

needs and quality of life among a U.S. population-based group of adults with CHD. This information will inform local, state, and federal resource allocation for services targeting U.S. adults with CHD, a group that is increasing in size and currently totals over 1.5 million. Additionally, clinicians will have information to counsel families of children with CHD on how to prepare for their child's future. Without the information, needed resource allocation and services for

adults and information on long-term outcomes for children with CHD are unknown.

Across the three sites, there are 2,766 individuals that were tracked and traced in the first year of the project, but have not yet been recruited to participate in the survey. Additionally, mothers of 1,115 individuals will be sent a letter and contact information form to assist in reaching their child. It is estimated that half of these mothers will complete the form (n=556); 85% (n=474) in English

and 15% (n=83) in Spanish. Therefore, with the 2,766 yet to be recruited, and the approximately 556 individuals that will be successfully tracked and traced through the mother's contact form, approximately 3,322 potential respondents will be contacted. It is expected that approximately 70%, or 2,325 respondents, will participate.

The total estimated annual burden hours are 563.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Individuals aged 18–45 years who were born with a congenital heart defect.	Survey questionnaire	1,661	1	20/60	554
English-speaking mothers of respondents.	Contact Information Form—English.	237	1	2/60	8
Spanish-speaking mothers of respondents.	Contact Information Form—Spanish.	42	1	2/60	1

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. 2018–01585 Filed 1–26–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–18KS]

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 and Emergency Response Call-Back Survey, 2018” 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 comment, which was unrelated to the proposed information collection. 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 and Emergency Response Call-Back Survey, 2018—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-borne transmission of Zika virus in the Western Hemisphere. Through the course of the outbreak, local transmission was identified in at least 50 countries or territories in the Americas; within the United States, widespread mosquito born transmission was documented in the territories of Puerto Rico and the U.S. Virgin Islands, with localized transmission in Florida and Texas. In addition, in the continental United States, there has been a large number of travel-related cases with infection occurring through mosquito born and sexual transmission.

In response to the Zika virus outbreak, and evidence that Zika virus infection during pregnancy is a cause of microcephaly and other adverse pregnancy and infant outcomes, CDC's Emergency Operations Center was activated to respond to the Zika virus outbreak from January 22, 2016–September 29, 2017. Given the adverse pregnancy and birth outcomes associated with Zika virus infection during pregnancy, through this response CDC developed specific recommendations for preconception

care and counseling. These recommendations included discussing travel plans with women and couples, screening them for possible exposure to Zika virus, and providing counseling on behaviors to prevent sexual and mosquito born transmission of Zika and Zika affected pregnancies.

As part of its assessment of emergency response efforts, CDC has surveyed women of reproductive age (18–49 years) in Puerto Rico, the U.S. territory with highest number of reported Zika virus cases and widespread local transmission. However, no information is available for other U.S. states and territories, including those with more localized transmission or a large number of travel related cases. Given the ongoing risk for Zika transmission in parts of the Americas and other areas of the world, there is a continuing need to screen women for potential exposure, particularly related to travel, which may

put them at risk for additional infectious diseases that affect pregnancy.

While the Zika virus outbreak created the need to mount public health efforts specifically targeted to women of reproductive age, other natural disasters, such as the recent hurricanes in the Gulf Coast and Caribbean, also have been associated with adverse pregnancy outcomes and a wide range of needs that are unique to women and children. The recent hurricanes have thus highlighted the need for states to develop response plans specifically targeted to women of reproductive age (18–49 years) and for a wider range of public health emergencies. In response to current state needs to address preparedness, including reproductive health preparedness related to weather emergencies, CDC has adjusted its information collection instrument to address these circumstances.

