acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The annual National Health Interview Survey (NHIS) is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. This voluntary and confidential household-based survey collects demographic and health-related information from a nationally-representative sample of households and noninstitutionalized, civilian persons throughout the country. NHIS data have long been used by government, academic, and private researchers to evaluate both general health and specific issues, such as smoking, diabetes, health care coverage, and access to health care. The survey is also a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward HHS health objectives.

The NHIS sample adult and sample child questionnaires include annual core content that is scheduled to be fielded in the survey every year, rotating content that is fielded periodically, emerging content to address new topics of growing interest, and sponsored content that is fielded when external funding is available. Rotating sample adult and sample child core content that was on the NHIS in 2020 and will rotate off the 2021 NHIS includes dental services, other provider services, and physical activity. Content on walking, sleep, fatigue, smoking history and cessation and alcohol use will also rotate off the sample adult core. Questions on neighborhood characteristics, sleep, screen time, and height and weight will rotate off the sample child core.

The 2021 sample adult and sample child rotating core will include questions about health conditions that were previously fielded in the 2018 NHIS. The 2021 rotating sample adult core will include questions on hearing and communication, psychological distress, chronic pain, preventive screening, and aspirin use. The questions on chronic pain, preventive screening and aspirin use were all previously fielded as part of the 2019 rotating core. Questions on psychological distress and hearing and communication were previously fielded as part of the 2018 NHIS. The 2021 sample child rotating core will include items on stressful life events which were previously fielded in 2019. Sponsored content on asthma will be removed from both the sample adult and sample child questionnaires. Sponsored content on cancer control, immunizations, and diabetes will remain, but the content will change. Sponsored cancer control content on cigarette history, lung cancer screening, environment for walking and sun care and protection will not be on the 2021 NHIS. New sponsored cancer control content will focus on screenings for breast, cervical, prostate, and colon cancer using similar questions to what were used in the 2019 NHIS. Anticipated new sponsored content include questions on epilepsy (previously fielded in 2010, 2013, 2015, and 2017) and occupational health.

Like in past years, and in accordance with the 1995 initiative to increase the integration of surveys within the DHHS, respondents to the 2021 NHIS will serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. A subsample of NHIS respondents and/or members of commercial survey panels may be identified to participate in short, web-based methodological and cognitive testing activities to evaluate the questionnaire and/or inform the development of new rotating and sponsored content using web and/or mail survey tools. In addition, subsamples of NHIS respondents may be recontacted by web, phone, or mail to ask follow-up questions on topics that are already included in the NHIS. In the future, a subsample of NHIS respondents may also be re-contacted for a brief health exam. There is no cost to the respondents other than their time. Clearance is sought for three years, to collect data for 2021–2023.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Adult Household Member	Household Roster	36,000	1	5/60	3,000
Sample Adult	Adult Questionnaire	30,000	1	40/60	20,600
Adult Family Member	Child Questionnaire	10,000	1	20/60	3,334
Adult Family Member	Methodological Projects	15,000	1	20/60	5,000
Child Family Member	NHIS Follow-up survey	3,000	1	20/60	1,000
Adult Family Member	Health Exam	10,000	1	45/60	7,500
Adult Family Member	Reinterview Survey	5,500	1	5/60	458
Total					40,892

Jeffrey M. Zirger,

Lead, Information Collection Review Office Office of Scientific Integrity Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–20–1180]

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 Airline and Vessel Traveler Information Collection (42 CFR part 71) 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 December 23, 2019 to obtain comments from the public and affected agencies. CDC received two 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. 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.* 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

Airline and Vessel Traveler Information Collection (42 CFR part 71) (OMB Control No. 0920–1180, Exp. 05/31/2020)—Revision—Division of Global Migration and Quarantine (DGMQ), National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Public Health Service Act (42 United States Code § 264), and under 42 Code of Federal Regulations (CFR) §§ 71.4 and 71.5, CDC can order air carriers and maritime vessels arriving from another country to submit a certain information related to passengers and crew that CDC believes were exposed to or infected with a communicable disease that poses a risk of spread in the United States.

Stopping a communicable disease outbreak—whether it is naturally occurring or intentionally caused—requires the use of the most rapid and effective public health tools available. Basic public health practices, such as collaborating with airlines in the identification and notification of potentially exposed contacts, are critical tools in the fight against the introduction, transmission, and spread of communicable diseases in the United States.

The collection of pertinent contact information enables Quarantine Public Health Officers in CDC's Division of Global Migration and Quarantine (DGMQ) to notify state and local health departments in order for them to make contact with individuals who may have been exposed to a communicable disease during travel and identify appropriate public health interventions.

