

strengthen surveillance, epidemiology, and laboratory science; improve CDC's support and technical assistance to states and communities. CDC will conduct brief data collections, across a range of public health topics related to essential public health services, using

standard modes of administration (e.g., online, telephone, in-person, focus groups).

CDC estimates up to 30 data collections with State, territorial or tribal governmental staff or delegates, and 10 data collections with local/

county/city governmental staff or delegate will be conducted on an annual basis. Ninety-five percent of these data collections will be web-based. The total annualized burden of 54,000 hours is based on the following estimates.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
State, Territorial, or Tribal government staff	800	30	1
Local/County/City government staff	3,000	10	1

LeRoy 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

[60-Day 14-0004]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30333; comments may also be sent by email to omb@cdc.gov.

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 a 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 clarify of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Disease Surveillance Program II. Disease Summaries (0920-0004 Exp. 8/31/2014)—Revision—National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests a three year approval for a Revision of the National Disease Surveillance Program II. Disease Summaries information collection.

Proposed revisions include shifting information collection management responsibilities to the National Center for Immunization and Respiratory Diseases (NCIRD) and consolidating various forms to reflect more current

technology trends. Also, CDC requests the use of the following new Influenza forms to enhance surveillance and assist in understanding the complexities of these newer viruses: Human Infection with Novel Influenza A Virus Severe Outcomes; Human Infection with Novel Influenza A Virus with Suspected Avian Source; and Antiviral Resistant Influenza Infection Case Report Form.

Due to the uncertainty regarding MERS-CoV and its threat to human health, CDC also has a need to use a Middle East Respiratory Syndrome Coronavirus (MERS-CoV) [Patient Under Investigation] form. Use of an Adenovirus Typing Report Form and discontinuing the use of the Harmful Algal Bloom-related Illness form is also requested. The Adenovirus Typing Report Form allows for a passive surveillance mechanism that collects adenovirus typing data to enhance adenovirus circulation data already collected by the National Respiratory and Enteric Virus Surveillance System (NREVSS).

The methodology for reporting varies depending on the occurrence, modes of transmission, infectious agents, and epidemiologic measures.

There is no cost to respondents other than their time.

The total estimated annualized burden hours are 31,921.

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS AND COSTS

Type of respondents state epidemiologists	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Form name				
Foodborne Outbreak Form (CDC 52.13)	54	32	20/60	576
Influenza virus (Internet; year round) (CDC 55.31)	35	52	10/60	303
-Influenza virus (electronic, year round) (PHLIP)	49	52	5/60	212
-Influenza virus (electronic, year round) (PHIN-MS)	3	52	5/60	13
U.S. WHO Collaborating Laboratories Influenza Testing Methods Assessment (CDC 55.31A)	87	1	10/60	15
Weekly Influenza-like Illness (year round) (CDC 55.20)	1,800	52	10/60	15,600
Daily Influenza-like illness (year round)	75	365	10/60	4,563

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS AND COSTS—Continued

Type of respondents state epidemiologists	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Form name				
Influenza-Associated Pediatric Death Case Report Form	57	2	30/60	57
Novel Influenza A Virus Case Screening Form	57	1	15/60	14
Novel Influenza A Virus Infection Contact Tracing Form	57	1	30/60	29
Human Infection with Novel Influenza A Virus Case Report Form	57	6	30/60	171
Novel and Pandemic Influenza A Virus Case Status Summary	57	1	15/60	14
Human Infection with Novel Influenza A Virus Severe Outcomes	57	1	1.5	86
Human Infection with Novel Influenza A Virus with Suspected Avian Source	57	1	30/60	29
122 CMRS—City health officers or vital statistics registrars (daily)	58	365	12/60	4,234
122 CMRS—City health officers or vital statistics registrars (weekly)	122	52	12/60	1,269
Aggregate Hospitalization and Death Reporting Activity Weekly Report Form	56	52	10/60	485
Antiviral Resistant Influenza Infection Case Report Form	57	3	30/60	86
National Enterovirus Surveillance Report: (CDC 55.9) (electronic)	25	12	15/60	75
National Respiratory & Enteric Virus Surveillance System (NREVSS) (CDC 55.83A, B, NREVSS Lab Assessment Form, D) (electronic)	300	52	15/60	3,900
Adenovirus Typing Report Form	25	12	15/60	75
Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under In- vestigation (PU) Form	57	3	25/60	71
Suspected Viral Gastroenteritis (Calicivirus surveillance)	20	5	15/60	25
Waterborne Diseases Outbreak Form (CDC 52.12)	57	1	20/60	19
Total				31,921

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Administration for Children and
 Families**

**Proposed Information Collection
 Activity; Comment Request**

Proposed Projects

Title: Request for Assistance for Child
 Victims of Human Trafficking.

OMB No.: 0970-0362.

Description: The William Wilberforce
 Trafficking Victims Protection
 Reauthorization Act (TVPRA) of 2008,
 Public Law 110-457, directs the U.S.
 Secretary of Health and Human Service
 (HHS), upon receipt of credible
 information that a non-U.S. citizen, non-
 Lawful Permanent Resident (alien) child
 may have been subjected to a severe
 form of trafficking in persons and is
 seeking Federal assistance available to
 victims of trafficking, to promptly

determine if the child is eligible for
 interim assistance. The law further
 directs the Secretary of HHS to
 determine if a child receiving interim
 assistance is eligible for assistance as a
 victim of a severe form of trafficking in
 persons after consultation with the
 Attorney General, the Secretary of
 Homeland Security, and
 nongovernmental organizations with
 expertise on victims of severe form of
 trafficking.

In developing procedures for
 collecting the necessary information
 from potential child victims of
 trafficking, their case managers,
 attorneys, or other representatives to
 allow HHS to grant interim eligibility,
 HHS devised a form. HHS has
 determined that the use of a standard
 form to collect information is the best
 way to ensure requestors are notified of
 their option to request assistance for
 child victims of trafficking and to make
 prompt and consistent determinations
 about the child's eligibility for
 assistance.

Specifically, the form asks the
 requestor for his or her identifying
 information, information on the child,
 and information describing the type of
 trafficking and circumstances
 surrounding the situation. The form also
 asks the requestor to verify the

information contained in the form
 because the information could be the
 basis for a determination of an alien
 child's eligibility for federally funded
 benefits. Finally, the form takes into
 consideration the need to compile
 information regarding a child's
 circumstances and experiences in a non-
 directive, child-friendly way, and assists
 the potential requestor in assessing
 whether the child may have been
 subjected to trafficking in persons.

The information provided through the
 completion of a Request for Assistance
 for Child Victims of Human Trafficking
 form will enable HHS to make prompt
 determinations regarding the eligibility
 of an alien child for interim assistance,
 inform HHS' determination regarding
 the child's eligibility for assistance as a
 victim of a severe form of trafficking in
 persons, facilitate the required
 consultation process, and enable HHS to
 assess and address potential child
 protection issues.

Respondents: Representatives of
 governmental and nongovernmental
 entities providing social, legal, or
 protective services to alien persons
 under the age of 18 (children) in the
 United States who may have been
 subjected to severe forms of trafficking
 in persons.