers among Hispanic/Latino Gay, Bisexual, and Other Men Who Have Sex With Men (HLMSM)—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).