

undertaken to implement or enforce the COVID-19 vaccination requirement.

Approved: April 20, 2022.

**Emory Rounds,**

*Director, U.S. Office of Government Ethics.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-22-0978]

**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 “Emerging Infections Program (EIP)” 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 January 31, 2022, 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](http://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**

Emerging Infections Program (OMB Control No. 0920-0978, Exp. 4/30/2022)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. These activities are designed to: (1) Address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

A Revision is being submitted to make existing collection instruments clearer and to add several new forms specifically surveying laboratory practices. These forms will allow the EIP to better detect, identify, track changes in laboratory testing methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

Total estimated burden is 61,956 hours. There is no cost to 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)
State Health Department.	ABCs Case Report Form .....	10	809	20/60
	ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form.	10	127	10/60
	ABCs <i>H.influenzae</i> Neonatal Sepsis Expanded Surveillance Form ..	10	6	10/60
	ABCs Severe GAS Infection Supplemental Form .....	10	136	20/60
	ABCs Neonatal Infection Expanded Tracking Form .....	10	37	20/60
	FoodNet <i>Campylobacter</i> .....	10	970	21/60
	FoodNet <i>Cyclospora</i> .....	10	42	10/60
	FoodNet <i>Listeria monocytogenes</i> .....	10	16	20/60
	FoodNet <i>Salmonella</i> .....	10	855	21/60
	FoodNet Shiga toxin producing <i>E. coli</i> .....	10	290	20/60
	FoodNet <i>Shigella</i> .....	10	234	10/60
	FoodNet <i>Vibrio</i> .....	10	46	10/60
	FoodNet <i>Yersinia</i> .....	10	55	10/60

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	FoodNet Hemolytic Uremic Syndrome Case Report Form .....	10	10	1
	FoodNet Clinical Laboratory Practices and Testing Volume .....	10	70	20/60
	FluSurv-NET Influenza Hospitalization Surveillance Network Case Report Form.	10	764	25/60
	FluSurv-NET Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English).	10	333	5/60
	FluSurv-NET Influenza Hospitalization Surveillance Project Vaccination Phone Script (Spanish).	10	333	5/60
	Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	10	333	5/60
	FluSurv-NET Laboratory Survey .....	10	16	10/60
	HAIC—MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and Acinetobacter baumannii (CRAB).	10	500	28/60
	HAIC—MuGSI Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL/IEC).	10	4200	25/60
	HAIC—Invasive Methicillin-resistant Staphylococcus aureus (MRSA) Infection Case Report Form.	10	340	28/60
	HAIC—Invasive Methicillin-sensitive Staphylococcus aureus (MSSA) Infection Case Report Form.	10	584	28/60
	HAIC—CDI Case Report and Treatment Form .....	10	1650	38/60
	HAIC Candidemia Case Report .....	10	200	30/60
	HAIC—Annual Survey of Laboratory Testing Practices for C. difficile Infections.	10	16	19/60
	HAIC—CDI Annual Surveillance Officers Survey .....	10	1	15/60
	HAIC—Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey (LTCF).	10	45	5/60
	HAIC—Invasive Staphylococcus aureus Laboratory Survey .....	10	11	20/60
	HAIC—Invasive Staphylococcus aureus Supplemental Surveillance Officers Survey.	10	1	10/60
	HAIC—Laboratory Testing Practices for Candidemia Questionnaire	10	20	12/60
	HAIC MuGSI CA CP—CRE Health interview (new) .....	100	10	30/60
	HAIC MuGSI Supplemental Surveillance Officer Survey (new) .....	10	1	15/60
	HAIC Death Ascertainment Variables .....	10	8	1440/60

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Centers for Disease Control and Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Meeting of the Community Preventive Services Task Force

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

**ACTION:** Notice of meeting.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) announces the next meeting of the Community Preventive Services Task Force (CPSTF) on June 8–9, 2022.

**DATES:** The meeting will be held on Wednesday, June 8, 2022, from 10:00

a.m. to 6:00 p.m. EDT, and Thursday, June 9, 2022, from 10:00 a.m. to 6:00 p.m. EDT.

**ADDRESSES:** The meeting will be held virtually via web conference.

**FOR FURTHER INFORMATION CONTACT:** Arielle Arnold, Office of the Associate Director for Policy and Strategy; Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V25-5, Atlanta, GA 30329. Telephone: (404)498-4512; Email: [CPSTF@cdc.gov](mailto:CPSTF@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

**Meeting Accessibility:** The CPSTF meeting will be held virtually via web conference.

CDC will send web conference information to registrants upon receipt of their registration. All meeting attendees must register by June 1, 2022 to receive the web conference information for meeting. CDC will email web conference information from the [CPSTF@cdc.gov](mailto:CPSTF@cdc.gov) mailbox.

To register for the meeting, individuals should send an email to [CPSTF@cdc.gov](mailto:CPSTF@cdc.gov) and include the following information: Name, title, organization name, organization address, phone, and email.

**Public Comment:** Individuals who would like to make public comments during the June meeting must state their desire to do so with their registration and provide their name and organizational affiliation and the topic to be addressed (if known). The requestor will receive instructions for the public comment process for this virtual meeting after the request is received. A public comment period follows the CPSTF's discussion of each systematic review and will be limited, up to three minutes per person. Public comments will become part of the meeting summary.

**Background on the CPSTF:** The CPSTF is an independent, nonfederal panel whose members are appointed by the CDC Director. CPSTF members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health. The CPSTF was convened in 1996 by HHS to identify community preventive programs, services, and policies that increase health, longevity, save lives and dollars, and improve Americans' quality of life. CDC is mandated to provide ongoing