

jurisdictions throughout the United States to implement wastewater surveillance, and will continue to support state, tribal, local, and territorial (STLT) partners to collect wastewater data. Data are input to the Data Collation and Integration for Public Health Event Response (DCIPHER) platform for participants to view and analyze their data in near real time.

Wastewater surveillance provides aggregated, anonymized data at the community level to indicate trends in SARS-CoV-2 infections. These data can be particularly useful in underserved populations where clinical testing is limited or health care seeking is reduced. Wastewater data collection could inform locations that require greater resource allocation early in outbreaks and provide health departments with an additional, clinical-testing agnostic surveillance method to assess community-level COVID-19 trends.

Wastewater data collection will be coordinated by health department jurisdictions through close collaboration

with wastewater utilities, testing laboratories, and CDC. Wastewater utilities will collect grab, time-weighted composite, or flow-weighted composite samples of wastewater from wastewater influent lines at least once a week. The wastewater samples will be shipped along with their associated sampling metadata to testing laboratories where SARS-CoV-2 RNA will be quantified. The testing laboratory will deliver wastewater sample collection and laboratory testing data to the jurisdiction health department to compile, review, and submit to CDC using the comma separated value (CSV) bulk upload template into the NWSS DCIPHER platform.

In addition to wastewater data, jurisdiction health departments will work with participating utilities to obtain spatial files of the utility service areas, also called a sewershed. These sewershed spatial files will be uploaded by jurisdiction health departments into the NWSS DCIPHER platform. Finally, health department jurisdictions using the sewershed spatial files will develop

a line list of COVID-19 cases who reside within the participating wastewater utility service areas. The health department jurisdiction will submit to CDC, the line list of COVID-19 cases using a CSV bulk upload template into the DCIPHER NWSS platform.

The proposed data collection will occur over three years. The data collection involves three data components: (1) SARS-CoV-2 wastewater data, (2) spatial files of the wastewater utility service area (referred to as sewersheds), and (3) COVID-19 sewershed case data. Based on pilot data collection, it is expected that 64,480 wastewater samples, 620 spatial files, and 1,550,000 COVID-19 sewershed cases will be collected and reported to NWSS each year. This will lead to a total annual burden of 238,089 hours (107,682 hours for wastewater data, 1,240 hours for spatial files, and 129,167 hours for COVID-19 sewershed case data). There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State, tribal, local, territorial health department staff.	National Wastewater Surveillance System: SARS-CoV-2 wastewater data collection.	64,480	2,080	100/60	107,682
State, tribal, local, territorial health department staff; Wastewater utility staff.	No form; provision of sewershed spatial files.	620	20	2	1,240
State, tribal, local, territorial health department staff.	National Wastewater Surveillance System: COVID-19 sewershed case data collection.	1,550,000	50,000	5/60	129,167
Total	238,089

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Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-21-21HU; Docket No. CDC-2021-0093]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled HIV Prevention Capacity Development Needs Assessments of Federally funded Health Departments and Community-Based Organizations. This data collection seeks to understand the training and technical assistance needs of federally funded health departments and community-based organizations by improving the performance of the HIV prevention workforce.

DATES: CDC must receive written comments on or before November 8, 2021.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2021–0093 by any of the following methods:

- *Federal eRulemaking Portal:*

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–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (*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–D74, Atlanta, Georgia 30329; phone: 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 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

HIV Prevention Capacity Development Needs Assessments of Federally funded Health Departments and Community-Based Organizations—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2019, the President announced a federal effort to end the HIV epidemic in the U.S. by 2030. To achieve the Ending the HIV Epidemic in the U.S. (EHE) initiative's goal, (*i.e.*, reducing new HIV infections by 90%), the HIV workforce must have the skills and knowledge to implement HIV prevention programs and surveillance activities as quickly and efficiently as possible. As such, the trainings and technical assistance (TA) activities that build the skills and knowledge of the HIV workforce will need to take place in a timely and efficient manner. This data collection request will improve both timeliness and efficiency in meeting directly funded agencies' needs. The information collected from the needs assessments proposed in this study will be used by CDC staff to determine the training and TA needs of health departments and community-based organizations funded by CDC to conduct HIV prevention and surveillance activities. One representative from each funded agency will be asked to voluntarily complete the needs assessment on behalf of their agency. Training and TA needs data will be collected during a specific three- to four-week period, and only one response per agency is being requested. The collection of this information will be used to improve on past performance whereby funded agencies needs were

assessed, and addressed, agency by agency, over an extended period of time, resulting in needs being met inefficiently.

The training and TA needs assessment data will be collected through an online survey. The survey will be completed through an existing system, the Capacity Building Assistance (CBA) Tracking System (CTS). CTS is the system through which CDC funded agencies currently request trainings and TA activities. As such, directly funded agencies have been trained, and are familiar with the system in terms of how to access and navigate the system, which should help reduce their burden in providing CDC the requested information, as they are already familiar with CTS. In addition, CTS will automate reporting of the data collected. Automation of the data reporting will allow the CDC to aggregate responses across agencies efficiently.

