Proposed Project

Rapid Response Suicide Investigation Data Collection—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is frequently called upon to respond to urgent requests from one or more external partners (*e.g.,* local, state, territory, and tribal health authorities; other federal agencies; local and state leaders; schools; or other partner organizations) to conduct investigations of suicide. Supporting rapid investigations to inform the implementation of effective suicide prevention strategies is one of the most important ways CDC can serve to protect and promote the health of the public. Prior to this information collection request, CDC had collected data for a suicide investigation via the OMB-approved Emergency Epidemic Investigations (EEI) generic information collection plan (OMB Control Number 0920–1011; expiration date 3/31/2020), which supported data collections for Epi-Aid investigations. However, this mechanism is no longer available for rapid suicide responses due to the narrowing in scope of that generic. CDC requests a three-year approval of a generic information collection plan that allows for rapid response to urgent CDC assistance requests to investigate an apparent and unexplained potential cluster or increase in suicidal behavior.

CDC designed the *Rapid Response Suicide Investigation Data Collections* specifically to inform the implementation of prevention strategies in a state, county, community, or vulnerable population where a possible suicide cluster or increasing trend has been observed. CDC will not use this generic information collection plan to conduct research studies or to collect data designed to draw conclusions about the United States or areas beyond the defined geographic location or vulnerable population that is the focus of the investigation.

These public health data are used by external partners (*e.g.,* local, state, territory, and tribal health authorities; other federal agencies; local and state leaders; schools; or other partner organizations) to identify, prioritize, and implement strategies to prevent suicidal behavior and suicide.

Rapid Response Suicide Investigation Data Collections methods will vary and depend on the unique circumstances of the urgent and rapid response and objectives determined by CDC. Investigations may use descriptive and/or cohort- or case-control designs. Data collection modes may include: (a) Archival record abstraction; (b) face-to-face interview; (c) telephone interview; (d) web-based questionnaire; (e) self-administered questionnaire; and (f) focus groups. CDC will likely employ multiple data collection designs and modes in a single investigation. The subpopulation will vary and depend on the unique circumstances of the *Rapid Response Suicide Investigation Data Collections.*

Requests for assistance may include a state, county, community, or vulnerable population. Suicide rates are increasing across age-groups and vulnerable populations, include, but are not limited to, youth, middle-aged adults, active duty service personnel, veterans, and American Indian/Alaska Native communities. Investigations likely will often require collection of information from 10 or more respondents. The data analytic approach for the *Rapid Response Suicide Investigation Data Collection* will vary and depend on the objectives and methods of the investigation.

Multiple analytical strategies are likely to be employed in a single investigation. This may include descriptive analyses, logistic regression, and temporal and spatial cluster analyses. The goal of the analyses is to inform suicide prevention strategies by understanding (a) significant increases in fatal or nonfatal suicidal behavior; (b) the risk factors associated with trends of fatal or nonfatal suicidal behavior; (c) the groups most affected (*e.g.,* gender, age, location in community or state); and (d) current risk and protective factors and prevention opportunities. The total estimated annualized burden for this collection is 1,000 hours. The only cost to respondents will be time spent responding to the surveys.

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)
Rapid Response Suicide Investigation Data Collection Participants.	Rapid Response Suicide Investigation Data Collection Instruments.	2,000	1	30/60	1,000
Total					1,000

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. 2017–24404 Filed 11–8–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–17ZX]

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 ''Childhood Blood Lead Surveillance (CBLS) and Adult Blood Lead Epidemiology and Surveillance (ABLES)'' 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 April 6, 2017 to obtain comments from the public and affected agencies. CDC did not receive 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 or send an email to *OMB@cdc.gov.* 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

Childhood Blood Lead Surveillance (CBLS) and Adult Blood Lead Epidemiology and Surveillance (ABLES)—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Over the past several decades, there have been substantial efforts in environmental lead abatement, improved protection from occupational lead exposure, and a reduction in the prevalence of population blood-lead levels (BLLs) over time. U.S. population BLLs have substantially decreased over the last four decades. For example, the CDC has reported the 1976–1980 U.S. BLL mean in children, 6 months to 5 years, as 16.0 micrograms per deciliter (μg/dL); and among adults, 18 to 74 years, as 14.1 μg/dL. More recently, the CDC reported the 2009–2010 U.S. BLL geometric means among children, 1 to 5 years, and among adults, 20 years and older, as 1.2 μg/dL. Despite the reduction in the overall population BLL over four decades, lead exposures continue to occur at unacceptable levels for individuals in communities and workplaces across the nation. As of 2015, both the National Center for Environmental Health (NCEH) and the National Institute for Occupational Safety and Health (NIOSH) define elevated BLLs as greater than or equal to 5 μg/dL for individuals of all ages.

NCEH is leading this new three-year information collection project that covers two CDC information collections, one for childhood blood lead surveillance by NCEH and another for adult blood lead surveillance by NIOSH. Thus, blood lead surveillance over the human lifespan is covered under this single ICR, specifically for children, less than 16 years, through the NCEH Childhood Blood Lead Surveillance (CBLS) Program, and for adults, 16 years and older, through the NIOSH Adult Blood Epidemiology and Surveillance (ABLES) Program.

The goal of the NCEH CBLS Program is to support blood lead screening and to promote primary prevention of exposure to lead. Also, the CBLS Program supports secondary prevention of adverse health effects when lead exposures occur in children through improved program management and oversight in respondent jurisdictions.

