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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[60Day-14-14YK]

**Proposed Data Collections Submitted
 for Public Comment and
 Recommendations**

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, 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. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 60 days of this notice.

Proposed Project

Information Collection on Cause-Specific Absenteeism in Schools—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), 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), Division of Global Migration and Quarantine (DGMQ), requests approval of a new information collection to better understand the triggers, timing and duration of the use of school related measures for preventing and controlling the spread of influenza during the next pandemic.

The information collection for which approval is sought is in accordance with DGMQ/CDC's mission to reduce morbidity and mortality in mobile populations, and to prevent the

introduction, transmission, or spread of communicable diseases within the United States. Insights gained from this information collection will assist in the planning and implementation of CDC Pre-Pandemic Guidance on the use of school related measures, including school closures, to slow transmission during an influenza pandemic.

School closures were considered an important measure during the earliest stage of the 2009 H1N1 pandemic, because a pandemic vaccine was not available until October (6 months later), and sufficient stocks to immunize all school-age children were not available until December. However, retrospective review of the U.S. government response to the pandemic identified a limited evidence-base regarding the effectiveness, acceptability, and feasibility of various school related measures during mild or moderately severe pandemics. Guidance updates will require an evidence-based rationale for determining the appropriate triggers, timing, and duration of school related measures, including school closures, during a pandemic.

CDC staff proposes that the information collection for this package will target adult and child populations in a school district in Wisconsin. CDC will collect reports of individual student symptoms, vaccination status, recent travel, recent exposure to people with influenza symptoms and duration of illness; this will be accomplished through telephone and in-person interviews.

Findings obtained from this information collection will be used to inform the update CDC's Pre-pandemic Guidance on the implementation of school related measures to prevent the spread of influenza, especially school closures. This Guidance is used as an important planning and reference tool for both State and local health departments in the United States.

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)	Total burden hours
Parents of children/adolescents attending schools (Wisconsin).	Screening Form	1,500	4	5/60	500
Parents of children/adolescents attending schools (Wisconsin).	Acute Respiratory Infection and Influenza Surveillance Form.	1,500	4	30/60	3,000
Total	3,500

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-14-0900]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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. Written comments should be received within 60 days of this notice.

Proposed Project

Contact Investigation Outcome Reporting Forms—Revision—(0920-0900, expiration date: September 30, 2014)—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Division of Global Migration and Quarantine (DGMQ) requests a revision of the currently approved Information Collection Request: "Contact Investigation Outcome Reporting Forms," expiring September 30, 2014. CDC has conducted a thorough review of the data collection tools approved in this information collection request. To streamline the data collected, ease the completion of each data collection tool, and to target information collected to be more specific to the individual illness of public health concern, several changes to the data collection tools have been proposed. The result is a 12% reduction in burden, or a reduction of 32 total burden hours. A summary of changes is as follows:

- Data pertaining to contact investigations for measles, mumps and rubella will no longer be collected using one form for either the air or maritime environments.
- Data collection for measles contact investigations will be collected either by using the Measles Contact Investigation Reporting Form—Air, or the Measles Contact Investigation Reporting Form—Maritime.
- CDC will no longer collect information pertaining to cases of mumps occurring during air travel. Contact investigations for cases of

mumps occurring onboard maritime conveyances will still be evaluated, using the General Contact Investigation Outcome Form—Maritime.

- Data collection for rubella contact investigations will be collected either by using the Rubella Contact Investigation Reporting Form—Air, or the Rubella Contact Investigation Reporting Form—Maritime. Data collection fields pertaining to pregnant women have been added to assist in recommending the appropriate prophylaxis of those exposed.

- Data pertaining to contact investigations occurring in the air and land-border crossing environments will no longer be collected using the same form. Factors affecting the disease transmission in these environments is very different, thus, CDC has created separate data collection tools and fields. Data collection for contact investigations of illnesses of public health concern occurring in a land-border crossing environment will be collected by using the General Contact Investigation Reporting Form—Land. Data collection for illnesses of public health concern occurring in an air environment will be collected using tools specific to each disease.

- In response to a request from maritime operators (cruise ship physicians/cargo ship managers), CDC has added the option for contact investigation outcome reporting to be completed in either a MS Word or MS Excel format. The excel format allows reporting for multiple patients simultaneously without completing separate documents for each ill traveler. The information collected on each of the data collection tools is the same. Data collection for contact investigations for diseases of public health concern occurring in a maritime environment will be collected using tools specific to each of the diseases listed above.

This data collection supports the need for CDC staff to evaluate cases of communicable diseases of public health concern during travel and conduct investigative contact tracing for those that may have been exposed. The proposed data collection tools facilitate the collection of data pertaining to these contact investigations.

CDC is requesting a total of 248 burden hours in this revision. There are no costs to respondents other than their time.