

The Shigella Hypothesis Generating Questionnaire (SHGQ) will be administered by state and local public health officials via telephone interviews or self-administered web-based surveys with cases of shigellosis or their proxy who are part of a shigellosis cluster or outbreak. The SHGQ will collect information on demographics characteristics, household information and family member event and activity attendance, clinical signs and

symptoms, medical care and treatment information, travel history, contact with international travelers or other ill individuals, event and activity attendance, limited food and water exposure, work, visit, and volunteer locations, childcare and school attendance, and recent sexual partner(s) and activity. This interview/survey activity is consistent with the state's existing authority to investigate reports of notifiable diseases for routine

surveillance purposes; therefore, formal consent to participate in the activity is not required. However, cases may choose not to participate and may choose not to answer any question they do not wish to answer. It will take health department personnel approximately 45 minutes to administer the questionnaire to an estimated 1,500 patient respondents. This results in an estimated annual burden to the public of 1,125 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Shigellosis case patients identified as part of outbreak or cluster investigations.	Shigella Hypothesis Generating Questionnaire.	1500	1	45/60

**Jeffrey M. Zirger,**

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-24-23AQ]

**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 “Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era (MIC-DROP)” 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 November 16, 2022, to obtain comments from the public and affected agencies. CDC received two 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.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. 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**

“Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era (MIC-DROP)” — New—National Center for HIV, Viral Hepatitis, STD, TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is requesting approval for three years for a data collection titled “Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era (MIC-DROP).” The purpose of the information collection is to understand men’s strategies to prevent HIV and sexually transmitted infections (STIs), including preexposure prophylaxis (PrEP) use and adherence, condom use, sexual risk-taking behavior, and substance-using behaviors. This study will assess men’s use and preferences for prevention modalities and their awareness, knowledge, beliefs, and perceptions about products that prevent the transmission of HIV and other sexually transmitted diseases (STD). This study will also conduct structured assessments to identify HIV prevention gaps and test prevention messages for men who have sex with men (MSM).

The information collected in this study will be used to: (1) describe real-world HIV and STI prevention strategies including PrEP and condom use and

adherence; (2) better understand men’s use, preferences, knowledge, and perceptions about prevention modalities; (3) develop rapid reports that will allow for summary recommendations concerning gaps in prevention protection and message testing; and (4) provide timely new information to public health programs and decision makers. The study will be carried out in three cities: Atlanta, GA; Chicago, IL; and San Diego, CA. Participants will include 1,275 HIV-negative men ages 18 and older. Cohort participants will identify as cisgender male; report sex with a man in the last six months; and be fluent in written/spoken English or Spanish. We will use purposive sampling to ensure that 60% of participants will be PrEP users at baseline, and 40% will not be using PrEP at that point. We will also oversample Black/African American and Hispanic/Latino MSM to ensure that a minimum of 30% each are represented in the cohort sample. Participants will be recruited using a combination of approaches including social media, referral, and in-person outreach.

A computer-assisted quantitative assessment will collect information about participants’ use of prevention modalities, as well as their awareness, knowledge, beliefs, and perceptions about HIV/STI prevention products and prevention messages. The study will utilize the SMaRT (Study Management and Retention Toolkit) system, a study management platform for participant management that includes a HIPPA-compliant companion mobile app that study participants install on their smart phones. The app supports several key functions of study participation including notifications of surveys

available, administration of surveys, a messaging center, appointment scheduling, secure HIPPA-compliant document upload and return of laboratory results, and a HIPPA-compliant telehealth video conference platform. At six-month intervals starting at baseline, all participants will be mailed self-collection kits to provide samples for HIV and STI testing. Specimens for STI testing include urine, rectal, and pharyngeal swabs for gonorrhea and chlamydia and dried blood spot (DBS) for syphilis testing. HIV kits will collect DBS for 4th generation HIV testing. Tests will be shipped from, returned to, and processed by a CLIA-certified laboratory. Participants will also have the option to self-collect their specimens at a study site, where study staff will provide them with a self-collection kit and a private room in which to collect their specimens. A subset of the participant cohort will be invited to further participate in qualitative data collection activities including focus groups and in-depth interviews. The focus groups will assess the participants’ awareness of PrEP messages, preferences for PrEP messages, and perceived impact/efficacy of HIV prevention and PrEP messages. The in-depth interviews will assess men’s PrEP experiences, their preferences for PrEP and other HIV prevention products, and further explore their reactions to prevention messages. Participants will have the option to join virtual or in-person focus groups and interview sessions.

Total study enrollment is 1,275 over the three-year data collection period. Based on screening and enrollment numbers from similar studies, we estimate we will need to screen 2,550

individuals (850 annually) to reach total enrollment. The screening process will take approximately five minutes to complete. Participants will be rescreened at the time of the enrollment visit. Contact information will be collected from 1,275 participants (425 annually) and will take approximately five minutes to complete. The quantitative assessment will take 45 minutes to complete and will be delivered to 1,275 participants (850 annually) a total 8 times. The SMaRT app install will take 10 minutes to complete and will be completed by 1,275 participants (425 annually). The specimen kit for HIV testing will take approximately 20 minutes to complete and will be distributed to 1,275 participants (850 annually) a total of four times. The specimen kit for STI testing will take approximately 30 minutes to complete and will be distributed to 1,275 participants (850 annually) a total of four times. A subset of the cohort participants will be invited to participate in qualitative data collection activities. A total of 144 participants (48 annually) will engage in a focus group that is estimated to take 90 minutes to complete, and 45 participants will be invited to participate in a series of three in-depth interviews to be administered at six-month intervals. The interviews will take approximately 60 minutes to complete.

