2021, HHS expanded their Overdose Prevention Strategy to focus on four strategic priorities: Primary prevention, harm reduction, evidence-based treatment, and recovery support.

DOSE is a critical element of HHS's first goal under primary prevention to support research and surveillance to collect timelier and more specific data through accelerating the speed at which CDC reports drug overdose data. DOSE data collection integrates, expands, and enhances previous data sharing efforts with public health departments initiated under ESOOS. The goal of DOSE is to conduct surveillance of approximately 75% of all ED visits for drug overdoses through the end of the Overdose Data to Action (OD2A) cooperative agreement in 2023. In 2019, OD2A provided funding for 66 jurisdictions; 47 states and the District of Columbia share data with DOSE. Though we had hoped to capture data from all 50 states and the District of Columbia, only 47 states and the District of Columbia applied for this funding announcement.

Currently, DOSE operates in the 47 states and the District of Columbia currently funded by OD2A (three states did not request CDC funding in the current cycle but may for the next funding cycle in 2023). Of these 48 health departments, 43 share syndromic data with CDC monthly and 26 share at least quarterly discharge data. A total of 33 health departments provide CDC with access to their syndromic surveillance data from EDs in CDC's National Syndromic Surveillance Program (NSSP) system. Access to this timely data has allowed us to improve the situational awareness of federal, state, and local health departments about emerging drug overdose outbreaks and the progression of the opioid overdose epidemic. Health departments have used this data to populate state data dashboards and develop alerts for local communities. In addition, health departments have used this data in concert with public safety partners to gain a better overall picture of outbreaks in their communities.

All data sharing between CDC and health departments in DOSE is driven by two standardized data forms, the Rapid ED overdose data form and the ED discharge overdose data form, and CDC cases definitions of drug, opioid, heroin, fentanyl, all stimulant, cocaine, methamphetamine, benzodiazepine, and other emerging drug overdoses. The Rapid ED Overdose Data Form will be submitted to CDC monthly. For 35 respondents, the estimated burden per response is 30 minutes. For 10 respondents, the estimated burden per response is three hours. The estimated burden per response for the ED Discharge Overdose Data Form is three hours. This form will be submitted four times per year by 28 respondents and once per year by 23 respondents. All information will be collected electronically. The total estimated annualized burden hours are 975.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Participating health departments sharing aggregate data from local syndromic or hospital discharge file.	Rapid ED overdose data form	10	12	3
Participating health departments sharing case-level ED data with CDC through the NSSP BioSense (OMB No. 0920–0824).	Rapid ED overdose data form	35	12	30/60
Participating health department sharing finalized hospital discharge data on a quarterly basis.	ED discharge overdose data form.	28	4	3
Participating health department sharing finalized hospital discharge data on a yearly basis.	ED discharge overdose data form.	23	1	3

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022–03709 Filed 2–18–22; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Single-Source Cooperative Agreement To Fund the Ho Chi Minh City Department of Health (HCMC DOH), Vietnam

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately $2,000,000 for Year 1 of funding to the Ho Chi Minh City Department of Health (HCMC DOH). The award will strengthen the capacity of the HCMC DOH to provide sustainable evidence-based effective HIV prevention, care and treatment services. As Ho Chi Minh City contributes to 22.6% of the HIV burden, HCMC DOH remains critical to the success of HIV program in Vietnam. This NOFO will contribute directly to the national HIV prevention, care and treatment goals by supporting direct services and will support long-term sustainability of the HIV response through capacity building and technical assistance (TA). Funding amounts for years 2–5 will be set at continuation.

DATES: The period for this award will be September 30, 2022 through September 29, 2027.

FOR FURTHER INFORMATION CONTACT: Amy Bailey, Center for Global Health, Centers for Disease Control and Prevention, 4 Le Duan, District 1, Ho Chi Minh City, Vietnam, Telephone: 800–232–6348, E-Mail: *fue8@cdc.gov.*

SUPPLEMENTARY INFORMATION: The single-source award will strengthen the capacity of the HCMC DOH to provide sustainable, evidence-based, effective HIV/AIDS prevention, care and treatment services.

HCMC DOH is in a unique position to conduct this work as it is mandated to advise and assist the City People's Committee in state management of health and in terms of legal authority and credibility among Vietnamese health institutions, to give direction, guide, coordinate and implement all public health including HIV/AIDS activities in HCMC. As Ho Chi Minh City (HCMC) contributes to 22.6% of the HIV burden, HCMC DOH remains critical to the success of HIV program in

Vietnam. This NOFO will contribute directly to the national HIV prevention, care, and treatment goals by supporting direct services and will support long-term sustainability of the HIV response through capacity building and TA.

Summary of the Award

Recipient: Ho Chi Minh City Department of Health (HCMC DOH).

Purpose of the Award: The purpose of this award is to strengthen the capacity of the HCMC DOH to provide sustainable evidence-based effective HIV prevention, care and treatment services.

Amount of Award: The approximate year 1 funding amount will be $2,000,000 in Federal Fiscal Year (FFY) 2022 funds, subject to the availability of funds. Funding amounts for years 2–5 will be set at continuation.

Authority: This program is authorized under Public Law 108–25 (the United States Leadership Against HIV AIDS, Tuberculosis and Malaria Act of 2003).

Period of Performance: September 30, 2022 through September 29, 2027.

Dated: February 15, 2022.

Terrance Perry,

Chief Grants Management Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022–03628 Filed 2–18–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-22–22CR; Docket No. CDC–2022–0026]

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 Homeless Service Providers Knowledge, Attitudes, and Practices Regarding Body Lice, Fleas and Associated Diseases. This proposed study is designed to improve CDC's understanding of homeless service providers knowledge, attitudes, and practices regarding vector-borne diseases that can affect persons experiencing homelessness.

DATES: CDC must receive written comments on or before April 25, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0026, by either 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 H21–8, 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 H21–8, 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;

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; and

5. Assess information collection costs.

Proposed Project

Homeless Service Providers Knowledge, Attitudes, and Practices Regarding Body Lice, Fleas and Associated Diseases—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This proposed information collection aims to improve CDC's understanding of homeless service providers knowledge, attitudes, and practices regarding vector-borne diseases that can affect persons experiencing homelessness (PEH). Insights gained from this information collection will be used to develop guidance for control of vector-borne diseases among PEH and to improve educational outreach regarding these diseases.

Several bacterial vector-borne diseases that are spread by body lice and fleas disproportionately affect PEH. Given the potential severity of louse- and flea-borne diseases, as well as their disproportionate impact on PEH, understanding the knowledge and gaps in knowledge of urban homeless service providers will allow for targeted education and interventions to reduce the risk of louse- and flea-borne disease among this vulnerable population. This investigation aims to gain insight about gaps in understanding, prevention, and intervention to inform tailored educational campaigns and intervention efforts to reduce risk of infestation with body lice and fleas and their associated diseases.

CDC requests OMB approval for an estimated 38 annual burden hours. There is no cost to respondents other than their time.