

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office,  
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Disease Control and Prevention.*

[FR Doc. 2026-00717 Filed 1-14-26; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Meeting of the Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the  
Federal Advisory Committee Act, the  
Centers for Disease Control and  
Prevention (CDC) announces the  
following meeting of the Advisory  
Board on Radiation and Worker Health  
(ABRWH). This meeting is open to the  
public, but without a public comment  
period. The public is welcome to submit  
written comments in advance of the  
meeting, to the contact person below.  
The public is also welcome to listen to  
the meeting by joining the audio  
conference (information below). The  
audio conference line has 150 ports for  
callers.

**DATES:** The meeting will be held on  
February 19, 2026, from 11 a.m. to 1  
p.m., EST.

Written comments must be received  
on or before February 12, 2026.

**ADDRESSES:** You may submit comments  
by mail to: Rashaun Roberts, Ph.D.,  
Designated Federal Officer, National  
Institute for Occupational Safety and  
Health, Centers for Disease Control and  
Prevention, 1090 Tusculum Avenue,  
Mailstop C-24, Cincinnati, Ohio 45226.  
Email: [ocas@cdc.gov](mailto:ocas@cdc.gov).

Written comments received in  
advance of the meeting will be included  
in the official record of the meeting.

**Meeting Information:** Audio  
Conference Call via FTS Conferencing.  
The USA toll-free dial-in number is 1-  
866-659-0537; the passcode is 9933701.

**FOR FURTHER INFORMATION CONTACT:**  
Rashaun Roberts, Ph.D., Designated  
Federal Officer, National Institute for  
Occupational Safety and Health, Centers  
for Disease Control and Prevention,  
1090 Tusculum Avenue, Mailstop C-24,  
Cincinnati, Ohio 45226, Telephone:  
(513) 533-6800, Email: [ocas@cdc.gov](mailto:ocas@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

**Background:** The Advisory Board was  
established under the Energy Employees  
Occupational Illness Compensation  
Program Act of 2000 to advise the  
President on a variety of policy and  
technical functions required to  
implement and effectively manage the  
compensation program. Key functions of  
the Advisory Board include providing  
advice on the development of  
probability of causation guidelines,  
which have been promulgated by the  
Department of Health and Human  
Services (HHS) as a final rule; advice on  
methods of dose reconstruction, which  
have also been promulgated by HHS as  
a final rule; advice on the scientific  
validity and quality of dose estimation  
and reconstruction efforts being  
performed for purposes of the  
compensation program; and advice on  
petitions to add classes of workers to the  
Special Exposure Cohort (SEC). In  
December 2000, the President delegated  
responsibility for funding, staffing, and  
operating the Advisory Board to HHS,  
which subsequently delegated this  
authority to the CDC. NIOSH  
implements this responsibility for CDC.

The charter was issued on August 3,  
2001, renewed at appropriate intervals,  
and rechartered under Executive Order  
14109 (September 29, 2023) on March  
22, 2024. Unless continued by the  
President, the Advisory Board will  
terminate on September 30, 2027,  
consistent with Executive Order 14354  
of September 29, 2025.

**Purpose:** The Advisory Board is  
charged with (a) providing advice to the  
Secretary, HHS, on the development of  
guidelines under Executive Order  
13179; (b) providing advice to the  
Secretary, HHS, on the scientific  
validity and quality of dose  
reconstruction efforts performed for this  
program; and (c) upon request by the  
Secretary, HHS, advising the Secretary  
on whether there is a class of employees  
at any Department of Energy facility  
who were exposed to radiation but for  
whom it is not feasible to estimate their  
radiation dose, and on whether there is  
reasonable likelihood that such  
radiation doses may have endangered  
the health of members of this class.

**Matters to be Considered:** The agenda  
will include discussions on the  
following: Program updates; workgroup  
and subcommittee reports; update on  
the status of SEC petitions; and  
planning for an April 2026 Advisory  
Board meeting. Agenda items are subject  
to change as priorities dictate. For  
additional information, please contact  
Toll Free 1-800-232-4636.

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. 2026-00729 Filed 1-14-26; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-26-1335; Docket No. CDC-2025-  
1047]

#### 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 Maritime  
Activity Illness and Death Reporting.  
This data collection is designed to  
ensure that CDC is able to prevent the  
introduction, transmission or spread of  
communicable diseases from foreign  
countries into the United States and  
includes requirements for reporting  
illnesses and deaths among maritime  
travelers to CDC.

**DATES:** CDC must receive written  
comments on or before March 16, 2026.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2025-  
1047 by either of the following methods:

- **Federal eRulemaking Portal:**  
[www.regulations.gov](http://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](http://www.regulations.gov).

*Please note:* Submit all comments through the Federal eRulemaking portal ([www.regulations.gov](http://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](mailto: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**

Maritime Activity Illness and Death Reporting (OMB Control No. 0920-1335, Exp. 1/31/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The goal of this information collection is to ensure that, consistent with the authorities in the Public Health Service Act and 42 CFR parts 70 and 71, CDC is able to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States or from one State or

possession into any other State or possession. This information collection focuses on collecting information necessary to conduct public health response and follow up related to certain illnesses and deaths among a ship's passengers or crew, including travelers who have disembarked or were removed from the ship due to illness or death. It includes requirements for reporting illnesses and deaths among maritime travelers to CDC.

