

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	Annual End of Year Survey .....	230	1	15/60
	Final Survey .....	58	1	15/60

**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.*

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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

[30Day-17-17ABC]

**Agency Forms Undergoing Paperwork  
 Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Zika Postpartum Emergency Response Survey (ZPER), 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 December 2015, the Puerto Rico Department of Health (PRDH) reported the first locally acquired (index) case of Zika virus disease in the United States. Since then, 38,733 cases have been confirmed in Puerto Rico, including 3,076 among pregnant women. Because the most common mosquito vector of Zika virus, *Aedes aegypti*, is present throughout Puerto Rico, Zika virus transmission is ongoing. The island has been designated at the highest level of risk according to a 3-tiered Zika virus infection risk scale developed by CDC's Emergency Operations Center.

While pregnant women do not differ from the general population in terms of susceptibility to Zika virus infection or severity of disease, they are at risk for adverse pregnancy and birth outcomes associated with Zika virus infection during pregnancy. After review of the available evidence, CDC concluded that Zika virus infection during pregnancy is a cause of microcephaly and other brain defects.

Given the adverse pregnancy and birth outcomes associated with Zika virus infection during pregnancy, it is

more important than ever to understand the Zika-related concerns of pregnant women, interactions regarding Zika between pregnant women and their health care providers, sources of information that pregnant women consult regarding Zika virus, and use of recommended precautions by pregnant women to reduce the risk of exposure to Zika virus. This information was successfully collected for the first time in a hospital-based survey of women 24-48 hours after delivery by the Puerto Rico Department of Health in the fall of 2016 (Emergency OMB approval, Control #0920-1127), and has been critical for informing clinical guidance, developing communication messages, and providing resources for pregnant women.

The currently proposed data collection includes three components to follow-up on the initial effort. The first component is a telephone follow-back survey among a subset of the original participants. This component would be the first population-based sample of postpartum women who were pregnant during the early period of the Zika outbreak, and would provide information on the accessibility and utilization of postpartum and newborn services, and continued adherence to Zika prevention behaviors. The second component would be to repeat the hospital-based survey of pregnant women to assess the effectiveness of emergency response efforts and to determine where there is a need for further refinement of efforts and outstanding resource gaps; as with the first hospital-based survey, there would be subsequent telephone follow-up survey with a subset of the participants. The third and final component is the addition of a separate hospital-based survey for fathers of the infants born to surveyed mothers. This component would assess father's concerns about Zika related birth defects and contribution to prevention efforts.

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

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Women with recent births .....	Maternal hospital-based questionnaire.	2,990	1	25/60	1,247
Fathers with recently born infants .....	Father hospital-based questionnaire	1,790	1	15/60	448
Women with live births 2–10 months prior.	Follow-up phone questionnaire .....	3,070	1	15/60	768
Total .....	.....	.....	.....	.....	2,463

**Leroy A. Richardson,**

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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

[Docket No. CDC–2017–0069]

#### Effective Methods for Implementing Water Management Programs (WMPs) To Reduce Growth of Transmission of *Legionella* spp.

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Request for information.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the opening of a docket to obtain information on effective methods for achieving implementation of water management programs (WMPs) intended to reduce *Legionella* growth and transmission in buildings at increased risk. The information will inform CDC efforts to prevent Legionnaires disease in the United States. Information gathered should also inform CDC efforts to prevent disease due to other opportunistic waterborne pathogens (e.g., *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, various species of fungi, and *Naegleria*).

**DATES:** Written comments must be received on or before October 17, 2017.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2017–0069 by any of the following methods:

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Follow the instructions for submitting comments.

- **Mail:** Laura Cooley, National Center for Immunization and Respiratory Diseases, Division of Bacterial Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS C25, Atlanta, GA 30329.

**Instructions:** All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:**

Laura Cooley, National Center for Immunization and Respiratory Diseases, Division of Bacterial Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS C25, Atlanta, GA 30329. Email: [travellegionella@cdc.gov](mailto:travellegionella@cdc.gov). Phone: (404) 639–2215.

**SUPPLEMENTARY INFORMATION:**

**Background:** CDC assists state and local health departments with Legionnaires disease response and prevention efforts by providing technical assistance and developing resources focused on preventing and investigating cases and outbreaks of Legionnaires disease (<https://www.cdc.gov/legionella/>).

Legionnaires disease, a severe, sometimes fatal pneumonia, can occur in persons who inhale aerosolized droplets of water contaminated with the bacterium *Legionella*. The rate of reported cases of Legionnaires disease in the United States has increased more than four-fold since 2000.<sup>1</sup> *Legionella* and other waterborne pathogens can multiply in large, complex building water systems where there are gaps in water system maintenance; thus, the most effective strategy for prevention of Legionnaires disease is through control

<sup>1</sup> Garrison LE, Kunz JM, Cooley LA, et al. Vital signs: Deficiencies in environmental control identified in outbreaks of Legionnaires disease—North America, 2000–2014. *MMWR Morb Mortal Wkly Rep* 2016; 65:576–84. <https://doi.org/10.15585/mmwr.mm6522e1>.

of *Legionella* in building water systems. Water management programs (WMPs) identify hazardous conditions and take steps to minimize the growth and spread of *Legionella* and other waterborne pathogens in building water systems. Developing and maintaining a water management program is a multi-step process that requires continuous review.

In 2015, ASHRAE (formerly known as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers) published a consensus standard for the primary prevention of Legionnaires disease,<sup>2</sup> which calls for the development and implementation of WMPs in buildings with large or complex water systems and in buildings that house people who are particularly susceptible to Legionnaires disease. ASHRAE recommends WMPs for the following buildings and devices:

- Healthcare facilities where patients stay overnight
- Buildings that house or treat people who have chronic and acute medical problems or weakened immune systems
- Buildings that primarily house people older than 65 years (like a retirement home or assisted living facility)
- Buildings that have a centralized hot water system (like a hotel or high-rise apartment complex)
- Buildings 10 stories or more (including basement levels)
- Devices that have been linked to transmission of *Legionella*:
  - Cooling towers
  - Hot tubs (or spas) that are not drained between each use
  - Decorative fountains
  - Centrally-installed misters, atomizers, air washers, or humidifiers

Additionally, stakeholders can use CDC's toolkit, *Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: A Practical Guide to*

<sup>2</sup> ASHRAE 188: *Legionellosis: Risk Management for Building Water Systems* June 26, 2015. ASHRAE: Atlanta. [www.ashrae.org](http://www.ashrae.org).