

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	Self-Perception Surveys and other Structured Questions: Perceived comfort level with technology, perceived safety and trust level with technology, perceived fatigue while interacting with technology, etc.	4,000	6	10/60
	Biomechanics measurements: Force plate, strain gauges, stopwatch, accelerometers (including dataloggers), electromyography sensors human/equipment interaction forces, whole-body motion, Electromyography (EMG) for muscle activity, Near-infrared spectroscopy (NIRS) for muscle oxygenation, etc.	2,000	4	30/60
	Task Performance Measures: Measures recorded using various virtual reality systems (e.g., Vive, Meta quest) and components (e.g., controllers) that quantify the subjects' performance such as time to complete, errors, movement path, and omissions.	2,000	12	15/60
	Eye Tracking Measures: Recorded using various virtual reality glasses (e.g., Ergoneers) to assess eyes-off-task time and recognition in response to simulated environments designed to assess integration of new robotic technologies and design set-up.	2,000	12	15/60

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-24-0978]

**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 “Emerging Infections Program (EIP)” 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 February 29, 2024 to obtain comments from the public and affected agencies. CDC received one non-substantive comment. 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](http://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**

Emerging Infections Program (EIP) (OMB Control No. 0920-0978, Exp. 2/28/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Emerging Infections Programs (EIP) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease. Activities in the EIP Network to which all applicants must participate are:

- Active Bacterial Core surveillance (ABCs): active population-based laboratory surveillance for invasive bacterial diseases.
- Foodborne Diseases Active Surveillance Network (FoodNet): active population-based laboratory surveillance to monitor the incidence of select enteric diseases.
- Influenza: active population-based surveillance for laboratory confirmed influenza-related hospitalizations.

- Healthcare-Associated Infections-Community Interface (HAIC) surveillance: active population-based surveillance for healthcare-associated pathogens and infections.
- A Revision is being submitted to make existing collection instruments clearer and to add several new forms specifically surveying laboratory practices. These forms will allow the EIP to better detect, identify, track changes in laboratory testing

methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

CDC requests OMB approval for an estimated 41,483 annual burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form No.	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Department .....	ABC.100.1 .....	ABCs Case Report Form .....	10	809	20/60
	ABC.100.2 .....	ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form.	10	127	10/60
	ABC.100.3 .....	ABCs <i>H. influenzae</i> Neonatal Sepsis Expanded Surveillance Form.	10	6	10/60
	ABC.100.4 .....	ABCs Severe GAS Infection Supplemental Form .....	10	136	20/60
	ABC.100.5 .....	ABCs Neonatal Infection Expanded Tracking Form .....	10	37	20/60
	FN.200.1 .....	FoodNet Campylobacter .....	10	970	21/60
	FN.200.2 .....	FoodNet Cyclospora .....	10	42	10/60
	FN.200.3 .....	FoodNet Listeria monocytogenes .....	10	16	20/60
	FN.200.4 .....	FoodNet Salmonella .....	10	855	21/60
	FN.200.5 .....	FoodNet Shiga toxin producing <i>E. coli</i> .....	10	290	20/60
	FN.200.6 .....	FoodNet Shigella .....	10	234	10/60
	FN.200.7 .....	FoodNet Vibrio .....	10	46	10/60
	FN.200.8 .....	FoodNet Yersinia .....	10	55	10/60
	FN.200.9 .....	FoodNet Hemolytic Uremic Syndrome .....	10	10	1
	FN.200.10 .....	FoodNet Clinical Laboratory Practices and Testing Volume.	10	70	10/60
	FSN.300.1 .....	FluSurv-Net Influenza Hospitalization Surveillance Network Case Report Form.	15	576	25/60
	FSN.300.2 .....	FluSurv-Net Influenza Hospitalization Surveillance Project Vaccination Phone Script and Consent Form (English/Spanish).	13	16	10/60
	FSN.300.3 .....	FluSurv-Net Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults)and notification letter.	13	126	5/60
	FSN.300.4 .....	FluSurv-NET Laboratory Survey .....	15	16	10/60
	HAIC.400.1 .....	HAIC—Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF).	11	1,581	29/60
	HAIC.400.2 .....	HAIC MuGSI CA CP—CRE Health interview .....	10	10	30/60
	HAIC.400.3 .....	HAIC MuGSI Supplemental Surveillance Officer Survey.	11	1	20/60
	HAIC.400.4 .....	HAIC—Invasive <i>Staphylococcus aureus</i> Infection Case Report Form.	10	788	29/60
	HAIC.400.5 .....	HAIC—Invasive <i>Staphylococcus aureus</i> Laboratory Survey.	10	11	9/60
	HAIC.400.6 .....	HAIC—Invasive <i>Staphylococcus aureus</i> Supplemental Surveillance Officers Survey.	10	1	11/60
	HAIC.400.7 .....	HAIC—CDI Case Report and Treatment Form .....	10	1,650	38/60
	HAIC.400.8 .....	HAIC—Annual Survey of Laboratory Testing Practices for <i>C. difficile</i> Infections.	10	16	17/60
	HAIC.400.9 .....	HAIC—CDI Annual Surveillance Officers Survey .....	10	1	15/60
	HAIC.400.10 .....	HAIC—Emerging Infections Program <i>C. difficile</i> Surveillance Nursing Home Telephone Survey (LTCF).	10	45	5/60
	HAIC.400.11 .....	HAIC Candidemia Case Report Form .....	10	170	40/60
	HAIC.400.12 .....	HAIC—Laboratory Testing Practices for Candidemia Questionnaire.	10	20	14/60
	HAIC.400.13 .....	HAIC Death Ascertainment Project .....	10	8	24

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