stakeholders to support awareness and strengthen relationships between public health and clinical care.

These activities will facilitate the quick and efficient identification of cases in future outbreaks and protect the health and safety of patients.

This request corresponds with an initial ongoing data collection, State Health Department Access to Electronic Health Record Data during an Outbreak: A Retrospective Assessment, which involves interviews with four types of Health Department staff: Healthcare-associated infection coordinator, epidemiologist, legal counsel, and informatics director (OMB Control Number 0920–0879, approved on 04/24/2014). We anticipate that the Phase I data analysis will be completed in late 2014.

For Phase II of this study, we will be requesting participation from hospital and clinic staff in their official capacities across the same 15 states included in the Phase I request. The states chosen for Phase I and Phase II data collections are: Florida, Indiana, Kansas, Maryland, Michigan, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oregon, Tennessee, Texas, and Virginia. Data will be collected from 150 hospital and clinic staff in their official capacities using one 30-minute telephone interview per person and limiting interviews to two hospitals and two clinics per state. Hospital participants include: Infection preventionists, informatics directors, and others as referred. Clinic participants include: Clinic directors and others as referred.

The focus of this OMB request is to conduct interviews with 150 healthcare facilities' staff, hospitals and clinics, in their official capacities who have been asked by HDs to provide access to their EHRs during an HAI outbreak investigation. In hospitals, the evaluation team will be conducting interviews with staff members serving in one of three roles: Infection preventionist, informatics director, and other as referred (*e.g.* privacy officer, risk management, etc.). In clinics, the evaluation team will be conducting interviews with the clinic director, and other as referred (*e.g.* patient records manager, etc.)

The maximum estimates for burden hours are derived from interview guide pilot testing and data collection with HDs during Phase I data collection, in which interviews took 27 minutes. The data to be collected do not involve questions of a personal or sensitive nature and should have no impact on the individual's privacy.

There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Infection Preventionist	30	1		15
Informatics Director	30	1		15
Other as Referred	30	1	30/60	15
Clinic Director	30			15
Other as referred by Clinic Director	30	1		15
Totals	150	1		75

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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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–0821]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, 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. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 60 days of this notice.

Proposed Project

Quarantine Station Illness Response Forms: Airline, Maritime, and Land/Border Crossing (OMB Control No. 0920–0821, expiration 08/31/2015)—Revision—National Center for Emerging and Zoonotic Infectious Diseases,

Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a revision to a currently approved information collection, Quarantine Station Illness Response Forms: Airline, Maritime, and Land/Border Crossing. This revision seeks to incorporate the changes that resulted from activities undertaken during the response to Ebola. These changes include two major components, both of which have been given previous emergency clearance by OMB, with an expiration date of April 30, 2015. As a part of this revision, CDC is requesting the full three year approval and 12 months of burden for the following:

The incorporation of a two public health screening forms that are currently used to assess risk for Ebola in travelers coming to the United States from countries experiencing widespread transmission of the disease. These forms are the United States Traveler Health Declaration and a completely revised Ebola Risk Assessment For Travelers From Ebola Outbreak-Affected Countries form, each given approval from OMB under OMB Control No 0920–1031. The additional burden requested for the electronic and hard copies of the English, hard copy French, and hard copy Arabic versions of the health declaration, and the English and French hard copy versions of the risk assessment form, is 16,965 hours.

In this revision, CDC is maintaining the ability to use the Ebola Risk Assessment for Travelers from Outbreak-affected Countries form in the event that a traveler is identified as ill on a U.S.-bound flight prior to arrival. In the no material or non-substantive change to a currently approved collection granted by OMB on 9/18/2014, CDC requested 100 respondents and 5 hours of burden. Because the risk assessment form is more comprehensive, it requires more time for traveler to complete the assessment. CDC is requesting an additional 20 hours of burden for the purpose of assessing ill travelers, for a total of 25 hours of burden. No additional respondents are requested.

