Federal Communications Commission.

Marlene Dortch,

Secretary.

[FR Doc. 2026–01556 Filed 1–23–26; 11:15 am]

BILLING CODE 6712–01–P

FEDERAL MARITIME COMMISSION

Notice of Agreements Filed

The Commission hereby gives notice of filing of the following agreements under the Shipping Act of 1984. Interested parties may submit comments, relevant information, or documents regarding the agreement to the Secretary by email at *Secretary@fmc.gov,* or by mail, Federal Maritime Commission, 800 North Capitol Street, Washington, DC 20573. Comments will be most helpful to the Commission if received within 12 days of the date this notice appears in the **Federal Register**, and the Commission requests that comments be submitted within 7 days on agreements that request expedited review. Copies of agreements are available through the Commission's website (*www.fmc.gov*) or by contacting the Office of General Counsel at (202)–523–5740 or *GeneralCounsel@fmc.gov.*

Agreement No.: 010071–049.

Agreement Name: Cruise Lines International Association.

Parties: Aida Cruises, American Cruise Lines, Inc., Albatros Expeditions A/S; Ambassador Cruise Line Limited; American Cruise Lines Inc.; Atlas Ocean Voyages; Aurora Expeditions; Australian Pacific Touring Pty Ltd; Azamara; Carnival Cruise Lines; Celebrity Cruises, Inc.; Celestyal Cruises; Coral Expeditions; Costa Cruise Lines (Costa Crociere S.P.A.); Crystal Cruises USA LLC (Crystal Cruises Ltd); Cunard Line; Disney Cruise Line Limited; Disney Cruise Line; Emerald Cruises; Explora SA; Fred Olsen Cruise Lines Limited; Hapag-Lloyd Cruises; Heritage Expeditions Limited; Holland America Line N.V.; Marella Cruises; MSC Cruises S.A.; Mystic Cruises; Norwegian Cruise Line Holdings Ltd; Oceania Cruises Inc.; P&O Cruises; Pearl Seas Cruises LLC; Ponant Yacht Cruises & Expeditions; Princess Cruises; Quark Expeditions; Regent Seves Seas Cruises; Royal Caribbean International; SAGA Cruises Limited; Scenic Luxury Cruises & Tours; Sea Cloud Cruises GmbH; Seabourn Cruise Line Limited; Seadream Yacht Club, Ltd.; Swan Hellenic Cruises; TUI Cruises GmbH; Virgin Voyages; and Windstar Cruises.

Filing Party: Tonia Woodley, Cruise Lines International Association.

Synopsis: The amendment updates the membership of the Agreement and revises the Agreement's by-laws.

Proposed Effective Date: 1/21/2026.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/999.

Agreement No.: 201349–006.

Agreement Name: World Shipping Council Agreement.

Parties: COSCO Shipping Lines Co., Ltd., Orient Overseas Container Line Ltd., and OOCL (Europe) Limited (acting as a single party); CMA CGM S.A., APL Co. Pte. Ltd., American President Lines, LLC and ANL Singapore Pte Ltd. (acting as a single party); Crowley Caribbean Services, LLC and Crowley Latin America Services, LLC (acting as a single party); Emirates Shipping Line FZE; Evergreen Marine Corporation (Taiwan) Ltd.; Hapag-Lloyd AG; HMM Company Limited; Independent Container Line, Ltd.; Kawasaki Kisen Kaisha Ltd., Maersk A/S and Hamburg Sud (acting as a single party); Matson Navigation Company, Inc.; MSC Mediterranean Shipping Company SA; Mitsui O.S.K. Lines Ltd.; Nippon Yusen Kaisha; Ocean Network Express Pte. Ltd.; Swire Shipping, Pte. Ltd.; Wallenius Wilhelmsen Ocean AS; Wan Hai Lines Ltd. and Wan Hai Lines (Singapore) Pte Ltd. (acting as a single party); Yang Ming Marine Transport Corp.; and Zim Integrated Shipping Services, Ltd.

Filing Party: Robert Magovern, Cozen O'Connor.

Synopsis: The Amendment would add Höegh Autoliners AS as a party to the Agreement.

Proposed Effective Date: 3/2/2026.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/34503.

Agreement No.: 201429–003.

Agreement Name: Gemini Cooperation Agreement.

Parties: Hapag-Lloyd AG and Hapag-Lloyd USA LLC (acting as a single party); and Maersk A/S.

Filing Party: Wayne Rohde, Cozen O'Connor.

Synopsis: The amendment revises the Agreement to modify the timing of discussions regarding potential seasonal blank sailings.

Proposed Effective Date: 3/6/2026.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/86566.

Agreement No.: 201449–001.

Agreement Name: ONE to YML AT4 Slot Charter Agreement.

Parties: Ocean Network Express Pte. Ltd.; & Yang Ming Joint Service Agreement.

Filing Party: Joshua Stein, Cozen O'Connor.

Synopsis: The amendment adds France and Canada to the geographic scope of the Agreement.

Proposed Effective Date: 1/20/2026.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/88599.

Dated: January 23, 2026.

Jennifer Everling,

Assistant Secretary.

