much more common than homicides. The FBI's Supplemental Homicide Report system (SHRs) collects basic information about the victim-suspect relationship and circumstances, however it does not link violent deaths that are part of one incident such as homicide-suicides. It also is a voluntary system in which some 10–20 percent of police departments nationwide do not participate. The FBI's National Incident Based Reporting System (NIBRS) addresses some of these deficiencies, but it covers less of the country than SHRs, includes only homicides, and collects only police information. Also, the Bureau of Justice Statistics Reports do not use data that is less than two years old.

CDC therefore proposes to continue a state-based surveillance system for violent deaths that will provide more detailed and timely information. It taps into the case records held by medical examiners/coroners, police, and crime labs. Data is collected centrally by each state in the system, stripped of identifiers, and then sent to the CDC. Information is collected from these records about the characteristics of the victims and suspects, the circumstances of the deaths, and the weapons involved. States use standardized data elements and software designed by CDC. Ultimately, this information will guide states in designing programs that reduce multiple forms of violence.

Neither victim families nor suspects are contacted to collect this information. All data comes from existing records and is collected by state health department staff or their subcontractors. Health departments incur an average of 2.0 hours per death to complete data collection. This is the time required to identify the deaths from death certificates, contact police and medical examiners to get copies of or to view the relevant records and enter the information into the database. Public agencies working with NVDRS states incur an average of 0.5 hours per death to retrieve and then refile records.

This revision provides updates to the coding manual which reflects improved guidance to system users for coding information to be entered into the system. The improved coding guidance in the manual ensures that data is consistently entered across users.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 67,500.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	Completion of case abstraction	27	1,000	2.0
Public Agencies	Retrieving and refile records	27	1,000	30/60

Dated: September 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–23047 Filed 9–18–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2012–0011]

Interagency Task Force on Antimicrobial Resistance (ITFAR): An Update of A Public Health Action Plan to Combat Antimicrobial Resistance

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting and request for comments.

SUMMARY: The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH), all located within the Department of Health and Human Services, announce a public meeting and opening of a docket concerning antimicrobial resistance. The purpose of the meeting is twofold. First, the meeting will provide an opportunity for public comment on progress made by Federal agencies in accomplishing activities outlined in ''A Public Health Action Plan to Combat Antimicrobial Resistance (Action Plan)''. Secondly, the meeting will solicit input from the public regarding the Interagency Task Force on Antimicrobial Resistance (ITFAR) activities including the Annual Progress Report and the Action Plan. The meeting will take place at the Hubert H. Humphrey Building in Washington, DC, on Thursday, November 15, 2012, from 1:00 p.m. to 3:30 p.m. After welcome and introductory remarks, the meeting will be open for comments from the public. The agenda is subject to change without notice. Persons wishing to participate, including those who wish to make an oral presentation, must register in advance and provide a copy of their presentations by 12:00 p.m. EDT, Thursday, October 25, 2012.

DATES: The public meeting will be held on Thursday, November 15, 2012 in Washington, DC. The meeting will begin at 1 p.m. and end no later than 3:30 p.m. Written public comment will be accepted through 5 p.m. EST, November 5, 2012.

Deadline for Registration for all Attendees: All attendees must register by 12:00 p.m. EDT, Thursday, October 25, 2012.

Deadline for Requests for Special Accommodation: Special accommodation requests must be submitted by 12 p.m. EDT, Thursday, October 25, 2012.

ADDRESSES: The public meeting will be held at the Department of Health and Human Services, Hubert H. Humphrey Building, Room 800, 200 Independence Avenue, SW., Washington, DC 20201. *http://www.hhs.gov/about/hhhmap.html.* Telephone: 1–877–696–6775.

Participants should be aware that the meeting location is a Federal government building; therefore, Federal security measures are applicable. Please see Building and Security Guidelines for additional information on security requirements.

You may submit comments, identified by Docket No. CDC–2012–0011 by any of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Marsha Jones, Office of Antimicrobial Resistance, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop C–12, Atlanta, GA 30333.

Instructions: All submissions received must include the agency name and docket number. All relevant comments received will be posted without change to *http://regulations.gov,* including any

personal information provided. For access to the docket to read background documents or comments received, go to *http://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Marsha A. Jones, Office of Antimicrobial Resistance, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop C–12, Atlanta, GA 30333; telephone 404–639–4111; Email *MJones@cdc.gov.*

Registration and Special Accommodations: Persons wishing to participate or who need special accommodations or both must register at *ARplancomments@cdc.gov* or by contacting Marsha Jones at *MJones@cdc.gov.* See Registration to Attend or Participate in the Public Meeting for instructions on how to submit electronic notices of participation.

