

proposing to relocate and consolidate its Cincinnati-based functions and personnel (approximately 550 employees) currently housed at the three existing campuses to a new, consolidated campus in Cincinnati.

Potential locations for the proposed new campus were identified through a comprehensive site selection process conducted by GSA on behalf of CDC. In June 2016, GSA issued a Request for Expressions of Interest (REOI) seeking potential sites capable of accommodating the proposed new campus. In response to the REOI, GSA received seven expressions of interest. Following an assessment of each site, GSA found that only one site qualified for further consideration (The Site). The Site encompasses all land between Martin Luther King Drive East to the south, Harvey Avenue to the west, Ridgeway Avenue to the north, and Reading Road to the east in Cincinnati, Ohio.

Under NEPA, as implemented by CEQ Regulations (40 CFR parts 1500–1508), Federal agencies are required to evaluate the environmental effects of their proposed actions and a range of reasonable alternatives to the proposed action before making a decision. On February 9, 2018, in accordance with NEPA, CDC published a Notice of Availability announcing that a Draft EIS for the proposed acquisition and campus consolidation had been prepared (83 FR 5774). The Draft EIS evaluated the potential impacts of two alternatives: The Proposed Action Alternative (acquisition of the Site and construction of a new, consolidated CDC/NIOSH campus) and the No Action Alternative (continued use of the existing campuses for the foreseeable future). Impacts on the following resources were considered: Land use, zoning, and plans; community facilities; socioeconomic and environmental justice; utilities and infrastructure; visual quality; cultural resources; transportation; geology, topography, and soils; air quality; noise; and hazardous substances.

Publication of the Draft EIS notice initiated a 45-day review period, which ended on March 26, 2018. During this period, CDC received comments from government agencies, a Native American tribe, and the public. These comments pertained to the proposed action in general; the accessibility of the proposed campus site for bicyclists; historic buildings; traffic and air quality impacts; sustainability; and the potential displacement of neighborhood residents.

All comments were considered when preparing the Final EIS and responses to

the comments are provided in the Final EIS. No comment required substantive revisions to the analyses presented in the Draft EIS or to the alternatives considered. The Final EIS identifies the Proposed Action Alternative as CDC's Preferred Alternative.

CDC will make a decision on whether to proceed with the proposed action after August 20, 2018. At that time, CDC will issue a Record of Decision documenting and explaining its decision based on the Final EIS.

Questions on the Final EIS and the proposed action may be directed to: Harry Marsh, Architect, Office of Safety, Security and Asset Management (OSSAM), Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-K80, Atlanta, Georgia 30329–4027, phone: (770) 488–8170, or email: cdc-cincinnati-eis@cdc.gov.

Dated: July 16, 2018.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–18–0307]

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 Gonococcal Isolate Surveillance Project 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 February 5, 2018 to obtain comments from the public and affected agencies. The CDC received 2 non-substantive 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 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

Gonococcal Isolate Surveillance Project (0920–0307) (Exp. Date 02/28/2019)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Gonococcal Isolate Surveillance Project (GISP) was created in 1986 to monitor trends in antimicrobial susceptibilities of *Neisseria gonorrhoeae* strains in the United States. GISP continues to be a collaboration between different branches of the CDC Division of STD Prevention within the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), selected regional laboratories and selected state/local public health departments and their associated STD specialty care clinics in the U.S. National organizations, local jurisdictions and individuals use data collected in GISP to understand and prevent antibiotic resistance in *N. gonorrhoeae*. Data from GISP are used to establish a scientific basis for the selection of gonococcal therapies and to allow pro-active changes to treatment guidelines before widespread resistance and failures of treatment occur. To increase capacity to detect and monitor resistant gonorrhea and to improve the specificity of GISP, this revision is being

submitted to include collection of additional isolates and data elements.

In the current approval period, GISP isolates are only collected from males and include <4% of reported male gonorrhea cases in the United States. This relatively limited scope likely limits the speed with which new resistance patterns are found and with which public health officials can respond. Published data suggest that resistance in *N. gonorrhoeae* might develop initially in non-genital anatomic sites, such as the pharynx. It has also been hypothesized that susceptibility patterns may be different among women. Upon receiving OMB approval of the revision request, CDC plans to begin including isolates from the pharynx and other anatomic sites, as well as from women. These changes are expected to support public health efforts to detect and respond to resistance more quickly.

GISP surveillance can also be strengthened by ensuring that GISP surveillance is only being conducted on *N. gonorrhoeae* and not on other similar bacteria. *Neisseria meningitidis* can cause clinical syndromes that are indistinguishable from gonorrhea. Using nucleic acid amplification tests (a more specific diagnostic test) in conjunction with bacterial culture from all anatomic sites can ensure that non-gonococcal bacteria are excluded from GISP data. This is expected to strengthen the accuracy and usefulness of GISP data.

Historically, healthcare providers at approximately 30 participating sentinel sites (i.e., STD clinic or multiple STD clinics affiliated with a single public health department) obtain urethral *N. gonorrhoeae* isolates from the first 25 men with urethral gonorrhea each month with occasional month-to-month variability. With this revision, we are now asking for a subset of sentinel sites (10 out of 30 sites) to conduct enhanced surveillance activities, collecting additional isolates (including from the pharynx, rectum, and cervix of exposed persons) with a limited number of additional data elements. We anticipate

that approximately 50 additional isolates per month will be collected by each of these 10 sites (total of approximately 70 isolates per month per enhanced surveillance site). All isolates will be shipped each month to a regional laboratory for antimicrobial susceptibility testing. When isolates that appear to be bacteria other than *N. gonorrhoeae* are identified at one of the ten sentinel sites conducting enhanced surveillance, the isolate will be shipped to the regional laboratory and then to CDC. Based on informal discussions with current GISP sentinel sites, we anticipate that approximately 10 such isolates will be identified at each site per year. Sentinel sites that are not part of this small subset will continue to function as they already are.

