with greater depth and detail for more efficient and effective decision making.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent type	Forms	Number of responders	Average number of responses per responder	Average burden per response (hours)
PHLs *	Laboratory Qualification	136	1	2
PHLs	Routine Testing Results	136	25	0.5
PHLs	Challenge Panel/Validation Testing Results	136	2	12
PHLs	Public Health Surge Response Testing Results.	136	625	0.5
PHLs	Proficiency Testing/Characterization Results (LRN–C).	44	35	2
PHLs	Surge Event Testing Results/Exercises (LRN–C: SPaSE, Surge, ERE).	57	6	24

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, 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

[30–Day–26–0156]

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 ''Data Management Plan Template for Extramural Research'' 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 August 26, 2025 to obtain comments from the public and affected agencies. CDC received three comments related to the previous notice, two of which were reviewed and discussed. 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

Notice of Funding Opportunity (NOFO) Data Management Plan (DMP) Template for Extramural Research—New—Office of Science (OS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Office of Science (OS) is requesting approval of a New Information Collection Request (ICR) for a period of three years under the project titled, Notice of Funding Opportunity (NOFO) Data Management Plan (DMP) Template for Extramural Research, hereafter referred to as CDC NOFO DMP. OS operates within CDC, and works to collaborate with the agency's Centers, Institutes, and Offices (CIOs). Multiple CIOs have their own DMPs, and a deep dive into these DMPs showed some common elements. There is a need to have a consistent and unified approach whereby CDC could meet obligations of calls to action.

The White House Office of Science Technology and Policy (OSTP) released a memo in 2013 titled, ''Increasing Access to the Results of Federally Funded Scientific Research'' [*https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/ostp_public_access_memo_2013.pdf*]. This memo emphasized DMPs and stated the following instructions:

(b) Ensure that all extramural researchers receiving Federal grants and contracts for scientific research and intramural researchers develop data management plans, as appropriate, describing how they will provide for long-term preservation of, and access to, scientific data in digital formats resulting from federally funded research, or explaining why long-term preservation and access cannot be justified;

(c) Allow the inclusion of appropriate costs for data management and access in proposals for Federal funding for scientific research;

(d) Ensure appropriate evaluation of the merits of submitted data management plans;

(e) Include mechanisms to ensure that intramural and extramural researchers comply with data management plans and policies;

In response, CDC developed a data plan, produced a public access policy, and updated its data policy.

In 2022, OSTP released a follow-up memo titled, ''Ensuring Free, Immediate, and Equitable Access to Federally Funded Research'' [*https://bidenwhitehouse.archives.gov/wp-content/uploads/2022/08/08-2022-OSTP-Public-Access-Memo.pdf*]. This memo emphasized the scientific data underlying peer-reviewed publications. It included the following language.

(b) Scientific Data

i. Scientific data underlying peer-reviewed scholarly publications resulting from federally funded research should be made freely available and publicly accessible by default at the time of publication, unless subject to limitations as described in Section 3(c)(i) and should be subject to federal agency guidelines for researcher responsibilities regarding data management and sharing plans, consistent with Section 3(c) of this memorandum.

(c) Public access plans should outline the policies that federal agencies will use to establish researcher responsibilities on how federally funded scientific data will be managed and shared, including:

(i) Details describing any potential legal, privacy, ethical, technical, intellectual property, or security limitations, and/or any other potential restrictions or limitations on data access, use, and disclosure, including those defined in terms and conditions of funding agreement or award or that convey from a data use agreement or stipulations of an Institutional Review Board;

(ii) Plans to maximize appropriate sharing of the federally funded scientific data identified in Section 3(a) of this memorandum, such as providing risk-mitigated opportunities for limited data access; and,

(iii) The specific online digital repository or repositories where the researcher expects to deposit their relevant data, consistent with the federal agency's guidelines.

OSTP released an additional memo in 2025 titled, ''Agency Guidance for Implementing Gold Standard Science in the Conduct & Management of Scientific Activities'' [*https://www.whitehouse.gov/wp-content/uploads/2025/03/OSTP-Guidance-for-GSS-June-2025.pdf*]. This memo addresses ''science conducted in a manner that abides by nine key tenets'': (i) reproducible; (ii) transparent; (iii) communicative of error and uncertainty; (iv) collaborative and interdisciplinary; (v) skeptical of its findings and assumptions; (vi) structured for falsifiability of hypotheses; (vii) subject to unbiased peer review; (viii) accepting of negative results as positive outcomes; and, (ix) without conflicts of interest.

The Executive Order (E.O.), ''Establishing the President's Make America Healthy Again Commission'' [*https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/*], emphasizes transparency and open-source data in section 2(a).

