

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 hours
Total					1491

Jeffrey M. Zirger,
*Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.*
[FR Doc. 2025–10901 Filed 6–13–25; 8:45 am]
BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

**Solicitation of Nominations for
Appointment to the Advisory
Committee to the Director**

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

SUMMARY: In accordance with the
Federal Advisory Committee Act, the
Centers for Disease Control and
Prevention (CDC), within the
Department of Health and Human
Services (HHS), is seeking nominations
for membership on the Advisory
Committee to the Director (ACD). ACD
consists of not more than 15 experts in
the fields associated with the health
disciplines including, but not limited to,
public health, infectious disease, data
science and Artificial Intelligence (AI),
lab science, global health, public health
preparedness, and related fields.

DATES: Nominations for membership on
the ACD must be received no later than
July 16, 2025. Submission received after
this time will not be considered for the
current membership cycle.

ADDRESSES: All nominations should be
emailed to ACDDirector@cdc.gov with the
subject line: “Nomination for CDC
ACD.”

FOR FURTHER INFORMATION CONTACT:
Lauren Hoffmann, MA, Office of the
Chief of Staff, Centers for Disease
Control and Prevention, 1600 Clifton
Rd., Atlanta, Georgia 30329; telephone
(404) 639–7126; email ACDDirector@cdc.gov.

SUPPLEMENTARY INFORMATION:
Nominations are sought for individuals
who have the expertise and
qualifications necessary to contribute to

the accomplishment of the objectives of
the Advisory Committee to the Director
(ACD). Nominees will be selected based
on expertise in the fields of public
health, infectious disease, data science
and Artificial Intelligence (AI), lab
science, global health, and public health
preparedness. Members may be invited
to serve up to four-year terms. Selection
of members is based on candidates’
qualifications to contribute to the
accomplishment of ACD objectives.

Department of Health and Human
Services (HHS) policy stipulates that
committee membership be balanced in
terms of points of view represented and
the committee’s function. Appointments
shall be made without discrimination
on the basis of age, race, ethnicity, sex,
disability, and cultural, religious, or
socioeconomic status. Nominees must
be U.S. citizens and cannot be full-time
employees of the U.S. Government.
Current participation on Federal
workgroups or prior experience serving
on a Federal advisory committee does
not disqualify a candidate; however,
HHS policy is to avoid excessive
individual service on advisory
committees and multiple committee
memberships. Committee members are
Special Government Employees,
requiring the filing of financial
disclosure reports at the beginning and
annually during their terms. The
Centers for Disease Control and
Prevention (CDC) reviews potential
candidates for ACD membership each
year and provides a slate of nominees
for consideration to the Secretary of
HHS for final selection. HHS notifies
selected candidates of their
appointment near the start of the term,
or as soon as the HHS selection process
is completed. Note that the need for
different expertise varies from year to
year and a candidate who is not selected
in one year may be reconsidered in a
subsequent year.

- Candidates should submit the
following items:
- Current curriculum vitae, including
complete contact information
(telephone numbers, mailing address,
email address).
 - At least one letter of
recommendation from person(s) not
employed by HHS. Candidates may
submit letter(s) from current HHS

employees if they wish, but at least one
letter must be submitted by a person not
employed by an HHS agency (e.g., CDC,
National Institutes of Health, Food and
Drug Administration).

Nominations may be submitted by the
candidate or by the person/organization
recommending the candidate.

The Director, Office of Strategic
Business Initiatives, Office of the Chief
Operating Officer, Centers for Disease
Control and Prevention, has been
delegated the authority to sign **Federal
Register** notices pertaining to
announcements of meetings and other
committee management activities, for
both the Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Kalwant Smagh,
*Director, Office of Strategic Business
Initiatives, Office of the Chief Operating
Officer, Centers for Disease Control and
Prevention.*
[FR Doc. 2025–10851 Filed 6–13–25; 8:45 am]
BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

**[60Day–25–0457; Docket No. CDC–2025–
0018]**

**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, Aggregate
Reports for Tuberculosis Program
Evaluation. The goal of the project is to

allow CDC to collect and monitor indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other high-risk persons likely to be infected and providing therapy for latent tuberculosis infection in an effort to eliminate Tuberculosis in the United States.

