

(NCHHSTP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Let’s Stop HIV Together (Together) campaign is a multifaceted national communication initiative that supports reduction of HIV incidence in the United States through multiple, concurrent communication and education campaigns for a variety of audiences, including the general public, populations most affected by HIV and health care providers. All components of the campaign support the comprehensive HIV prevention efforts of CDC and the Ending the HIV Epidemic initiative.

Within this context, the Centers for Disease Control and Prevention’s Division of HIV/AIDS Prevention (DHAP) is implementing various partnership activities to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people with HIV in United States and its territories. For example, DHAP is funding the “Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships” program. Partners funded under the partnership program will (1) support the dissemination of Together campaign materials, messaging, and other CDC resources that support HIV prevention and (2) implement national engagement efforts focusing on HIV

prevention and awareness. Partners represent civil, media, and LGBT-focused organizations.

In addition, DHAP will continue to support ongoing activities to engage and support the private sector in promoting HIV education, awareness, and policies in the workplace and community. Overall, partnership efforts serve to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people with HIV in the United States and its territories.

The project will evaluate the extent to which activities implemented by partners meet the initiative’s goals for disseminating, communicating, and engaging the public in HIV prevention and education activities. We will collect information from partners on their activities for disseminating HIV messages through materials distribution at national and local events, media and advertising, HIV testing facilitation, and formation and coordination of strategic partnerships; barriers and facilitators to implementation of these activities, and factors that may help contextualize their progress towards meeting the initiative’s goals; and their involvement in promoting HIV education, awareness, and policies in their organization. We will collect this information through these five sources: (a) Metrics Database: Partners will be required to report quarterly data to CDC and CDC’s evaluation contractor through a metrics

database. (b) Biannual key informant interviews: The point of contacts (POCs) from some partner organizations will be interviewed twice yearly via telephone. (c) Interim Progress Reports: Partners will complete a standardized progress report on a biannual basis via a user-friendly electronic form. The progress reports will gather information on key successes, facilitators and barriers, and major achievements. (d) Partner Survey: Partners will complete a brief online survey to assess their involvement in promoting HIV education, awareness, and policies in their organization. (e) Partnerships Activities Form: Partners may be asked to complete a brief electronic form to provide information on each partner activity that they complete. The form will collect information on information such as the type of event, the audience, and key highlights; the number of HIV tests administered (if any) and the number of preliminary positives; the number and type of materials distributed. This information will allow CDC to know what partners are doing to advance HIV prevention and education, and how CDC can alter their partnership efforts to facilitate HIV prevention and education in the future. The organization (and not the individual) will be the unit of analysis. As such, no personally identifiable information will be collected.

There is no cost to participants other than their time. The total estimated annualized burden hours are 4,411.

**ESTIMATE OF ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Partner Organization .....	Metrics Database .....	44	4	18
Partner Organization .....	Key Informant Interview Guide .....	25	2	1
Partner Organization .....	Interim Progress Report .....	10	2	8
Partner Organization .....	Partner Survey & Screener .....	300	1	40/60
Partner Organization .....	Partnership Activities Form .....	499	4	25/60

**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**

**[60 Day-21-1182; Docket No. CDC-2021-0016]**

**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 reinstatement of a currently approved data collection titled “Formative

Research to Develop HIV Social Marketing Campaigns for Healthcare Providers.” The purpose of this data collection is to understand healthcare providers’ interpretation and understanding of existing and emergent HIV prevention science; understand how providers use guidance or evidence-based approaches in their practices generally and with populations that have been largely overlooked (e.g., transgender individuals, people who inject drugs (PWID)); and to inform the development and/or revision of messages, concepts and materials for healthcare providers designed to support patient-provider communication about HIV testing, prevention, and care in support of the U.S. Department of Health and Human Services’ Ending the HIV Epidemic.

