ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form No.	Form	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours
Total	.....	.....	.....	.....	1,567,929

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–25–0004; Docket No. CDC–2025–0007]

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 Traveler Risk Assessment and Management Activities during Disease Outbreaks. The purpose of this Generic information collection request (ICR) is to aid in CDC's responsibility to ensure the successful implementation of traveler management in an efficient and timely manner during disease outbreaks.

DATES: CDC must receive written comments on or before August 15, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0007 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

Traveler Risk Assessment and Management Activities during Disease Outbreaks—New—National Center for Emerging and Zoonotic Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC intends use this Generic information collection request (ICR) in the event of a disease outbreak overseas that would necessitate the public health assessment and/or monitoring of travelers arriving in the U.S. Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into and within the United States. Under its delegated authority, DGMH works to fulfill this responsibility through a variety of activities (including the operation of port health stations) at U.S. ports of entry and administration of foreign quarantine regulations; 42 Code of Federal Regulation part 71, specifically 42 CFR 71.20 Public health prevention measures to detect communicable disease.

Additionally, on February 21, 2020, CDC issued an interim final rule (IFR) to amend its Foreign Quarantine regulations, to enable CDC to require airlines to collect, and provide to CDC, certain data regarding passengers and crew arriving from foreign countries for the purposes of health education, treatment, prophylaxis, or other appropriate public health interventions, including travel restrictions. CDC's authority for collecting such data is contained in 42 CFR 71.4.

Under this IFR, airlines must transmit these data to CDC within 24 hours of an order. The order *Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated*

Information requiring the collection of this information was issued on October 25, 2021 and went into effect on November 8, 2021. Under this Order, airlines may transmit the required information using existing data-sharing infrastructure in place between the airlines and the U.S. Department of Homeland Security (DHS) or they must retain the information for 30 days and transmit it to CDC within 24 hours upon request. This information collection for contact information is already approved under OMB Control 0920–1354.

During a disease outbreak, CDC relies on its federal partners in the DHS to assist in the risk assessment and entry screening process because of their presence at the ports of entry. As needed, DHS will refer travelers into the public health entry screening and risk assessment process. The public health entry screening typically consists of an initial health and exposure questionnaire to determine if a more in-depth public health risk assessment of a traveler is necessary. CDC develops the tools and training to facilitate this public health entry screening and works to ensure that any individual who is identified by DHS as being from the outbreak area is screened and further evaluated if compatible symptoms or potential exposures are identified. For those who are symptomatic or potentially exposed, additional public health measures may involve transport to a healthcare facility for medical evaluation if a traveler is identified as being ill; quarantine for those with high-risk exposures but with no evidence of illness or infection; and/or communication with CDC or health departments to facilitate timely detection and management if potentially exposed travelers develop symptoms after arrival.

This information collection concerns CDC's statutory and regulatory authority related to conducting public health screening of travelers upon arrival to the United States and assessing individual travelers for public health risk following a report of illness from a conveyance or other notification at a U.S. port of entry. As part of this responsibility, DGMH has implemented traveler management activities that collect contact information and share the information with state and local governments so that the travelers can be monitored for signs or symptoms of disease, and isolated and medically examined if needed. CDC anticipates the future need for these activities to prevent the transmission or spread of communicable diseases into the United States.

Disease outbreaks do not occur at regular intervals, which makes it difficult to estimate how often information collection will be necessary. The purpose of this Generic ICR is to aid in CDC's responsibility to ensure the successful implementation of traveler management in an efficient and timely manner. DGMH intends use this Generic ICR in the event of a disease outbreak that would necessitate the public health assessment and/or monitoring of travelers arriving in the U.S. Although it is possible to anticipate some broad categories of information that would need to be collected, (*e.g.,* potential exposures, symptoms, contact information, etc.), each response is unique and requires flexibility in terms of the specific information collection tool in each instance. Data collection instruments and methods must be rapidly created and implemented to direct appropriate public health action. Often specific questions will change, or new questions will evolve with each disease outbreak.

