

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	Telephone interview .....	500	1	40/60	333
Total .....	.....	.....	.....	.....	22,728

**Leroy A. 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.

[FR Doc. 2015–10543 Filed 5–5–15; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–15–15AEP; Docket No. CDC–2015–  
0029]

#### 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 efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on two information  
collections titled “Persistence of Ebola  
Virus in Body Fluids of Ebola Virus  
Disease (EVD) Survivors in Sierra  
Leone” and “Assessment of Public  
Knowledge, Attitudes, and Practices  
(KAPs) Relating to EVD Prevention and  
Medical Care in Guinea.” The purpose  
of these information collections is to  
gather the necessary information for the  
CDC and the international community  
to begin the activities necessary to reach  
the goal of zero new EVD cases  
throughout West Africa. Once that goal  
is reached, the 42-day countdown to  
declare West Africa Ebola-free can  
begin. Similar requests for public  
comment will be published as new  
information collections are proposed in

the effort to meet the international goal  
of zero new EVD cases.

**DATES:** Written comments must be  
received on or before July 6, 2015.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC–2015–  
0029 by any of the following methods:

- *Federal eRulemaking Portal:*  
*Regulation.gov.* Follow the instructions  
for submitting comments.
- *Mail:* Leroy A. Richardson,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road, NE.,  
MS–D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. All relevant comments  
received will be posted without change  
to *Regulations.gov*, including any  
personal information provided. For  
access to the docket to read background  
documents or comments received, go to  
*Regulations.gov*.

**Please note:** All public comment should be  
submitted through the Federal eRulemaking  
portal (*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 the Information  
Collection Review Office, Centers for  
Disease Control and Prevention, 1600  
Clifton Road NE., MS–D74, Atlanta,  
Georgia 30329; phone: 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 OMB for approval. To  
comply with this requirement, we are

publishing this notice of a proposed  
data collection as described below.

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  
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; (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; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance, and purchase of services  
to provide information. Burden means  
the total time, effort, or financial  
resources expended by persons to  
generate, maintain, retain, disclose or  
provide information to or for a Federal  
agency. This includes the time needed  
to review instructions; to develop,  
acquire, install and utilize technology  
and systems for the purpose of  
collecting, validating and verifying  
information, processing and  
maintaining information, and disclosing  
and providing information; to train  
personnel and to be able to respond to  
a collection of information, to search  
data sources, to complete and review  
the collection of information; and to  
transmit or otherwise disclose the  
information.

#### Proposed Projects

A Study of Viral Persistence in Ebola  
Virus Disease (EVD) Survivors and an  
Assessment of Public Knowledge,  
Attitudes, and Practices Relating to EVD  
Prevention and Medical Care—New—  
National Center for Emerging and  
Zoonotic Infectious Diseases (NCEZID),  
Centers for Disease Control and  
Prevention (CDC).

#### Background and Brief Description

Much progress has been made in the  
year since the CDC first responded to  
the Ebola outbreak in West Africa, but  
the agency’s efforts must continue until  
there are zero new cases of Ebola virus  
disease (EVD). As the CDC’s 2014 Ebola

virus response draws closer to the international goal of zero new EVD cases in 2015, the agency must intensify its efforts to identify and prevent every potential route of human disease transmission and to understand the most current community barriers to reaching that final goal.

The first study, titled “Persistence of Ebola Virus (EBOV) in Body Fluids of EVD Survivors in Sierra Leone,” will be the first systematic examination of the post-recovery persistence of EBOV and the risks of transmission from a cohort of convalescent Ebola survivors during close or intimate contact. It is important to fully understand how long the virus stays active in body fluids other than blood in order to target and refine public health interventions to arrest the ongoing spread of disease.

The research study will be comprised of three modules based on the body fluids to be studied: A pilot module of adult males (semen) and two full modules: Module A of adult men and women repeating collections and questionnaires every two weeks (semen, vaginal secretions, and saliva, tears, sweat, urine, rectal swab), and Module B of lactating adult women repeating collections and questionnaires every three days (sweat and breast milk). Participants for each module will be recruited by trained study staff from Ebola treatment units (ETUs) and survivor registries. Participants will be followed up at study sites in government hospitals.

Specimens will be tested for EBOV ribonucleic acid (RNA) by reverse transcription polymerase chain reaction test (RT-PCR) in Sierra Leone at the CDC laboratory facility in Bo. All positive RT-PCR samples will be sent to CDC Atlanta for virus isolation. Each body fluid will be collected until two negative RT-PCR results are obtained. Participants will be followed until all their studied body fluids are negative. They will receive tokens of appreciation

for their participation at the initial visit and again at every subsequent follow-up visit [e.g., 120,000 Leones (approximately \$28 US dollars) and a supply of condoms]. For Module A, men and women will be recruited in equal numbers for this study until more information on gender effects of viral persistence is available. A trained study data manager will collect test results for all participants in a laboratory results form.