**DATES:** CDC must receive written comments on or before May 7, 2021.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2021–0016 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://www.regulations.gov). Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, 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](https://www.regulations.gov).

*Please note: Submit all 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 Jeffrey M. Zirger, 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 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**

Formative Research to Develop HIV Social Marketing Campaigns for Healthcare Providers (OMB Control No. 0920–1182)—Reinstatement without Change—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

To address the HIV epidemic in the U.S., the Department of Health and Human Services launched Ending the HIV Epidemic: A Plan for America,

which is a cross-agency initiative aiming to reduce new HIV infections in the U.S. by 90% by 2030 (CDC, 2019a). CDC’s Let’s Stop HIV Together campaign (formerly known as Act Against AIDS) is part of the national Ending the HIV Epidemic initiative and includes resources aimed at reducing HIV stigma and promoting testing, prevention, and treatment across the HIV care continuum.

Within this context, CDC’s Division of HIV/AIDS Prevention (DHAP) has, and will continue implementing various communication initiatives to increase healthcare providers’ awareness of HIV testing-, prevention- and treatment-related topics; reduce new HIV infections among disproportionately impacted populations; and improve health outcomes for people living with HIV/AIDS in the US and its territories. Specifically, the initiatives target healthcare providers, including primary care, and relevant specialties such as HIV medicine and infectious disease, physicians, physician assistants, and nurses.

The rounds of data collection include exploratory, message testing, concept testing, and materials testing. Information collected by DHAP will be used to assess healthcare providers’ informational needs about topics related to HIV testing, prevention, and treatment; pre-test campaign-related messages, concepts, and materials; and evaluate the extent to which the communication initiatives are reaching the target audiences and providing them with trusted HIV-related information. Data collections will include in-depth interviews and brief surveys.

The data gathered under this request will be summarized in reports prepared for CDC by its contractor, such as quarterly and annual reports and topline reports that summarize results from each data collection. It is possible that data from this project will be published in peer-reviewed manuscripts or presented at conferences; the manuscripts and conference presentations may appear on the internet. The total estimated annualized burden hours are 902.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Healthcare providers .....	Study screener .....	1,138	1	10/60	190
	Web-based survey .....	569	1	15/60	142
	Exploratory Guide—Prevention with Positives In-depth Interview.	95	1	1	95

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	Exploratory Guide—Transgender Health In-depth Interview.	95	1	1	95
	Exploratory Guide—HIV Prevention In-depth Interview.	95	1	1	95
	Message Testing In-depth Interview Guide	95	1	1	95
	Concept Testing In-depth Interview Guide ..	95	1	1	95
	Materials Testing In-depth Interview .....	95	1	1	95
Total .....	.....	.....	.....	.....	902

**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**

[60Day-FY-2021; Docket No. CDC-2021-0019]

**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 Contact Investigation Outcome Reporting Forms, a collection that facilitates CDC working with state and local health departments, and maritime vessels, in conducting contact investigations of individuals exposed to a communicable illnesses during travel.

**DATES:** CDC must receive written comments on or before May 7, 2021.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2021-0019 by any of the following methods:

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

- *Mail:* Jeffrey M. Zirger, 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*.

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**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 Jeffrey M. Zirger, of 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*.

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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**

Contact Investigation Outcome Reporting Forms (OMB Control No. 0920-0900 Exp. 05/31/2021)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

CDC proposes to collect passenger-level, epidemiologic, demographic, and health status data from state/local Health Departments and maritime operators at the conclusion of contact investigations of individuals believed to have been exposed to a communicable disease during travel. The information requested by CDC would be obtained by the health departments or maritime operators while conducting the contact investigation according to their established policies and procedures, and would be reported to CDC on a voluntary basis. This information will assist CDC in fulfilling its regulatory responsibility to prevent the importation of communicable diseases from foreign countries (42 CFR part 71) and interstate control of communicable diseases in humans (42 CFR part 70).

CDC provides state and local health departments and maritime conveyance