

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

Resources and Services Database of the National Prevention Information Network (NPIN) (OMB Control No. 0920–0255, Exp. 01/31/2023)—Revision—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is requesting a Revision and three-year approval for Resources and Services Database of the National Prevention Information Network (NPIN) (OMB Control No. 0920–0255). Revisions include, minor formatting, changes to the surveys involving the decrease in the number of services collected, and changes to the NPIN Questionnaire for new organizations and for annual updates to reflect the changes and modernize the look.

NPIN is a critical member of the network of government agencies, community organizations, businesses,

health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

The NPIN Resources and Services Database contains entries on approximately 10,700 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN website. More than 1,668,000 unique visitors and more than 3,000,000 page views are recorded annually.

To accomplish CDC’s goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 800 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN website.

CDC requests OMB approval for an estimated 1,164 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response	Total burden (in hours)
Registered nurses, Social and community service managers, Health educators, and Social and Human service assistants.	Initial Questionnaire Telephone Script.	800	1	7/60	93
	Telephone Verification	9,095	1	6/60	910
	Email Verification	1,605	1	6/60	161
Total .....	.....	.....	.....	.....	1,164

Jeffrey M. Zirger,

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

[FR Doc. 2022–10372 Filed 5–12–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–22–0770; Docket No. CDC–2022–0053]

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 National HIV Behavioral Surveillance System (NHBS). NHBS collects standardized HIV-related behavioral data from persons at risk for HIV, systematically selected from 20 Metropolitan Statistical Areas (MSAs) throughout the United States.

DATES: CDC must receive written comments on or before July 12, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0053 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, 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

National HIV Behavioral Surveillance System (NHBS) (OMB Control No. 0920–0770, Exp. 01/31/2023)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to monitor behaviors of persons at high risk for infection that are related to Human Immunodeficiency Virus (HIV) transmission and prevention in the United States. The primary objectives of the NHBS are to obtain data from samples of persons at risk to: (a) Describe the prevalence and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing and HIV infection; (c) describe the prevalence of and trends in use of HIV prevention services; and (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community based organizations, community planning groups and other stakeholders.

By describing and monitoring the HIV risk behaviors, HIV seroprevalence and incidence, and HIV prevention experiences of persons at highest risk for HIV infection, NHBS provides an important data source for evaluating progress towards national public health initiatives, such as reducing new infections, increasing the use of condoms, and targeting populations at high risk.

The Centers for Disease Control and Prevention requests approval for a three-year Revision of this information collection. Data are collected through in-person interviews conducted with persons systematically selected from 20 Metropolitan Statistical Areas (MSAs) throughout the United States; these 20 MSAs are chosen based on highest number of HIV infections diagnosed. Persons at risk for HIV infection to be interviewed for NHBS include men who have sex with men (MSM), persons who inject drugs (PWID), and heterosexually active persons at increased risk of HIV infection (HET). A brief screening interview will be used to determine eligibility for participation in the behavioral assessment.

The data from the behavioral assessment will provide estimates of: (1) Behavior related to the risk of HIV and other sexually transmitted diseases, (2) prior testing for HIV, and (3) use of HIV prevention services.

All persons interviewed will also be offered an HIV test and will participate in a pre-test counseling session. No other federal agency systematically collects this type of information from persons at risk for HIV infection. These data have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that each year in 20 MSAs, NHBS will involve, eligibility screening for 125 persons and eligibility screening plus the behavioral assessment with 500 eligible respondents, resulting in a total of 30,000 eligible survey respondents and 7,500 ineligible screened persons. Data collection will rotate such that interviews will be conducted among one group per year: MSM in Year 1, PWID in Year 2, and HET in Year 3. The type of data collected for each group will vary slightly due to different sampling methods and risk characteristics of the group.

CDC requests OMB approval for an estimated 6,600 annual burden hours. Participation is voluntary and there is no cost to the respondents other than their time.

