

register with Caroline Talev at [caroline.talev@hhs.gov](mailto:caroline.talev@hhs.gov); registration for public comment will not be accepted by telephone. Public comment will be limited to two minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members at the meeting should submit, at a minimum, 1 copy of the materials to Caroline Talev, no later than close of business Thursday, January 31, 2013. Contact information for the PACHA contact person is listed above.

Dated: November 29, 2012.

**B. Kaye Hayes,**

*Executive Director, Presidential Advisory Council on HIV/AIDS.*

[FR Doc. 2012-29910 Filed 12-11-12; 8:45 am]

**BILLING CODE 4150-43-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Presidential Advisory Council on HIV/AIDS**

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a conference call. The call will be open to the public.

**DATES:** The call will be held January 7, 2013 at 1:00 p.m. (EST) to approximately 2:00 p.m. (EST).

**ADDRESSES:** The call-in number is 800-857-1237 and the participant pass code is 7293236.

**FOR FURTHER INFORMATION CONTACT:** Ms. Caroline Talev, Public Health Assistant, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue SW., Room 443H, Hubert H. Humphrey Building, Washington, DC 20201; (202) 205-1178. More detailed information about PACHA can be obtained by accessing the Council's Web site [www.aids.gov/pacha](http://www.aids.gov/pacha).

**SUPPLEMENTARY INFORMATION:** PACHA was established by Executive Order 12963, dated June 14, 1995 as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and

recommendations to the Secretary regarding programs and policies intended to promote effective prevention of HIV disease and AIDS. The functions of the Council are solely advisory in nature.

The Council consists of not more than 25 members. Council members are selected from prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health, philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society. Council members are appointed by the Secretary or designee, in consultation with the White House Office on National AIDS Policy. The agenda for the upcoming meeting will be posted on the Council's Web site at [www.aids.gov/pacha](http://www.aids.gov/pacha).

Pre-registration for the call is advisable and can be accomplished by contacting Caroline Talev at [caroline.talev@hhs.gov](mailto:caroline.talev@hhs.gov). Members of the public will have the opportunity to listen in on the phone call.

Dated: December 3, 2012.

**B. Kaye Hayes,**

*Executive Director, Presidential Advisory Council on HIV/AIDS.*

[FR Doc. 2012-30026 Filed 12-11-12; 8:45 am]

**BILLING CODE 4150-43-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-13-0009]

**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 Ron Otten, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto: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**

National Disease Surveillance Program (OMB No. 0920-0009 Expiration 4/30/2013)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Formal surveillance of 16 separate reportable diseases has been ongoing to meet the public demand and scientific interest in accurate, consistent, epidemiologic data. These ongoing disease reports include: Creutzfeldt-Jakob Disease (CJD), Cyclosporiasis, Dengue, Hantavirus, Kawasaki Syndrome, Legionellosis, Lyme disease, Malaria, Plague, Q Fever, Reye Syndrome, Tickborne Rickettsial Disease, Trichinosis, Tularemia, Typhoid Fever, and Viral Hepatitis. Case report forms from state and territorial health departments enable CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. There are no changes since the last submission.

The purpose of the proposed study is to direct epidemiologic investigations, identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and develop guidelines for prevention and treatment. The data collected will also be used to recommend target areas most in need of vaccinations for selected diseases and to determine development of drug resistance. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time.