search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

U.S. National Authority for Containment of Poliovirus Data Collection Tools—New—Office of Readiness and Response (ORR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The role of the National Authority for Containment (U.S. NAC) of Poliovirus is to ensure that the requirements established in the World Health Organization (WHO) Global Action Plan (GAP) III/IV standard are effectively implemented and maintained in facilities working with or storing infectious poliovirus or potentially infectious materials. Risk assessments following an incident are a critical component for adequate application of the GAP standard. To support risk assessment activities, The ''Facility Incident Reporting Form for Poliovirus Release and Potential Exposure'' and the ''Facility Incident Reporting Form for Poliovirus Theft or Loss'' forms were created for facilities to capture and submit incident information to the U.S. NAC. These forms will not only address the biosafety and biosecurity containment emergency elements of the GAP standard but will also inform the U.S. NAC risk assessments and thereby, guide CDC's determination of the emergency response level and direction.

The information collected in the ''Personal Protective Equipment Survey for Laboratories'' will assist the Centers for Disease Control and Prevention (CDC), U.S. NAC and National Institute for Occupational Safety and Health (NIOSH) with developing guidance and recommendations for PPE selection and use in support of poliovirus containment, as well as identify laboratory PPE commonly used to evaluate laboratory PPE performance characteristics in testing studies.

Information collected in the ''Global Action Plan (GAP) Poliovirus Containment Poliovirus-Essential Facility Assessment Checklist'' will aid U.S. facilities in preparing for an audit to obtain a poliovirus certificate of containment. Data collected from this form will also collect additional information on poliovirus materials held by a U.S. facility, their work activities, and facility features.

The ''Poliovirus Containment Sampling Plan and Sanitation Assessment Form for Wastewater (WW) Systems Supporting a Poliovirus-Essential Facility (PEF) in the United States'' form will collect information to assess a poliovirus facility's essential WW system, the primary safeguards to reduce and control the release of poliovirus from the facility. In addition, it will verify the safeguards of local WW utilities that receive WW from the PEF.

OMB approval is sought for three years. The annualized time burden for this information collection is estimated to be 125 hours. There is no cost to 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)
Facility Staff/Leadership	Facility Incident Reporting Form for Poliovirus Release or Potential Exposure.	10	1	45/60
Facility Staff/Leadership	Facility Incident Reporting Form for Poliovirus Theft or Loss	10	1	45/60
Facility Staff/Leadership	Personal Protective Equipment Survey for Laboratories	20	1	90/60
Facility Staff/Leadership	GAP Poliovirus Containment Poliovirus-Essential Facility Questionnaire.	20	1	90/60
Facility Staff/Leadership	GAP Facility Assessment Checklist	20	1	1
Facility Staff/Leadership	The Poliovirus Containment Sampling Plan and Sanitation Assessment Form for Wastewater (WW) Systems Supporting a Poliovirus-Essential Facility (PEF) in the United States.	20	1	90/60

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. 2023–25082 Filed 11–13–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–0214]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''National Health Interview Survey (NHIS)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on August 21, 2023 to obtain comments from the public and affected agencies. CDC receive three comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Health Interview Survey (NHIS) (OMB Control No. 0920–0214, Exp. 12/31/2023)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The annual National Health Interview Survey (NHIS) is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. This voluntary and confidential household-based survey collects demographic and health-related information from a nationally representative sample of households and noninstitutionalized, civilian persons throughout the country. NHIS data have long been used by government, academic, and private researchers to evaluate both general health and specific issues, such as smoking, diabetes, health care coverage, and access to health care. The survey is also a leading source of data for the Congressionally mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward HHS health objectives.

