

health, assistance in implementing a tailored workplace health improvement plan, and training. Support to be provided for participating employees will include individual health risk assessments, health coaching and education, and opportunities to participate in healthy lifestyle challenges. The NHWP will also provide workplace health program training to additional employers in the seven NHWP communities. CDC may increase the number of NHWP sites that receive assistance, if funding becomes available.

CDC plans to collect information needed to select the initial group of participating NHWP worksites; to describe implementation and costs of

workplace health promotion programs at these sites over the initial two-year period of support; to examine the effects of workplace health programs on employee access and opportunity to engage in activities that support a healthy lifestyle; and to quantify reductions in individual health risks and improvements in productivity. In addition, for up to one year after the two-year implementation period, CDC will collect information needed to assess program sustainability. Respondents will include employers, employees, and support staff at sites participating in the NHWP. To gain insight into training needs, barriers to participation, and other issues related to

program sustainability, information will also be collected from additional employers in NHWP communities.

There are no costs to participants other than their time, with the exception of the in-kind contribution for large employers. Participation in the NHWP is voluntary for both worksites and employees at those sites.

OMB approval is requested for three years. Information will be used to evaluate the NHWP, to identify success drivers for building and maintaining a successful workplace health program, and to develop tools and resources for additional employers who are interested in establishing workplace health programs.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Employers Participating in the NHWP	Employer Interview Guide	100	1	20/60	33
	Organizational Assessment	67	2	30/60	67
	Eligibility File	32	5	15/60	40
	Discussion Guide for Steering Committee Members.	4	1	30/60	2
	Discussion Guide for Wellness Committee Members.	34	1	30/60	17
Additional Community Employers	Employer Follow Up Survey	33	1	15/60	8
	Employer Engagement Feedback Survey.	70	1	10/60	12
Employees Participating in the NHWP.	Employer Follow Up Survey	166	1	15/60	42
	All Employee Survey	3,000	2	30/60	3,000
	Health Assessment	4,000	2	30/60	4,000
	Success Story Consent and Questionnaire,.	400	1	10/60	67
	Satisfaction Survey	2,000	1	15/60	500
	Lower Your Weight by Eight Challenge Log.	2,000	1	1	2,000
	Step into Health Challenge Log	2,000	1	30/60	1,000
	Mix it Up Challenge Log	2,000	1	30/60	1,000
	Quench Your Thirst Challenge Log	2,000	1	30/60	1,000
	Feel Fit with Fiber Challenge Log ...	2,000	1	30/60	1,000
Maintain Don't Gain Challenge Log	2,000	1	1	2,000	
Nutrition/Lifestyle Tracking Log	2,000	1	30/60	1,000	
Total .....	.....	.....	.....	.....	16,788

Kimberly Lane,
Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-0134]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and

Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and send comments to Kimberly Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the

agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Foreign Quarantine Regulations (42 CFR 71) (OMB Control No. 0920–0134) exp. 6/30/12)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 361 of the Public Health Service Act (PHSA)(42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases into the United States. Legislation and existing regulations governing the foreign quarantine activities (42 CFR 71) authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances, persons, and shipments of animals and etiologic agents entering the United States from foreign ports in order to protect the public’s health.

Under the foreign quarantine regulations, the master of a ship or captain of an airplane entering the

United States from a foreign port is required by public health law to report certain illnesses among passengers (42 CFR 71.21 (b)). In addition to the aforementioned list of illnesses which must be reported to CDC, the master of a ship or captain of an airplane must also report (1) Hemorrhagic Fever Syndrome (persistent fever accompanied by abnormal bleeding from any site); or (2) acute respiratory syndrome (severe cough or severe respiratory disease of less than 3 weeks in duration); or (3) acute onset of fever and severe headache, accompanied by stiff neck or change in level of consciousness. CDC has the authority to collect personal health information to protect the health of the public under the authority of section 301 of the Public Health Service Act (42 U.S.C.).

This information collection request also includes the Passenger Locator Information Form. The Passenger Locator Information Form is used to collect reliable information that assists quarantine officers in locating, in a timely manner, those passengers and crew who are exposed to communicable diseases of public health significance while traveling on a conveyance. HHS delegates authority to CDC to conduct quarantine control measures. Currently, with the exception of rodent inspections and the cruise ship sanitation program, inspections are performed only on those vessels and aircraft which report illness prior to arrival or when illness is discovered upon arrival. Other inspection agencies assist quarantine officers in public health screening of persons, pets, and other importations of public health significance and make

referrals to the Public Health Service when indicated. These practices and procedures assure protection against the introduction and spread of communicable diseases into the United States with a minimum of recordkeeping and reporting as well as a minimum of interference with trade and travel.

