

Time and Date: 11:00 a.m.–5:30 p.m., June 25, 2012 (Closed).

Place: Teleconference.

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 “Identifying Barriers to Receiving Breast and Cervical Cancer Screening Among Muslim Women Living in the United States, SIP12–052, Panel B, initial review.”

Contact Person for More Information: M. Chris Langub, Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway NE., Mailstop F–46, Atlanta, Georgia 30341, Telephone: (770) 488–3585, EE06@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: May 15, 2012.

Elaine L. Baker,

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

[FR Doc. 2012–12352 Filed 5–21–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2012–0005]

Recommendations for the Identification of Hepatitis C Virus (HCV) Chronic Infection

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), located within the Department of Health and Human Services (HHS) announces draft recommendations for identification of persons with HCV chronic infection, available for public comment. The recommendations are intended to increase the proportion of persons with chronic HCV who are diagnosed, provided appropriate prevention services, and linked to needed care and treatment. Public comment will be used to inform the final recommendations. The *Recommendations* may be found at <http://www.regulations.gov>, Docket No. CDC–2012–0005.

DATES: Written comments must be received on or before June 8th, 2012.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2012–0005, by any of the following methods:

- *Internet:* Access the Federal eRulemaking portal at <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop G–37, Atlanta, Georgia 30333.

Instructions: All submissions received must include the agency name and docket number for this notice. All relevant comments will be posted without change to <http://www.regulations.gov> including any personal information provided.

Docket: For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>, Docket No. CDC–2012–0005.

FOR FURTHER INFORMATION CONTACT:

Rebecca Morgan, Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop G–37, Atlanta, Georgia 30333. You may also call 404–718–8596 or send an email to HCV_BC@cdc.gov.

SUPPLEMENTARY INFORMATION:

Hepatitis C virus infection is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected individual. In approximately 75%–85% of persons, HCV persists as a chronic infection, which places infected persons at risk for liver cirrhosis, liver cancer or hepatocellular carcinoma (HCC), and complications involving other organ systems that develop over the decades following onset of infection. HCV infection status is determined by a blood test.

In the United States an estimated 2.7–3.9 million persons are living with HCV infection. Cirrhosis, HCC and HCV-related mortality have been increasing among persons infected with HCV, and these outcomes are projected to increase significantly in the coming decades. HCV-infected persons who are aware of their infection can benefit from health services to prevent additional harm to the liver (e.g., hepatitis A virus and hepatitis B virus vaccination), medical monitoring, and behavioral changes

(e.g., reductions in alcohol use). Further, anti-viral therapies can clear HCV from the system (i.e., a virologic cure) and halt disease progression for many patients living with HCV infection.

CDC is seeking public comment on these *Recommendations*, particularly concerning the following questions:

(1) Are there other data, evidence, or studies to consider regarding:

a. The burden of HCV infection morbidity, and mortality in the populations for whom testing is recommended?

b. The number of persons living with HCV who are unaware of their infection status?

c. The benefits and harms of HCV testing, care and treatment?

d. The cost effectiveness of the proposed recommendations?

e. Settings in a community where testing should be targeted?

(2) Are there other factors, e.g., other scientific studies not referenced, which should be considered in the development of the *Recommendations*?

(3) Are there any other comments about the utility of the information?

Dated: May 15, 2012.

Tanja Popovic,

Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2012–12323 Filed 5–18–12; 11:15 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Child Care and Development Fund Annual Aggregate Report—ACF–800.

OMB No.: 0970–0150.

Description: Section 658K of the Child Care and Development Block Grant Act of 1990 (P.L. 101–508, 42 U.S.C. 9858) requires that States and Territories submit annual aggregate data on the children and families receiving direct services under the Child Care and Development Fund. The implementing regulations for the statutorily required reporting are at 45 CFR 98.70. Annual aggregate reports include data elements represented in the ACF–800 reflecting the scope, type, and methods of child care delivery. This provides ACF with the information necessary to make reports to Congress, address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research.