The NHIS sample adult and sample child questionnaires include annual core content that is scheduled to be fielded in the survey every year, rotating content that is fielded periodically, emerging content to address new topics of growing interest, and sponsored content that is fielded when external funding is available. Rotating sample adult and sample child core content on service utilization that was on the NHIS in 2023 will rotate off in 2024. Content on chronic pain and preventive services will also rotate off the sample adult core, and content on stressful life events will rotate off the sample child core. The 2024 sample adult rotating core will include items on health-related behaviors including smoking history and cessation, alcohol use, fatigue, physical activity, walking, doctor's advice to exercise, and sleep—content previously fielded on the 2022 NHIS. It will also include content on allergies and other health conditions and psychological distress, content that was previously fielded in 2021. The 2024 sample child rotating core will include questions on allergies and other conditions and health-related behaviors including physical activity, neighborhood characteristics, sleep, screen time, and height and weight which were previously fielded in 2022. Sponsored content on vision and hearing will be removed from both the sample adult and sample child questionnaires. Sponsored content on arthritis will be removed from the sample adult questionnaire. Sponsored content on social support and stressful life events will be removed from the sample child questionnaire. Sponsored content on cancer control and immunizations will remain, but the specific questions will change. Sponsored cancer control content on breast, prostate, and colorectal cancer screening, family history of cancers, and genetic testing for cancer risk will be removed from the sample adult questionnaire. Sponsored cancer control content in the 2024 NHIS sample adult questionnaire will focus on cigarette smoking history, lung cancer screening, environment for walking, and sun safety, using similar questions that were used in the 2020 NHIS. Sponsored content for the 2024 NHIS sample adult and sample child questionnaire will also include questions about taste and smell that are similar to content included in the 2021 NHIS. Sponsored content on social support and loneliness will also be added to the 2024 NHIS sample adult questionnaire. Emerging content on everyday discrimination, heightened vigilance, and mental health has been removed from the sample adult questionnaire. Emerging content on GLP–1 injectables has been added to the sample adult questionnaire.

Like in past years, and in accordance with the 1995 initiative to increase the integration of surveys within the DHHS, respondents to the 2021 NHIS will serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. A subsample of NHIS respondents and/or members of commercial survey panels may be identified to participate in short, web-based methodological and cognitive testing activities to evaluate the questionnaire and/or inform the development of new rotating and sponsored content using web and/or mail survey tools. In addition, subsamples of NHIS respondents may be recontacted by web, phone, or mail to ask follow-up questions on topics that are already included in the NHIS. The NHIS-Teen is a follow-back survey of adolescents that was fielded from 2021 to 2023 and may be fielded again in 2025 and 2026 if funding is available. The NHIS also includes content that is used to benchmark estimates and calibrate survey weights from probability-based online commercial survey panels as part of the NCHS Rapid Surveys System.

CDC requests OMB clearance for three years, to collect data through 2026. The total estimated annualized burden is 39,192 hours. 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)
Adult Household Member	Household Roster	36,000	1	4/60
Sample Adult	Adult Questionnaire	33,000	1	50/60
Adult Family Member	Child Questionnaire	10,000	1	22/60
Adult Family Member	Methodological Projects	15,000	1	20/60
Sample Child	NHIS-Teen	667	1	15/60
Adult Family Member	Reinterview Survey	5,500	1	5/60

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. 2023–25084 Filed 11–13–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–22FZ]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Provider Training and Adherence Assistance in Two High Priority Settings'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on August 21, 2023, to obtain comments from the public and affected agencies. CDC received three comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Provider Training and Adherence Assistance in Two High Priority Settings—New—National Center for HIV, Viral Hepatitis, STD, TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is requesting approval for three years for a data collection titled mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Provider Training and Adherence Assistance in Two High Priority Settings. The purpose of the information collection is to implement and evaluate the effectiveness of mChoice, a clinic-based intervention designed to improve HIV preexposure prophylaxis (PrEP) adherence and persistence among young men who have sex with men (YMSM). The intervention targets both health providers and PrEP patients by providing evidence-based training for health providers to improve clinical knowledge and enhance provider communications with patients, and CleverCap, an electronic medication monitoring device and mobile phone application that provides health information and medication and appointment reminders for patients undergoing PrEP treatment.

Data collected through this study will be used to evaluate the mChoice intervention for YMSM. The information collected in this study will be used to: (1) describe real-world PrEP use including factors influencing selection and change of PrEP regimens; (2) understand and describe barriers and facilitators impacting the implementation of new PrEP modalities in clinical practice; (3) evaluate the feasibility and acceptability of the CleverCap mobile app among YMSM on PrEP; and (4) evaluate the feasibility and acceptability of implementing provider PrEP training.

The study will be carried out in four clinics in two locations, New York City, NY (2), and Birmingham, AL (2). For the cohort, convenience and referral-based sampling techniques will be used to identify and recruit participants. Participants will be young men between the ages of 18 and 39 who have sex with men; are using or initiating PrEP; and live in the New York City or Birmingham, AL area. Recruitment controls will ensure enrollment of at least 50% Black or African American or Hispanic or Latino men. Cohort participants will be recruited using a combination of approaches including print media posted in clinic waiting rooms, social media, referral, and in-person outreach.