ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	22	10/60	37
	ABCs Surveillance for Non-Invasive Pneumococcal Pneumonia (SNiPP) Case Report Form.	10	125	10/60	208
	ABCs *H.influenzae* Neonatal Sepsis Expanded Surveillance Form	10	6	10/60	10
	ABCs Severe GAS Infection Supplemental Form—NEW FORM	10	136	20/60	453
	ABCs Neonatal Infection Expanded Tracking Form	10	37	20/60	123
	FoodNet Campylobacter	10	850	21/60	2,975
	FoodNet Cryptosporidium	10	130	10/60	217
	FoodNet Cyclospora	10	3	10/60	5
	FoodNet Listeria monocytogenes	10	13	20/60	43
	FoodNet Salmonella	10	827	21/60	2,895
	FoodNet Shiga toxin producing E. coli	10	190	20/60	633
	FoodNet Shigella	10	290	10/60	483
	FoodNet Vibrio	10	25	10/60	42
	FoodNet Yersinia	10	30	10/60	50
	FoodNet Hemolytic Uremic Syndrome	10	10	1	100
	Influenza Hospitalization Surveillance Network Case Report Form	10	1,000	25/60	4,167
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English).	10	333	5/60	278
	Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (Spanish).	10	333	5/60	278
	Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	10	333	5/60	278
	HAIC CDI Case Report Form	10	1,650	30/60	8,250
	HAIC Multi-site Gram-Negative Bacilli Case Report Form *(MuGSI–CRE/CRAB).*	10	500	20/60	1,667
	HAIC Multi-site Gram-Negative Bacilli Case Report Form for Carbapenem-resistant *Pseudomonas aeruginosa*(CR–PA)—NEW FORM.	10	344	45/60	2,580
	HAIC Multi-site Gram-Negative Surveillance Initiative—Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (MuGSI–ESBL)—NEW FORM.	10	1,200	20/60	4,000
	HAIC Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA)	10	609	20/60	2,030
	HAIC Invasive Methicillin-sensitive *Staphylococcus aureus* (MSSA)—NEW FORM.	10	1,035	20/60	3,450
	HAIC Candidemia Case Report Form—NEW FORM	9	800	20/60	2,400
Total					40,347

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. 2017–27482 Filed 12–20–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–18–18EV; Docket No. CDC–2017–0105]

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 effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled *Enhanced Surveillance for Histoplasmosis.* CDC will collect state health department and patient furnished histoplasmosis case data.

DATES: CDC must receive written comments on or before February 20, 2018.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0105 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.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. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all Federal comments 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 Leroy A. Richardson, 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*.

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 the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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 submissions of responses.

5. Assess information collection costs.

Proposed Project

Enhanced Surveillance for Histoplasmosis—New—National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Histoplasmosis is an infectious disease caused by inhalation of the environmental fungus *Histoplasma capsulatum.* Histoplasmosis can range from asymptomatic or mild illness to severe disseminated disease, and it is often described as the most common endemic mycosis in North America. However, much still remains unknown about the epidemiology and patient burden of histoplasmosis in the United States. Histoplasmosis is currently reportable in 11 states but is not nationally notifiable. In June 2016, the Council of State and Territorial Epidemiologists (CSTE) passed a position statement to standardize the case definition for histoplasmosis, a first step towards more consistent surveillance methodology. A recent multistate analysis of histoplasmosis cases reported to public health during 2011–2014 also revealed variation in the data elements collected by each state, limiting inter-state comparability. In addition, data on possible exposures, underlying medical conditions, symptoms, and antifungal treatment was only collected in a few states. Furthermore, no multistate data exists about histoplasmosis cases identified using the newly-created CSTE case definition.

More detailed data about histoplasmosis cases detected during routine surveillance are needed to better understand the features of persons at risk, characterize the effects of histoplasmosis on patients (*e.g.,* delays in diagnosis, symptom duration, and decreased productivity), understand patient awareness of histoplasmosis, and determine its true public health burden. This information will not only help inform routine surveillance practices, but also guide awareness efforts and appropriate prevention strategies.

For a period of one year, health department personnel in participating states will conduct telephone interviews with reported histoplasmosis cases that meet the CSTE case definition and will record responses on a standardized form. The form will collect information on demographics, underlying medical conditions, exposures, symptom type and duration, healthcare-seeking behaviors, diagnosis, treatment, and outcomes.

This interview activity is consistent with the state's existing authority to investigate reports of notifiable diseases for routine surveillance purposes; therefore, formal consent to participate in the surveillance is not required. However, cases may choose not to participate and may choose not to answer any question they do not wish to answer.

It will take health department personnel approximately 15 minutes to administer the questionnaire to 300 patient respondents and 15 minutes for health department personnel to retrieve and record diagnostic information from their state reportable disease database. This results in an estimated annual burden to the public of 150 hours.

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)
Histoplasmosis cases	Case Report Form for Histoplasmosis Enhanced Surveillance	300	1	15/60	75
Health department personnel	Case Report Form for Histoplasmosis Enhanced Surveillance	10	30	15/60	75
Total					150

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. 2017–27481 Filed 12–20–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Correction to Notice Published 12/13/2017

Title: Adoption and Foster Care Analysis Reporting System for title IV–B and title IV–E (AFCARS).

OMB No.: 0970–0422.

Description: The notice, vol. 82, page 58615, published 12/13/2017 was an erroneous re-publication of a notice published on 10/20/2017 at vol. 82, page 48821. No additional comments are being solicited at this time. We regret the confusion it may have caused.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2017–27479 Filed 12–20–17; 8:45 am]

BILLING CODE 4184–01–P