SUPPLEMENTARY INFORMATION:

1. Background

The Interagency Task Force on Antimicrobial Resistance (ITFAR) was created in 1999 in recognition of the increasing importance of antimicrobial resistance (AR) as a public health threat. The ITFAR coordinates the activities of federal agencies in addressing antimicrobial resistance (AR) and is co-chaired by HHS/CDC, HHS/FDA, and HHS/NIH. Other HHS Task Force members include the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the HHS Office of the Assistant Secretary of Health (HHS/OASH). Non-HHS Task Force members include the Department of Agriculture (USDA), the Department of Defense (DoD), the Department of Veterans Affairs (VA), and the Environmental Protection Agency (EPA).

In 2001, the ITFAR developed an initial Action Plan to combat AR. This Plan, titled ''A Public Health Action Plan to Combat Antimicrobial Resistance'', outlined specific goals, actions, and implementation steps important for addressing the problem of antimicrobial resistance. Action items were organized into four focus areas: Surveillance, Prevention and Control, Research, and Product Development. The Action Plan and Annual Report are available at *www.regulations.gov* docket number CDC–2012–0011. In 2012, a revised version of the Action Plan addressing the evolving threat of antimicrobial resistance was published. These background documents are also included in the docket.

2. Public Comment and Meeting

The public meeting process provides an opportunity for the public to comment on the activities of the ITFAR to date. In addition, the ITFAR invites written comments or oral presentations by interested persons on the Annual Report as well as the four focus areas of the Action Plan: Surveillance, Prevention and Control, Research, and Product Development. Written comments should be submitted following the instructions provided in **ADDRESSES**.

Comments and suggestions from the public on the Annual Report or any of the focus areas of the Action Plan will be reviewed and carefully considered by the ITFAR. The public should be aware that this meeting agenda does not include development of consensus positions, guidelines, interrogatories, or discussions or endorsement of specific commercial products.

3. Registration To Attend or Participate in the Public Meeting

Participants are asked to preregister to ensure sufficient space. Seating capacity is limited to 200 persons. Those wishing to make an oral presentation during the open public comment period of the hearing should state your intention to present on your registration submission. To register, please send an electronic mail message to *ARplancomments@cdc.gov* by 12 p.m. EDT, Thursday, October 25, 2012. Your email should include your name, email address, and a written statement identifying each focus area you wish to address and the approximate time requested to make your presentation. Organizations should provide this information as well as the names and email addresses of all participants. Because of time restrictions, the number of presenters will be limited to the first 12 to 15 registrants submitting requests to make presentations. The final number of presenters will be determined by the approximate time requested by each presenter. If the number and time requested for presentations exceed the time allotted for public comment, the length of presentations may be limited; registered presenters will be notified of the approximate time scheduled for their presentation prior to the meeting. All other comments may be submitted in writing following the instructions listed in **ADDRESSES**.

4. Building and Security Guidelines

The Hubert H. Humphrey Building is the headquarters of the U.S. Department of Health and Human Services and is located at the foot of Capitol Hill at 200 Independence Avenue SW., Washington, DC 20201. The Humphrey Building is served by Metrorail and Metrobus. The closest Metrorail station is the Federal Center SW station, which is served by the Blue and Orange lines.

The meeting is being held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival, please take account of the need to clear security. All visitors must enter through the HHS Hubert H. Humphrey Building main entrance and present government-issued photo identification (e.g., a valid Federal identification badge, state driver's license, state non-driver's license, or passport).

All persons entering the building must pass through a metal detector. Visitors are issued a visitor's ID wristband in the main lobby and are escorted in groups of five to the meeting room. All items brought to HHS are subject to inspection.

Dated: September 13, 2012.

Tanja Popovic,

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

[FR Doc. 2012–23041 Filed 9–18–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; PAR11–145: International Research in Infectious Diseases including AIDS (IRIDA).

Date: October 10, 2012.

Time: 8 a.m. to 7 p.m.

Agenda: To review and evaluate grant applications.

Place: Embassy Suites DC Convention Center, 900 10th Street NW., Washington, DC 20001.