at the participating carriers. A convenience sample of 180 eligible drivers who have a valid Class-A commercial driver's license (CDL) and work at the participating company in regional and long-haul operations for at least one year will be eligible for the study. The study sample will include approximately 90 regional and 90 long-haul drivers. There will be no required minimum number of female or minority drivers to be included.

Data will be collected during each phase: (1) In the application, drivers will be asked to provide their name and contact information (home address, telephone number, and email address) to allow contact from the research team regarding their eligibility for the study; (2) In the briefing session, drivers will be asked to complete the Background Questionnaire; and (3) During the study, information collection will occur through several streams: (a) real-time fatigue monitoring system installed in the participating driver's vehicle; (b) smart phone apps to collect psychomotor vigilance test, Karolinska Sleepiness Scale, sleep log, difficulty of drive scale, degree of drive hazards scale, a fatigue scale, and a stress scale; (c) an electronic logging device to collect data on the driver's duty and driving; (d) a wrist actigraphy to collect data on driver sleep and wake times. Drivers will be asked to sync the actigraph with a smartphone app daily; (e) smartphone or web-based questionnaires including Exercise and Food Consumption Questionnaire, the Quality of Life short form 36 version-2 questionnaire (SF–36v2), Family Interactions Questionnaire, and Job Descriptive Index (these will be completed by drivers at four different intervals, including the beginning (first week) and middle (second month) of the baseline phase, and the middle (fifth month) and end (eighth month) of the intervention phase); (f) a questionnaire to assess corporate practices and corporate safety climate will be given to managers at the participating carriers (these will be completed by managers at the beginning (first week) of the study and end (eighth month) of the intervention phase); and (g) during the field study, carriers will be asked to provide information concerning crashes and roadside violations occurring during each driver's period of study participation. Administrative cost information (*e.g.,* equipment, labor, etc.) will also be collected from the carrier to evaluate cost-benefit of the intervention.

CDC requests OMB approval for an estimated 5,278 annual burden hours. There is no cost to respondents other than their time to participate.

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 (in hours)
Carrier Management	Participation Agreement	1	1	1	1
	Retrieval of Company Monthly Roadside Violations/Crash Reports.	1	8	90/60	12
	Retrieval of Company Administrative Costs.	1	16	2	32
	Management Practice questionnaire (Time 1).	5	1	45/60	4
	Management Practice questionnaire (Time 2).	5	1	45/60	4
Drivers	Application to Participate	150	1	12/60	30
	Actigraph Training	90	1	10/60	15
	Background Questionnaire	90	1	45/60	68
	Daily Smartphone Questions	90	720	1/60	1,080
	PVT	90	720	3/60	3,240
	Exercise and Food Consumption Questionnaire.	90	4	20/60	120
	SF–36v2	90	4	30/60	180
	Family Interactions Questionnaire	90	4	15/60	90
	Safety Climate Questionnaire	90	4	10/60	60
	Job Descriptive Index	90	4	30/60	180
	Post-Study Questionnaire	90	1	1	90
	Phone Briefings	90	8	6/60	72
Total					5,278

Jeffrey M. Zirger,

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

[FR Doc. 2022–19558 Filed 9–9–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–22–1011]

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 ''Emergency Epidemic Investigations'' 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 18, 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

Emergency Epidemic Investigation (OMB Control No. 0920–1011, Exp. 1/31/2023)—Extension—Center for Surveillance, Epidemiology and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC previously conducted Emergency Epidemic Investigations (EEIs) under Office of Management and Budget (OMB) Control No. 0920–0008. In 2013, CDC received OMB approval (OMB Control No. 0920–1011) for a new OMB generic clearance to collect vital information during EEIs in response to outbreaks or other urgent public health events (*i.e.,* natural, biological, chemical, nuclear, radiological) characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors. This Generic clearance was most recently approved for a three-year Extension, which expires on 1/31/2023. CDC seeks OMB approval for an Extension of this Generic clearance for an additional three-year period.

Supporting effective EEIs is one of the most important ways that CDC protects the health of the public. CDC is frequently called upon to conduct EEIs at the request of local, state, or international health authorities seeking support to respond to outbreaks or urgent public health events. In response to external partner requests, CDC provides necessary epidemiologic support to identify the agents, sources, modes of transmission, or risk factors to effectively implement rapid prevention and control measures to protect the public's health. Data collection is a critical component of the epidemiologic support provided by CDC; data are analyzed to determine the agents, sources, modes of transmission, or risk factors so that effective prevention and control measures can be implemented. During an unanticipated outbreak or urgent public health event, immediate action by CDC is necessary to minimize or prevent public harm.

