A second project, also funded by CDC’s DRH, will link the birth certificates of the children sampled in NHANES who were 5–10 years old during the 2005–2010 NHANES. No recontact of the parents is necessary because informed consent to link to vital records was obtained as part of the NHANES consent process. A two year clearance is sought for these projects.

**Background and Brief Description**

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), 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; environmental, social and other health hazards; and determinants of health of the population of the United States.

NHANES was conducted periodically between 1970 and 1994, and continuously since 1999 by the NCHS. A supplemental sample of pregnant women was selected in NHANES from 1999–2006. This resulted in a total of 1,350 pregnant women, from 31 states, in the NHANES. Although this supplemental sample was discontinued after 2006, there are an estimated 150 pregnant women in the NHANES sample for the years 2007–10. This results in a total estimate of 1,500 women for this project.

The NHANES only collected information about the pregnant women at the time of interview. Having information on their children’s birth certificates and birth outcomes could provide insight for policy decisions related to maternal and child health. No other survey has the physical examination and nutritional data that NHANES collects on pregnant women.

The second project involves children. From 2005–2010 there were approximately 3,800 children, aged 5–10 years, in the NHANES. Permission to link these children’s NHANES records to other administrative records was obtained during the original NHANES consent process.

A similar linkage study was conducted in the past when 8,836 children 2 months through 6 years of age from the Third NHANES (1988–94) had their NHANES data linked to their birth certificate data. These data have been used extensively to examine associations between birth data and health and nutritional status at the time of participation in the NHANES III. The new linkage project data on older children will be similarly valuable.

Consents for these projects will be sent to the appropriate U.S. states, local areas, or territories, where the birth certificate retrievals will then be conducted. Electronic retrieval per records is estimated at two minutes.

NHANES data users include the U.S. Congress; the World Health Organization; numerous Federal agencies such as the National Institutes of Health, the Environmental Protection Agency, and the United States Department of Agriculture; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. This submission requests approval for two years. There is no cost to respondents other than their time.

### ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Form</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women who were pregnant during NHANES 1999–2010.</td>
<td>Health Questionnaire/ Consent Form.</td>
<td>750</td>
<td>1</td>
<td>20/60</td>
<td>250</td>
</tr>
<tr>
<td>3. State/local birth certificate linkage staff (one per U.S. State, locale or Territory)—1999–2010 Births to pregnant women.</td>
<td>Locate and transmit birth certificates.</td>
<td>57</td>
<td>13</td>
<td>2/60</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>338</td>
</tr>
</tbody>
</table>


Carol E. Walker,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–3936 Filed 2–18–11; 8:45 am]

BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Human Immunodeficiency Virus (HIV) Prevention Projects for Young Men of Color Who Have Sex With Men and Young Transgender Persons of Color, Funding Opportunity Announcement (FOA) PS11–1113, Initial Review**

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting: Times and Dates:

8 a.m.–7 p.m., July 10, 2011 (Closed).
8 a.m.–7 p.m., July 11, 2011 (Closed).
8 a.m.–7 p.m., July 12, 2011 (Closed).
8 a.m.–7 p.m., July 13, 2011 (Closed).

**Place:** Atlanta Marriott Century Center, 2000 Century Boulevard NE., Atlanta, Georgia 30345, Telephone (404) 325–0000.

**Status:** The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

**Matters to be Discussed:** The meeting will include the initial review, discussion, and evaluation of applications received in response to “HIV Prevention Projects for Young Men
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee for Dose Reconstruction Reviews (SDRR), Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned subcommittee:

Time and Date: 9 a.m.–5 p.m., March 14, 2011.
Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018, Telephone (859) 334–4611, Fax (859) 334–4619.
Status: Open to the public, but without a public comment period. To access by conference call dial the following information 1(866) 659–0537, Participant Pass Code 9933701.
Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2011.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee for Dose Reconstruction Reviews was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters To Be Discussed: The agenda for the Subcommittee meeting includes: selection of individual radiation dose reconstruction cases to be considered for review by the Procedures Subcommittee to evaluate the implementation of the Program Evaluation Report: OCAS–PER–012—Evaluation of Highly Insoluble Plutonium Compounds; discussion of dose reconstruction of the order review (sets 7—9); OCAS dose reconstruction quality management and assurance activities. The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Contact Person for More Information: Theodore Katz, Executive Secretary, NIOSH, CDC, 1600 Clifton Road, Mailstop E–20, Atlanta GA 30333, Telephone (513) 533–6800, Toll Free 1(800) CDC–INFO, E-mail ocas@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

NIOSH Dose Reconstruction Program Ten-Year Review—Phase I Report on Customer Service; Request for Public Review and Comment

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: NIOSH requests public review and comment on the draft publication, “NIOSH Dose Reconstruction Program Ten-Year Review—Phase I Report on Customer Service.” This publication is part of a review by NIOSH of its program in support of the role of the Secretary of Health and Human Services under the Energy Employees Occupational Illness Compensation Program Act of 2000 (The Act). As stated in NIOSH Docket #194, Phase I of the review is a data-driven assessment of the dose reconstruction program. The information provided in Phase I will be used by NIOSH in considering recommendations for improving the program during Phase II of the review. This publication is the Phase I report on one of the five topics under consideration during the program review: The customer service provided by NIOSH in the program. The document can be found at http://www.cdc.gov/niosh/docket/archive/docket194.html.

ADDRESSES: Written comments may be submitted to the NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway, MS–C34, Cincinnati, Ohio 45226. All material submitted should reference docket number NIOSH–194 and must be submitted by April 25, 2011 to be considered by the Agency. All electronic comments should be formatted in Microsoft Word. In addition, comments may be sent via e-mail to nioshdocket@cdc.gov or by facsimile to 513–333–3285. A complete electronic docket containing all comments submitted will be available.

Dated: February 14, 2011.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011–3930 Filed 2–18–11; 8:45 am]
BILLING CODE 4163–18–P

9786 Federal Register / Vol. 76, No. 35 / Tuesday, February 22, 2011 / Notices

of Color Who Have Sex with Men and Young Transgender Persons of Color, FOA PS11–113.”

Contact Person for More Information: Harriette Lynch, Public Health Analyst, Extramural Programs, National Center for HIV, Hepatitis and Sexually Transmitted Diseases Prevention, CDC, 1600 Clifton Road, NE., Maitstop E–60, Atlanta, Georgia 30333, Telephone (404) 498–2726, E-mail HLynch@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

Dated: February 14, 2011.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011–3930 Filed 2–18–11; 8:45 am]