details about the child's exposure, pregnancy, and breastfeeding history. For purposes of time burden estimation, ATSDR assumes that 20 percent of parents (n=140 per year) will also enroll as adults and can take the child short form questionnaire; therefore, 560 parents will take the child long form questionnaire per year. Parents and children, with administration by trained professionals, will also complete neurobehavioral assessments of the child's attention and behaviors (n=700 per year). The time burden for responding to questionnaires is 1,482 hours, and for neurobehavioral assessments is 1,225, per year.

To facilitate access to medical and school records, each recipient will reach out to local medical societies, public school systems, and private schools, to enlist their cooperation with the study. The recipient will ask for permission to verify participants' medical conditions to confirm self-reported health outcomes. The recipient will also seek permission to obtain information from the children's school records to supplements their behavioral assessment results. Based on ATSDR's experience from the Pease Study (OMB Control No. 0923–0061; Discontinued 08/31/2022), ATSDR estimates that it will take 30 school administrators, 48 education specialists, 70 medical office administrators, and 150 adult and 50 pediatric medical record specialists to complete health condition and school information verification and abstractions across all study sites. The annual time burden for medical and educational record abstraction is estimated to be 2,506 hours.

The total annualized time burden requested is 8,149 hours. There is no cost to the 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)
Public Water Purveyors	Drinking Water Information Collection Form ..	14	1	10
Environmental Protection Agencies	Drinking Water Information Collection Form ..	7	1	7
Multi-site Study Participants	Eligibility Screening Script	7,982	1	10/60
	Appointment Reminder Telephone Script	3,033	1	5/60
	Update Contact Information Hardcopy Form	3,033	1	5/60
	Medication List	3,033	1	3/60
	Body and Blood Pressure Measures Form	3,033	1	5/60
	Blood Draw and Urine Collection Form	3,033	1	10/60
	Adult Questionnaire	2,333	1	30/60
	Child Questionnaire—Long Form	560	1	30/60
	Child Questionnaire—Short Form	140	1	15/60
	Parent Neurobehavioral Test Battery	700	1	15/60
	Child Neurobehavioral Test Battery	700	1	90/60
Medical Office Administrators	Request for Medical Record Abstraction	70	43	20/60
Medical Records Specialists	Medical Record Abstraction Form—Adult	150	16	20/60
	Medical Record Abstraction Form—Child	50	14	20/60
School Administrators	Request for Child School Record Abstraction	30	23	20/60
Education Specialists	Child School Record Abstraction Form	48	15	20/60

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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BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of End to Requirement for Air Passengers To Provide Proof of COVID–19 Vaccination Before Boarding a Flight to the United States

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 (CDC), within the Department of Health and Human Services (HHS), announces that CDC's Amended Order: *Implementing Presidential Proclamation on Safe Resumption of Global Travel During the COVID–19 Pandemic* no longer will be in effect beginning at 12:01 a.m. eastern daylight time on May 12, 2023. Consequently, noncitizen, nonimmigrant air passengers will no longer be required to show proof of being fully vaccinated with an accepted COVID–19 vaccine before boarding a flight to the United States.

DATES: Starting at 12:01 a.m. Eastern Daylight Time on May 12, 2023, noncitizen, nonimmigrant air passengers will no longer need to show proof of being fully vaccinated with an accepted COVID–19 vaccine to board a flight to the United States.

FOR FURTHER INFORMATION CONTACT: Candice Swartwood, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16–4, Atlanta, GA 30329. Telephone: 1–800–232–4636.

SUPPLEMENTARY INFORMATION: Proclamation 10294 of October 25, 2021, suspended, subject to certain exceptions, the entry of nonimmigrant noncitizens into the United States by air travel without full vaccination for COVID–19. Section 4 of the Proclamation directed CDC to implement the Proclamation as it applies to public health. Pursuant to that direction, CDC issued an order on October 30, 2021, and an amended order on April 4, 2022, implementing the Proclamation.

On May 9, 2023, the President issued a Proclamation revoking Proclamation 10294's vaccination requirement for noncitizen nonimmigrants entering the United States by air travel, effective at 12:01 a.m. eastern daylight time on May 12, 2023. The Proclamation explained that, considering progress in public health and based on the latest guidance from public health experts, international air travel restrictions imposed in October 2021 were no longer necessary.

Pursuant to the May 9, 2023, Proclamation, and the President's revocation of the vaccination requirements contained in Proclamation 10294, CDC has reviewed its Amended Order *Implementing Presidential Proclamation on Safe Resumption of Global Travel During the COVID–19 Pandemic* and has determined that termination of this Amended Order is warranted. CDC's Amended Order, which implemented Proclamation 10294's vaccination requirements, is terminated and no longer remains in effect as of 12:01 a.m. eastern daylight time on May 12, 2023.

This means that as of 12:01 a.m. eastern daylight time on May 12, 2023, noncitizen, nonimmigrant air passengers no longer need to show proof of being fully vaccinated with an accepted COVID–19 vaccine to board a flight to the United States.[1]

Kathryn L. Wolff,

Chief of Staff, Centers for Disease Control and Prevention.

[FR Doc. 2023–10276 Filed 5–10–23; 11:15 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–22DI; Docket No. CDC–2023–0036]

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 information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Noise Exposures and Hearing Loss in the Oil and Gas Extraction Industry. This information collection is designed to evaluate oil and gas extraction workers' noise and chemical exposures and hearing.

DATES: CDC must receive written comments on or before July 11, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0036 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; 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 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

Noise Exposures and Hearing Loss in the Oil and Gas Extraction Industry—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Oil and gas extraction (OGE) workers play an important role in supporting the United States economy and help fulfill the energy needs of Americans and American businesses. OGE workers have significant risks for a variety of exposures at oil and gas well sites, and there has been no significant occupational noise exposure research in the United States onshore upstream OGE sector. This proposed project will characterize relationships between noise exposure, chemical exposures, hearing loss, and hearing loss prevention practices within the onshore OGE industry.

Primary data will be collected using three approaches. First, researchers will collect direct measurements of noise and ototoxic chemicals on job sites, including personal exposure assessments of OGE workers. Second, researchers will use a questionnaire to collect information on noise and chemical exposures, hearing loss, and associated factors among OGE workers. Third, audiometry tests performed by NIOSH will be offered to industry partners to further understand extent of hearing loss amongst OGE workers.

Data will be used to understand noise exposures, ototoxic chemical exposures, self-reported hearing loss, and hearing loss prevention practices in the OGE industry. Subsequently, the data and

[1] This Notice, like CDC's April 2022 Amended Order that no longer will be in effect as of 12:01 a.m. eastern daylight time on May 12, is not a substantive rule within the meaning of the Administrative Procedure Act (APA) because it implements the President's revocation of the vaccination requirements contained in the October 2021 Proclamation (which in turn was the basis for the CDC's Amended Order). In any event, the APA's requirement of a 30-day delay in the effective date of certain ''substantive rule[s],'' 5 U.S.C. 553(d), would not apply to this notice, as this notice ''relieves a restriction'' contained in the Amended Order, *id.* Section 553(d)(1). Independently, were the APA applicable, CDC finds good cause for its termination of the April 2022 Amended Order to take effect at 12:01 a.m. on May 12, 2023, which coincides with the end of the COVID–19 public health emergency, given the latest public health conditions and the latest guidance from public health experts. *See* 5 U.S.C. 553(b), (d).