cases. These cases represent the number of TB cases that would have been missed under the old screening program.

○ Compare TB Indicator incidence rates to WHO country-specific TB incidence rates for internal quality assessment purposes only.

○ Detect and resolve problems at panel sites demonstrating lower than expected TB detection rates.

Data will primarily be used internally to monitor program impact, but may also be shared with state and local health authorities involved in TB control. Information dissemination may include abstract submission to scientific conferences, including the Union World Conference on Lung Health, the National TB Controllers Association and the Panel Physician Training Summits.

Information will be collected from each Panel Physician site using a web form created with REDCap on an annual basis. The TB-related information that is sent to CDC is aggregate in nature, and no personal identifying information (PII) from any applicant for U.S. immigration is included. Information to be collected using the spreadsheet includes:

- number of applicants screened,
- age categories of applicants,
- number of abnormal chest x-rays,
- acid fast bacilli (AFB) smear results,
- mycobacterium tuberculosis (MTB) cultures,
- drug susceptibility test (DST) results, and
- TB treatment disposition.

The changes in this Revision include the additional collection of molecular testing data. CDC requests OMB approval for an estimated 999 annual burden hours. 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)
International Panel Physicans	TB Indicators REDCap Web Form	333	1	3

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–24–23FN; Docket No. CDC–2024–0061]

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, Menthol-Flavored Tobacco Products Policy Evaluation. The proposed activity aims to collect data on menthol-flavored tobacco product use, any tobacco use, quit rates, and product switching behaviors among adults 18 years of age and older.

DATES: CDC must receive written comments on or before November 4, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0061 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

Menthol-Flavored Tobacco Products Policy Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is submitting this new information collection request (ICR) for an evaluation of local policies restricting the sale of menthol and other flavored tobacco products on outcomes such as menthol-flavored tobacco product use, any tobacco use, quit rates, and product switching behaviors. The evaluation will also study the impact community education efforts associated with the flavored tobacco product sales restriction policies have on individuals' awareness of the policies and perceptions about the harms of tobacco use. This evaluation seeks to explore the effects of the policies on racial and ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino populations), and lesbian, gay, bisexual, transgender, queer, and/or questioning (LGBTQ+) communities specifically, as these populations are known to use menthol-flavored tobacco products at a higher prevalence than other populations and may therefore be most affected by policies addressing menthol-flavored tobacco use. Understanding how the aforementioned policies impact menthol-flavored tobacco product use may help to inform public health activities and decisions regarding tobacco control. Although some research on local tobacco policies indicates they are effective at limiting the availability of policy-restricted products, there is a lack of information on the policies' potential impact on tobacco use behaviors (*e.g.,* product switching behavior, online purchasing). There have been no other evaluation data collection efforts conducted on this topic to date, nor does the information to be collected exist in any existing centralized data source. Each data collection tool submitted through this package has a distinct purpose with no overlap across other tools or data collection efforts.

OMB approval is requested for three years. The total annualized burden hours is 3047 hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
General population	Survey Screener Questionnaire	9875	1	2/60	329
Individuals in racial and ethnic groups.	Survey Screener Questionnaire	1500	1	2/60	50
LGBTQ+ individuals	Survey Screener Questionnaire	1,125	1	2/60	38
General population	Community Web-Panel Survey	4050	1	30/60	2025
Individuals in racial and ethnic groups.	Community Web-Panel Survey	600	1	30/60	300
LGBTQ+ individuals	Community Web-Panel Survey	450	1	30/60	225
General population	Focus Group Screener Questionnaire.	34	1	3/60	2
Individuals in racial and ethnic groups.	Focus Group Screener Questionnaire.	33	1	3/60	2
LGBTQ+ individuals	Focus Group Screener Questionnaire.	33	1	3/60	2
General population	Community Focus Group	25	1	60/60	25
Individuals in racial and ethnic groups.	Community Focus Group	25	1	60/60	25
LGBTQ+ individuals	Community Focus Group	25	1	60/60	25
Total					3047

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–24–1050; Docket No. CDC–2024–0062]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled CDC/ATSDR Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery. The information collection activities provide a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Federal Government's commitment to improving service delivery.