OASH specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Darius Taylor, Deputy Information Collection Clearance Officer. [FR Doc. 2013–01022 Filed 1–17–13; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee

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

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a meeting. The meeting is open to the public. Pre-registration is required for both public attendance and comment. Individuals who wish to attend the meeting and/or participate in the public comment session should register at http://www.hhs.gov/nvpo/nvac as soon as they become available.


FOR FURTHER INFORMATION CONTACT: National Vaccine Program Office, U.S. Department of Health and Human Services, Room 715–H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Phone: (202) 690–5566; Fax: (202) 690–4631; email: nvpo@hhs.gov.

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The National Vaccine Advisory Committee was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program’s responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

Among the topics to be discussed at the NVAC meeting include the Affordable Care Act, pertussis, polio eradication, global vaccination, and HPV vaccine coverage. The meeting agenda will be posted on the NVAC Web site at http://www.hhs.gov/nvpo/nvac prior to the meeting.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the National Vaccine Program Office at the address/phone listed above at least one week prior to the meeting. Members of the public will have the opportunity to provide comments at the NVAC meeting during the public comment periods on the agenda. Individuals who would like to submit written statements should email or fax their comments to the National Vaccine Program Office at least five business days prior to the meeting.

Dated: January 10, 2013.

Bruce Gellin, Director, National Vaccine Program Office, Executive Secretary, National Vaccine Advisory Committee.

SUPPLEMENTARY INFORMATION: The
Superfund Amendments and
Reauthorization Act of 1986 (SARA) (42
U.S.C. 9601 et seq.) amended the
Comprehensive Environmental
Response, Compensation, and Liability
Act of 1980 (CERCLA or Superfund) (42
U.S.C. 9601 et seq.) by establishing
certain requirements for ATSDR and the
U.S. Environmental Protection Agency
(EPA) with regard to hazardous
substances that are most commonly
found at facilities on the CERCLA
National Priorities List (NPL). Among
these statutory requirements is a
mandate for the Administrator of
ATSDR to prepare toxicological profiles
for each substance included on the
Priority List of Hazardous Substances
(www.atsdr.cdc.gov/SPL). This list
names 275 hazardous substances that
pose the most significant potential
threat to human health as determined by
ATSDR and EPA. The availability of the
revised list of the 275 priority
substances was announced in the
Federal Register on November 3, 2011
(76 FR 68193). For prior versions of the
list of substances, see Federal Register
notices dated April 17, 1987 (52 FR
12866); October 20, 1988 (53 FR 41280);
October 26, 1989 (54 FR 43619); October
17, 1990 (55 FR 42067); October 17,
1991 (56 FR 52166); October 28, 1992
(57 FR 48801); February 28, 1994 (59 FR
9486); April 29, 1996 (61 FR 18744);
November 17, 1997 (62 FR 61332);
October 21, 1999 (64 FR 56792); October
25, 2001 (66 FR 54014); November 3, 2003
(68 FR 63098); December 7, 2005
(70FR 70264); and March 6, 2008 (73 FR
12178).

Notice of the availability of drafts of
these five toxicological profiles for
public review and comment will be
published in the Federal Register on or
about October 17, 2013, with notice of a
90-day public comment period for each
profile, starting from the actual release
date. Following the close of the comment
period, chemical-specific comments will be addressed, and
where appropriate, changes will be
incorporated into each profile.

FOR FURTHER INFORMATION CONTACT:
Commander Jessilynn B. Taylor,
Division of Toxicology and Human
Health Sciences, Agency for Toxic
Substances and Disease Registry, 1600
Clifton Road NE., Mail Stop F–57,
Atlanta, GA 30333, telephone 770–488–
3313.

Dated: January 11, 2013.

Ken Rose,
Director, Office of Policy Planning
and Evaluation, National Center for
Environmental Health.

[FR Doc. 2013–00991 Filed 1–17–13; 8:45 am]

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DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

[60Day–13–0600]

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 or send
comments to Ron Otten, 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
clearly 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

CDC Model Performance Evaluation
Program (MPEP) for Mycobacterium
tuberculosis and Nontuberculous
Mycobacteria Drug Susceptibility
Testing. This revision request includes
(a) Changing the title of the data
collection to “CDC Model Performance
Evaluation Program for Mycobacterium
tuberculosis Drug Susceptibility
Testing” to reflect that nontuberculous
mycobacteria are no longer included in
the test package; (b) replacement of
Laboratory Enrollment Form with a
Participant Biosafety Compliance Letter
of Agreement; (c) revision of the
Pre-shipment Email; (d) addition of
Instructions to Participants Letter; (e)
revision of the MPEP M. tuberculosis
Results Worksheet; (f) entering survey
results online using a modified data
collection instrument; (g) modification
of Reminder Email; (h) modification of
Reminder Telephone Script; and (i)
motion of the Aggregate Report
Letter.

While the overall number of cases of
TB in the U.S. has decreased, rates still
remain high among foreign-born
persons, prisoners, homeless
populations, and individuals infected
with HIV in major metropolitan areas.
To reach the goal of eliminating TB, the
Model Performance Evaluation Program
for Mycobacterium tuberculosis and
Non-tuberculous Mycobacterium Drug
Susceptibility Testing is used to monitor
and evaluate performance and practices
among national laboratories performing
M. tuberculosis susceptibility testing.
Participation in this program is one way
laboratories can ensure high-quality
laboratory testing, resulting in accurate
and reliable testing results.

By providing an evaluation program
to assess the ability of the laboratories
to test for drug resistant M. tuberculosis
strains, laboratories also have a self-
assessment tool to aid in optimizing
their skills in susceptibility testing. The
information obtained from the
laboratories on susceptibility practices
and procedures is used to establish
variables related to good performance,
assessing training needs, and aid with
the development of practice standards.

Participants in this program include
domestic clinical and public health
laboratories. Data collection from
laboratory participants occurs twice per