

with the Generic and has been used on previous Supporting Statement documents. The title “Data Collection for CDC Fellowship Programs” has also been associated with OMB Control No.

0920–1163. For clarity CDC will amend all documentation and consistently use the title “CDC Fellowship Programs Assessments.” No other changes are required.

OMB approval is requested for three years. CDC requests OMB approval for an estimated 550 annual burden hours. There are no costs 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)	Total burden (in hours)
Applicants or fellows	Fellowship Data Collection Instrument	750	1	30/60	375
Mentors, supervisors, or employers	Fellowship Data Collection Instrument	100	1	30/60	50
Alumni	Fellowship Data Collection Instrument	375	1	20/60	125
Total					550

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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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 “Traveler Risk Assessment and Management Activities during Disease Outbreaks” 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 June 16, 2025 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

Traveler Risk Assessment and Management Activities during Disease Outbreaks—New—National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC intends use this Generic Information Collection Request (ICR) in

the event of a disease outbreak overseas that would necessitate the public health assessment and/or monitoring of travelers arriving in the U.S. Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into and within the United States. Under its delegated authority, the Division of Global Migration Health (DGMH) works to fulfill this responsibility through a variety of activities, including the operation of port health stations at U.S. ports of entry and administration of foreign quarantine regulations; 42 Code of Federal Regulation part 71, specifically 42 CFR 71.20 Public health prevention measures to detect communicable disease.

Additionally, on February 21, 2020, CDC issued an interim final rule (IFR) to amend its Foreign Quarantine regulations, to enable CDC to require airlines to collect, and provide to CDC, certain data regarding passengers and crew arriving from foreign countries for the purposes of health education, treatment, prophylaxis, or other appropriate public health interventions, including travel restrictions. CDC’s authority for collecting such data is contained in 42 CFR 71.4.

Under this IFR, airlines must transmit these data to CDC within 24 hours of an order. The order *Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated Information* requiring the collection of this information was issued on October 25, 2021, and went into effect on November 8, 2021. Under this Order, airlines may transmit the required

information using existing data-sharing infrastructure in place between the airlines and the U.S. Department of Homeland Security (DHS) or they must retain the information for 30 days and transmit it to CDC within 24 hours upon request. This information collection for contact information is already approved under OMB Control No. 0920-1354.

During a disease outbreak, CDC relies on its federal partners in the DHS to assist in the risk assessment and entry screening process because of their presence at the ports of entry. As needed, DHS will refer travelers into public health entry screening and risk assessment process. The public health entry screening typically consists of an initial health and exposure questionnaire to determine if a more in-depth public health risk assessment of a traveler is necessary. CDC develops the tools and training to facilitate this public health entry screening and works to ensure that any individual who is identified by DHS as having been present in the outbreak area is screened and further evaluated if compatible symptoms or potential exposures are identified. For those who are symptomatic or potentially exposed, additional public health measures may involve transport to a healthcare facility for medical evaluation if a traveler is identified as being ill; quarantine for those with high-risk exposures but with no evidence of illness or infection; and/or communication with CDC or health

departments to facilitate timely detection and management if potentially exposed travelers develop symptoms after arrival.

This information collection concerns CDC’s statutory and regulatory authority related to conducting public health screening of travelers upon arrival to the United States and assessing individual travelers for public health risk following a report of illness from a conveyance or other notification at a U.S. port of entry. As part of this responsibility, DGMH has implemented traveler management activities that collect contact information and share the information with state and local governments so that the travelers can be monitored for signs or symptoms of disease, and isolated and medically examined if needed. CDC anticipates the future need for these activities to prevent the transmission or spread of communicable diseases into the United States.

Disease outbreaks do not occur at regular intervals, which makes it difficult to estimate how often information collection will be necessary. The purpose of this Generic ICR is to aid in CDC’s responsibility to ensure the successful implementation of traveler management in an efficient and timely manner. DGMH intends use this Generic ICR in the event of a disease outbreak that would necessitate the public health assessment and/or monitoring of travelers arriving in the U.S. Although it’s possible to anticipate

some broad categories of information that would need to be collected, (e.g., potential exposures, symptoms, contact information, etc.), each response is unique and requires flexibility in terms of the specific information collection tool in each instance. Data collection instruments and methods must be rapidly created and implemented to direct appropriate public health action. Often specific questions will change, or new questions will evolve with each disease outbreak.

DGMH anticipates that this Generic ICR would encompass data collection related to:

- Entry screening of travelers and (if indicated) public health risk assessment conducted either in person or virtually.
- Post-arrival management of travelers as specified in CDC recommendations for travelers arriving from outbreak areas.
- Health Department of jurisdiction follow up of indicated travelers.
- Surveys of travelers to determine the most efficient channels for reaching travelers and refine public health messaging for travelers coming from the outbreak area.
- Evaluation of entry screening, post-arrival management, and Health Department follow-up.

CDC requests OMB approval for an estimated 10,559 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Traveler	CDC Initial Screening—SAMPLE VHF	54,750	1	5/60
Traveler	POE Public Health Risk Assessment Form—SAMPLE VHF ...	5,475	1	20/60
Traveler	SAMPLE VHF Symptom Monitoring Daily Group Symptomatic Travelers.	548	21	1/60
Traveler	SAMPLE VHF Symptom Monitoring Daily Group—Web Survey for Symptomatic Travelers.	548	21	5/60
Traveler	Sample VHF Symptom Monitoring Weekly Group (Attachment E2).	4,928	3	1/60
Traveler	Sample VHF Symptom Monitoring Weekly Group	4,928	3	5/60
Traveler	SAMPLE VHF Response Survey of Travelers	5,475	1	10/60
State/Local Health Department	CDC SAMPLE VHF Jurisdiction Traveler Monitoring	70	104	5/60
State/Local Health Department	CDC SAMPLE VHF Jurisdiction Final Survey	70	1	20/60

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