Small revisions are being requested as part of this package. A modification of format to the Passenger Locator Form (PLF) is requested to account for a change in the scanning software used for the PLF. No change in content is requested. The content will remain identical to the version approved by OMB on 10/28/11.

Changes to the data collection related to the confinement of dogs upon arrival to the United States are also requested. The CDC form 75.37, “Notice of Importers of Dogs” will now be identified as CDC form 75.37 “NOTICE TO OWNERS AND IMPORTERS OF DOGS: Requirement for Dog Confinement.” The form has been changed to enhance clarity around the purpose of the form, including: the type of data required, the regulatory requirements the form is meeting, the responsibilities of the importer, whether or not the animal has received a booster rabies vaccine, and the responsibility of the government agent in ensuring that the form is complete.

Respondents to this data collection include airline pilots, ships’ captains, importers, and travelers. The nature of the quarantine response dictates which forms are completed by whom. There are no costs to respondents except for their time to complete the forms.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondent	Citation	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden
Maritime conveyance operators	71.21(a) Radio Report of death/illness—illness reports from ships.	2000	1	2/60	67
Aircraft commander or operators	71.21(b) Death/illness reports from aircrafts.	1700	1	2/60	57
Maritime conveyance operators	71.21(c) Gastrointestinal Illnesses reports 24 and 4 hours before arrival (VSP).	17000	1	3/60	850
Maritime conveyance operators	71.21 (c) Recordkeeping—Medical logs.	17000	1	3/60	850
Isolated or Quarantined individuals ..	71.33(c) Report by persons in isolation or surveillance.	11	1	3/60	1
Maritime conveyance operators	71.35 Report of death/illness during stay in port.	5	1	30/60	3
Aircraft commander or operators	Locator Form used in an outbreak of public health significance.	2,700,000	1	5/60	225,000
Aircraft commander or operators	Locator Form used for reporting of an ill passenger(s).	800	1	5/60	67
Importer	71.51(b)(2) Dogs/cats: Certification of Confinement, Vaccination.	2000	1	10/60	333

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Respondent	Citation	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden
Importer	71.51(b)(3) Dogs/cats: Record of sickness or deaths.	20	1	15/60	5
Importer	71.52(d) Turtle Importation Permits	5	1	30/60	3
Non-Human Primate Importer	71.53(d) Importer Registration—Nonhuman Primates.	40	1	10/60	7
Non-Human Primate Importer	71.53(e) Recordkeeping	30	4	30/60	60
Importers	71.55 Dead bodies	5	1	1	5
Importer	71.56 (a)(2) African Rodents—Request for exemption.	20	1	1	20
Importer	71.56(a)(iii) Appeal	2	1	1	2
Total .....	.....	2,740,638	.....	.....	227,330

Kimberly S. Lane,
Reports Clearance Officer, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP STAC or Advisory Committee), National Institute for Occupational Safety and Health (NIOSH)

Correction

This notice was published in the **Federal Register** on January 31, 2012, Volume 77, Number 20, pages 4820-4821. The meeting times and public comment times should read as follows:

Committee Public Meeting Times and Dates: (All times are Eastern Standard Time).

12 p.m.–5 p.m., February 15, 2012, and 8:30 a.m.–4:00 p.m., February 16, 2012.

Public Comment Times and Dates: (All times are Eastern Standard Time.) 3:45 p.m.–4:45 p.m., on February 15, 2012, and

8:45 a.m.–10:45 a.m., on February 16, 2012.

Contact Person for More Information: Paul J. Middendorf, Ph.D., Designated Federal Officer, NIOSH, CDC, 4676 Columbia Parkway, Mail Stop R-45, Cincinnati, Ohio 45226, Telephone: 1 (888) 982-4748; email: wtc-stac@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 8, 2012.

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Council for the Elimination of Tuberculosis (ACET)

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 of the aforementioned committee:

Times and Dates:

8:30 a.m.–5:30 p.m., March 6, 2012.

8:30 a.m.–2:30 p.m., March 7, 2012.

Place: CDC, Corporate Square, Building 8, 1st Floor Conference Room, Atlanta, Georgia 30333, telephone: (404) 639-8317.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: This council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis. Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and reviews the extent to which progress has been made toward eliminating tuberculosis.

Matters to be Discussed: Agenda items include the following topics: (1) Tuberculosis issues in special populations; (2) United

States-Mexico border activities update; (3) tuberculosis outbreaks in federal prisons update; (4) ACET Workgroups Activities Updates; and (5) other tuberculosis-related issues. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Margie Scott-Cseh, Centers for Disease Control and Prevention, 1600 Clifton Road NE., M/S E-07, Atlanta, Georgia 30333, telephone: (404) 639-8317.

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 8, 2012.

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, announces the following meeting.

Name: ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.

Time and Date: 9 a.m.–5:30 p.m., March 5, 2012.

Place: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

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