CDC is also requesting the incorporation of a telephonic, automated survey administered either through Interactive Voice Response (IVR) phone system which asks travelers if they have developed a fever or any other symptoms potentially indicative of Ebola exposure (OMB Control No 0920–1034). This system is used to assist states in actively monitoring those travelers from Ebola affected countries for 21 days after arrival. The additional burden requested for the use of the IVR system is 91,350 hours.

No revisions are requested to the Air Travel, Maritime Conveyance or Land Travel Illness and Death Investigation forms or burden associated with these information collections. The current burden associated with these forms is 314 hours.

This revision incorporates the burden estimates provided for the emergency information collection 0920–1031 and 0920–1034. The total additional burden requested for this revision is 133,110 respondents and 108,335 burden hours. The estimated total burden for OMB Control Number 0920–0821 is 136,968 respondents and 108,654 burden hours. There is no burden to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in minutes)	Total burden hours
Traveler	Airline Travel Illness or Death Investigation Form.	1626	1	5/60	136
Traveler	Maritime Conveyance Illness or Death Investigation Form.	1873	1	5/60	156
Traveler	Land Travel Illness or Death Investigation Form.	259	1	5/60	22
Traveler	United States Travel Health Declaration (English: Hard Copy, fillable PDF, electronic portal).	45,325	1	15/60	11,331
Traveler	United States Travel Health Declaration (French hard copy).	19,625	1	15/60	4906
Traveler	United States Travel Health Declaration (Arabic hard copy).	300	1	15/60	75
Traveler	Ebola Risk Assessment for Travelers from Outbreak-affected Countries (English hard copy).	1815	1	15/60	454
Traveler	Ebola Risk Assessment for Travelers from Outbreak-affected Countries (French hard copy).	783	1	15/60	196
Traveler	Ebola Risk Assessment for Travelers from Outbreak-affected Countries (Arabic hard copy).	12	1	15/60	3
Traveler	Ebola Risk Assessment for Travelers from Outbreak-affected Countries (Ill traveler interview).	100	1	15/60	25
Traveler	IVR Active Monitoring Survey (English: Recorded).	45,625	21	4/60	63,875
Traveler	IVR Active Monitoring Survey (French: Recorded).	19,625	21	4/60	27,475
Total		136,968			108,654

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

[30Day–15–0214]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, 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. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 30 days of this notice.

Proposed Project

National Health Interview Survey (NHIS) (OMB No. 0920–0214, expires 03/31/2016)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect data on the extent and nature of illness and disability of the population of the United States. The annual National Health Interview Survey is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. Clearance is sought for three years, to collect data for 2015, 2016, and 2017.

This voluntary and confidential household-based survey collects demographic and health-related information on a nationally representative sample of persons and households throughout the country. Personal identification information is requested from survey respondents to facilitate linkage of survey data with health-related administrative and other records. Each year we collect information from approximately 55,000 households, which contain about 137,500 individuals.

Information is collected using computer assisted personal interviews (CAPI). A core set of data is collected each year that remains largely unchanged while sponsored supplements vary from year to year. The core set includes socio-demographic characteristics, health status, health care services, and health behaviors. For 2015, supplemental questions will be cycled in pertaining to cancer control, epilepsy, and inflammatory bowel disease and occupational health.

Supplemental topics that continue or are enhanced from 2014 will be related to food security, heart disease and stroke, children's mental health, disability and functioning, sexual orientation, smokeless tobacco and e-cigarettes, immunizations, and computer use. Questions on the Affordable Care Act from 2014 have been reduced in number in 2015. In addition, a follow-back survey will be conducted on previous NHIS respondents. The follow-back survey will focus on topics related to the Affordable Care Act including health care access and use, and health insurance coverage and will include multiple modes of contacting respondents.

To improve the analytic utility of NHIS data, minority populations are oversampled annually. In 2015, sample augmentation procedures used in previous years will continue to increase the number of African American, Hispanic, and Asian American persons.

In accordance with the 1995 initiative to increase the integration of surveys within the DHHS, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, academic, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2020.''

The total annualized burden hours have increased by 3,333 hours to 48,833 hours. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Family Member	Screener Questionnaire	10,000	1	5/60