

whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Select Agent Distribution Activity (SADA): Request for Select Agent (OMB Control No. 0920-0591 exp. 7/31/2014)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention is requesting approval to

continue data collection under the Select Agent Distribution Activity (SADA). The purpose of this data collection is to provide a systematic and consistent mechanism to review requests that come to CDC for Select Agents.

The term select agents is used to describe a limited group of viruses, bacteria, rickettsia, and toxins that have the potential for use as agents of bioterrorism, inflicting significant morbidity and mortality on susceptible populations. The SADA form is scheduled to expire on 07/31/2014.

SADA was originally created for the anticipated large number of requests for select agents by investigators seeking National Institutes of Health grants. The process was established to lessen the burden on CDC Subject Matter Experts (SMEs) who would be receiving requests for access to select agents housed within NCEZID.

The SADA application is a Material Transfer Agreement that is specific to select agent requests. Although the

SADA Office has not received a new application since the last Office of Management and Budget (OMB) request, they have received several inquiries and provided assistance to both internal SMEs as well as outside requestors. CDC has deposited a variety of strains into the Biodefense and Emerging Infections (BEI) Research Resources Repository and requestors now have the option of requesting materials using this mechanism. However, CDC would like to maintain the ability to process requests if they receive them and is, therefore, making a request to use the SADA application indefinitely.

The number of potential respondents in a given year is unknown. The estimates below are based on *if* they were to receive requests from 900 respondents. A user fee will be collected to recover costs for materials, handling and shipping (except for public health laboratories).

The cost to the respondent will vary based on which agent is requested.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Researcher .....	SADA Request for Select Agent .....	900	1	30/60	450
Total	.....	.....	.....	.....	450

**LeRoy Richardson,**  
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 Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30 Day-14-0879]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an

email to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Surveys of State, Tribal, Local, and Territorial (STLT) Governmental Agencies (OMB Control No. 0920-0879, Exp. 3/31/2014)—Revision—Office of the Director, Office of State, Tribal Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC's mission is to create the expertise, information, and tools that people and communities need to protect their health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC seeks to accomplish its mission by collaborating with partners throughout the nation and the world to: monitor health, detect and investigate health problems, conduct

research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

CDC is requesting a three-year approval for a generic clearance to collect information related to domestic public health issues and services that affect and/or involve state, tribal, local and territorial (STLT) government entities. The respondent universe is comprised of STLT governmental staff or delegates acting on behalf of a STLT agency involved in the provision of essential public health services in the United States. The STLT agency is represented by state, tribal, local or territorial governmental entity or delegate with a task to protect and/or improve the public's health.

Information will be used to assess situational awareness of current public health emergencies; make decisions that affect planning, response and recovery activities of subsequent emergencies; fill CDC gaps in knowledge of programs and/or STLT governments that will

strengthen surveillance, epidemiology, and laboratory science; improve CDC's support and technical assistance to states and communities. CDC will conduct brief data collections, across a range of public health topics related to essential public health services, using

standard modes of administration (e.g., online, telephone, in-person, focus groups).

CDC estimates up to 30 data collections with State, territorial or tribal governmental staff or delegates, and 10 data collections with local/

county/city governmental staff or delegate will be conducted on an annual basis. Ninety-five percent of these data collections will be web-based. The total annualized burden of 54,000 hours is based on the following estimates.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
State, Territorial, or Tribal government staff .....	800	30	1
Local/County/City government staff .....	3,000	10	1

**LeRoy Richardson,**

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day 14-0004]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30333; comments may also be sent by email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have a practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarify of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

National Disease Surveillance Program II. Disease Summaries (0920-0004 Exp. 8/31/2014)—Revision—National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC requests a three year approval for a Revision of the National Disease Surveillance Program II. Disease Summaries information collection.

Proposed revisions include shifting information collection management responsibilities to the National Center for Immunization and Respiratory Diseases (NCIRD) and consolidating various forms to reflect more current

technology trends. Also, CDC requests the use of the following new Influenza forms to enhance surveillance and assist in understanding the complexities of these newer viruses: Human Infection with Novel Influenza A Virus Severe Outcomes; Human Infection with Novel Influenza A Virus with Suspected Avian Source; and Antiviral Resistant Influenza Infection Case Report Form.

Due to the uncertainty regarding MERS-CoV and its threat to human health, CDC also has a need to use a Middle East Respiratory Syndrome Coronavirus (MERS-CoV) [Patient Under Investigation] form. Use of an Adenovirus Typing Report Form and discontinuing the use of the Harmful Algal Bloom-related Illness form is also requested. The Adenovirus Typing Report Form allows for a passive surveillance mechanism that collects adenovirus typing data to enhance adenovirus circulation data already collected by the National Respiratory and Enteric Virus Surveillance System (NREVSS).

The methodology for reporting varies depending on the occurrence, modes of transmission, infectious agents, and epidemiologic measures.

There is no cost to respondents other than their time.

The total estimated annualized burden hours are 31,921.

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS AND COSTS

Type of respondents state epidemiologists	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Form name				
Foodborne Outbreak Form (CDC 52.13) .....	54	32	20/60	576
Influenza virus (Internet; year round) (CDC 55.31) .....	35	52	10/60	303
-Influenza virus (electronic, year round) (PHLIP) .....	49	52	5/60	212
-Influenza virus (electronic, year round) (PHIN-MS) .....	3	52	5/60	13
U.S. WHO Collaborating Laboratories Influenza Testing Methods Assessment (CDC 55.31A) .....	87	1	10/60	15
Weekly Influenza-like Illness (year round) (CDC 55.20) .....	1,800	52	10/60	15,600
Daily Influenza-like illness (year round) .....	75	365	10/60	4,563