Results and analyses are needed to update relevant counseling messages and recommendations from the Sierra Leone Ministry of Health (MoH), WHO, and CDC. The study will provide the most current information that is critical to the development of public health measures, such as recommendations about sexual activity, breastfeeding, and other routine activities and approaches to evaluation of survivors to determine whether they can safely resume sexual activity. These approaches in turn are expected to reduce the risk of Ebola resurgence and mitigate stigma for thousands of survivors. The information is likewise critical to reducing the risk that Ebola would be introduced in a location that has not previously been affected.

The second data collection, titled “Assessment of Public Knowledge, Attitudes, and Practices (KAPs) Relating to EVD Prevention and Medical Care in Guinea,” is urgently needed to inform the rapid development of an up-to-date national, evidence-based strategy for health promotion and social mobilizations to assist the Guinea MoH achieve its goal of zero new cases. This will be a nationally representative assessment of community-specific KAPs designed to reduce prevailing barriers to EVD prevention and control efforts. Despite dissemination of basic EVD prevention messages through radio, billboards, community meetings, and other means, resistance to EVD prevention and control measures

continues in many communities. Some believe that EVD is transmitted by witchcraft, “outsiders,” or health workers. Some lack understanding or confidence in control measures. Reports of potential resistance include hiding of ill and deceased persons, unsafe burial practices, and violence against health workers.

For this effort, the CDC and the Guinea MoH will work with well-established African organizations that specialize in household health surveys and health promotion. They will collect information from representative samples of household members and community leaders living in villages and neighborhoods in eight Guinean regions (Conakry, Kindia, Boké, Mamou, Labé, Faranah, Kankan, N’zérékoré). No tokens of appreciation will be offered to participants in this assessment.

Previously, a UNICEF-funded EVD-related KAP assessment was conducted which did not address perceptions of health education activities; reasons for resistance to prevention and control efforts; or stigma and discrimination faced by EVD cases, survivors, or contacts. For this reason, the CDC Director stressed after his March 2015 Guinea visit that this new CDC-funded community KAP assessment was critical to inform international efforts to get to zero cases in Guinea.

Both information collections will be one-time efforts in these participating countries under the authority of Section 301 of the Public Health Service Act (42 U.S.C. 241).

The total burden hours requested for the research study in Sierra Leone is 2,474 hours incurred by 530 participants, and for the KAP assessment in Guinea, 5,184 hours incurred by 5,248 participants. There are no other costs to the respondent other than their time.

*Estimated Burden Hours*

STUDY OF THE “PERSISTENCE OF EBOLA VIRUS (EBOV) IN BODY FLUIDS OF EVD SURVIVORS IN SIERRA LEONE”

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Pilot participants .....	Survivor Questionnaire .....	80	1	30/60	40
Pilot participants .....	Survivor Follow-up Questionnaire ....	80	12	10/60	160
Module A male participants .....	Survivor Questionnaire .....	175	1	30/60	88
Module A male participants .....	Survivor Follow-up Questionnaire ....	175	12	10/60	350
Module A female participants .....	Survivor Questionnaire .....	175	1	30/60	88
Module A female participants .....	Survivor Follow-up Questionnaire ....	175	12	10/60	350
Module B female participants .....	Survivor Questionnaire .....	100	1	30/60	50
Module B female participants .....	Survivor Follow-up Questionnaire ....	100	12	10/60	200
Data manager .....	Laboratory Results Form .....	1	6,890	10/60	1,148
Total .....	.....	.....	.....	.....	2,474

“ASSESSMENT OF PUBLIC KNOWLEDGE, ATTITUDES, AND PRACTICES RELATING TO EVD PREVENTION AND MEDICAL CARE  
IN GUINEA”

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Household Members .....	Information Collection Instrument—Household.	5,120	1	1	5,120
Village or Neighborhood Leaders .....	Information Collection Instrument—Leader.	128	1	30/60	64
<b>Total</b> .....	.....	.....	.....	.....	5,184

**Leroy A. 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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**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Disease Control and  
Prevention**

[60-Day 15–15AFJ; Docket No. CDC–2015–  
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 efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on the proposed information  
collection entitled *The Green Housing  
Pilot Study (New Orleans)*.

**DATES:** Written comments must be  
received on or before July 6, 2015.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC–2015–  
0027 by any of the following methods:

- **Federal eRulemaking Portal:**  
*Regulation.gov*. Follow the instructions  
for submitting comments.

- **Mail:** Leroy A. Richardson,  
Information Collection Review Office,  
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to review instructions; to develop,  
acquire, install and utilize technology  
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information, processing and  
maintaining information, and disclosing  
and providing information; to train  
personnel and to be able to respond to  
a collection of information, to search  
data sources, to complete and review  
the collection of information; and to  
transmit or otherwise disclose the  
information.

**Proposed Project**

The Green Housing Pilot Study (New  
Orleans)—New—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 seeking a new  
three-year regular OMB approval for a  
pilot study of additional components to  
be tested in a single study site (New  
Orleans) for the Green Housing Study  
(OMB No. 0920–0906, Expiration Date  
10/31/2017). The goal of the Green  
Housing pilot study (New Orleans) is to  
apply environmental sample collection  
methods and novel approaches to study  
exposures to various indoor pollutants  
(both chemical and biological agents) in  
children (0–12 yrs.).

The information collected will help  
scientists better understand time-  
activity patterns of young children (0–  
12 years) that affect exposures to