To monitor respiratory illnesses occurring onboard cruise voyages, CDC further requests that ships submit cumulative reporting of acute respiratory illness (ARI) (e.g., influenza) once per voyage and earlier if 3% or more of crew or passengers are ill with an ARI. Thus, the purpose of this information collection is to facilitate the reporting of illness and deaths for travelers on maritime conveyances in CDC's reporting jurisdiction operating or intending to operate in U.S. waters. Historically, these maritime-related data collection activities were approved under different OMB control numbers, including ARI surveillance (0920-1335, Exp. 1/31/2026), maritime illness and death reporting (0920-0134, Exp. 3/31/2026), and pathogen-specific enhanced data collection (0920-0900, Exp. 9/30/2027). With this current submission, CDC is requesting a Revision with the aim of improving efficiency of CDC's maritime activities through aggregation under one OMB Control Number.

CDC requests OMB approval for an estimated 828 annual burden hours. There is no cost to respondents other than their time to participate.

**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)
Maritime Vessel Operator/Ship Clinician.	Maritime Conveyance Illness or Death Investigation (Sections 1-4).	500	1	10/60	83
Maritime Vessel Operator/Ship Clinician.	Maritime Conveyance Illness or Death Investigation (Section 5).	100	1	5/60	8
Maritime Vessel Operator/Ship Clinician.	Cruise Ship Cumulative ARI Reporting (<3%).	100	40	10/60	667
Maritime Vessel Operator/Ship Clinician.	Cruise Ship Cumulative ARI Reporting (3% or more).	100	3	10/60	50
Maritime Vessel Operator/Ship Clinician.	Influenza Outbreak Enhanced Data Collection.	10	1	10/60	2
Maritime Vessel Operator/Ship Clinician.	TB Maritime Contact Investigation Worksheet.	17	1	10/60	3
Maritime Vessel Operator/Ship Clinician.	Varicella Outbreak Enhanced Data Collection.	74	1	10/60	12
Maritime Vessel Operator/Ship Clinician.	42 CFR 71.35 Report of Death Illness During Stay in Port (verbal, no form).	5	1	30/60	3
<b>Total</b> .....	.....	.....	.....	.....	<b>828</b>

**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. 2026-00719 Filed 1-14-26; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-26-1166; Docket No. CDC-2025-  
1014]

#### 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 Poison Center  
Collaborations for Public Health  
Emergencies (PCCPHE). PCCPHE creates  
a timely mechanism which will allow a  
network of poison centers, supported by  
CDC, to obtain critical exposure and  
health information during a public  
health emergency.

**DATES:** CDC must receive written  
comments on or before March 16, 2026.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2025-  
1014 by either of the following methods:

- *Federal eRulemaking Portal:*  
[www.regulations.gov](http://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](http://www.regulations.gov).

*Please note:* Submit all comments  
through the Federal eRulemaking portal  
([www.regulations.gov](http://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](mailto: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

Poison Center Collaborations for  
Public Health Emergencies (PCCPHE)  
(OMB Control No. 0920-1166, Exp. 04/  
30/2026)—Revision—National Center  
for Environmental Health (NCEH),  
Centers for Disease Control and  
Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and  
Prevention (CDC) is requesting a three-  
year Paperwork Reduction Act (PRA)

Revision of the Generic Information  
Collection Request (Generic ICR) titled  
Poison Center Collaborations for Public  
Health Emergencies (PCCPHE) (OMB  
Control No. 0920-1166; Expiration date  
04/30/2026).

CDC's key partner is America's Poison  
Centers™, formerly known as the  
American Association of Poison Centers  
(AAPCC). America's Poison Centers™ is  
a national network of 53 poison centers  
working to prevent and treat poison  
exposures. America's Poison Centers™  
manages its existing surveillance system  
called the National Poison Data System  
(NPDS) and provides CDC access to  
monitor this system under a cooperative  
agreement and a data license agreement.

When a public health emergency of  
interest emerges in NPDS, the CDC and  
America's Poison Centers™ hold a  
meeting to mutually decide whether the  
incident needs further investigation. For  
a public health emergency to be selected  
for call-back, adverse health effects must  
have occurred, and a response is needed  
to prevent further morbidity and  
mortality. The incident must meet the  
following criteria: (1) the incident is a  
public health emergency causing  
adverse health effects; (2) timely data  
are urgently needed to inform rapid  
public health action to prevent or  
reduce injury, disease, or death; (3) the  
incident is characterized by a natural or  
man-made disaster, contaminated food  
or water, a new or existing consumer  
product, or an emerging public health  
threat; (4) the incident has resulted in  
calls to a poison center, and the poison  
center agrees to conduct the call-back  
data collection; (5) the incident is  
domestic; and (6) data collection will be  
completed in 60 days or less.

The purpose of this Generic ICR is to  
create a timely mechanism to allow  
poison centers, supported by CDC, to  
follow-up with callers during select  
public health emergencies on exposure  
and health. These PCCPHE Generic  
information collections (GenICs) will  
obtain information on sources of  
exposure, scenario of exposure, health  
seeking behaviors following exposure,  
and awareness of health communication  
messaging. These additional data can  
help CDC identify interventions to  
improve health messaging meant to  
reduce exposure; improve disaster and  
emergency response; and prevent future  
incidents for the specific area or  
incident of interest.

Trained poison center staff will  
conduct the call-back telephone survey  
or will facilitate the call-back web  
survey, after administering consent.  
Respondents will include individuals  
who call poison centers about exposures  
related to the select public health