Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Benjamin W. McDonough, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than October 14, 2026.

A. Federal Reserve Bank of New York (Keith Goodwin, Head of Bank Applications) 33 Liberty Street, New York, NY 10045–0001. Comments can also be sent electronically to *Comments.applications@ny.frb.org:*

1. *Dorado Bank Financial Holdings Corp, San Juan, Puerto Rico;* to become a bank holding company by acquiring Dorado Bank, also of San Juan, Puerto Rico.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2026–18762 Filed 9–11–26; 8:45 am]

BILLING CODE;P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1469]

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 ''2026 Ebola Entry Screening, Monitoring, & Traveler Feedback'' 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 2, 2026 to obtain comments from the public and affected agencies. CDC received one comment 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

2026 Ebola Entry Screening, Monitoring, & Traveler Feedback (OMB Control No. 0920–1469, Exp. 10/31/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration Health (DGMH) requests approval for a Revision of an existing information collection (OMB Control No. 0920–1469). Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States. Under its delegated authority, DGMH works to fulfill this responsibility through a variety of activities, including the operation of Port Health Stations at 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.

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 and CDC's responsibility to ensure the successful implementation of traveler monitoring to prevent the transmission or spread of communicable diseases into the United States. On May 18, 2026, CDC published an Order under the Public Health Service Act Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists. The Order was amended on May 22, 2026. An Order continuing the suspension of the right to introduce specified foreign nationals into the United States was issued on June 21, 2026, July 13, 2026, and most recently on August 12, 2026. The order issued on August 12 will be in effect for 30 days. Exceptions are included for U.S. citizens, U.S. nationals, certain U.S. government personnel and military, case-by-case humanitarian or law enforcement exceptions, and Department of Homeland Security (DHS)-approved entry processes with CDC-documented mitigation protocols.

CDC relies on its federal partners in the Department of Homeland Security (DHS) to assist in the screening process because of their presence at the ports of entry. DHS will refer travelers that have been to Ebola outbreak areas to another location at the airport where CDC will

ask initial health screening questions to determine if a more in-depth public health risk assessment is necessary. CDC develops the tools and training to facilitate this screening process and works to ensure that any individual who is identified by DHS as being from the outbreak area is further evaluated. This may involve medical evaluation by CDC followed by transport to a healthcare facility if somebody is identified as being ill; a location for quarantine at or near that location; and/or communication via phone with CDC or state and local health departments to see if the travelers develop symptoms after arrival.

On May 17, 2026, an outbreak of Ebola disease caused by Bundibugyo virus was detected in the Democratic Republic of the Congo (DRC) and Uganda. On May 20, 2026, the DHS published Arrival Restrictions Applicable to Flights Carrying Persons Who Have Recently Traveled From or Were Otherwise Present Within the Democratic Republic of the Congo (DRC), Uganda, or South Sudan. Airlines are instructed to redirect flights carrying persons who have recently traveled from or were otherwise present within DRC, Uganda, and South Sudan in the previous 21 days to Washington-Dulles International Airport (IAD). U.S. Customs and Border Protection (CBP) issued a memo on May 22, 2026, modifying the list of designated airports to include Hartsfield-Jackson Atlanta International Airport (ATL) and George Bush Intercontinental Airport (IAH). On May 26, 2026, CBP further expanded the list of airports to include John F. Kennedy International Airport (JFK). CDC is conducting public health entry screening at designated U.S. airports of travelers coming from DRC, Uganda, and South Sudan. The purpose of public health entry screening is to detect ill travelers or travelers arriving from regions affected by the outbreak who are at risk of becoming ill with Ebola to facilitate post-arrival management.

CDC will utilize information collected during public health entry screening to determine which travelers should be monitored for Ebola symptoms in accordance with CDC's interim recommendations for post-arrival public health management of travelers from the outbreak area. CDC is currently sharing contact information and initial public health assessment of exposure risk for travelers who have been in areas affected by the outbreak during the 21 days before their arrival in the United States with state and local health departments through existing data-sharing infrastructure. State and local health departments utilize the contact information provided by CDC to prioritize and identify the level of follow-up needed based on the level of risk of exposure to Ebola and determine if additional risk assessment and/or targeted public health measures are necessary. This coordination is necessary to facilitate post-arrival public health management as specified in CDC interim guidance.

At the end of the 21-day monitoring period, CDC will send a final survey to travelers intended to evaluate the impact of rerouting and public health entry screening on travelers. The results of this final survey will allow CDC to identify the most efficient channels for reaching travelers and refine public health messaging for travelers coming from the outbreak area.

An Emergency package was approved for collection of data on 5/20/2026. CDC requests OMB approval for the continued collection of data under OMB Control No. 0920–1469—2026 Ebola Entry Screening, Monitoring, & Traveler Feedback. The total estimated annual burden requested is 25,171 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)
Traveler	2026_EbolaBVD_IPHA	54,750	1	10/60
Traveler	Follow up PHA_2026 Ebola DRC	5,475	1	20/60
Traveler	2026 Ebola Response Survey of Travelers	54,750	1	15/60
Travelers requesting exceptions to travel restrictions.	Initial PHA _2026 Ebola DRC	500	1	1
Airlines	Airline Feedback Survey_Ebola 2026	100	1	20/60

Jeffrey M. Zirger,

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

[FR Doc. 2026–18745 Filed 9–11–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–0215]

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 ''Application Form and Related Forms for the Operation of the National Death Index (NDI)'' 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 10, 2026 to obtain comments from the public and affected agencies. CDC received no 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