DATES: CDC must receive written comments on or before August 15, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0018 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

Aggregate Reports for Tuberculosis Program Evaluation (OMB Control No. 0920–0457, Exp. 1/31/2026)—Extension—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests an Extension of the Aggregate Reports for Tuberculosis Program Evaluation project, currently approved under OMB Control No. 0920–0457, for a period of three years. There are no changes to the scope of the project. There are no revisions to the

report forms, data definitions, or reporting instructions.

To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up and treatment for contacts of tuberculosis cases, and Aggregate report of targeted testing and treatment for latent tuberculosis infection (OMB Control No. 0920–0457). The respondents for these reports are the 66 state and local tuberculosis control programs receiving federal cooperative agreement funding through the CDC Division of Tuberculosis Elimination (DTBE). These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and electronic report entry and submission to CDC through to the National Tuberculosis Indicators Project (NTIP), a secure web-based system for program evaluation data. No other federal agency collects this type of national tuberculosis data, and the aggregate report of follow-up and treatment for contacts of tuberculosis cases, and aggregate report of targeted testing and treatment for latent tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities.

CDC provides ongoing assistance in the preparation and utilization of these reports at the local and state levels of public health jurisdiction. CDC also provides respondents with technical support for the NTIP software. CDC is requests OMB approval for 264 annual burden hours. There is no cost to respondents to participate 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
Data clerks and Program Managers (electronic).	Follow-up and Treatment of Contacts to Tuberculosis Cases Form (2a).	66	1	2	132
Data clerks and Program Managers (electronic).	Targeted Testing and Treatment for Latent Tuberculosis Infection (2b).	66	1	2	132
Total					264

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

[FR Doc. 2025–10859 Filed 6–13–25; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–0213; Docket No. CDC–2025–
0027]

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 Vital
Statistics Report Form. This data
collection is used to report annual
counts of marriages and divorces/
annulments to the Federal government
in support of the National Vital
Statistics System.

DATES: CDC must receive written
comments on or before August 15, 2025.

ADDRESSES: You may submit comments,
identified by Docket No. CDC–2025–
0027 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

National Vital Statistics Report Form
(OMB Control No. 0920–0213, Exp. 07/

31/2025)—Extension—National Center
for Health Statistics (NCHS), Centers for
Disease Control and Prevention (CDC).

Background and Brief Description

The compilation of national vital
statistics by the Federal government
dates to the beginning of the 20th
century. To administer these functions,
the National Office of Vital Statistics
was established in the Public Health
Service in April 1953. In August of
1960, the National Office of Vital
Statistics was reorganized as the
Division of Vital Statistics in the newly
created National Center for Health
Statistics (NCHS), which is now part of
the Centers for Disease Control and
Prevention (CDC).

One of the functions of NCHS is to
plan and administer a program to
provide statistics on births, deaths, fetal
deaths, marriages, and divorces reported
in the National Vital Statistics System.
This includes promoting the uniform
collection of data on these events and
providing technical assistance to the
registration areas; conducting follow
back surveys to expand the scope of
national vital statistics beyond the data
available from vital records; preparing
life tables and analyses of life table
phenomena; and investigating the
quality and reliability of data and
methodology.

One part of this function is to provide
national final counts of marriage, and
divorce occurrences following the end
of each year. The collection of the data
is authorized by 42 U.S.C. 242k.
Provisional counts of marriages and
divorces are disseminated
electronically. This form is the sole
source of final counts for these two
events. These data have been published
since 1937 and are the sole source of
this information at the national level.
The data are used by the Department of
Health and Human Services (HHS) and
by other government, academic, and
private research organizations in
tracking changes in trends of vital
events. The counts of events requested
on the form are necessary to the
administration of this portion of the
program.

CDC requests OMB approval for an
estimated 46 annual burden hours.
There are no costs to respondents other
than their time.