DGMH anticipates that this Generic ICR would encompass data collection related to:

- Entry screening of travelers and (if indicated) public health risk assessment conducted either in person or virtually;
- Post-arrival management of travelers as specified in CDC recommendations for travelers arriving from outbreak areas;
- Health department of jurisdiction follow up of indicated travelers;
- Surveys of travelers to determine most efficient channels for reaching travelers and refine public health messaging for travelers coming from the outbreak area;
- Evaluation of entry screening, post-arrival management, and health department follow-up;

CDC requests OMB approval for an estimated 10,588 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)	Total burden (in hours)
Traveler	CDC Initial Screening	54,750	1	5/60	4,563
Traveler	POE Public Health Risk Assessment Form.	5,475	1	20/60	1,825
Traveler	Symptom Monitoring Daily Group Symptomatic Travelers.	548	21	1/60	192
Traveler	Symptom Monitoring Daily Group—Web Survey for Symptomatic Travelers.	548	21	5/60	958
Traveler	Symptom Monitoring Weekly Group	4,928	3	1/60	246
Traveler	Symptom Monitoring Weekly Group	4,928	3	5/60	1,232
Traveler	Response Survey of Travelers	5,475	1	10/60	913
State/Local Health Department	Jurisdiction Traveler Monitoring	70	104	5/60	607
State/Local Health Department	Jurisdiction Final Survey	70	1	20/60	23
Total					10,558

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB #: 0970–0536]

Proposed Information Collection Activity; Sexual Risk Avoidance Education Program Performance Analysis Study

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE) and the Family and Youth Services Bureau (FYSB) in the Administration for Children and Families (ACF) requests approval for a revision to a currently approved information collection activity as part of the Sexual Risk Avoidance Education (SRAE) Program Performance Analysis Study (PAS) (Office of Management and Budget (OMB) #: 0970–0536; expiration date December 31, 2025). The goal of the study is to collect, analyze and report on performance measures data for the SRAE program. The purpose of the request is to continue the ongoing data collection and submission of the performance measures by SRAE grant recipients, which includes revisions to the current performance measures. We are proposing revisions to the current performance measures to address feedback from grant recipients to simplify and clarify participant surveys and to ensure the measures meet FYSB data needs.

DATES: *Comments due* August 15, 2025. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The purpose of the SRAE program is to educate youth on how to voluntarily refrain from nonmarital sexual activity and prevent other youth risk behaviors. Data will continue to be used to determine if the SRAE grant recipients are meeting their programs' mission and priorities.

The SRAE PAS collects performance measures data from SRAE grant recipients, program providers, and participants. The data include information on program structure, cost, and support for implementation; program attendance, reach, and dosage; the characteristics of youth involved in programming; youth sexual and other risky behavior prior to program participation; and youth sexual and other risky behavior intentions at program exit. The performance measures help the ACF program office and grant recipients to monitor and report on progress in implementing SRAE programs, and inform technical assistance.

Some of the performance measures data come from youth participants through surveys SRAE grant recipients administer at program entry and exit. There are separate versions of the entry and exit surveys for middle school youth, which exclude some of the more sensitive items that are included in the versions for high school and older youth. There is also a shorter version of the entry survey for programs conducting impact studies, to reduce the burden on participants in those programs who are likely responding to other surveys as part of their impact study. Although there was a version of the exit survey for programs conducting impact studies in the past, it was removed through the previous OMB request, and youth in these programs now complete the same version of the exit survey as other youth.

We are proposing revisions to the current performance measures to address feedback from grant recipients to simplify and clarify participant surveys, and to ensure the measures meet FYSB data needs. The changes are expected to reduce the burden for completing the participant entry survey from eight minutes to seven minutes per response.

Respondents: General Departmental (GDSRAE), State (SSRAE), and Competitive (CSRAE) grant recipients, their subrecipients, and program participants.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
(1) Participant Entry Survey:					
GDSRAE participants	185,401	1	0.1167	21,636	7,212
SSRAE participants	684,593	1	0.1167	79,892	26,631
CSRAE participants	54,914	1	0.1167	6,408	2,136
(2) Participant Exit Survey:					
GDSRAE participants	148,321	1	0.1667	24,725	8,242
SSRAE participants	547,674	1	0.1667	91,297	30,432
CSRAE participants	43,931	1	0.1667	7,323	2,441
(3) Performance reporting data entry form: grant recipients:					
GDSRAE grant recipients	108	6	16	10,368	3,456
SSRAE grant recipients	38	6	16	3,648	1,216
CSRAE grant recipients	44	6	16	4,224	1,408
(4) Performance reporting data entry form: subrecipients:					
GDSRAE subrecipients	151	6	13	11,778	3,926
SSRAE subrecipients	266	6	13	20,748	6,916
CSRAE subrecipients	73	6	13	5,694	1,898
Estimated Total and Annual Burden Hours				287,741	95,914