In the event that there is a confirmed case or suspected exposure of communicable disease of public health concern aboard an aircraft or maritime vessel, or an outbreak in a geographic location, CDC can require that airlines provide certain traveler contact information at risk for exposure. The information collection differs depending on the communicable disease that is confirmed or suspected during air or maritime travel, or in a geographic location during an outbreak. CDC uses this passenger and crew manifest information to coordinate with state and local health departments so they can follow-up with residents who live or are currently located in their jurisdiction. In general, state and local health departments are responsible for this public health follow-up. In rare cases, CDC may use the manifest data to perform the contact investigation directly. In either case, CDC works with state and local health departments so that individuals can receive appropriate public health follow-up.

This revision is requesting minor changes to the verbiage of the international manifest order forms used under 42 CFR 71.4(a) and (b) to clarify the information required by CDC to conduct a contact investigation and to provide general grammatical improvements to enhance clarity. The number of estimated international manifests ordered from the air carriers in response to a confirmed case or suspected exposure after arrival is increased given CDC's experience with the 2019 measles outbreak and the current COVID–19 outbreak.

Additionally, under the Interim Final Rule published on February 7, 2020 adding 42 CFR 71.4(d),and the subsequent February 18, 2020 Order under 42 CFR 71.31 and 71.4, CDC is seeking through this revision to update the estimated burden and outline the information collection process associated with the requirement that airlines collect contact information from travelers and provide that information to CDC via existing mechanisms, such as PNR, APIS, and eAPIS, on a continuous basis following an order from the Director.

While CDC can require maritime vessels to submit traveler information under 42 CFR 71.5, this happens very rarely (less than 10 times on an annual basis) and so the burden is not accounted for in this Notice.

The total estimated hourly burden to respondents as a result of this information collection is 1,835,134 hours per year. While CDC has included maritime conveyance manifest orders in the public health rationale for this information collection, these orders occur less than 10 times a year and are not included in the burden table. CDC does not anticipate any cost burden to respondents under the manifest process as outlined in 42 CFR 71.4(a) and (b), as this only requires airlines to provide the information if it is available and maintained.

Under the February 7, 2020 IFR, CDC anticipates that some 12 US major carriers and 61 major foreign carriers will modify their data systems, or contract with third party reservation system providers, to ensure that the information required under the IFR is transmitted using existing mechanisms to CBP (*e.g.,* PNR, APIS, eAPIS). CDC estimates that these changes will cost approximately $700,000 per carrier for a total cost of $51,100,000. Smaller revenue airlines will also have access to eAPIS to submit the information if they do not plan to modify their data systems. That functionality is already available under the management of U.S. Customs and Border Protection.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Airline Medical Officer or Equivalent/Computer and Information Systems Manager.	International TB Manifest Template	51	1	360/60
Airline Medical Officer or Equivalent/Computer and Information Systems Manager.	International Non-TB Manifest Template	249	1	360/60
International Passengers (3rd party disclosure).	No Form	110,000,000	1	.5/60
Airline staff	No Form	110,000,000	1	.5/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–20–1072]

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 ''The Enhanced STD surveillance Network (SSuN)'' 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 Friday, October 25, 2019, 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. 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* 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

The Enhanced STD surveillance Network (SSuN), (OMB Control No. 0920–1072 Exp. 09/30/2021)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) is requesting revision of the information collection entitled ''Enhanced STD Surveillance Network (SSuN)''. Revisions to this submission include adding reported adult syphilis cases to enhanced case-based surveillance records, addition of 87 new data elements, removal of 115 data elements associated with a discontinued neurosyphilis surveillance activity and revision of methods to include Health Department surveillance HIV registry matching activities for patients presenting for care in STD clinical facilities. This revision also includes changes to the number and identity of collaborating jurisdictions from 10 to 11 sites as a result of a recent notice of funding opportunity. The estimate of annualized burden hours for this data collection increases modestly from 4,134 hours to 6,303 hours for the revised project as a result of revisions and expanding the project from 10 to 11 awardees for the current data collection cycle.

The purpose of this project is to enhance capacity for STD surveillance and better meet CDC's disease surveillance mandate by; (1) providing more comprehensive information on reported cases of notifiable STDs to enhance the ability of public health authorities to interpret trends in case incidence, assess inequalities in the burden of disease by population characteristics and to monitor STD treatment and selected adverse health outcomes of STDs, and, (2) to monitor STD and HIV co-infection, screening, uptake of high-impact HIV prevention and health care access trends among patients seeking care and those diagnosed with STDs in specific clinical settings.

Routine STD surveillance activities are ongoing in all US states and jurisdictions, and cases are reported to CDC through the National Notifiable Disease Surveillance System (NNDSS). However, case reports are often missing critical patient demographics and are of limited scope with respect to risk behavior, provider and clinical information, treatment, co-infection and partner characteristics—data that are needed to appropriately direct disease control activities. Enhanced SSuN is the only current surveillance infrastructure providing information on patient and partner characteristics, clinical presentation, screening and uptake of HIV testing, treatment patterns, provider compliance with treatment recommendations, HIV co-infection among persons diagnosed with STDs