Training and TA needs assessment data will be directly reported to the CDC. CDC staff will combine agency responses to determine how many funded agencies need specific trainings and specific TA activities. Combining the agencies data will allow the CDC to meet the reported needs in a more timely and efficient manner. Understanding how many agencies need specific trainings and TA activities will allow the CDC to host fewer trainings and TA activities across agencies, given the CDC will understand the needs at the same time, and can coordinate trainings and TA activities as a result of this data collection. In addition, the CDC will also be able to prioritize the most requested trainings and TA activities so they can offer the most requested training and TA activity first, moving from most requested to least requested.

The data collected will be stored behind the CDC's firewall, and any private information collected, such as the name of the respondent, the name of the agency they work for, and their professional contact information will be provided only to the agencies that conduct training and TA on behalf of the CDC, and in accordance with the data privacy rules these agencies operate. CDC requests OMB approval for an estimated 51 annual burden hours. There are no other costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent type	Form name	Number of participants	Number of responses per participant	Average burden per response (in hours)	Total burden (in hours)
Community-based Organization Representatives-Adults.	Community-based Organization Needs Assessment.	130	1	15/60	33
Health Department Representatives-Adults.	Health Department Needs Assessment.	70	1	15/60	18
Total	51

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2021-0094; NIOSH 248-H]

World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP STAC)

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 CDC announces the following virtual meeting for the World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP STAC). A notice of this WTCHP STAC meeting has also been posted on the committee website at: https://www.cdc.gov/wtc/stac_meeting.html.

DATES: The meeting will be held on September 28, 2021 from 11:00 a.m. to 4:00 p.m., EDT, and on September 29, 2021 from 11:00 a.m. to 4:00 p.m., EDT.

Written comments received by September 21, 2021 will be provided to the STAC prior to the meeting.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2021-0094; NIOSH 248-H by mail. CDC does not accept comments by email.

• *Federal eRulemaking Portal:* <https://www.regulations.gov>. Follow the instructions for submitting comments.

• *Mail:* Docket number CDC-2021-0094; NIOSH 248-H, c/o Sherri Diana, NIOSH Docket Office, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226.

Instructions: All submissions received must include the Agency name and Docket Number. Written public comments received by September 21, 2021, will be provided to the WTCHP STAC prior to the meeting. Docket number CDC-2021-0094; NIOSH 248-H will close September 29, 2021.

FOR FURTHER INFORMATION CONTACT:

Tania Carreón-Valencia, Ph.D., Designated Federal Officer, World Trade Center Health Program, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road, NE, MS R-12, Atlanta, GA 30329-4027, Telephone: (513) 841-4515; Email: wtc-stac@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background: The WTCHP STAC was established by Title I of the James Zadroga 9/11 Health and Compensation Act of 2010, Public Law 111-347 (January 2, 2011), amended by Public Law 114-113 (Dec. 18, 2015) and Public Law 116-59 (Sept. 27, 2019), adding Title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. 300mm to 300mm-61).

Purpose: The purpose of the WTCHP STAC is to review scientific and medical evidence and to make recommendations to the Administrator of the World Trade Center (WTC) Health Program regarding additional WTC Health Program eligibility criteria, potential additions to the List of WTC-Related Health Conditions, and research regarding certain health conditions related to the September 11, 2001, terrorist attacks.

Title XXXIII of the PHS Act established the WTC Health Program within the Department of Health and Human Services (HHS). The WTC Health Program provides medical monitoring and treatment benefits to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were

present in the dust or dust cloud on September 11, 2001 or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors). Certain specific activities of the Administrator of the WTC Health Program are reserved to the Secretary, HHS, to delegate at his discretion; other duties not explicitly reserved to the Secretary, HHS, are assigned to the Director of the National Institute for Occupational Safety and Health (NIOSH). The administration of the WTCHP STAC is left to the Director of NIOSH in his role as Administrator. CDC and NIOSH provide funding, staffing, and administrative support services for the WTCHP STAC. The charter was reissued on May 12, 2021 and will expire on May 12, 2023.

Matters to be Considered: The agenda will include an overview of the Program's research activities in the past 10 years and discussion of the Administrator's request that the STAC provide a recommendation regarding whether to add uterine cancer to the List of health conditions eligible for coverage by the WTC Health Program. A white paper on scientific considerations developed to assist the Committee in their deliberations is available on the WTC Health Program website at https://www.cdc.gov/wtc/stac_meeting.html. An agenda is also posted on the WTC Health Program website at https://www.cdc.gov/wtc/stac_meeting.html.

Agenda items are subject to change as priorities dictate. **Meeting Information:** This is a virtual meeting conducted via Zoom. The public is welcome to follow the proceedings via live webcast on the World Wide Web. No registration is required. The webcast link for September 28-29, 2021 is <https://www.ustream.tv/channel/QyXBRzYjVCS>. For additional information please visit the WTC Health Program website at https://www.cdc.gov/wtc/stac_meeting.html.

Public Participation

Interested parties may participate in this activity by submitting written views, opinions, recommendations, and