

the introduction of influenza infection to households that have school-age

children, as well as within-household influenza transmission.  
CDC requests approval for 434 annual burden 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	Number of responses per respondent	Average burden per response (in hours)
Parents of children/adolescents or adult students (≥18 yo) attending schools.	Screening Form .....	345	1	5/60
	Acute Respiratory Infection and Influenza Surveillance Form.	300	1	15/60
	Household Study Form A .....	300	1	5/60
Student .....	Biospecimen collection (Day 0) .....	300	1	5/60
Parents of children/adolescents or adult students (≥18 yo) attending schools.	Household Study Form B (Day 7 and 14) .....	240	1	5/60
	Biospecimen collection (Day 7 and 14) .....	240	1	5/60
Household members .....	Household Study Form B (Day 0, 7 and 14) .....	720	2	5/60
Household members .....	Biospecimen collection (Day 0, 7 and 14) .....	720	2	5/60

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Biodefense Science Board

**AGENCY:** Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The National Biodefense Science Board (NBSB or the Board) is authorized under Section 319M of the Public Health Service (PHS) Act, as added by Section 402 of the Pandemic and All-Hazards Preparedness Act of 2006 and amended by Section 404 of the Pandemic and All-Hazards Preparedness Reauthorization Act. The Board is governed by the Federal Advisory Committee Act, which sets forth standards for the formation and use of advisory committees. The NBSB provides expert advice and guidance on scientific, technical, and other matters of special interest to the Department regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate.

**DATES:** The NBSB will meet in public (virtually) on September 28, 2021, to discuss high priority issues related to national public health emergency preparedness and response. A more detailed agenda will be available on the

NBSB meeting website <https://www.phe.gov/nbsb>.

**ADDRESSES:** Members of the public may attend the meeting via a toll-free phone number or Zoom teleconference, which requires pre-registration. The meeting link to pre-register will be posted on <https://www.phe.gov/nbsb>. Members of the public may provide written comments or submit questions for consideration by the NBSB at any time via email to [NBSB@hhs.gov](mailto:NBSB@hhs.gov). Members of the public are also encouraged to provide comments after the meeting.

**FOR FURTHER INFORMATION CONTACT:** CAPT Christopher L. Perdue, MD, MPH, NBSB Designated Federal Officer, Washington, DC, Office, 202-401-5837, [NBSB@hhs.gov](mailto:NBSB@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The NBSB invites those who are involved in or represent a relevant industry, academia, health profession, health care consumer organization, or state, Tribal, territorial or local government to request up to seven minutes to address the board in person via Zoom. Requests to provide remarks to the NBSB during the public meeting must be sent to [NBSB@hhs.gov](mailto:NBSB@hhs.gov) at least 15 days prior to the meeting along with a brief description of the topic. We would specifically like to request inputs from the public on challenges, opportunities, and strategic priorities for national health security and biodefense. Presenters who are selected for the public meeting will have audio only during the meeting. Slides, documents, and other presentation material sent along with the request to speak will be provided to the board members separately. Please indicate additionally whether the presenter will be willing to take questions from the board members (at

their discretion) immediately following their presentation (for up to seven additional minutes).

**Dawn O'Connell,**

*Assistant Secretary for Preparedness and Response.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Ninth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19

**ACTION:** Notice of amendment.

**SUMMARY:** The Secretary issues this amendment pursuant to section 319F-3 of the Public Health Service Act to expand the authority for certain Qualified Persons authorized to prescribe, dispense, and administer COVID-19 therapeutics that are covered countermeasures under section VI of this Declaration.

**DATE:** This amendment is effective as of September 14, 2021.

**FOR FURTHER INFORMATION CONTACT:** L. Paige Ezernack, Office of the Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; 202-260-0365, [paige.ezernack@hhs.gov](mailto:paige.ezernack@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes