microcephaly and other adverse pregnancy and infant outcomes, CDC's Emergency Operations Center has continued to work at the highest level of activation since February 8, 2016. To date, local transmission has been identified in at least 50 countries or territories in the Americas; within the United States, widespread mosquito born transmission has been documented in the territories of Puerto Rico and the US Virgin Islands, and more localized transmission has been observed in Florida and Texas. In addition in the continental United States, there has been a large number of travel-related cases with infection occurring through mosquito born and sexual transmission.

Given the adverse pregnancy and birth outcomes associated with Zika virus infection during pregnancy, increasing access to effective contraception is a key countermeasure for preventing unintended pregnancies that might otherwise be affected by Zika. In addition, even in the absence of disease outbreaks that can lead to negative pregnancy and birth outcomes, access to contraception is needed to help prevent the 45% of pregnancies in the United States that are unintended. Given that the proportion of pregnancies that are unintended varies widely across states, it is important to identify populations with high unmet need for contraception to implement targeted strategies for increasing access to and availability of effective contraception. Additionally, it is important for women who are at risk of becoming pregnant unintentionally, or who are planning a pregnancy, to be knowledgeable of behaviors for preventing mosquito born and sexual transmission of Zika and recommendations for waiting to get pregnant after they or their partner have returned from an area with Zika.

The objective of this assessment is to collect scientifically valid, current information on various aspects of Zika knowledge and prevention behaviors from a representative sample of adult women of reproductive age (aged 18–49 years) in 14 states/territories, including information: (1) The use of contraception among women wishing to avoid or delay pregnancies that might otherwise be affected by Zika; (2) barriers to access and use of contraception; (3) knowledge of and adherence to mosquito prevention strategies and use of condoms to minimize the risk of sexual transmission; and (4) frequency of travel to Zika areas and knowledge of and adherence to travel recommendations. The 14 jurisdictions included have had widespread local transmission, are at high risk for local transmission, and/or have a disproportionately high number of travel-related cases.

The information collected will be provided to state and territory health departments to provide a basis on which to develop emergency response plans for potential outbreaks and make decisions regarding the distribution of finite resources to prevent Zika virus infection during pregnancy. Given the potential for new outbreaks and increases in cases in areas with Zika as the summer travel and mosquito season approaches, an interim data set and report would be made available to states no later than June, 2017. Additionally, in the event that a jurisdiction has an increase in Zika cases or newly reported local transmission, interim data will be analyzed and provided within 10 business days to aid in emergency response planning.

Participation is voluntary and 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 hrs.) | Total burden hours |
|---|---|---|---|---|---|
| Women aged 18–49 years who completed the main BRFSS survey. | Recruitment text | 14,508 | 1 | 1/60 | 242 |
| Women aged 18–49 years from areas with local Zika transmission. | Call-back Survey and Consent, Version A. | 2,000 | 1 | 10/60 | 333 |
| Women aged 18–49 years from areas where travel related Zika predominates. | Call-back Survey and Consent, Version B. | 12,000 | 1 | 12/60 | 2,400 |
| State BRFSS Coordinators | Data Submission Layout | 14 | 8 | 3 | 336 |
| Total | | | | | 3,311 |

**Leroy A. Richardson,**

*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2017–08493 Filed 4–26–17; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–17–0879; Docket No. CDC–2017–0044]**

### 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 to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the information collection project titled ''Information Collections to Advance State, Tribal, Local and Territorial (STLT) Governmental Agency and System Performance, Capacity, and Program Delivery.'' Information, collected across a range of public health topics using standard modes of administration (*e.g.,* web, in-

person, phone), will be used to assess situational awareness of current public health emergencies; make decisions that affect planning, response and recovery activities of subsequent emergencies; fill CDC gaps in knowledge of programs and/or STLT governments that will strengthen surveillance, epidemiology, and laboratory science; improve CDC's support and technical assistance to states and communities.

**DATES:** Written comments must be received on or before June 26, 2017.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2017–0044 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30329.

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

*Please note: All public comment should be submitted through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.*

**FOR FURTHER INFORMATION:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 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 OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

Information Collections to Advance State, Tribal, Local and Territorial (STLT) Governmental Agency and System Performance, Capacity, and Program Delivery (OMB Control No. 0920–0879, Expiration date, 3/31/2018)—Extension—Office for State, Tribal Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The mission of the Department of Health and Human Services is to help provide the building blocks that Americans need to live healthy, successful lives. As part of HHS, CDC's mission is to create the expertise, information, and tools that people and communities need to protect their health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC and HHS seek to accomplish its mission by collaborating with partners throughout the nation and the world to: Monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

CDC is requesting a three-year approval for a generic clearance to collect information related to domestic public health issues and services that affect and/or involve state, tribal, local and territorial (STLT) government entities.

The respondent universe is comprised of STLT governmental staff or delegates acting on behalf of a STLT agency involved in the provision of essential public health services in the United States. Delegate is defined as a governmental or non-governmental agent (agency, function, office or individual) acting for a principal or submitted by another to represent or act on their behalf. The STLT agency is represented by a STLT entity or delegate with a task to protect and/or improve the public's health.

Information will be used to assess situational awareness of current public health emergencies; make decisions that affect planning, response and recovery activities of subsequent emergencies; fill CDC and HHS gaps in knowledge of programs and/or STLT governments that will strengthen surveillance, epidemiology, and laboratory science; improve CDC's support and technical assistance to states and communities. CDC and HHS will conduct brief data collections, across a range of public health topics related to essential public health services.

CDC estimates up to 30 data collections with STLT governmental staff or delegates, and 10 data collections with local/county/city governmental staff or delegates will be conducted on an annual basis. Ninety-five percent of these data collections will be web-based and five percent telephone, in-person, and focus groups. The total annualized burden of 54,000 hours is based on the following estimates.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per respondent (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| State, Territorial, or Tribal government staff or delegate. | Web, telephone, in-person, focus group. | 800 | 30 | 1 | 24,000 |
| Local/County/City government staff or delegate. | Web, telephone, in-person, focus group. | 3,000 | 10 | 1 | 30,000 |
| Total | | | | | 54,000 |

**Leroy A. Richardson,**

*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2017–08491 Filed 4–26–17; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–17–1039; Docket No. CDC–2017–0040]**

### 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 efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed revision to the information collection project titled ''Information Collection on Cause-Specific Absenteeism in Schools.'' Changes include a revised title. The proposed title is ''Information Collection on Cause-Specific Absenteeism in Schools and Evaluation of Influenza Transmission within Student Households.'' The project will continue to address the original aim of improving our understanding of the role of influenza-like illness (ILI)—specific absenteeism in schools in predicting community-wide influenza transmission.

**DATES:** Written comments must be received on or before June 26, 2017.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2017–0040 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

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

*Please note:* All public comment should be submitted through the Federal eRulemaking portal (*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 Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 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 OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

Information Collection on Cause-Specific Absenteeism in Schools and Evaluation of Influenza Transmission within Student Households (OMB Control Number 0920–1039; expires 12/31/2017)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).