

Leroy A. Richardson,

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Director, Centers for Disease Control and
Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-16-16APN; Docket No. CDC-2016-
0051]

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 proposed and/or
continuing information collections, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comment on a proposed information
collection plan entitled "Generic
Clearance for Lyme and other Tickborne
Diseases Knowledge, Attitudes, and
Practices Surveys." CDC's Division of
Vector-Borne Diseases (DVBD), National
Center for Emerging and Zoonotic
Diseases (NCEZID) will use the plan to
conduct survey development, pre-
testing activities, and survey
administration actions in 2016-2018.
The data collection for which approval
is sought will allow DVBD to use survey
results to inform implementation of
future TBD prevention interventions.

DATES: Written comments must be
received on or before August 8, 2016.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2016-
0051 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
for submitting comments.
- *Mail:* Leroy A. Richardson,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE., MS-
D74, Atlanta, Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. All relevant comments

received will be posted without change
to *Regulations.gov*, including any
personal information provided. For
access to the docket to read background
documents or comments received, go to
Regulations.gov.

Please note: All public comment should be
submitted 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 the Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE., MS-D74, 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.

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.

Proposed Project

Generic Clearance for Lyme and other
Tickborne Diseases Knowledge,
Attitudes, and Practices Surveys—
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) Division of Vector-
Borne Diseases (DVBD) and other
programs working on tickborne diseases
(TBDs) is requesting a three year
approval for a generic clearance to
conduct TBD prevention studies to
include include knowledge, attitudes,
and practices (KAP) surveys regarding
ticks and tickborne diseases (TBDs)
among residents and businesses offering
pest control services in Lyme disease
endemic areas of the United States. The
data collection for which approval is
sought will allow DVBD to use survey
results to inform implementation of
future TBD prevention interventions.

TBDs are a substantial and growing
public health problem in the United
States. From 2009-2014, over 200,000
cases of TBDs were reported to CDC,
including cases of anaplasmosis,
babesiosis, ehrlichiosis, Lyme disease,
Rocky Mountain spotted fever, and
tularemia (CDC, 2010, 2013). Lyme
disease leads in number of cases with
over 33,000 confirmed and probable
cases reported in 2014. In addition,
several novel tickborne pathogens have
recently been found to cause human
disease in the United States.

Factors driving the emergence of
TBDs are not well defined and current
prevention methods have been
insufficient to curb the increase in
cases. Data is lacking on how often
certain prevention measures are used by
individuals at risk as well as what the
barriers to using certain prevention
measure are.

The primary target population for
these data collections are individuals
and their household members who are
at risk for TBDs associated with *I.*
scapularis ticks and who may be
exposed to these ticks residentially,
recreationally, and/or occupationally.
The secondary target population
includes owners and employees of

businesses offering pest control services to residents in areas where *I. scapularis* ticks transmit diseases to humans. Specifically, these target populations include those residing or working in the 14 highest incidence states for Lyme disease (CT, DE, ME, MD, MA, MN, NH, NJ, NY, PA, RI, VT, VA, WI). We anticipate conducting one to two surveys per year, for a maximum of six surveys conducted over a three year period. Depending on the survey, we aim to enroll 500–10,000 participants per study. It is expected that we will

need to target recruitment to about twice as many people as we intend to enroll.

Surveys may be conducted daily, weekly, monthly, or bi-monthly per participant for a defined period of time (whether by phone or web survey), depending on the survey or study. The surveys will range in duration from approximately 5–30 minutes. Each participant may be surveyed 1–64 times in one year; this variance is due to differences in the type of information collected for a given survey.

Specific burden estimates for each study and each information collection

instrument will be provided with each individual project submission for OMB review. The maximum estimated, annualized burden hours are 98,833 hours. There is no cost to respondents other than their time.

Insights gained from KAP surveys will aid in prioritizing which prevention methods should be evaluated in future randomized, controlled trials and ultimately help target promotion of proven prevention methods that could yield substantial reductions in TBD incidence.

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
General public, individuals or households.	Screening instrument	20,000	1	15/60	5,000
	Consent form	10,000	1	20/60	3,333
	Introductory Surveys	10,000	1	30/60	5,000
	Monthly surveys	10,000	12	15/60	30,000
	Final surveys	10,000	1	30/60	5,000
Pest Control Operators	Daily surveys	10,000	60	5/60	50,000
	PCO Survey	1,000	1	30/60	500
Total					98,833

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–16KA]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Monitoring and Coordinating Personal Protective Equipment (PPE) in Healthcare to Enhance Domestic Preparedness for Ebola Response—New—National Center for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health (NIOSH) has the authority under the Occupational Safety and Health Act [29 CFR 671] to “develop recommendations for health and safety standards”, to “develop information on safe levels of exposure to toxic materials and harmful physical agents and substances”, and to “conduct research on new safety and health problems”. There is growing national concern for better understanding of the particular personal protective equipment (PPE) needs of healthcare workers to ensure the health and safety of this workforce during times of pandemic disease or bioterrorist threat. The use and effectiveness of the proper PPE are paramount to the management and mitigation of the effects of a disaster. NIOSH is requesting a three approval from OMB to develop an ongoing Personal Protective Technology (PPT) sentinel surveillance system in the