[FR Doc. 2026–01607 Filed 1–26–26; 8:45 am]

BILLING CODE 6730–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1128]

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 ''State Unintentional Drug Overdose Reporting System (SUDORS)'' 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 9/30/2025 to obtain comments from the public and affected agencies. CDC received 15 comments relating 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

State Unintentional Drug Overdose Reporting System (SUDORS) (OMB Control Number 0920–1128, exp. 2/26/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

There has been a rapid increase in opioid overdose deaths since 2013. In the United States, more people are now dying of drug overdose than automobile crashes, although opioids—both opioid pain relievers (OPRs) and illicit forms such as heroin—are also a major factor in overdose-related automobile crashes. On October 26, 2017, the U.S. Department of Health and Human Services (HHS) declared the opioid overdose epidemic to be a national public health emergency.

CDC established the State Unintentional Drug Overdose Reporting System (SUDORS) in order to detect new trends in fatal unintentional drug overdoses, support targeting drug overdose prevention efforts, and assess the progress of the HHS initiative to reduce opioid misuse and overdoses. Respondents are state- or jurisdiction-level health departments. The SUDORS surveillance system generates detailed, timely public health information on unintentional, fatal opioid-related drug overdoses and has been used to inform prevention and response efforts at the national, state, and local levels. SUDORS consolidates and supplements information available to health departments, including vital statistics and records created by medical examiners and coroners (ME/C). SUDORS is built on a web-based software platform and a collaborative surveillance and data integration model developed by CDC and health departments to improve understanding of homicide, suicide, undetermined deaths, and unintentional firearm deaths (National Violent Death Reporting System (NVDRS), OMB Control No. 0920–0607).

Through SUDORS, CDC currently collects information that is not provided on death certificates, such as whether the drug(s) causing the overdoses were injected or taken orally; a toxicology report on the decedent, if available; and risk factors for fatal drug overdoses including previous drug overdoses, decedent's mental health, and whether the decedent recently exited a treatment program. Without this information, efforts to prevent drug overdose deaths are often based on limited information available on the death certificate and anecdotal evidence.

This is a Revision request for the currently approved State Unintentional Drug Overdose Reporting System (SUDORS)—OMB Control No. 0920–1128 (Expiration Date 2/28/2026). With this Revision, CDC is requesting OMB approval for an additional three years to continue data collection efforts. SUDORS assists with ongoing surveillance of fatal unintentional and undetermined intent drug overdoses to support prevention and response efforts. Specifically, participating health departments must abstract medical examiner and/or coroner (ME/C) data and death certificate (DC) data on CDC required data elements into SUDORS.

This Revision request does not entail a change in the estimated burden per response, which is based on the time needed for a health department to retrieve and refile vital statistics records, ME/C records. Modifications to SUDORS include: (1) implementation of updates to the web-based system to improve performance, functionality, and accessibility; and (2) addition of several new data elements to the system. The estimated burden per response does not include the time needed to abstract SUDORS data variables from those sources, since this activity is funded by the SUDORS cooperative agreement. The total estimated annualized burden is 43,631 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	Total number of responses per respondent	Average burden per response (in hours)
Public Agencies	Retrieving and refiling records	51	1,711	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.

[FR Doc. 2026–01616 Filed 1–26–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0995; Docket No. CDC–2026–0100]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC). The purpose of the collection is to support program management of the National Network of Sexually Transmitted Disease Clinical Prevention Training Center (NNPTC) and to evaluate the reach and impact of the NNPTC's training activities.

DATES: CDC must receive written comments on or before March 30, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0100 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

National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) (OMB Control No. 0920–0995, Exp. 3/31/2026)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTDP) requests an Extension of the currently approved information collection request (ICR) that comprises the National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) Abbreviated Health Professional Application for Training (NNPTC Abbreviated HPAT) for a period of 12 months. This Extension ICR will allow the NNPTC Abbreviated HPAT to continue to serve as the official training application form used for training activities conducted by the Sexually Transmitted Disease (STD) Prevention Training Centers' (PTCs) grantees funded by the (CDC).

The PTCs are funded by CDC/DSTDP to provide training and capacity-building including information, training, technical assistance, and technology transfer. The PTCs offer classroom and experiential training, web-based training, clinical consultation, and capacity building assistance to maintain and enhance the capacity of health care professionals to control and prevent STDs and HIV. The NNPTC Abbreviated HPAT is used to monitor and evaluate performance and reach of grantees that offer STD and HIV prevention training, training assistance, and capacity building assistance to physicians, nurses, disease intervention specialists, health educators, etc. During the previously approved period, data was collected to monitor and evaluate the performance of the NNTPC grantees and the NNPTC program. These data provided the NNPTC with necessary information to improve program processes and operations to improve the quality of STD prevention and treatment.

The 4,500 respondents (who will engage in a total of 11,680 respondent instances) represent an average of the number of health professionals trained by PTC grantees during a grant year. The evaluation instruments collect data on the impact of the training by the NNPTC. This data collection is necessary to assess and evaluate the performance of the grantees in delivering training and to standardize training registration processes across the PTCs.

The NNPTC Abbreviated HPAT allows CDC grantees to use a single instrument when collecting demographic data from its training and capacity building participants, regarding their: (1) occupations, professions, and functional roles; (2) principal employment settings; (3) location of