ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health Departments	Initial Cluster Report Form	59	2.5	1	148
Health Departments	Follow-up Cluster Report Form	59	5.0	0.5	148
Health Departments	Annual/Closeout Cluster Report Form	59	2.5	1	148
Health Departments	Annual Reporting: Standards Evaluation Report (SER).	59	1.0	8	472
Total					60,731

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–25–1011]

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 ''Emergency Epidemic Investigation (EEI)'' 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 June 16, 2025 to obtain comments from the public and affected agencies. CDC did not receive 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* 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

Emergency Epidemic Investigations (EEI) (OMB Control No. 0920–1011, Exp. 12/31/2025)—Extension—Office of Science (OS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC previously conducted Emergency Epidemic Investigations (EEIs) under Office of Management and Budget (OMB) Control Number 0920–0008. In 2013, CDC received OMB approval (OMB Control No. 0920–1011) for a New Generic Clearance to collect vital information during EEIs in response to outbreaks or other urgent public health events (*i.e.,* natural, biological, chemical, nuclear, radiological) characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors. This Generic Clearance has been approved for a number of Extensions since 2013 and expires on 12/31/2025. CDC seeks OMB approval for an additional Extension of this Generic Clearance for another three-year period.

Supporting effective EEIs is one of the most important ways that CDC protects the health of the public. CDC is frequently called upon to conduct EEIs at the request of local, state, or international health authorities seeking support to respond to outbreaks or urgent public health events. In response to external partner requests, CDC provides the necessary epidemiologic support to identify the agents, sources, modes of transmission, or risk factors to effectively implement rapid prevention and control measures to protect the public's health. Data collection is a critical component of the epidemiologic support provided by CDC; data are analyzed to determine the agents, sources, modes of transmission, or risk factors so that effective prevention and control measures can be implemented. During an unanticipated outbreak or urgent public health event, immediate action by CDC is necessary to minimize or prevent public harm. The legal justification for EEIs is found in the Public Health Service Act (42 U.S.C. 301 [241] (a).

Successful investigations are dependent on rapid and flexible data collection that evolves during the investigation and is customized to the unique circumstances of each outbreak or urgent public health event. Data collection elements will be those necessary to identify the agents, sources, mode of transmission, or risk factors. Examples of potential data collection methods include telephone or face-to-face interviews; email, web, or other types of electronic questionnaires; paper-and-pencil questionnaires; focus groups; medical record review and abstraction; laboratory record review

and abstraction; collection of clinical samples; and environmental assessments. Respondents will vary depending on the nature of the outbreak or urgent public health event; examples of potential respondents include health care professionals, patients, laboratorians, and the general public. Participation in EEIs is voluntary and there are no anticipated costs to respondents other than their time. CDC will use the information gathered during EEIs to rapidly identify and effectively implement measures to minimize or prevent public harm.

CDC projects 20 EEIs in response to outbreaks or urgent public health events characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors annually. The projected average number of respondents is 200 per EEI, for a total of 4,000 respondents. CDC estimates the average burden per response is 0.5 hours and each respondent will be asked to respond once. Therefore, CDC requests OMB approval for an estimated 2,000 annual burden hours. These estimates are based on the reported burden for EEIs that has been performed during the previous approval periods.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Emergency Epidemic Investigation Participants.	Emergency Epidemic Investigation Data Collection Instruments.	4,000	1	30/60

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

Meeting of the Advisory Council for the Elimination of Tuberculosis

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the Advisory Council for the Elimination of Tuberculosis (ACET). This meeting is open to the public, limited only by the number of audio and web conference lines (1,000 lines are available). Time will be available for public comment (registration is required to provide oral comment; see the Oral Public Comment section below).

DATES: The meeting will be held on December 9–10, 2025, from 12 p.m. to 5 p.m., EST.

Written comments must be submitted by December 2, 2025. Registration to make oral comments must also be submitted by December 2, 2025.

ADDRESSES: The public meeting will be held virtually through Microsoft Teams. Advanced registration is required to attend. Please register for each day of this meeting.

For registration on December 9, 2025: *https://events.gcc.teams.microsoft.com/event/bb9251cf-001e-4c99-93dd-8c04f4ac6313@9ce70869-60db-44fd-abe8-d2767077fc8f.*

For registration on December 10, 2025: *https://events.gcc.teams.microsoft.com/event/1011f44e-bf34-4095-a71a-db943d2599ef@9ce70869-60db-44fd-abe8-d2767077fc8f.*

Registration for virtual attendance will remain open through the meeting. Prior to the meeting, each individual registrant will receive a registration confirmation along with an access link to the virtual meeting location. Written public comments and requests to make oral comments should be sent to *nchhstppolicy@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: ACET Committee Management, Office of Policy, Planning, and Partnerships, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. Email: *nchhstppolicy@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The Advisory Council for the Elimination of Tuberculosis is charged with providing advice and recommendations regarding the elimination of tuberculosis (TB) to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, Centers for Disease Control and Prevention (CDC). Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; provides guidance and review on CDC's Tuberculosis Prevention Research portfolio and program priorities; and reviews the extent to which progress has been made toward eliminating TB.

Matters to be Considered: The agenda will include discussions on: (1) CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention Update; (2) CDC's Division of Tuberculosis Elimination Update; (3) Tuberculosis Trials Consortium Update; (4) Reported Tuberculosis in the United States, 2024 (5) Patient Centered Experience and Care; and the (6) Biennial Letter Workgroup Update. Agenda items are subject to change as priorities dictate.

Public Participation

Written Public Comment: Members of the public are welcome to submit written comments in advance of the meeting. Written comments must be submitted by emailing *nchhstppolicy@cdc.gov* with subject line ''ACET December 2025 Written Public Comment Registration'' by December 2, 2025.

Oral Public Comment: Individuals who would like to make an oral comment during the public comment period must register by emailing *nchhstppolicy@cdc.gov* with subject line ''ACET December 2025 Oral Public Comment Registration'' by December 2, 2025. The public comment period is on December 10, 2025, at 2 p.m., EST. Comments are limited to no more than 5 minutes each. If the number of persons requesting to speak is greater than can be reasonably accommodated during the scheduled time, CDC will conduct a lottery to determine the speakers for the scheduled public comment session. CDC staff will notify individuals regarding their request to speak by email by December 5, 2025 at 5 p.m. ET.

The Director, Office of Strategic Business Initiatives, Office of the Chief