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[FR Doc. 2024–11589 Filed 5–24–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–24FS; Docket No. CDC–2024–
0038]

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 information collection, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comments on a proposed information
collection titled Needle Exchange
Utilization Survey (NEXUS). This data
collection is being created to develop a
surveillance system to monitor drug use,
prevention behaviors, and the infectious
disease consequences of drug use in
select urban and non-urban areas of the
U.S.

DATES: CDC must receive written
comments on or before July 29, 2024.

ADDRESSES: You may submit comments
identified by Docket No. CDC–2024–
0038 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 collecting
information on those to respond,
including using appropriate automated,
electronic, mechanical, or other
technological collection techniques or
other forms of information technology,
e.g., permitting electronic responses; and
5. Assess information collection costs.

Proposed Project

Needle Exchange Utilization Survey
(NEXUS)—New—National Center for
HIV, Viral Hepatitis, STD, and TB
Prevention (NCHHSTP), Centers for
Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the Needle Exchange
Utilization Survey (NEXUS) is to
develop a surveillance system to
monitor drug use, prevention behaviors,
and the infectious disease consequences

of drug use in 6–15 select urban and
non-urban areas of the U.S. that the
opioid crisis has impacted. Such a
surveillance system is needed to inform
prevention efforts and policy. The
specific objectives of the project are to
assess the following among persons who
inject drugs who are recruited in syringe
services programs (SSPs) and their peers
who use drugs through peer-driven
recruitment: (1) drug use and sexual
behaviors, injection risk networks,
receipt of prevention services, and
barriers to prevention and care; and (2)
the prevalence of HIV and hepatitis C
(HCV) infections.

The project will involve a two-stage
sampling approach. First, up to 15 SSPs
will be selected to ensure geographic
diversity and representation of key
program characteristics, such as the
syringe distribution model (needs-based
vs. all others) and length in operation
(<5 years, ≥5 years). Second, SSP
clients, the majority who are persons
who inject drugs (PWID), and their
peers who use drugs will be recruited
through a combination of direct
recruitment at each SSP and peer-driven
recruitment to partake in a survey and
HCV and HIV testing.

Clients of SSPs and their peers who
meet eligibility criteria will complete a
survey using an Electronic Data Capture
system, a secure web-based application
for administering online surveys. The
survey will include questions on drug
use and sexual behaviors, injection risk
networks, drug treatment history,
history of drug use-related adverse
health outcomes, experiences with law
enforcement, HIV and HCV testing
experience, and use of prevention and
health care services. Lastly, participants
will be offered anonymous HIV and
HCV testing in conjunction with the
survey, which they may refuse with no
effect on participation in the survey.

Data from NEXUS will be used to
inform the planning and evaluation of
prevention programs at the local and
national levels that aim to reduce
adverse health outcomes due to
injection and non-injection drug use
and to contribute to the overall opioid
crisis response efforts. Data from
NEXUS will also be used for an ongoing
surveillance system in the U.S. to
monitor trends in drug use and the
infectious disease consequences of drug
use.

Approximately 6,000 individuals will
complete the eligibility screener. Our
target population is 300 participants per
site or 4,500 for up to 15 sites. We
anticipate that, on average, 25% or
1,499 persons (for up to 15 SSPs) will
not be interested in completing a
questionnaire, yielding a maximum of

6,000 eligible participants. The total annualized burden is 3,126 hours. There are no other costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form	No. of respondents	No. of responses per respondent	Average burden per response (hours)	Total burden (in hours)
Persons Screened	Eligibility Screening Form English	5,400	1	5/60	450
Persons Screened	Eligibility Screening Form Spanish	600	1	5/60	50
Persons who give permission	Model Project Consent Form English	4,050	1	5/60	338
Persons who give permission	Model Project Permission Form Spanish	450	1	5/60	38
Eligible Participants	NEXUS Survey English	4,050	1	30/60	2,025
Eligible Participants	NEXUS Survey Spanish	450	1	30/60	225
Total					3,126

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Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.*
[FR Doc. 2024–11591 Filed 5–24–24; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–24FU; Docket No. CDC–2024–0039]

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 information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Assessing Capacity to Expand Hepatitis C Testing and Treatment in United States Carceral Systems. This data collection proposes to estimate point prevalence of hepatitis C virus in carceral settings, outline patient characteristics, clinical management, and understand key operational and programmatic successes and challenges to testing and treatment of hepatitis C virus, as well as to support timely analysis and utilize findings to advance the elimination of viral hepatitis in the United States.

DATES: CDC must receive written comments on or before July 29, 2024.
ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0039 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: 404–639–7570; 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

Assessing Capacity to Expand Hepatitis C Testing and Treatment in United States Carceral Systems—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Carceral settings pose a unique challenge to hepatitis C elimination in that data, as it relates to hepatitis C virus testing and treatment, is not readily available for analysis to understand the burden of disease within this environment. To our knowledge, CDC does not have a repository of data specifically directed towards hepatitis C within State Department of Corrections (DOC) or large jails. This survey