

Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

COVID–19 Pandemic Response, Laboratory Data Reporting—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Efforts are underway to ensure that laboratory data—including diagnostic viral testing data and serologic testing data—are comprehensive and readily available from laboratories and other facilities providing testing, including point-of-care (POC) testing sites for the public health response to SARS-CoV–2 and COVID–19.

Ensuring a rapid and thorough public health response to the COVID–19 pandemic necessitates comprehensive laboratory testing data. These data

contribute to understanding disease incidence and trends: Initiating epidemiologic case investigations, assisting with contact tracing, assessing availability and use of testing resources, and identifying supply chain issues for reagents and other material. Laboratory testing data, in conjunction with case reports and other data, also provide vital guidance for mitigation and control activities. The total estimated annualized burden is 65,936 hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|--|---|-----------------------|------------------------------------|--|
| State epidemiologist or informatics staff. | CDC-provided CSV file or HL7 messages | 54 | 180 | 1 |
| | CDC-provided CSV file or HL7 messages (retrospective data entry). | 54 | 1 | 4 |
| IT professional | LIMS interface configuration | 7,000 | 1 | 8 |

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, 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

[30 Day–21–200M]

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 Medical Monitoring Project Facility Survey 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 June 2, 2020 to obtain comments from the public and affected agencies. CDC received one comment 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

Medical Monitoring Project Facility Survey—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention requests a one year approval for a new information collection, “Medical Monitoring Project (MMP) Facility Survey.” The primary objective of the MMP Facility Survey will be to conduct a one-time survey of the characteristics of HIV care facilities in order to collect information on the nation’s existing HIV care infrastructure and the capacity of facilities to implement the strategies of the U.S. Ending the HIV Epidemic federal initiative. CDC will also use the findings to guide national and local HIV prevention and care efforts and identify gaps as part of the Division of HIV/AIDS Prevention’s Strategic Plan. Specifically, information is needed about the capacity of care facilities to deliver care and prevention services, provide HIV prevention messaging, partner with public health programs, offer services for HIV negative partners of HIV positive persons, engage and retain patients, offer PrEP, medication-assisted therapy (MAT), and substance use

treatment/referrals, etc. Information on facility location, key populations served, and workforce capacity is also needed to identify areas in need of expanded support to deliver these services. There is no other data source

that comprehensively collects this information.

The participation of respondents is voluntary. There is no cost to the respondents other than their time. Through their participation,

respondents will help to improve programs to prevent HIV infection as well as services for those who already have HIV. The total estimated annualized burden is 618 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|-------------------------------------|---------------------------------|-----------------------|------------------------------------|--|
| Facility administrative staff | MMP Facility Survey | 1,200 | 1 | 30/60 |
| Facility administrative staff | Short MMP Facility Survey | 225 | 1 | 5/60 |

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, 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-21-1227]

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 “Assessment of Ill Worker Policies Study” 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 September 14, 2020, to obtain comments from the public and affected agencies. CDC received one comment 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

Assessment of Ill Worker Policies Study (OMB Control No. 0920-1227, Exp. 5/31/2021)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is requesting a three-year Paperwork Reduction Act (PRA) clearance for a Revision information collection request (ICR) for a research program focused on identifying the environmental causes of foodborne illness and improving environmental

public health practice. This research program is conducted by the Environmental Health Specialists Network (EHS-Net), a collaborative project of the CDC, U.S. Food and Drug Administration (FDA), U.S. Department of Agriculture (USDA), and eight state and local public health programs (Franklin County, OH; Tennessee; Minnesota; Rhode Island; New York; New York City, NY; Southern Nevada Health District, NV; and Harris County, TX).

This ICR aims to assess whether an educational intervention will result in either the development or enhancement of restaurant ill worker policies. This will be accomplished by interviewing restaurant managers and observing restaurant practices in 320 randomly selected and assigned restaurants in the EHS-Net catchment areas. There will be two or three site visits depending upon which group the restaurants are assigned to, that is, the intervention or the control group. An initial visit will be used to observe baseline conditions and to provide the intervention only to the restaurants selected to receive it. A second visit will be used to determine if the policies have changed and to introduce the intervention to the control restaurants (if it is deemed successful), and a final follow up visit to the control restaurants that received the intervention on the second visit (if they receive the intervention). Initial success for the intervention will be measured by whether three or more intervention restaurants in each EHS-Net catchment area either develop a written ill worker management plan (if they did not have one at the pre-intervention evaluation) or enhanced their policies (e.g., added provisions addressing reasons why ill workers reported working while ill).

Although approved in 2018, NCEH and its program partners needed to prioritize other data collections over this study, and then delayed the current study due to the COVID-19 pandemic.