implementation of CCR at the national level, inform future community-based and CHW-led COVID response programs, and, in conjunction with secondary data sources, assess some important health outcomes, including vaccination rates among some populations of focus.

CDC requests OMB approval for an estimated 578 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
CDC–RFA–DP21–2109 CCR recipients.	CCR Recipient Survey	68	1	25/60	28
CCR CHWs	CCR CHW Survey	1,100	1	30/60	550
Total					578

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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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–1375; Docket No. CDC–2022–0124]

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 2022 Ebola Airport Entry Questionnaires. The purpose of this information collection is to determine the public health risk posed by travelers from areas affected by the 2022 outbreak of Ebola originating in Uganda.

DATES: CDC must receive written comments on or before December 20, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0124 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; Telephone: 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

2022 Ebola Airport Entry Questionnaires—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 (CDC), National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine (DGMQ) recently had a New Emergency Information Collection Request (ICR) approved for 2022 Ebola Airport Entry Questionnaires (OMB Control No. 0920–1375).

Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) (Attachment A1) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States. Under its delegated

authority, DGMQ works to fulfill this responsibility through a variety of activities, including the operation of Quarantine Stations at ports of entry and administration of foreign quarantine regulations; 42 Code of Federal Regulation part 71 (Attachment A2), specifically 42 CFR 71.20 Public health prevention measures to detect communicable disease. This ICR concerns CDC's statutory and regulatory authority related to conducting public health screening of travelers upon arrival to the United States and assessing individual travelers for public health risk following a report of illness from a conveyance.

The purpose of this information collection is to determine the public health risk that travelers from areas affected by the 2022 outbreak of Ebola originating in Uganda may pose. This information will be used to: (1) determine if travelers have symptoms consistent with Ebola and should be isolated and medically evaluated upon arrival in the US; and (2) assist state and local health departments with understanding which travelers from the region may be at higher risk of becoming ill with Ebola and should be prioritized for taking certain public health protection measures, such as quarantine.

CDC collects international travelers' contact information under authorities in the *Interim Final Rule: Control of Communicable Diseases: Foreign Quarantine* and CDC's Order *Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated Information.* Traveler contact information is sent to CDC though an existing data-sharing infrastructure in place between the United States Department of Homeland Security (DHS) and HHS/CDC and approved in OMB Control 0920–1354. Contact information for travelers who have been to an area affected by the outbreak during the 21 days prior to arrival will be confirmed at the port of entry. CDC will share contact information for these travelers with state and local health departments so that they can do possible public health follow up, including public health assessment of exposure risk and monitoring for Ebola symptoms, and education to travelers. These public health interventions will help state and local health departments determine the appropriate level of follow-up needed based on the traveler's level of risk, and rapidly identify any travelers with symptoms that may need to be prioritized for more targeted public health measures, such as quarantine, due to a higher risk of exposure to Ebola.

To implement the 2022 Ebola Entry Questionnaire information collection, CDC will first require all travelers from designated areas affected by the 2022 outbreak of Ebola originating in Uganda, to undergo an initial Ebola screening to determine if CDC needs to do further public health risk assessment or illness response at the airport. DHS will refer travelers that have been to designated areas to another location of the airport where CDC will ask initial Ebola screening questions. DHS will also provide the contact information they have received to CDC electronically as part of the information collection under OMB Control No. 0920–1354. CDC will escort travelers to the area of the initial Ebola screening and confirm with the traveler that the contact information on file is correct. CDC will inform DHS if there are any necessary corrections needed to the contact information.

In this initial Ebola screening setting, CDC will ask basic questions about signs or symptoms of illness (*e.g.,* fever, or vomiting, or diarrhea, etc.) or possible exposure (*e.g.,* contact with a person sick with Ebola, attendance at a funeral, etc.) as well as observe travelers to determine if the traveler is experiencing any overt signs and symptoms of disease and measure their temperature with a noncontact thermometer. If a traveler answers ''Yes'' to any of these initial screening questions, is visibly ill, or has a fever, the traveler will then be referred to another area of the airport for a public health risk assessment by CDC. The public health risk assessment will help CDC investigate further to determine if the traveler could be sick with Ebola or to get more information about a possible exposure to the Ebola virus to determine if the traveler is high-risk.

The CDC staff member doing the initial Ebola screening will escort the traveler to the new area of the airport for further public health risk assessment questions by other staff members of CDC. They will indicate the reason the traveler is being referred for further public health risk assessment to the new CDC staff member. Any person who is visibly ill or reports signs or symptoms, or has an elevated temperature measurement, will undergo an illness investigation using the *Air Travel Illness or Death Investigation or Traveler Follow up Form* that is currently approved under OMB Control No. 0920–1318. Staff will take necessary precautions to prevent possible exposures by any ill travelers, such as wearing appropriate personal protective equipment during any illness investigation.

During the CDC public health risk assessment, CDC will ask more detailed questions about possible exposures, such as symptoms, whether they were exposed to a person with Ebola, and the nature of contact (*e.g.,* provided direct healthcare). Depending on their symptoms and how they answer, CDC may refer the person for medical care. If CDC staff identify any travelers with high-risk exposures, management will be coordinated directly with the health departments of jurisdiction for both the airport where traveler is located and their final destination. Issuance of public health orders under federal or state authorities may also be considered. Any information from these public health risk assessments, as well as information related to an illness investigation will be recorded in CDC's Quarantine Activity Reporting System, which is covered by the System of Records Notice 09–20–0171, Quarantine-and Traveler-Related Activities.

CDC anticipates certain time and cost burdens to respondents and record keepers due to the requirements and requests OMB approval for an estimated 6,260 burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Information collection form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours (in hours)
Traveler	Initial Screening Questions	53,655	1	5/60	4,47

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondent	Information collection form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours (in hours)
Traveler	Public Health Assessment for Travelers From Ebola Outbreak-Affected Countries.	5,635	1	20/60	1,789
Total					6,260

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022–22932 Filed 10–20–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–1208; Docket No. CDC–2022–0123]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Developmental/Methodologic Projects to Improve the National Health and Nutrition Examination Survey and Related Programs. The goals of these projects are to conduct voluntary customer surveys to assess strengths in agency products and services and to evaluate how well it addresses the emerging needs of its data users.

DATES: CDC must receive written comments on or before December 20, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0123 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; Telephone: 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

Developmental/Methodologic Projects to Improve the National Health and Nutrition Examination Survey and Related Programs, (OMB Control No. 0920–1208, Exp. 08/31/2023)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States. The Division of Health and Nutrition Examination Surveys (DHNES) has conducted national surveys and related projects periodically between 1970 and 1994, and continuously since 1999. The mission of DHNES programs is to produce descriptive statistics which measure the health and nutrition status of the general population. The continuous operation of DHNES programs presents unique challenges in testing new survey content and activities, such as outreach or participant screening etc.

This Generic Information Collection Request (ICR) covers developmental projects to help evaluate and enhance DHNES existing and proposed data