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 (in hours)
Persons Screened	Eligibility Screener	12,500	1	5/60	1,042
Eligible Participants	Behavioral Assessment MSM	3,333	1	24/60	1,334
Eligible Participants	Behavioral Assessment PWID	3,333	1	43/60	2,389
Eligible Participants	Behavioral Assessment HET	3,333	1	31/60	1,723

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Peer Recruiters	Recruiter Debriefing	3,333	1	2/60	112
Total .....	.....	.....	.....	.....	6,600

Jeffrey M. Zirger,

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

[FR Doc. 2022–10375 Filed 5–12–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[Docket Number CDC–2022–0063, NIOSH 063–D]

National Institute for Occupational Safety and Health (NIOSH) Fire Fighter Fatality Investigation and Prevention Program (FFFIPP) Fire Service Community Meeting

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

ACTION: Notice of meeting and request for comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) in the Centers for Disease Control and Prevention (CDC), an operating division of the Department of Health and Human Services (HHS), announces the following web-based meeting and request for comment on the NIOSH Fire Fighter Fatality Investigation and Prevention Program (FFFIPP).

DATES: Written comments must be received by July 27, 2022. The public meeting will be held on Monday, June 27, 2022, 10 a.m. to 3:30 p.m. EDT, or after the last public commenter in attendance has spoken, whichever occurs first. The public meeting will be held as a web-based teleconference available by remote access.

ADDRESSES: This is a virtual meeting. You may submit comments, identified by Docket No. CDC–2022–0063; NIOSH 063–D, by either of the following methods:

- *Federal eRulemaking Portal:* <https://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH

Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

Instructions: On June 27, 2022, NIOSH will hold a virtual (web-based) meeting to seek input. The meeting will be open to the fire service community and interested parties, limited only by web conference lines (500 web conference lines are available) using Audio/LiveMeeting Conferencing. Web-based meeting requirements include: A computer with audio capabilities and an internet connection or a telephone, preferably with mute capability. Each participant is required to register for the meeting at the NIOSH website <https://www.cdc.gov/niosh/fire/fsc.html> by June 15, 2022, 5:00 p.m. EDT. NIOSH will reply by email confirming registration and the details needed to participate in the web-based meeting.

All information received in response to this notice must include the agency name and docket number (CDC–2022–0063; NIOSH 063–D). All relevant comments and submissions provided will be reviewed and posted at <http://www.regulations.gov>. Do not submit comments by email. CDC does not accept comments by email.

FOR FURTHER INFORMATION CONTACT: Jeff Funke, Team Lead, Surveillance and Field Investigations Branch, Division of Safety Research; Telephone: 304–285–5894; Email: NIOSHFireTrauma@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: The purpose of this web-based meeting and docket is to request public comment from the fire service community and interested parties on the NIOSH Fire Fighter Fatality Investigation and Prevention Program (FFFIPP).

Matters To Be Considered: NIOSH will provide a brief presentation and will facilitate discussion on the following two topics: (1) The primary audiences for NIOSH line-of-duty death investigation reports and the strengths and weaknesses of those reports, including report content, format, and length; and (2) specific feedback on how the NIOSH FFFIPP prioritization guideline for planning investigations can be enhanced to meet the needs of the fire service community.

Additional time will be given for invited and registered participants to bring other topics to the attention to the NIOSH FFFIPP.

Background: Since its inception in 1998, the NIOSH FFFIPP has held periodic meetings to seek input about the program with the fire service community and interested parties. These meetings have been an important component of the program and are vital to ensure the program is meeting the needs and expectations of those it serves. The FFFIPP has posted the results of these periodic meetings on its website at: <https://www.cdc.gov/niosh/fire/abouttheprogram/ourworkreviewed/ourworkreviewed.html>.

Written Fire Service Community and Interested Parties Participation

Interested fire service persons and organizations are invited to participate by submitting written views, recommendations, and data. Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted into the docket and may modify the FFFIPP and operations.

Written fire service community and interested parties comments: The docket will be opened to receive written comments on May 13, 2022 through July 27, 2022, 5:00 p.m. EDT.

Oral Fire Service Community and Interested Parties Comments

This meeting will include time for members of the fire service community and interested parties to provide comments about the NIOSH FFFIPP,