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[FR Doc. 2023-22271 Filed 10-5-23; 8:45 am]

BILLING CODE 4163-18-P

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

modalities and prevention options such as PrEP. These enhanced surveillance activities will identify actionable missed opportunities for early diagnosis and prevention, thus informing the allocation of resources, development and prioritization of interventions, and evidence-based local and national

decisions to improve HIV testing and address prevention gaps.

The changes proposed in this Revision add a new qualitative data collection activity that encompasses a new consent form and a new data collection tool (in-depth interview guide) to conduct qualitative interviews to meet prevailing information needs and enhance the value of SHIELD data

and minor edits to the approved SHIELD survey while remaining within the scope of the currently approved project purpose. The annualized burden hours of the project increased by 158 hours with these additions, for a total of 3,074 annualized burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Potential Eligible Participant	Recruitment Script English	2,000	1	15/60	500
Potential Eligible Participant	Recruitment Script Spanish	500	1	15/60	125
Eligible Participant	Consent for quantitative survey—English.	2,000	1	5/60	167
Eligible Participant	Consent for quantitative survey—Spanish.	500	1	5/60	42
Eligible Participant	Survey—English	2,000	1	50/60	1,666
Eligible Participant	Survey—Spanish	500	1	50/60	416
Eligible Participant	Consent for in-depth interview—English.	50	1	5/60	4
Eligible Participant	Consent for in-depth interview—Spanish.	50	1	5/60	4
Eligible Participant	In-depth Interview—English	50	1	90/60	75
Eligible Participant	In-depth Interview—Spanish	50	1	90/60	75
Total	3,074

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[FR Doc. 2023-22274 Filed 10-5-23; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Testing Identified Elements for Success in Fatherhood Programs (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) launched the Testing Identified Elements for Success in Fatherhood Programs (Fatherhood TIES) project in 2022. Using a mix of research methods, this study will identify and test the “core components” of fatherhood

programs in any effort to identify which core components are most effective at improving the lives of fathers who participate in fatherhood programs and their children. The study will ultimately include an implementation and an impact study.

DATES: Comments due within 30 days of publication. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The proposed information collection request is to obtain consent to participate in the study, collect baseline information from program participants, and collect initial implementation study data. A future request will cover the remaining data collection materials associated with the impact and implementation studies. Core components are the essential functions, principles, and elements that are judged as being necessary to produce positive outcomes. Fatherhood

programs usually offer workshops and case management services for fathers to provide, for example, parenting strategies to strengthen their relationships with their children, help finding a steady job, skills to enhance their relationships, and support dealing with other life or family challenges they might experience. Up to five Fatherhood Family—focused, Interconnected, Resilient, and Essential (Fatherhood FIRE) grant recipients will partner with the Fatherhood TIES study team to participate in an implementation and impact study. The implementation study will examine how the core components are implemented and what fathers think of them. The impact study will rigorously evaluate whether promising core components bring about positive outcomes for fathers and their families which may include understanding effects of program engagement, employment and earnings, father-child relationship quality and co-parenting relationship quality. This notice is specific to data collection activities needed to collect consent of participants to enter the study, collect baseline information, and collect some implementation study data. A future notice will provide information about additional data collection activities for the impact and implementation studies.