''Sec. 2. Policy. It shall be the policy of the Federal Government to aggressively combat the critical health challenges facing our citizens, including the rising rates of mental health disorders, obesity, diabetes, and other chronic diseases. To do so, executive departments and agencies (agencies) that address health or healthcare must focus on reversing chronic disease. Under this policy:

(a) all federally funded health research should empower Americans through transparency and open-source data, and should avoid or eliminate conflicts of interest that skew outcomes and perpetuate distrust;

(b) the National Institutes of Health and other health-related research funded by the Federal Government should prioritize gold-standard research on the root causes of why Americans are getting sick;

(c) agencies shall work with farmers to ensure that United States food is the healthiest, most abundant, and most affordable in the world; and

(d) agencies shall ensure the availability of expanded treatment options and the flexibility for health insurance coverage to provide benefits that support beneficial lifestyle changes and disease prevention.''

This project addresses and responds to these memos and Executive Orders by collecting data using a unified DMP. The CDC NOFO DMP was created to capture information consistent with CDC Grants Notice of Funding Opportunity (NOFO) Additional Requirement 25: Data Management and Access [*https://www.cdc.gov/grants/additional-requirements/ar-25.html*] and is meant to be broadly applicable across CDC. The implementation of a unified DMP is expected to reduce researcher burden when applying for funding and when updating DMPs. This project will also reduce CDC staff burden, reduce cognitive load on DMP reviewers, and make it explicit which DMP elements have no responses. The project will reduce CDC staff time spent on DMP reviews by making each DMP element atomic and specific.

Use of the CDC NOFO DMP will allow CDC to understand the number and types of datasets that are being released and shared alongside publications. The proposed new metadata elements for a unified DMP will also help guide CDC-funded researchers towards greater collaborations through fostering data reuse; improve reproducibility by encouraging greater data documentation; and improve accessibility by making CDC data more open and reusable to researchers and the public.

Respondents are expected to complete the CDC NOFO DMP with as much information as known at the time. The document is a living document and may be updated when additional information is known and during reporting periods. Expected respondents include any researcher responding to Notice of Funding Opportunity (NOFO) announcements. CDC requests OMB approval for an estimated 2,877 total burden hours with an estimated annual burden of 959 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)
Notice of Funding Opportunity (NOFO) Applicants (Initial).	Notice of Funding Opportunity (NOFO) Data Management Plan (DMP) Template for Extramural Research.	548	1	1.5

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Notice of Funding Opportunity (NOFO) Applicants (Update).	Notice of Funding Opportunity (NOFO) Data Management Plan (DMP) Template for Extramural Research.	548	1	15/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, 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

Solicitation of Nominations for Appointment to the Advisory Council for the Elimination of Tuberculosis

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS) is seeking nominations for membership on the Advisory Council for the Elimination of Tuberculosis (ACET). ACET consists of 10 experts including the Chair in fields associated with public health, epidemiology, immunology, infectious disease, pulmonary disease, pediatrics, tuberculosis, microbiology, and preventive health care delivery.

DATES: Nominations for membership on the ACET must be received no later than March 31, 2026. Submission received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be emailed to *nchhstppolicy@cdc.gov* with subject line ''ACET 2026 Nomination.''

FOR FURTHER INFORMATION CONTACT: ACET Committee Management, Office of Policy, Planning, and Partnerships, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. Email: *nchhstppolicy@cdc.gov.*

SUPPLEMENTARY INFORMATION: ACET provides advice and recommendations regarding the elimination of tuberculosis (TB) to the Secretary, HHS; the Assistant Secretary for Health, HHS; and the Director, CDC. ACET (a) makes recommendations on policies, strategies, objectives, and priorities; (b) addresses development and application of new technologies; (c) provides guidance and review of CDC's TB prevention research portfolio and program priorities; and (d) reviews the extent to which progress has been made toward eliminating TB.

Nominations are sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the objectives of the ACET. Nominees will be selected on the basis of their expertise in public health, epidemiology, immunology, infectious diseases, pulmonary disease, pediatrics, tuberculosis, microbiology, or preventive health care delivery. Expertise within TB includes having had TB disease or being the parent of a child with TB disease. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms. Selection of members is based on candidates' qualifications to contribute to the accomplishment of ACET objectives.

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Appointments shall be made free from discrimination on the basis of race, religion, color, national origin, age, disability, or sex. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. The Centers for Disease Control and Prevention (CDC) reviews potential candidates for ACET membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, and email address).
- At least one letter of recommendation from person(s) not employed by HHS. Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*i.e.,* CDC, National Institutes of Health, Food and Drug Administration).
- A biographical sketch of the nominee (500 words or fewer).

Nominations may be submitted by the candidate or by the person/organization recommending the candidate. CDC will collect and retain nominations received for up to two years to create a pool of potential ACET nominees. When a vacancy occurs, CDC will review nominations and may contact nominees at that time.

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

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