Under this revision, the data collection and reporting processes have been streamlined to minimize burden. All demographic/clinical data from the sentinel sites, and antimicrobial susceptibility testing results from the regional laboratories, will be submitted electronically (1) directly from the sentinel site to the GISP data manager at CDC through a secure data portal, (2) through a secure GISP-web based application, or (3) through the CDC Secure Access Management Services partner portal. To minimize burden, comma-separated values (csv) files that provide standardized structure of the electronic data are provided to sentinel sites and laboratories. Additionally, to further minimize burden, the regional laboratories will be able to extract electronic data from electronic laboratory information systems instead of hand entering data and will no longer be required to report control strain testing results.

This project will not collect name, social security number, or date of birth. A Patient ID, a unique patient identifier assigned by the site that allows for linking of multiple isolates from a single person at a single clinic visit and across multiple clinic visits, is requested and will be provided to CDC for purposes of enhanced surveillance. Sensitive

information such as sex of sex partners, HIV status, sex work exposure, and injection drug use are collected. Patient data are obtained through review of medical records by the clinic staff and included in collection reporting of demographic/clinical information. All personally identifiable information (PII) is retained by the STD clinics that treated the patient and is not recorded with data sent to CDC or regional laboratories. At sites where enhanced surveillance will not occur isolates are collected from patients as part of their routine care when a gonorrhea infection is suspected. The electronic GISP database is stored on the CDC mainframe computer and only approved Division of STD Prevention (DSTDP) staff have access rights to the data. As part of the revision, we will continue to systematically identify the risks and potential effects of collecting, maintaining, and disseminating PII and to examine and evaluate alternative processes for handling that information to mitigate potential privacy risks and risks to confidentiality.

The CDC has designated *N. gonorrhoeae* as one of three “urgent” antibiotic resistance threats in the United States. The CDC is requesting a three-year OMB approval for this revision, which directly responds to the National Strategy for Combating Antibiotic Resistant Bacteria by improving and strengthening surveillance of antimicrobial resistance through GISP. This GISP data can help monitor and evaluate the effectiveness of public health interventions conducted to support the National Strategy for Combating Antibiotic-Resistant Bacteria. Sentinel sites and regional laboratories voluntarily apply to participate in the GISP cooperative agreement program. Once funded, participation in the GISP information collection and isolate processing plan is required. The total estimated annualized burden hours are 11,376. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Sentinel site conducting core surveillance	Demographic/Clinical Data	20	240	11/60
Sentinel site conducting enhanced surveillance.	Demographic/Clinical Data	10	840	12/60
Regional laboratory	Antimicrobial Susceptibility Testing Results ..	4	3,300	40/60
Regional laboratory	Control Strain Susceptibility Testing	4	48	5/60

Jeffrey M. Zirger,

Acting 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-18-18AMQ; Docket No. CDC-2018-0061]

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 proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled *Assessing impact of the NIOSH research*. The goal of the generic information collection request is to improve the ability of NIOSH to assess and demonstrate the extent to which its various research efforts are likely to or have led to improvements in workplace safety and health.

DATES: CDC must receive written comments on or before September 18, 2018.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2018-0061 by any of the following methods:

- **Federal eRulemaking Portal:** *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-D74, Atlanta, Georgia 30329.

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

Please note: Submit all comments 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 Jeffrey M. Zirger, 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 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; and
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.

5. Assess information collection costs.

Proposed Project

Assessing impact of the NIOSH research—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health

(NIOSH) is responsible for conducting research and making recommendations to prevent worker injury and illness, as authorized in Section 20(a)(1) of the Occupational Safety and Health Act (29 U.S.C. 669). NIOSH is strongly committed to program evaluation as a way to maximize its contributions to improved occupational safety and health. NIOSH is requesting a new generic information collection request for a three-year period that will support the timely information collection needed for upcoming program evaluation activities, such as external reviews of NIOSH research programs (which fulfill a Government Performance and Results Act (GPRA) requirement, studies to understand the economic value of NIOSH research, process evaluations of NIOSH programs, and evaluations of large research projects. NIOSH needs to collect information about research dissemination and achieved outcomes from key audiences (grantees, potential NIOSH research users and relevant safety and health experts) for accountability and program improvement purposes. NIOSH is specifically interested in assessing intermediate outcomes—the use of NIOSH research products and findings by external stakeholders and partners to improve safety and health—as evidence of research impact. Being able to collect information on intermediate outcomes from grantees, as well as past, present and potential future users of NIOSH research would allow us to provide more robust evidence of use or adoption of NIOSH research products or findings.

The evaluation findings and recommendations from the various program evaluation activities described above will be used as an input for future direction of the programs and incorporated into analyses and reports to either investigate the value of NIOSH's research, or improve program operations to maximize impact. Data will be collected through semi-structured key informant interviews with grantees, potential or known users of NIOSH research and subject matter experts in safety and health. NIOSH estimates that 30 respondents will be involved in phone interviews, which would last between 30-60 minutes. However, participants might be burdened an additional hour reading the invitation email and providing relevant documents such as evidence of research impact. Therefore, the estimated burden for each participant is two hours. The total estimated burden is 60 hours. There is no cost to respondents other than their time.