This new information collection project will cover the NCEH Fiscal Year 2017 (FY17) three-year cooperative agreement, titled ''Lead Poisoning Prevention—Childhood Lead Poisoning Prevention—financed partially by Prevention and Public Health Funds'' (Funding Opportunity Announcement [FOA] No. CDC–RFA–EH17–1701–PPHF17). The first year of this new program, with 48 awardees, will run concurrently with the final and fourth budget year for ''PPHF 2014: Lead Poisoning Prevention—Childhood Lead Poisoning Prevention—financed solely by 2014 Prevention and Public Health Funds'' (FOA No. CDC–RFA–EH14–1408PPHF14). The information collection project titled ''Healthy Homes and Lead Poisoning Surveillance System (HHLPSS)'' (OMB Control Number 0920–0931; expiration date 05/31/2018) is funded by an existing four-year FY14 cooperative agreement with up to 40 awardees. Returning awardees will submit childhood blood lead surveillance data under HHLPSS for the final year of the FY14 program, and then will continue to submit data for the second year of the FY17 program under this new project.

New FY17 awardees will submit CBLS data only under this new information collection project. NCEH is requesting approval for the following differences for the new program: (1) Clarifying awardees' procedures for data delivery into the CBLS system; and (2) revising the CBLS Variables forms to remove healthy homes variables. Based on available FY17 funds, NCEH is also requesting the following: (3) Increasing the number of potential NCEH respondents from 40 to 48; and (4) increasing the NCEH annual time burden from 640 to 760 hours.

On a quarterly basis, CDC anticipates that up to 47 CBLS respondents will submit quarterly text files of individual blood lead test records. Based on experience, CDC also anticipates that one awardee will report quarterly aggregated records to CBLS. The estimated annual time burden for NCEH CBLS is 760 hours.

The goal of the NIOSH Adult Blood Lead Epidemiology and Surveillance (ABLES) Program is to build state capacity for adult blood lead surveillance programs to measure trends in adult blood lead levels and to prevent lead over-exposures. CDC is taking this opportunity to provide the public with a detailed description of the NIOSH ABLES information collection. Previously, ABLES was included but not fully described in the HHLPSS information collection request (OMB Control Number 0920–0931; expiration date 05/31/2018). To correct for this omission, NIOSH is requesting approval for the following: (1) Providing a detailed description of the authority and scope of the ABLES information reporting procedures; (2) adding 40 NIOSH respondents to the burden table; and (3) adding 280 hours for the NIOSH annual time burden. Once approved in this new information collection request, CDC will submit a revision request to remove the description of the ABLES Program from the existing HHLPSS project.

On an annual basis, and in addition to a brief narrative report of notable lead surveillance activities in the past year, NIOSH gives ABLES respondents the option to report either individual adult case blood lead results or aggregate counts of adult blood lead test results. NIOSH anticipates that 80 percent of state programs will send case records and 20 percent will send aggregate records. The estimated annual time burden for NIOSH ABLES is 280 hours.

In total, CDC is requesting approval for a total annual time burden of 1,040 hours. CDC defines respondents as State or local health departments, or their Bona Fide agents, with lead poisoning prevention programs.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State or Local Health Departments, or their Bona Fide Agents.	Childhood Blood Lead Surveillance (CBLS Variables—Text Files.	47	4	4
State or Local Health Departments, or their Bona Fide Agents.	CBLS—Aggregate Records Form	1	4	2
State or Local Health Departments, or their Bona Fide Agents.	Adult Blood Lead Epidemiology and Surveillance (ABLES) Case Records Form and Brief Narrative Report.	32	1	8
State or Local Health Departments, or their Bona Fide Agents.	ABLES Aggregate Records Form and Brief Narrative Report.	8	1	3

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. 2017–24417 Filed 11–8–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention.

[60Day–18–18AF]

Proposed Data Collection Submitted for Public Comment and Recommendations—Assessments To Inform Program Refinement for HIV, Other STD, and Pregnancy Prevention Among Middle and High-School Aged Youth

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

ACTION: Notice; Correction.

SUMMARY: The Centers for Disease Control and Prevention (CDC) requested publication of a document in the **Federal Register**. Document 2017–24317, Proposed Data Collection Submitted for Public Comment and Recommendations—*Assessments to Inform Program Refinement for HIV, other STD, and Pregnancy Prevention among Middle and High-School Aged Youth,* has been scheduled to publish on November 8, 2017. The document provided the incorrect docket number (CDC–2018–0093).

FOR FURTHER INFORMATION CONTACT: Leroy Richardson, 1600 Clifton Road, MS D–74, Atlanta, GA 30333; telephone (404) 639–4965; email: *omb@cdc.gov.*

Correction

Correct the docket number to read: [Docket No. CDC–2017–0093]

Dated: November 3, 2017.

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. 2017–24388 Filed 11–8–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–17AMO]

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 ''Assessment of Ill Worker Policies Study'' 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 July 14, 2017 to obtain comments from the public and affected agencies. CDC did not receive 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 or send an email to *omb@cdc.gov.* 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

Assessment of Ill Worker Policies Study—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 requesting a new three-year OMB clearance to conduct information collection entitled ''Assessment of Ill Worker Policies Study.'' CDC's National Center for Environmental Health implements the Environmental Health Specialists Network (EHS-Net) program, which conducts studies to identify and understand environmental factors associated with foodborne illness outbreaks and other food safety issues (*e.g.,* ill food workers). These data are