The legal justification for EEIs are found in the Public Health Service Act (42 U.S.C. Sec. 301 [241] (a). Successful investigations are dependent on rapid and flexible data collection that evolves during the investigation and is customized to the unique circumstances of each outbreak or urgent public health event. Data collection elements will be those necessary to identify the agents, sources, mode of transmission, or risk factors. Examples of potential data collection methods include telephone or face-to-face interview; email, web, or other type of electronic questionnaire; paper-and-pencil questionnaire; focus groups; medical record review and abstraction; laboratory record review and abstraction; collection of clinical samples; and environmental assessment. Respondents will vary depending on the nature of the outbreak or urgent public health event; examples of potential respondents include health care professionals, patients, laboratorians, and the general public. Participation in EEIs is voluntary and there are no anticipated costs to respondents other than their time. CDC will use the information gathered during EEIs to rapidly identify and effectively implement measures to minimize or prevent public harm.

CDC projects 60 EEIs in response to outbreaks or urgent public health events characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors annually. The projected average number of respondents is 200 per EEI, for a total of 12,000 respondents. CDC estimates the average burden per response is 0.5 hours per respondent, and each respondent will be asked to respond once. CDC requests OMB approval for a total of 6,000 estimated annual burden hours. OMB approval is requested for three years, and there is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Emergency Epidemic Investigation Participants.	Emergency Epidemic Investigation Data Collection Instruments.	12,000	1	30/60

Jeffrey M. Zirger,

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

[FR Doc. 2022–19559 Filed 9–9–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Clinical Laboratory Improvement Advisory Committee (CLIAC). This meeting is open to the public, limited only by the number of webcast lines available. Time will be available for public comment.

DATES: The meeting will be held on November 9, 2022, from 11:00 a.m. to 6:00 p.m., EST, and November 10, 2022, from 11:00 a.m. to 6:00 p.m., EST.

ADDRESSES: This is a virtual meeting. Meeting times are tentative and subject to change. The confirmed meeting times, agenda items, and meeting materials, including instructions for accessing the live meeting broadcast, will be available on the CLIAC website at *https://www.cdc.gov/cliac.* Check the website on the day of the meeting for the web conference link.

FOR FURTHER INFORMATION CONTACT: Heather Stang, MS, Deputy Chief, Quality and Safety Systems Branch, Division of Laboratory Systems, Center for Surveillance, Epidemiology, and Laboratory Services, Deputy Director for Public Health Science and Surveillance, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop V24–3, Atlanta, Georgia 30329–4027; Telephone: (404) 498–2769; Email: *HStang@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: This Committee is charged with providing scientific and technical advice and guidance to the Secretary, HHS; the Assistant Secretary for Health; the Director, CDC; the Commissioner, Food and Drug Administration (FDA); and the Administrator, Centers for Medicare & Medicaid Services (CMS). The advice and guidance pertain to general issues related to improvement in clinical laboratory quality and laboratory medicine and specific questions related to possible revision of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) standards. Examples include providing guidance on studies designed to improve quality, safety, effectiveness, efficiency, timeliness, equity, and patient-centeredness of laboratory services; revisions to the standards under which clinical laboratories are regulated; the impact of proposed revisions to the standards on medical and laboratory practice; and the modification of the standards and provision of non-regulatory guidelines to accommodate technological advances, such as new test methods, the electronic transmission of laboratory information, and mechanisms to improve the integration of public health and clinical laboratory practices.

Matters To Be Considered: The agenda will include agency updates from CDC, CMS, and FDA. Presentations and CLIAC discussions will focus on the clinical and public health response to the monkeypox outbreak, efforts to address public health and clinical laboratory workforce challenges, and reports from two CLIAC workgroups: the CLIA Regulations Assessment Workgroup and the CLIA Certificate of Waiver and Provider-performed Microscopy Procedures Workgroup. Agenda items are subject to change as priorities dictate.

Public Participation

It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments pertinent to agenda items.

Oral Public Comment: Public comment periods for each agenda item are scheduled immediately prior to the Committee discussion period for that item. In general, each individual or group requesting to present an oral comment will be limited to a total time of five minutes (unless otherwise indicated). Speakers should email *CLIAC@cdc.gov* or notify the contact person above (see **FOR FURTHER INFORMATION CONTACT**) at least five business days prior to the meeting date.

Written Public Comment: CLIAC accepts written comments until the date of the meeting (unless otherwise stated). However, it is requested that comments be submitted at least five business days prior to the meeting date so that the comments may be made available to the Committee for their consideration and public distribution. Written comments should be submitted by email to *CLIAC@cdc.gov* or to the contact person above. All written comments will be included in the meeting minutes posted on the CLIAC website.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022–19569 Filed 9–9–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–22–0573]

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 ''National HIV Surveillance System (NHSS)'' 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 1, 2022, to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. No changes were made to the information collection plan. 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;