The objectives of this information collection will be to provide states with the information they need to assess whether women in this age group: (1) Are being screened for potential travel related exposures and are they knowledgeable about recommendations for pregnancy timing in regards to Zika exposure; (2) are prepared for natural disasters and other types of public health emergencies including addressing their reproductive health needs in these circumstances. The jurisdictions included have all had widespread local transmission, are at high risk for local transmission, and/or have had travel-related cases. Additionally, many of the same jurisdictions have been affected by the recent hurricanes along the Gulf Coast and the Caribbean. There is no cost to respondents other than the time to participate. The total estimated burden hours are 2,030.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Average burden per response (in hours)
Women aged 18–49 years who completed the main BRFSS survey in:			
Alabama	Recruitment text	1976	1/60
Arizona	Recruitment text	2058	1/60
District of Columbia	Recruitment text	2466	1/60
Florida	Recruitment text	1903	1/60
Georgia	Recruitment text	1638	1/60
Louisiana	Recruitment text	2353	1/60
Maryland	Recruitment text	2669	1/60
Mississippi	Recruitment text	1985	1/60
New Mexico	Recruitment text	2636	1/60
New York	Recruitment text	2052	1/60
Texas	Recruitment text	1864	1/60
Guam	Recruitment text	737	1/60
U.S. Virgin Islands	Recruitment text	737	1/60
Women aged 18–49 years who agree to participate in the call-back survey in:			
Pilot State	Survey & Consent	100	10/60
Alabama	Survey & Consent	800	10/60
Arizona	Survey & Consent	800	10/60
District of Columbia	Survey & Consent	800	10/60
Florida	Survey & Consent	800	10/60
Georgia	Survey & Consent	800	10/60
Louisiana	Survey & Consent	800	10/60
Maryland	Survey & Consent	800	10/60
Mississippi	Survey & Consent	800	10/60
New Mexico	Survey & Consent	800	10/60
New York	Survey & Consent	800	10/60
Texas	Survey & Consent	800	10/60
Guam	Survey & Consent	400	10/60
U.S. Virgin Islands	Survey & Consent	400	10/60

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. 2018-01583 Filed 1-26-18; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC-2018-0006, NIOSH-306]

Draft—National Occupational Research Agenda for Services

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for comment.

SUMMARY: The National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention announces the availability of a draft NORA Agenda entitled *National Occupational Research Agenda for Services* for public comment. To view the notice and related materials, visit <https://www.regulations.gov> and enter CDC-2018-0006 in the search field and click "Search."

Table of Contents

- DATES
- ADDRESSES
- FOR FURTHER INFORMATION CONTACT
- SUPPLEMENTARY INFORMATION:
- Background

DATES: Electronic or written comments must be received by March 30, 2018.

ADDRESSES: You may submit comments, identified by CDC-2018-0006 and docket number NIOSH-306, by any of the following methods:

- *Federal eRulemaking Portal:* <https://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226-1998.

Instructions: All submissions received in response to this notice must include the agency name and docket number [CDC-2018-0006; NIOSH-306]. All relevant comments received will be posted without change to <https://www.regulations.gov>, including any

personal information provided. For access to the docket to read background documents or comments received, go to <https://www.regulations.gov>. All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226-1998.

FOR FURTHER INFORMATION CONTACT:

Emily Novicki (NORACoordinator@cdc.gov), National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Mailstop E-20, 1600 Clifton Road NE, Atlanta, GA 30329, phone (404) 498-2581 (not a toll free number).

SUPPLEMENTARY INFORMATION: The National Occupational Research Agenda (NORA) is a partnership program created to stimulate innovative research and improved workplace practices. The national agenda is developed and implemented through the NORA sector and cross-sector councils. Each council develops and maintains an agenda for its sector or cross-sector.

Background: The National Occupational Research Agenda for Services is intended to identify the research, information, and actions most urgently needed to prevent occupational illnesses and injuries in the Services sector. The National Occupational Research Agenda for Services provides a vehicle for stakeholders to describe the most relevant issues, gaps, and safety and health needs for the sector. Each NORA research agenda is meant to guide or promote high priority research efforts on a national level, conducted by various entities, including: Government, higher education, and the private sector.

The first National Occupational Research Agenda for Services was published in 2009 for the second decade of NORA (2006-2016) and updated in 2013 and 2015. This draft is an updated agenda for the third decade of NORA (2016-2026). The revised agenda was developed considering new information about injuries and illnesses, the state of the science, and the probability that new information and approaches will make a difference. As the steward of the NORA process, NIOSH invites comments on the draft *National Occupational Research Agenda for Services*. Comments expressing support or with specific recommendations to improve the Agenda are requested. A copy of the draft Agenda is available at

<https://www.regulations.gov> (search Docket Number CDC-2018-0006).

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2018-01509 Filed 1-26-18; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-18-1078]

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 Public Health Associate Program (PHAP) Alumni Assessment 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 October 10, 2017 to obtain comments from the public and affected agencies. CDC did not receive 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.