activities, such as outreach or participant screening, etc.

This Generic Clearance request covers developmental projects to help evaluate and enhance NHANES existing and proposed data collection activities to increase research capacity and improve data quality. The information collected through this generic information collection request will not be used to make generalizable statements about the population of interest or to inform public policy; however, methodological findings from these projects may be reported.

The purpose and use of projects under this NHANES generic clearance would include developmental projects necessary for activities such as testing new procedures, equipment, technology and approaches that are going to be folded into NHANES or other NCHS programs; designing and testing examination components or survey questions; creating new studies including biomonitoring and clinical measures; creating new cohorts, including a pregnancy and/or a birth—24 month cohort; testing of the cognitive and interpretive aspects of survey methodology; feasibility testing of proposed new components or modifications to existing components; testing of human-computer interfaces/usability; assessing the acceptability of proposed NHANES components among likely participants; testing alternative approaches to existing NHANES procedures, including activities related to improving nonresponse; testing the use of, or variations/adjustments in, incentives; testing content of web-based surveys; testing the feasibility of obtaining bodily fluid specimens (blood, urine, semen, saliva, breastmilk) and tissue samples (swabs); testing digital imaging technology and related procedures (*e.g.,* retinal scan, liver ultrasound, dual-energy X-ray absorptiometry (DEXA)), prescription and over-the-counter dietary supplement bottles; testing the feasibility of, and procedure/processes for, accessing participant's medical records from healthcare settings (*e.g.,* hospitals and physician offices); testing the feasibility and protocols for home examination measurements; testing survey materials and procedures to improve response rates, including changes to advance materials and protocols, changes to the incentive structure, introduction of new and timely outreach and awareness procedures including the use of social media; conducting crossover studies; creating and testing digital survey materials; and conducting customer satisfaction assessments.

The types of participants covered by the NHANES Generic Clearance may include current or past NHANES participants; family or household members of NHANES participants; individuals eligible to be participants in NHANES, but who did not screen into the actual survey; convenience samples; volunteers; subject matter experts or consultants such as survey methodologists, academic researchers, clinicians or other health care providers; NHANES data or website users; members of the general public or individuals abroad who would be part of a collaborative development project or projects between NCHS and related public health agencies in the U.S. and/or abroad.

The type of participant involved in each developmental project would be determined by the nature of the project. The details of each project will be included in the specific Generic clearance submission. There is no cost to respondents other than their time. A three-year clearance is requested. The estimated annualized burden hours for this Generic Clearance is 59,465.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals or households	Developmental Projects & Focus Group documents.	35,000	1	1.5
Volunteers	Developmental Projects & Focus Group documents.	300	1	1.5
Individuals or households, Volunteers, NHANES Participants.	24-hour developmental projects	200	1	25
NHANES Participants	Developmental Projects	1,000	1	1.5
Subject Matter Experts	Focus Group/Developmental Project Documents.	15	1	1

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. 2026–11555 Filed 6–9–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0215; Docket No. CDC–2026–1057]

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 the National Death Index (NDI). The NDI allows NCHS to collect mortality data to support epidemiological research and to furnish mortality information to approved public health and medical investigators.

DATES: CDC must receive written comments on or before August 10, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1057 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

Application Form and Related Forms for the Operation of the National Death Index (NDI) (OMB Control No. 0920–0215)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The National Death Index (NDI) is a database containing identifying death record information submitted annually to NCHS by all the jurisdiction (states and territories) vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the jurisdictions and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the jurisdictions. The NDI Plus option currently provides the International Classification of Disease (ICD) codes for the underlying and multiple causes of death. Health researchers must complete administrative forms in order to apply for NDI services and submit records of study subjects for computer matching against the NDI file. A three-year approval is requested to continue the use of the two administrative forms (the application form and transmittal form) utilized in the operation of the NDI program, along with worksheets used to calculate related fees, the NDI Data Use Agreement, the Supplemental NDI Data Use Agreement (only needed by some NDI Users), and the Data Destruction Form. These forms are submitted by NDI users when applying for use of the NDI, when actually using the service and when completing the service. In addition, this request includes the electronic versions that replace paper documents, one of which will include a minor reduction in the number of data collection items.

The total estimated annual burden hours requested by CDC are 1,374. This represents an increase of 308 hours from 1,066, due primarily to the increase in applications, and transmittal forms. There is no cost to respondents other than their time

ESTIMATES OF 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
Researcher	Application Form—electronic	282	1	2.5	705
Researcher	Transmittal Form—Paper/Electronic	400	3	18/60	360
Researcher	Early Transmittal Form—Paper/Electronic	100	3	18/60	90
Researcher	Fee Worksheet	450	1	15/60	113
Researcher	Early Release Fee Worksheet	100	1	5/60	8
Researcher	Data Destruction Form	282	1	2/60	9
Researcher	NDI Data Use Agreement	282	1	5/60	24
Researcher	Supplemental NDI Data Use Agreement	130	1	30/60	65
Total					1,374

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. 2026–11584 Filed 6–9–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26–0218; Docket No. CDC–2026–1024]

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 2026 Andes Hantavirus Cruise Passenger and Traveler Contact Monitoring. This information collection is designed to conduct case investigations and active monitoring of contacts data that are identified during hantavirus exposure events in domestic and international settings, and to analyze epidemiologic, clinical, and laboratory data for cases and contacts to characterize the exposure event.

DATES: CDC must receive written comments on or before August 10, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1024 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

2026 Andes Hantavirus Cruise Passenger and Traveler Contact Monitoring—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States. Under its delegated authority, the Division of Global Migration Health (DGMH) works to fulfill this responsibility through a variety of activities, including the operation of Port Health Stations at ports of entry and administration of foreign quarantine regulations; 42 Code of Federal Regulation part 71, specifically 42 CFR 71.20 *Public health prevention measures to detect communicable disease.* This information collection concerns CDC's statutory and regulatory authority related to conducting public health screening of travelers upon arrival to the United States and assessing individual travelers for public health risk following a report of illness from a conveyance.

The purpose of this information collection is to: (1) conduct case investigations and active monitoring of contacts data that are identified during hantavirus exposure events in domestic and international settings; (2) analyze epidemiologic, clinical, and laboratory data for cases and contacts to characterize the exposure event, identify transmission patterns (including potential person-to-person transmission for Andes virus), and guide control strategies; (3) generate reports describing demographic characteristics, clinical presentation, and timelines (*e.g.,* exposure to symptom onset, symptom onset to detection) to inform response decision-making; and (4) inform the development of future guidance and recommendations for post-arrival traveler management for this current outbreak as well as future outbreaks of high-consequence pathogens.

CDC is currently sharing case and contact information as well as public health assessment of exposure risk to hantavirus for both passengers and travelers identified as contacts with state and local health departments through existing data-sharing infrastructure. State and local health departments utilize the contact information provided by CDC to prioritize and identify the level of follow-up needed based on the level of risk of exposure to confirmed and probable cases of hantavirus and determine if additional targeted public health measures are necessary.