TABLE A12A—ESTIMATED ANNUALIZED BURDEN HOURS

| Data collection methods | Number of respondents per method | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|
| Central Location Intercept Interviews, Telephone Interviews, Individual In-depth Interview (Cognitive Interviews), Focus Group Screenings, Focus Groups, Online Surveys ..... | 18,525 | 1 | 8/60 |

Dated: September 19, 2011.

**Daniel Holcomb,**

*Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2011–25007 Filed 9–28–11; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–11–11IN]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Testing and Evaluation of Tobacco Communication Activities—New—Office on Smoking and Health (OSH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Tobacco use remains the leading preventable cause of death in the United States. Recent legislative developments highlight the importance of tobacco control—and appropriate tobacco control messages—in efforts to improve the nation's health. These developments include the Prevention and Public Health Fund, established by the Affordable Care Act (ACA), which supports initiatives designed to reduce the health and financial burden of tobacco use through prevention and cessation approaches.

CDC requests OMB approval of a new, generic clearance mechanism to support information collection for the development, implementation and evaluation of tobacco-related health messages, health communication programs, and campaigns. The proposed generic mechanism will establish a unified clearance framework for a broad array of tobacco-related communication activities, which may occur on an as-needed basis, or in the context of a coordinated series of activities. A generic clearance is needed to support the breadth, flexibility and time-sensitivity of information collections required to plan, execute and evaluate an ACA-funded tobacco communication campaign, as well as ongoing health communication efforts in CDC's Office on Smoking and Health (OSH). OSH employs a strategic and systematic approach to the design and evaluation of high-quality health messages and campaigns, by applying scientific methods to the development of health messages, obtaining input from public health partners, and pre-testing with target audiences.

OMB approval for each data collection activity conducted under the generic clearance will be requested through a specific Information Collection Request that describes the activity's purpose, use, methodology, and burden on respondents. A variety of methods will be employed, including:

(1) In-depth interviews, such as cognitive interviews and interviews with key informants. In-depth interviews will typically be conducted in-person with an average burden per response of one hour. The total estimated annualized burden for in-depth interviews is 67 hours.

(2) In-person focus groups, primarily for creative concept testing, and online focus groups, primarily for social media concept testing. The estimated burden per response is 1–1.5 hours. The total estimated annualized burden for focus groups is 360 hours.

(3) Short surveys involving an average burden per response of 10 minutes, conducted online or through bulletin boards, for message platform testing, message validation and copy testing, pilot evaluation activities, and rough cut testing. The total estimated annualized burden for short surveys is 1,334 hours.

(4) Medium-length surveys involving an average burden of 25 minutes per response, conducted by telephone or online, for campaign evaluation, quantitative social media concept testing, and validation of advertisements and Surgeon General report materials. The total estimated annualized burden for medium-length surveys is 5,555 hours.

(5) In-depth surveys involving an average burden of one hour per response, for formative testing, outcome evaluation, and analyses of exposure, awareness, and knowledge, attitudes or behavior. The total estimated annualized burden for in-depth surveys is 1,292 hours.

Results of these information collections will be used to improve the clarity, salience, appeal, and persuasiveness of messages and campaigns that support the prevention and control of tobacco use.

Approval of the generic mechanism is requested for three years. Respondents will be members of the general public or target populations. Participation in data collection is voluntary, and there are no costs to respondents other than their time. The total estimated annualized burden hours are 8,608.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Data collection method | Number of respondents | Number of responses per respondent | Average burden per response |
|---|---|---|---|---|
| General Public and Special Populations ..... | In-depth Interviews ..... | 67 | 1 | 1 |
| | Focus Groups (In Person) ..... | 160 | 1 | 1.5 |

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Type of respondents | Data collection method | Number of respondents | Number of responses per respondent | Average burden per response |
|---|---|---|---|---|
| | Focus Groups (Online) | 120 | 1 | 1 |
| | Short Surveys | 8,001 | 1 | 10/60 |
| | Medium Surveys | 13,334 | 1 | 25/60 |
| | In-depth Surveys | 1,292 | 1 | 1 |

Dated: September 22, 2011.

**Daniel Holcomb,**

*Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2011–25005 Filed 9–28–11; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[Docket Number NIOSH–240]**

### Request for Information: Announcement of Carcinogen and Recommended Exposure Limit (REL) Policy Assessment

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

**ACTION:** Notice and extension of public comment period.

**SUMMARY:** On August 23, 2011, the Director of the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) published a notice in the **Federal Register** (76 FR 52664) announcing its intent to ''review its approach to classifying carcinogens and establishing recommended exposure limits (RELs) for occupational exposures to hazards associated with cancer.'' As part of this effort, NIOSH requested initial input on issues, and answers to 5 questions. NIOSH has also created a new NIOSH Cancer and RELs Policy Web Topic Page [see *http://www.cdc.gov/niosh/topics/cancer/policy.html*] to provide additional details about this effort and progress updates.

Written comment was to be received by September 22, 2011. NIOSH has received a request to extend the comment period to permit the public more time to gather and submit information. NIOSH is extending the public comment period to Friday, December 30, 2011.

*Public Comment Period:* Written or electronic comments must be received on or postmarked by Friday, December 30, 2011.

**ADDRESSES:** Written comments, identified by docket number NIOSH–240, may be submitted by any of the following methods:

- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS–C34, 4676 Columbia Parkway, Cincinnati, Ohio 45226.
- *Facsimile:* (513) 533–8285.
- *E-mail: nioshdocket@cdc.gov.*

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Room 111, Cincinnati, Ohio 45226. A complete electronic docket containing all comments submitted will be available on the NIOSH Web page at *http://www.cdc.gov/niosh/docket,* and comments will be available in writing by request. NIOSH includes all comments received without change in the docket, including any personal information provided. All electronic comments should be formatted as Microsoft Word. Please make reference to docket number NIOSH–240.

**FOR FURTHER INFORMATION CONTACT:** T.J. Lentz, telephone (513) 533–8260, or Faye Rice, telephone (513) 533–8335, NIOSH, MS–C32, Robert A. Taft Laboratories, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Dated: September 23, 2011.

**John Howard,**

*Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.*

[FR Doc. 2011–25039 Filed 9–28–11; 8:45 am]

**BILLING CODE 4163–19–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Advisory Committee on Immunization Practices (ACIP)

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) announce the following meeting for the aforementioned committee:

**Times and Dates**

8 a.m.–6 p.m., October 25, 2011.

8 a.m.–1:15 p.m., October 26, 2011.

*Place:* CDC, Tom Harkin Global Communications Center, 1600 Clifton Road, NE., Building 19, Kent ''Oz'' Nelson Auditorium, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

*Matters To Be Discussed:* The agenda will include discussions on: Child/adolescent immunization schedules; adult immunization schedule; human papillomavirus vaccine; hepatitis B vaccine; meningococcal vaccines; influenza; 13-valent pneumococcal conjugate vaccine; measles, mumps, and rubella (MMR) vaccine; febrile seizures and vaccines; pertussis; immunization coverage among children and adolescents; and vaccine supply.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Stephanie B. Thomas, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road, NE., MS–A27, Atlanta, Georgia 30333, telephone (404) 639–8836; E-mail *ACIP@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 Agency for Toxic Substances and Disease Registry.