

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	FoodNet Hemolytic Uremic Syndrome Case Report Form	10	10	1
	FoodNet Clinical Laboratory Practices and Testing Volume	10	70	20/60
	FluSurv-NET Influenza Hospitalization Surveillance Network Case Report Form.	10	764	25/60
	FluSurv-NET Influenza Hospitalization Surveillance Project Vaccination Phone Script Consent Form (English).	10	333	5/60
	FluSurv-NET Influenza Hospitalization Surveillance Project Vaccination Phone Script (Spanish).	10	333	5/60
	Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults).	10	333	5/60
	FluSurv-NET Laboratory Survey	10	16	10/60
	HAIC—MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and Acinetobacter baumannii (CRAB).	10	500	28/60
	HAIC—MuGSI Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL/IEC).	10	4200	25/60
	HAIC—Invasive Methicillin-resistant Staphylococcus aureus (MRSA) Infection Case Report Form.	10	340	28/60
	HAIC—Invasive Methicillin-sensitive Staphylococcus aureus (MSSA) Infection Case Report Form.	10	584	28/60
	HAIC—CDI Case Report and Treatment Form	10	1650	38/60
	HAIC Candidemia Case Report	10	200	30/60
	HAIC—Annual Survey of Laboratory Testing Practices for C. difficile Infections.	10	16	19/60
	HAIC—CDI Annual Surveillance Officers Survey	10	1	15/60
	HAIC—Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey (LTCF).	10	45	5/60
	HAIC—Invasive Staphylococcus aureus Laboratory Survey	10	11	20/60
	HAIC—Invasive Staphylococcus aureus Supplemental Surveillance Officers Survey.	10	1	10/60
	HAIC—Laboratory Testing Practices for Candidemia Questionnaire	10	20	12/60
	HAIC MuGSI CA CP—CRE Health interview (new)	100	10	30/60
	HAIC MuGSI Supplemental Surveillance Officer Survey (new)	10	1	15/60
	HAIC Death Ascertainment Variables	10	8	1440/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Community Preventive Services Task Force

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

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) announces the next meeting of the Community Preventive Services Task Force (CPSTF) on June 8–9, 2022.

DATES: The meeting will be held on Wednesday, June 8, 2022, from 10:00

a.m. to 6:00 p.m. EDT, and Thursday, June 9, 2022, from 10:00 a.m. to 6:00 p.m. EDT.

ADDRESSES: The meeting will be held virtually via web conference.

FOR FURTHER INFORMATION CONTACT: Arielle Arnold, Office of the Associate Director for Policy and Strategy; Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V25-5, Atlanta, GA 30329. Telephone: (404)498-4512; Email: CPSTF@cdc.gov.

SUPPLEMENTARY INFORMATION:

Meeting Accessibility: The CPSTF meeting will be held virtually via web conference.

CDC will send web conference information to registrants upon receipt of their registration. All meeting attendees must register by June 1, 2022 to receive the web conference information for meeting. CDC will email web conference information from the CPSTF@cdc.gov mailbox.

To register for the meeting, individuals should send an email to CPSTF@cdc.gov and include the following information: Name, title, organization name, organization address, phone, and email.

Public Comment: Individuals who would like to make public comments during the June meeting must state their desire to do so with their registration and provide their name and organizational affiliation and the topic to be addressed (if known). The requestor will receive instructions for the public comment process for this virtual meeting after the request is received. A public comment period follows the CPSTF's discussion of each systematic review and will be limited, up to three minutes per person. Public comments will become part of the meeting summary.

Background on the CPSTF: The CPSTF is an independent, nonfederal panel whose members are appointed by the CDC Director. CPSTF members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health. The CPSTF was convened in 1996 by HHS to identify community preventive programs, services, and policies that increase health, longevity, save lives and dollars, and improve Americans' quality of life. CDC is mandated to provide ongoing

administrative, research, and technical support for the operations of the CPSTF. During its meetings, the CPSTF considers the findings of systematic reviews of existing research and practice-based evidence and issues recommendations. CPSTF recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and affected organizations and individuals can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The CPSTF's recommendations, along with the systematic reviews of the evidence on which they are based, are compiled on the Community Guide website (www.thecommunityguide.org).

Matters proposed for discussion: The agenda will consist of deliberation on systematic reviews of literature. Topics will include Cancer Screening; Nutrition, Physical Activity, and Obesity; Social Determinants of Health; Mental Health; and Substance Use. The meeting is open to the public. Information regarding the start and end times for each day, and any updates to agenda topics, will be available on the Community Guide website (www.thecommunityguide.org) closer to the date of the meeting.

The meeting agenda is subject to change without notice.

Dated: April 20, 2022.

Angela K. Oliver,

Executive Secretary, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-22-1257]

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 Outcomes Associated with the Preventive Health and Health Services Block Grant" 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 February 4, 2022, 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

Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant (OMB Control No. 0920-1257, Exp. 04/30/2022)—Extension—Center for State, Tribal, Local and Territorial Support (CSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Preventive Health and Health Services Block Grant (PHHS Block Grant) has provided funding for all 50 states, the District of Columbia, two American Indian tribes, five U.S. territories, and three freely associated states to address the unique public health needs of their jurisdictions in innovative and locally defined ways. First authorized by Congress in 1981 through the Public Health Service Act (Pub. L. 102-531), the fundamental and enduring purpose of the grant has been to provide grantees with localized control to address their priority public health needs. In 1992, Congress amended the law to align PHHS Block Grant funding priorities with the 22 chapters specified in Healthy People (HP) 2000, a set of national objectives designed to guide health promotion and disease prevention efforts. Additional amendments included funds specifically dedicated to sex offense prevention and victim services, thus requiring grantees receiving this support to include related HP objectives and activities as part of their PHHS Block Grant-funded local programs.

CDC has increased the accountability of the PHHS Block Grant by establishing a comprehensive, standardized method to collect data to describe select outputs and outcomes. The CDC PHHS Block Grant Measurement Framework is an innovative approach to: (1) Collecting data on public health infrastructure (i.e., information systems, quality improvement, efficiency and effectiveness of programs, services, and operations); (2) emerging public health needs addressed; and (3) evidence-based public health interventions implemented.

The purpose of this information collection request (ICR) is to collect data that will assess select cross-cutting outputs and outcomes of the grant (as defined by the framework measures) and that demonstrate the utility of the grant on a national level. This data collection will describe the outcomes of the PHHS Block Grant as a whole—not individual grantee activities or outcomes.

The respondent universe consists of 61 PHHS Block Grant coordinators, or their designees, across 61 health departments (50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states). The assessment will be administered to PHHS Block Grant coordinators electronically via a web-based questionnaire. A link to the assessment will be provided by email invitation. The survey will be completed once