DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–22–22DF; Docket No. CDC–2022–0034]

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 a proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Assessing the Availability of COVID–19 Testing at U.S. Airports. This project is designed to collect information on the availability of testing for COVID–19 to travelers at U.S. airports.

DATES: Written comments must be received on or before May 13, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0034, by either of the following methods:

- *Federal eRulemaking Portal: 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 *regulations.gov*.

Please note: Submit all comments 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 Jeff Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, 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.

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 shall have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information;

(3) Enhance the quality, utility, and clarity of the information to be collected;

(4) Minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology (*e.g.,* permitting electronic submissions of responses); and

(5) Assess information collection costs.

Proposed Project

Information Collection for Assessing the Availability of COVID–19 Testing at U.S. Airports—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention's (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), Quarantine and Border Health Services Branch (QBHSB) requests approval for a new information collection request. This project pertains to collecting information on the availability of testing for COVID–19 to travelers at U.S. airports.

The respondents are airport directors or their designees at 522 airports in the continental United States, the District of Columbia, or any territory or possession of the United States. These airports serve passenger-carrying operations conducted on certified air carriers. This project will initially pilot with a sample of 100 airports and subsequently expand to include the remaining 422 Schedule A passenger-carrying U.S. or territorial airports following the initial rollout, for a total of 522 airports. The 100 sampled airports were selected based on the following criteria: (1) Having more than 1,000 international arrivals in 2019, or (2) having a CDC quarantine station, or if not meeting one of the above criteria, and (3) ranking among the top in domestic arrival passenger volume for 2019 (U.S. Bureau of Transportation). These airports represent 89% of domestic and international travel for 2019.

To achieve DGMQ's mission, QBHSB works with domestic and international programs to protect the U.S. public by preventing importation of infectious disease through travel. Some U.S. airports have facilitated COVID–19 testing locations for departing or arriving domestic and international travelers (passengers and crew). QBHSB seeks to regularly obtain comprehensive and updated information on COVID–19 testing activities occurring at U.S. airports, which allows CDC to monitor trends in testing offered at airports. The information collected in this project will be used primarily to ascertain the scope of testing activities and to eventually provide information to the traveling public on testing availability at U.S. airports. Existing surveillance systems do not collect this type of information, thereby preventing CDC from monitoring airport testing trends and improving program effectiveness, particularly during an emergency response.

Currently, CDC is requesting this data be sent by airport directors or their designees at least twice per year, with monthly reminder emails being sent to encourage response. The consequences of reducing this frequency would be the inability to obtain comprehensive and updated information in a timely manner which could affect program improvement.

CDC requests OMB approval for an estimated 33,060 annual burden hours. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Airport directors or managers (All airports).	COVID–19 Airport Testing Planner web form.	522	20	190/60	33,060

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

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[30Day–22–1105]

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 ''One Health Harmful Algal Bloom System (OHHABS)'' 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 November 16, 2021 to obtain comments from the public and affected agencies. CDC did not receive comments 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

One Health Harmful Algal Bloom System (OHHABS) (OMB Control No. 0920–1105, Exp. 3/31/2022)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) requests a three-year Revision for the One Health Harmful Algal Bloom System (OHHABS) for harmful algal bloom (HAB) and HAB-associated illness surveillance.

HABs are the rapid growth of algae or cyanobacteria (also called blue-green algae) that can cause harm to people, animals, or the local ecology. Toxins from HABs include some of the most potent natural chemicals; these toxins can contaminate surface water used for recreation and drinking, as well as food sources. HABs pose a threat to both humans and animals. Human and animal illnesses from exposures to HABs in fresh and marine waters have been documented throughout the United States. Animal illness may be an indicator of bloom toxicity; thus, it is necessary to provide a One Health approach for reporting HAB-associated illnesses and events.

HABs are an emerging public health concern. For 2016—2019, 22 states adopted use of the OHHABS and entered 669 reports, including information about 452 human illnesses and at least 481 animal illnesses associated with HAB events. Of the 669 HAB event reports, 84% were associated with freshwater, resulting in 428 (95%) of human illnesses. In these freshwater settings, the most common signs and symptoms reported include generalized (*e.g.,* headache, fever, fatigue), gastrointestinal, and dermatologic.

Known adverse health effects from HABs in marine waters include respiratory illness and seafood poisoning. In 2007, 15 persons were affected with respiratory illness from exposures to brevetoxins, an algal toxin, during a Florida red tide. From 2007–2011, HAB-associated foodborne exposures were identified for 273 case reports of human illness through a separate five-year data collection effort with a subset of states. Of these reports, 248 reported ciguatera fish poisoning (CFP) or poisoning by other toxins in seafood, including saxitoxin and brevetoxin. A review of national outbreak data reported to CDC for the time period 1998–2015, identified outbreaks CFP as the second most common cause of fish-associated foodborne disease outbreaks in the United States, among those outbreaks with a confirmed etiology. For this time period, 227 CFP outbreaks resulted in 894 illnesses and 96 hospitalizations. For 2016–2018, an additional 47 outbreak investigations implicated CFP, resulting in 147 illnesses and 12 hospitalizations.

Domestic animal, livestock, and wildlife HAB-associated illnesses have also been documented in the United States. Between 2016 and 2019, 79 cases of domestic pet illness were reported to OHHABS, with 39% (n=31) resulting in death. During the same time period, there were at least 53 livestock illnesses and 349 wildlife illnesses reported. The