ask initial health screening questions to determine if a more in-depth public health risk assessment is necessary. CDC develops the tools and training to facilitate this screening process and works to ensure that any individual who is identified by DHS as being from the outbreak area is further evaluated. This may involve medical evaluation by CDC followed by transport to a healthcare facility if somebody is identified as being ill; a location for quarantine at or near that location; and/or communication via phone with CDC or state and local health departments to see if the travelers develop symptoms after arrival.

On May 17, 2026, an outbreak of Ebola disease caused by Bundibugyo virus was detected in the Democratic Republic of the Congo (DRC) and Uganda. On May 20, 2026, the DHS published Arrival Restrictions Applicable to Flights Carrying Persons Who Have Recently Traveled From or Were Otherwise Present Within the Democratic Republic of the Congo (DRC), Uganda, or South Sudan. Airlines are instructed to redirect flights carrying persons who have recently traveled from or were otherwise present within DRC, Uganda, and South Sudan in the previous 21 days to Washington-Dulles International Airport (IAD). U.S. Customs and Border Protection (CBP) issued a memo on May 22, 2026, modifying the list of designated airports to include Hartsfield-Jackson Atlanta International Airport (ATL) and George Bush Intercontinental Airport (IAH). On May 26, 2026, CBP further expanded the list of airports to include John F. Kennedy International Airport (JFK). CDC is conducting public health entry screening at designated U.S. airports of travelers coming from DRC, Uganda, and South Sudan. The purpose of public health entry screening is to detect ill travelers or travelers arriving from regions affected by the outbreak who are at risk of becoming ill with Ebola to facilitate post-arrival management.

CDC will utilize information collected during public health entry screening to determine which travelers should be monitored for Ebola symptoms in accordance with CDC's interim recommendations for post-arrival public health management of travelers from the outbreak area. CDC is currently sharing contact information and initial public health assessment of exposure risk for travelers who have been in areas affected by the outbreak during the 21 days before their arrival in the United States 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 Ebola and determine if additional risk assessment and/or targeted public health measures are necessary. This coordination is necessary to facilitate post-arrival public health management as specified in CDC interim guidance.

At the end of the 21-day monitoring period, CDC will send a final survey to travelers intended to evaluate the impact of rerouting and public health entry screening on travelers. The results of this final survey will allow CDC to identify the most efficient channels for reaching travelers and refine public health messaging for travelers coming from the outbreak area.

An Emergency package was approved for collection of data on 5/20/2026. CDC requests OMB approval for the continued collection of data under OMB Control No. 0920–1469—2026 Ebola Entry Screening, Monitoring, & Traveler Feedback. The total estimated annual burden requested is 25,171 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)
Traveler	2026_EbolaBVD_IPHA	54,750	1	10/60
Traveler	Follow up PHA_2026 Ebola DRC	5,475	1	20/60
Traveler	2026 Ebola Response Survey of Travelers	54,750	1	15/60
Travelers requesting exceptions to travel restrictions.	Initial PHA _2026 Ebola DRC	500	1	1
Airlines	Airline Feedback Survey_Ebola 2026	100	1	20/60

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

[30Day–26–0215]

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 ''Application Form and Related Forms for the Operation of the National Death Index (NDI)'' 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 10, 2026 to obtain comments from the public and affected agencies. CDC received no 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

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 (HHS), 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 with 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 for the years 1979–2025. 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 Reinstatement is submitted to continue the use of the administrative forms (the NDI Application form which is coupled with the NDI Data Use Agreement, the Supplemental NDI Data Use Agreement and the Data Destruction form), as well as the NDI Transmittal form and NDI ER Transmittal form utilized in the operation of the National Death Index (NDI) program. Also included are the two worksheets used to calculate related fees. These forms are submitted by NDI users when applying for use of the NDI and when using the service.

CDC requests OMB approval for a total estimated annual burden of 1,373 hours. This represents a small increase in burden hours due primarily to the modest 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)
Researcher	Application Form—electronic	282	1	150/60
Researcher	Transmittal Form- Paper/Electronic	400	3	18/60
Researcher	Early Transmittal Form- Paper/Electronic	100	3	18/60
Researcher	Fee Worksheet	450	1	15/60
Researcher	Early Release Fee Worksheet	100	1	5/60
Researcher	Data Destruction Form	282	1	2/60
Researcher	NDI Data Use Agreement	282	1	5/60
Researcher	Supplemental NDI Data Use Agreement	130	1	30/60

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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 Medicare & Medicaid Services

[Document Identifiers: CMS–10968, CMS–R–235 and CMS–10391]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of