

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–17–17ABU]

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 *Zika Reproductive Health Call-Back Survey (ZRHCS), Puerto Rico, 2017* 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 April 27, 2017 to obtain comments from the public and affected agencies. CDC received one general 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 or send an email to omb@cdc.gov. 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

Zika Reproductive Health Call-Back Survey (ZRHCS), Puerto Rico, 2017—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In May 2015, the World Health Organization reported the first local mosquito born transmission of Zika virus in the Western Hemisphere, with autochthonous cases identified in Brazil. In response to the Zika virus outbreak, and evidence that Zika virus infection during pregnancy is a cause microcephaly and other adverse pregnancy and infant outcomes, CDC activated its Emergency Operations Center to its highest level on February 8, 2016 and continues to engage in Zika virus operations.

To date, Puerto Rico has reported the highest number of Zika virus cases of any area within the United States, with the Puerto Rico Department of Health (PRDH) reporting more than 40,000 cases of Zika virus infection, including 3,757 cases in pregnant women. Given the adverse pregnancy and birth outcomes associated with Zika virus

infection during pregnancy and the current lack of a vaccine, it is important for women who are at risk of becoming pregnant unintentionally, or who are planning a pregnancy, to be knowledgeable about the potential outcomes of Zika virus infection. In addition, it is important for them to practice effective pregnancy prevention behaviors when they do not desire pregnancy and to prevent mosquito-borne and sexual transmission of Zika virus.

This is a request for a new information collection. CDC requests one additional year of clearance to continue the Emergency information collection, “Emergency Zika Package: Zika Reproductive Health Survey, Puerto Rico, 2017,” approved by the Office of Management and Budget (OMB) in July 2017 (OMB Control Number 0920–1188).

The objective of this assessment is to collect current information on various aspects of Zika knowledge and prevention behaviors from a representative sample of adult women in Puerto Rico. Information will be collected on the following topics: (1) Knowledge of and adherence to mosquito prevention strategies, and (2) use of condoms to minimize the risk of sexual transmission of Zika, and (3) behaviors practiced by women who wish to avoid or delay pregnancies that help them prevent unintended pregnancies that might otherwise be affected by Zika. CDC will rapidly summarize and analyze the information collected for the Puerto Rico Department of Health to determine the need for further refinements in educational messaging and allocation of resources, as established during the first season of the Zika outbreak. There is no cost to respondents other than the time to participate. The total estimated annual burden hours are 117.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Women aged 18–49 years who completed the main PR–BRFSS survey.	Recruitment text	645	1	1/60
Women aged 18–49 years who completed the main PR–BRFSS survey agree to participate in the call-back survey.	Call-back Survey and Consent.	581	1	10/60
PR–BRFSS Coordinators	Data Submission Layout	1	3	3

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.

[FR Doc. 2017-19957 Filed 9-19-17; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-17-1122; Docket No. CDC-2017-
0070]

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 reinstatement of the data
collection project titled "Congenital
Heart Surveillance to Recognize
Outcomes, Needs and well-being
(CHSTRONG)." CDC collects
CHSTRONG data to provide public
health question insight, aid in the
development of services, and inform for
the proper allocation of resources to
improve long-term health and
wellbeing.

DATES: Written comments must be
received on or before November 20,
2017.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2017-
0070 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 Leroy A.
Richardson, 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

Congenital Heart Survey To Recognize
Outcomes, Needs, and well-being (CH
STRONG) (OMB Control Number: 0920-
1122, Expiration 07/31/2017)—
Reinstatement with change—National
Center on Birth Defects and
Developmental Disabilities (NCBDDD),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

Congenital heart defects (CHDs) are
the most common type of structural
birth defects, affecting approximately 1
in 110 live-born children. In prior
decades, many CHDs were considered
fatal during infancy or childhood, but
with tremendous advances in pediatric
cardiology and cardiac surgery, at least
85% of patients now survive to
adulthood and there are approximately
1.5 million adults with CHD living in
the United States.

With vast declines in mortality from
pediatric heart disease over the past 30
years, it is vital to evaluate long-term
outcomes and quality of life issues for
adults with CHD. However, U.S. data on
long-term outcomes, quality of life
issues, and comorbidities of adults born
with CHD are lacking. U.S. data is
needed to provide insight into the
public health questions that remain for
this population and to develop services
and allocate resources to improve long-
term health and wellbeing.

The initial request for this project was
one year, but there was a delay in
recruitment that results in a change in
the recruitment process. Therefore, an
additional 24 months is being requested.
The three sites decided to conduct more
intensive and time-consuming tracking
and tracing to identify more accurate
contact information for all eligible
individuals. In addition to more
intensive tracking and tracing, the sites
decided to send recruitment materials in
batches rather than all at once. This
ensured that problems with the
recruitment process were caught
immediately and could be modified in
subsequent rounds of recruitment. Due
to these delays and changes in
recruitment process, CH STRONG data
collection is expected to last an
additional 24 months and conclude two
years after receiving an extension from
OMB.