

Leroy A. Richardson,
Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-17-1146; Docket No. CDC-2017-
0029]

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 efforts to reduce public
burden and maximize the utility of
government information, invites the
general public and other Federal
agencies to take this opportunity to
comment on proposed and/or
continuing information collections, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comment on a revision to the
information collection project approved
under OMB Control number 0920-1146
(expiration date 11/30/2019), Survey of
Surveillance Records of *Aedes aegypti*
and *Aedes albopictus* from 1960 to
Present.

DATES: Written comments must be
received on or before June 5, 2017.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2017-
0029 by any of the following methods:

- **Federal eRulemaking Portal:**
Regulations.gov. Follow the instructions
for submitting comments.

- **Mail:** Leroy A. Richardson,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE., MS-
D74, Atlanta, Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. All relevant comments
received will be posted without change
to *Regulations.gov*, including any
personal information provided. For
access to the docket to read background
documents or comments received, go to
Regulations.gov.

Please note: All public comment
should be submitted through the

Federal eRulemaking portal
(*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 the Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE., MS-D74, Atlanta,
Georgia 30329; phone: 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 OMB for approval. To
comply with this requirement, we are
publishing this notice of a proposed
data collection as described below.

Comments are invited on: (a) Whether
the proposed collection of information
is necessary for the proper performance
of the functions of the agency, including
whether the information shall have
practical utility; (b) the accuracy of the
agency's estimate of the burden of the
proposed collection of information; (c)
ways to enhance the quality, utility, and
clarity of the information to be
collected; (d) ways to minimize the
burden of the collection of information
on respondents, including through the
use of automated collection techniques
or other forms of information
technology; and (e) estimates of capital
or start-up costs and costs of operation,
maintenance, and purchase of services
to provide information.

Burden means the total time, effort, or
financial resources expended by persons to
generate, maintain, retain, disclose or
provide information to or for a Federal
agency. This includes the time needed
to review instructions; to develop,
acquire, install and utilize technology
and systems for the purpose of
collecting, validating and verifying
information, processing and
maintaining information, and disclosing
and providing information; to train
personnel and to be able to respond to
a collection of information, to search
data sources, to complete and review
the collection of information; and to

transmit or otherwise disclose the
information.

Proposed Project

Survey of Surveillance Records of
Aedes aegypti and *Aedes albopictus*
from 1960 to Present—Revision—(OMB
Control number 0920-1146, expires 11/
30/2019) National Center for Emerging
and Zoonotic Infectious Diseases
(NCEZID), Centers for Disease Control
and Prevention (CDC).

Background and Brief Description

The Zika virus response necessitates
the collection of county and sub-county
level records for *Aedes aegypti* and *Ae.*
albopictus, the vectors of Zika virus.
This information will be used to update
species distribution maps for the United
States and to develop a model aimed at
identifying where these vectors can
survive and reproduce. CDC is seeking
to revise the information collection
approved under OMB Control number
0920-1146 to collect information for
three years.

In February 2016, OMB received
emergency clearance for a county-level
survey of vector surveillance records for
a limited number of years (2006-2015)
(OMB Control No. 0920-1101,
expiration date 8/31/2016). OMB then
issued clearance for a follow-up
information collection that was very
similar to the first (OMB Control No.
0920-1146, expiration date 11/30/2019)
but expanded the years that were
evaluated. The information collection in
this information collection request will
be very similar of those surveys, but will
collect these data monthly going
forward.

The previous two surveys aimed to
describe the reported distribution of the
Zika virus vectors *Aedes aegypti* and
Ae. albopictus from 1960 until late 2016
at county and sub-county spatial scales.
The 56-year data review was necessary
because many recent records for these
species of mosquitos were lacking,
likely because from 2004-2015 most
vector surveillance focused on vectors
of West Nile virus (*Culex* spp.) rather
than Zika vectors. The surveys yielded
important data allowing CDC, states,
and partners to understand the spread of
these mosquitos in the U.S as well as
the environmental conditions necessary
for them to survive. The surveys
reviewed data records from 1960-2016
and resulted in a complete assessment
of historical records of mosquito
surveillance but were not designed to
collect these types of data routinely over
time.

In this revision, CDC will also seek
information on locations of the
mosquito traps at sub-county spatial

scales through an online data portal called MosquitoNET (<https://wwwn.cdc.gov/Arbonet/MosquitoNET>) and will be expanded to include insecticide susceptibility and resistance data on local populations of mosquitos. Data will be collected monthly through the expiration date of this OMB approval.

Such information will aid in (1) targeting vector control efforts to prevent mosquito-borne Zika virus transmission in the continental U.S. and (2) targeting future vector surveillance efforts. The resulting maps and models will inform the public and policy makers of the known distribution of these vectors, identify gaps in vector

surveillance, and target allocation of surveillance and prevention resources. As part of the Zika response, efforts to identify *Ae. aegypti* and *Ae. albopictus* in the continental U.S. were substantially enhanced during 2016 and funding will be provided to states to continue to enhance surveillance for these vectors through the longstanding Epidemiology and Laboratory Capacity Program that was expanded to now include mosquito surveillance.

Respondents will include vector control professionals, entomologists, and public health professionals who are recipients of ELC funding or their designated points of contact. The respondents will be contacted via ELC

primary recipients and instructed to set up accounts on the MosquitoNET Web site via a simple process. Data collection from ELC recipients will then begin. In order to limit the burden of data entry on respondents who may be entering information for their state, they will have the option of submitting the data via email to CDC using an excel survey.

This information collection request is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). The total estimated annualized burden time is 192 hours. There will be no anticipated costs to respondents other than time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Vector control professionals, entomologists, and Public health professionals.	MosquitoNET entry of monthly surveillance records of <i>Aedes aegypti</i> and <i>Aedes albopictus</i> .	64	12	15/60	192
Total	192

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Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-17-17IM]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Use of the Cyclosporiasis National Hypothesis Generating Questionnaire

(CNHGG) during Investigations of Foodborne Disease Clusters and Outbreaks—New—Center for Global Health (CGH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

An estimated 1 in six Americans per year become ill with a foodborne disease. Foodborne outbreaks of cyclosporiasis—caused by the parasite *Cyclospora cayentanensis*—have been reported in the United States since the mid-1990s and have been linked to various types of fresh produce. During the 15-year period of 2000–2014, 31 U.S. foodborne outbreaks of cyclosporiasis were reported; the total case count was 1,562. It is likely that more cases (and outbreaks) occurred than were reported; in addition, because of insufficient data, many of the reported cases could not be directly linked to an outbreak or to a particular food vehicle.

Collecting the requisite data for the initial hypothesis-generating phase of investigations of multistate foodborne disease outbreaks is associated with multiple challenges, including the need to have high-quality hypothesis-generating questionnaire(s) that can be used effectively in multijurisdictional investigations. Such a questionnaire was developed in the past for use in the context of foodborne outbreaks caused by bacterial pathogens; that