Technical Assistance Efforts on the Implementation of Comprehensive Cancer Control Outcomes, OMB Control No. 0920–1193; Expiration Date: 9/30/2023). This request for Reinstatement with Change includes updates to the evaluation design based on programmatic changes. The new design emphasizes short-term outcomes related to reaching NCCCP recipients and increasing recipients' capacity to implement their cancer control plans, achieve their program outcomes, and plan for and implement activities to support sustainability of the NCCCP efforts. There is a new focus on the TTA providers' efforts to network and collaborate with one another and other subject matter experts, advisory groups, and partners to plan for and deliver TTA. Under the previous request, a web-based survey was administered one time to a cross-section of NCCCP recipients. With this Reinstatement, the web-based survey will be administered twice with two individuals from each NCCCP recipient (one Program Coordinator and one NCCCP staff member, partner, or coalition member) who received TTA. This collection will provide interim information on the implementation and short-term outcomes of TTA and allow for program improvements to better serve NCCCP recipients. Lastly, the current evaluation introduces focus groups to collect data from NCCCP recipients on how TTA enhanced their ability to implement cancer control plans. The focus groups will be conducted annually and target a subset of NCCCP recipients who participated in TTA.

The web-based survey and focus groups will capture quantitative and qualitative data on the reach of DP23–0017 TTA efforts, the type and effectiveness of TTA received, and its impact. Survey changes include questions about additional TTA types (*e.g.,* webinars, asynchronous trainings, communities of practice), TTA topics, and the TTA's influence on respondents' and their organizations' capacity to carry out their comprehensive cancer control plans. Focus groups will provide context for survey data, particularly how TTA enhanced program capacity.

CDC requests OMB approval is requested for three years with a total annualized response burden estimated to be 96 hours. Participation is voluntary and respondents will not receive incentives for participation. There are no direct costs to respondents other than their time to participate in data collection activities.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Program Directors	Focus Group and Web Survey Nomination Form.	44	1	30/60	22
Program Directors	Focus Group Nomination Form	22	1	15/60	6
Program Staff, Partners, and Coalition Members.	Focus Group Scheduling	15	1	5/60	1
Program Staff, Partners, and Coalition Members.	Focus Group Guide	15	1	1.5	23
Program Coordinators	Web-based Survey	44	1	30/60	22
Program Staff, Partners, and Coalition Members.	Web-Based Survey	44	1	30/60	22
Total					96

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–00424 Filed 1–12–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–FY–2026; Docket No. CDC–2025–1080]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Aviation Activity Illness and Death Reporting. This data collection is designed to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States or from one State or possession into any other State or possession in the event an individual with a confirmed or suspected communicable disease is known to have traveled on an inbound international or interstate flight.

DATES: CDC must receive written comments on or before March 16, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–1080 by either of the following methods:

- *Federal eRulemaking Portal: 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 H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (*www.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 H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *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;

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; and

5. Assess information collection costs.

Proposed Project

Aviation Activity Illness and Death Reporting (OMB Control No. 0920–0488, Exp. 3/31/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The goal of this information collection is to ensure that, consistent with the authorities in the Public Health Service Act and CFR parts 70 and 71, CDC is able to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States or from one State or possession into any other State or possession. This information collection focuses on collecting necessary information needed for CDC to conduct public health response and follow up in the event an individual with a confirmed or suspected communicable disease is known to have traveled on an inbound international or interstate flight while infectious or potentially infectious, presenting a risk of disease spread to others.

The information collection includes collection of conveyance, passenger and crew contact information from airlines (aka manifests) for contact investigations. Additionally, this information collection includes forms to obtain information on the outcomes of the contact investigations carried out by international, state, local, or territorial public health professionals to assess the impacts of CDC regulatory activities. Historically, these aviation-related data collection activities were approved under this and other different OMB Control Numbers as outlined below (OMB Control Numbers 0920–0134, 0920–1180, 0920–1181, 0920–0900). With this current submission, CDC is requesting a Revision with the aim of improving efficiency of CDC's aviation activities PRA submission process through aggregation under one OMB control number.

CDC requests OMB approval for an estimated 2,981 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)	Total burden (in hours)
Implementation of Federal Regulations					
Pilot in command	*Report of death or illness onboard aircraft operated by airlines* (42 CFR 70.11) (OMB Control No 0920–0488).	500	1	7/60	58
Master of vessel or person in charge of conveyance.	*Report by the master of a vessel or person in charge of conveyance of the incidence of a communicable disease occurring while in interstate travel* (42 CFR 70.4) (OMB Control No 0920–0488).	200	1	7/60	23
Pilot in command	*Death/Illness Reports from Aircraft* (42 CFR 71.21(b)) (OMB Control No 0920–0134).	1,400	1	7/60	163
Isolated or Quarantined Individuals	Report by Persons in Isolation or Surveillance (42 CFR 71.33(c)) (OMB Control No 0920–0134).	11	1	3/60	1
Total					245
During Travel Information Collection					
Traveler	*Air Travel Illness or Death Investigation Form* (OMB 0920–0134).	4,000	1	15/60	1,000

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Traveler	*Public Health Passenger Locator Form: limited onboard exposure (international flights)* (OMB Control No 0920–1181).	545	1	5/60	45
Traveler	*Public Health Passenger Locator Form: limited onboard exposure (domestic flights)* (OMB Control No 0920–1181).	545	1	5/60	45
Total					1,090
After Travel Information Collection					
Airline Medical Officer or Equivalent/Computer and Information Systems Manager.	*International Airline Manifest Order* (OMB Control No 0920–1180).	350	1	150/60	875
Airline Medical Officer or Equivalent/Airline Administrative or Safety Manager.	*Domestic Airline Manifest Order* (OMB Control No 0920–1180).	500	1	90/60	750
State/Local/Territorial or International Public Health Staff.	General Contact Investigation Outcome Reporting Form—Air (OMB Control No 0920–0900).	60	1	5/60	5
State/Local/Territorial or International Public Health Staff.	Measles Contact Investigation Outcome Reporting Form—Air (OMB Control No 0920–0900).	72	1	5/60	6
Territorial or International Public Health Staff.	Rubella Contact Investigation Outcome Reporting Form—Air (OMB Control No 0920–0900).	1	1	5/60	1
State/Local/Territorial or International Public Health Staff.	TB Aircraft Contact Investigation Outcome Reporting Form (OMB Control No 0920–0900).	51	1	10/60	9
Total					1,646
Total Burden					2,981

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–00423 Filed 1–12–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–1294; Docket No. CDC–2026–0005]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed revision information collection project titled Maternal Mortality Review Information Application (MMRIA). MMRIA is a standardized data collection system that allows Maternal Mortality Review Committees (MMRCs) to abstract relevant data from a variety of sources, document committee decisions, and analyze data to better understand the contributing factors and preventability of pregnancy-related deaths in order to develop recommendations for prevention.

DATES: CDC must receive written comments on or before March 16, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0005 by either of the following methods:

- *Federal eRulemaking Portal: 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 H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.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 H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *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