CDC is requesting 12,996 total burden hours across 3 years of data collection. The total estimated annualized burden hours are 4,332. Total burden for each activity has been rounded to the nearest whole hour. Participation of respondents is voluntary. There is no cost to participants 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 hr)
General Public—Adults	Eligibility Screener	850	2	5/60
General Public—Adults	Locator Form	425	1	5/60
General Public—Adults	Quarterly Assessment	850	4	45/60
General Public—Adults	SMaRT App Installation	425	1	10/60
General Public—Adults	Sample Collection for HIV Test	850	2	20/60
General Public—Adults	Sample Collection for STI Test	850	2	30/60
General Public—Adults	Focus Group	48	1	90/60
General Public—Adults	In-Depth interview	45	1	60/60

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Office of Public Health Ethics and  
Regulations, Office of Science, Centers for  
Disease Control and Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-24-1402; Docket No. CDC-2023-  
0081]

#### 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 or continuing information  
collection, as required by the Paperwork  
Reduction Act of 1995. This notice  
invites comments on a proposed  
information collection titled  
Surveillance of HIV-related service  
barriers among Individuals with Early or  
Late HIV Diagnoses (SHIELD), which  
collects information from people who  
were recently diagnosed with HIV at  
early (Stage 0) or late diagnosis (Stage 3)  
to understand barriers to HIV  
prevention and testing services to  
contributing to transmission.

**DATES:** CDC must receive written  
comments on or before December 5,  
2023.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2023-  
0081 by either of the following methods:

- *Federal eRulemaking Portal:*  
*www.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  
*www.regulations.gov.*

*Please note:* Submit all comments  
through the Federal eRulemaking portal

(*www.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;  
Telephone: 404-639-7118; 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 the 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 using  
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

Surveillance of HIV-related service  
barriers among Individuals with Early or  
Late HIV Diagnoses (SHIELD) (OMB  
Control No. 0920-1402, Exp. 5/31/  
2026)—Revision—National Center for  
HIV, Viral Hepatitis, STD, and TB  
Prevention (NCHHSTP), Centers for  
Disease Control and Prevention (CDC).

#### Background and Brief Description

National HIV Surveillance System  
(NHSS) data indicate that 37,968  
adolescents and adults received an HIV  
diagnosis in the United States and  
dependent areas in 2018. During 2015-  
2019, the overall rate of annual  
diagnoses decreased only slightly, from  
12.4 to 11.1 per 100,000. Although not  
every jurisdiction reports complete  
laboratory data needed to identify stage  
of infection, data from most  
jurisdictions show that many of these  
cases were classified as Stage 0 (7.9%)  
or Stage 3 (20.2%) infection (*i.e.*, cases  
diagnosed in early infection or late  
infection, respectively). Early and late  
diagnoses represent recent failures in  
prevention and testing systems,  
respectively, and opportunities to  
understand needed improvements in  
these systems.

The NHSS classifies HIV infections as  
Stage 0 if the first positive HIV test was  
within six months of a negative HIV  
test. Persons who received a diagnosis at  
Stage 0 (*i.e.*, early diagnosis) were able  
to access HIV testing shortly after  
infection yet were unable to benefit  
from biomedical and behavioral  
interventions to prevent HIV infection.  
The federal Ending the HIV Epidemic in  
the U.S. (EHE) initiative prioritizes the  
provision of HIV preexposure  
prophylaxis (PrEP), syringe services  
programs, treatment as prevention  
efforts, and other proven  
interventions—as part of the Prevent  
pillar of the EHE initiative—to prevent  
new HIV infections.

HIV infections are classified as Stage  
3 (AIDS) by the presence of an AIDS-  
defining opportunistic infection or by  
the lowest CD4 lymphocyte test result.  
Persons with Stage 3 infection at the  
time of their initial HIV diagnosis (*i.e.*,  
late diagnosis) did not benefit from  
timely receipt of testing or HIV  
prevention interventions and were  
likely unaware of their infection for a  
substantial time. Nationally, an  
estimated 13.3% of persons with HIV  
are unaware of their infection,  
contributing to an estimated 40% of all  
ongoing transmission. Increasing early  
diagnosis is a crucial pillar of efforts to  
end HIV in the United States. Given the  
continued occurrence of HIV infections  
in the United States, the barriers and  
gaps associated with low uptake of HIV  
testing and prevention services must be  
addressed to reduce new infections and  
facilitate timely diagnosis and  
treatment. Therefore, CDC is sponsoring  
this data collection to improve  
understanding of barriers and gaps  
associated with new infection and late  
diagnosis in the era of multiple testing