

strengthen surveillance, epidemiology, and laboratory science; improve CDC's support and technical assistance to states and communities. CDC will conduct brief data collections, across a range of public health topics related to essential public health services, using

standard modes of administration (e.g., online, telephone, in-person, focus groups).

CDC estimates up to 30 data collections with State, territorial or tribal governmental staff or delegates, and 10 data collections with local/

county/city governmental staff or delegate will be conducted on an annual basis. Ninety-five percent of these data collections will be web-based. The total annualized burden of 54,000 hours is based on the following estimates.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
State, Territorial, or Tribal government staff .....	800	30	1
Local/County/City government staff .....	3,000	10	1

#### LeRoy 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

[60-Day 14-0004]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30333; comments may also be sent by email to [omb@cdc.gov](mailto:omb@cdc.gov).

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 a 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 clarify of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of information technology. Written comments should be received within 60 days of this notice.

#### Proposed Project

National Disease Surveillance Program II. Disease Summaries (0920-0004 Exp. 8/31/2014)—Revision—National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC requests a three year approval for a Revision of the National Disease Surveillance Program II. Disease Summaries information collection.

Proposed revisions include shifting information collection management responsibilities to the National Center for Immunization and Respiratory Diseases (NCIRD) and consolidating various forms to reflect more current

technology trends. Also, CDC requests the use of the following new Influenza forms to enhance surveillance and assist in understanding the complexities of these newer viruses: Human Infection with Novel Influenza A Virus Severe Outcomes; Human Infection with Novel Influenza A Virus with Suspected Avian Source; and Antiviral Resistant Influenza Infection Case Report Form.

Due to the uncertainty regarding MERS-CoV and its threat to human health, CDC also has a need to use a Middle East Respiratory Syndrome Coronavirus (MERS-CoV) [Patient Under Investigation] form. Use of an Adenovirus Typing Report Form and discontinuing the use of the Harmful Algal Bloom-related Illness form is also requested. The Adenovirus Typing Report Form allows for a passive surveillance mechanism that collects adenovirus typing data to enhance adenovirus circulation data already collected by the National Respiratory and Enteric Virus Surveillance System (NREVSS).

The methodology for reporting varies depending on the occurrence, modes of transmission, infectious agents, and epidemiologic measures.

There is no cost to respondents other than their time.

The total estimated annualized burden hours are 31,921.

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS AND COSTS

Type of respondents state epidemiologists	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Form name				
Foodborne Outbreak Form (CDC 52.13) .....	54	32	20/60	576
Influenza virus (Internet; year round) (CDC 55.31) .....	35	52	10/60	303
-Influenza virus (electronic, year round) (PHLIP) .....	49	52	5/60	212
-Influenza virus (electronic, year round) (PHIN-MS) .....	3	52	5/60	13
U.S. WHO Collaborating Laboratories Influenza Testing Methods Assessment (CDC 55.31A) .....	87	1	10/60	15
Weekly Influenza-like Illness (year round) (CDC 55.20) .....	1,800	52	10/60	15,600
Daily Influenza-like illness (year round) .....	75	365	10/60	4,563

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS AND COSTS—Continued

Type of respondents state epidemiologists	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Form name				
Influenza-Associated Pediatric Death Case Report Form .....	57	2	30/60	57
Novel Influenza A Virus Case Screening Form .....	57	1	15/60	14
Novel Influenza A Virus Infection Contact Tracing Form .....	57	1	30/60	29
Human Infection with Novel Influenza A Virus Case Report Form .....	57	6	30/60	171
Novel and Pandemic Influenza A Virus Case Status Summary .....	57	1	15/60	14
Human Infection with Novel Influenza A Virus Severe Outcomes .....	57	1	1.5	86
Human Infection with Novel Influenza A Virus with Suspected Avian Source .....	57	1	30/60	29
122 CMRS—City health officers or vital statistics registrars (daily) .....	58	365	12/60	4,234
122 CMRS—City health officers or vital statistics registrars (weekly) .....	122	52	12/60	1,269
Aggregate Hospitalization and Death Reporting Activity Weekly Report Form .....	56	52	10/60	485
Antiviral Resistant Influenza Infection Case Report Form .....	57	3	30/60	86
National Enterovirus Surveillance Report: (CDC 55.9) (electronic) .....	25	12	15/60	75
National Respiratory & Enteric Virus Surveillance System (NREVSS) (CDC 55.83A, B, NREVSS Lab Assessment Form, D) (electronic) .....	300	52	15/60	3,900
Adenovirus Typing Report Form .....	25	12	15/60	75
Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under Investigation (PUI) Form .....	57	3	25/60	71
Suspected Viral Gastroenteritis (Calicivirus surveillance) .....	20	5	15/60	25
Waterborne Diseases Outbreak Form (CDC 52.12) .....	57	1	20/60	19
Total .....				31,921

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* Request for Assistance for Child Victims of Human Trafficking.

*OMB No.:* 0970-0362.

*Description:* The William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008, Public Law 110-457, directs the U.S. Secretary of Health and Human Service (HHS), upon receipt of credible information that a non-U.S. citizen, non-Lawful Permanent Resident (alien) child may have been subjected to a severe form of trafficking in persons and is seeking Federal assistance available to victims of trafficking, to promptly

determine if the child is eligible for interim assistance. The law further directs the Secretary of HHS to determine if a child receiving interim assistance is eligible for assistance as a victim of a severe form of trafficking in persons after consultation with the Attorney General, the Secretary of Homeland Security, and nongovernmental organizations with expertise on victims of severe form of trafficking.

In developing procedures for collecting the necessary information from potential child victims of trafficking, their case managers, attorneys, or other representatives to allow HHS to grant interim eligibility, HHS devised a form. HHS has determined that the use of a standard form to collect information is the best way to ensure requestors are notified of their option to request assistance for child victims of trafficking and to make prompt and consistent determinations about the child's eligibility for assistance.

Specifically, the form asks the requestor for his or her identifying information, information on the child, and information describing the type of trafficking and circumstances surrounding the situation. The form also asks the requestor to verify the

information contained in the form because the information could be the basis for a determination of an alien child's eligibility for federally funded benefits. Finally, the form takes into consideration the need to compile information regarding a child's circumstances and experiences in a non-directive, child-friendly way, and assists the potential requestor in assessing whether the child may have been subjected to trafficking in persons.

The information provided through the completion of a Request for Assistance for Child Victims of Human Trafficking form will enable HHS to make prompt determinations regarding the eligibility of an alien child for interim assistance, inform HHS' determination regarding the child's eligibility for assistance as a victim of a severe form of trafficking in persons, facilitate the required consultation process, and enable HHS to assess and address potential child protection issues.

*Respondents:* Representatives of governmental and nongovernmental entities providing social, legal, or protective services to alien persons under the age of 18 (children) in the United States who may have been subjected to severe forms of trafficking in persons.