

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Researcher .....	Research Data Center proposal .....	110	1	3	330
Total .....	.....	330	.....	.....	.....

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office,  
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[FR Doc. 2024–28322 Filed 12–2–24; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket No. CDC–2024–0100]

#### Draft CDC’s Recommendations for HIV Screening in Clinical Settings

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention in the Department of Health and Human Services announces the opening of a docket to obtain comment on the draft Recommendations for HIV Screening in Clinical Settings, that update portions of CDC’s “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings,” published in 2006.

**DATES:** Written comments must be received on or before January 2, 2025.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2024–0100 by either of the methods listed below. Do not submit comments by email. CDC does not accept comments by email.

- *Federal eRulemaking Portal:* <https://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC, 1600 Clifton Road NE, Mailstop U.S. 8–6, Atlanta, GA 30329–4027.

*Instructions:* All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <https://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <https://www.regulations.gov>.

#### FOR FURTHER INFORMATION CONTACT:

Cecily Campbell, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC, 1600 Clifton Road NE, Mailstop U.S. 8–6, Atlanta, GA 30329–4027, Email: [nchhstppolicy@cdc.gov](mailto:nchhstppolicy@cdc.gov). Office phone: 404–639–0485.

**SUPPLEMENTARY INFORMATION:** CDC is requesting public comment on the draft “Recommendations for HIV Screening in Clinical Settings,” which is available on [regulations.gov](https://www.regulations.gov) in Docket CDC–2024–0100. These recommendations modify the ages for HIV screening including eliminating an upper age limit, encourage providers to use clinical decision support tools such as automated HIV test laboratory orders to implement HIV screening, provide considerations for healthcare populations on which to conduct HIV screening, recommend anyone who requests a test should be tested, and emphasize the use of a general consent process as used for other routine tests. CDC describes the methods and supporting evidence in the recommendations. The recommendations’ objectives are to diagnose and link patients with undiagnosed infection to clinical care; relink persons with previously diagnosed HIV to clinical care; diagnose HIV infection earlier; and reduce HIV transmission in the United States.

#### Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data. In addition, CDC invites comments specifically on the following questions proposed in this document:

- Does the evidence presented support the proposed recommendations for HIV screening in clinical settings, including the benefits and harms of HIV screening? If not, please state the reason why and, if available, provide additional evidence for consideration.

- Are CDC’s proposed recommendations for HIV screening in clinical settings clearly written? If not, what changes do you propose to make it clearer?

- If implemented as currently drafted, do you believe these recommendations would improve HIV screening in

clinical settings, improve diagnoses and linking patients with undiagnosed infection to clinical care; relinking persons with previously diagnosed HIV to clinical care; diagnosing HIV infection earlier; and reducing HIV transmission in the United States? If not, please provide an explanation and supporting data or evidence.

- How should CDC disseminate the final recommendations to effectively reach end users such as healthcare providers in clinical settings?

- After the recommendations are finalized, CDC is planning to publish an implementation guide for healthcare providers to supplement the updated recommendations. What should the implementation guide include?

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. Do not submit comments by email. CDC does not accept comment by email.

After the comments received on the draft are considered and addressed, the final recommendations will be published on CDC’s website at <https://www.cdc.gov/hiv/guidelines/testing.html>. The final recommendations will also be posted to docket CDC–2024–0100 at [www.regulations.gov](https://www.regulations.gov).

#### Background

Human immunodeficiency virus (HIV) is a virus that attacks the body’s immune system. The only way a person can know their HIV status is by getting tested (CDC, 2024a). While there is no

cure, people with HIV who get on and stay on effective HIV treatment can live long, healthy lives and protect their partners (CDC, 2024a).

While the number of persons living with HIV in the United States has slightly increased from an estimated 1.1 million people at the end of 2006 to 1.2 million people in 2022, the estimated HIV incidence has decreased from 48,600 in 2006 to 31,800 in 2022 (Campsmith, Rhodes, Hall, & Green, 2008; CDC, 2024b; Prejean et al., 2011). There are now better HIV assays for more accurate diagnosis, improved antiretroviral treatment, pre-exposure prophylaxis, post-exposure prophylaxis, and self-testing, which taken together improve the prevention, diagnosis, and treatment of HIV infections.

In 2006, the CDC published “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings,” (hereafter referred to as 2006 HIV Testing Recommendations). These guidelines transformed the HIV testing paradigm in the United States by recommending routine, voluntary HIV screening among all adults and adolescents between 13–64 years of age unless prevalence of undiagnosed HIV infection in their patients has been documented to be less than 0.1%. In addition, it was recommended that repeat screening of persons not likely to be at high risk for HIV should be performed based on clinical judgment.

The 2006 HIV Testing Recommendations aimed to normalize HIV screening. To update the evidence, CDC conducted an in-depth systematic review and analysis of other data sources using rigorous methods for guidelines development. CDC obtained input from the public prior to starting the update process and from internal and external experts at different points in the process. CDC seeks to engage a diverse range of perspectives to inform the development of the recommendations, improve their credibility, and increase the transparency of the process.

CDC invites written comments by the public (any interested persons or organizations) on the draft HIV screening guideline. These recommendations will also undergo peer review.

**Noah Aleshire,**

*Chief Regulatory Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–25–1365; Docket No. CDC–2024–0099]

### 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 Performance Monitoring of CDC’s Core State Injury Prevention Program (SIPP). The goal of Core SIPP is to strengthen the awardee’s injury prevention programs and policies and demonstrate impact in the reduction of injury-related morbidity and mortality.

**DATES:** CDC must receive written comments on or before February 3, 2025.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2024–0099 by either of the following methods:

- **Federal eRulemaking Portal:** [www.regulations.gov](http://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](http://www.regulations.gov).

**Please note:** Submit all comments through the Federal eRulemaking portal ([www.regulations.gov](http://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](mailto: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

Performance Monitoring of CDC’s Core State Injury Prevention Program (SIPP) (OMB Control No. 0920–1365, Exp. 7/31/2025)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

This is a Revision request for the currently approved Performance Monitoring of CDC’s Core State Injury Prevention Program (SIPP) (OMB Control No. 0920–1365, Exp. Date 7/31/2025). Approval is requested for an additional three years to continue collecting information from awardees funded under the Core SIPP cooperative agreement. Data collected up until this