

risk populations including, but not limited to, those of lower SES, Hispanic, African American and other ethnic groups.

NCCDPHP is currently pursuing a key initiative to improve the efficiency and effectiveness of CDC project officers who oversee the state and territorial oral health programs. An electronic management information system (MIS) to support program management, consulting and evaluation has been developed in support of the cooperative agreement. The MIS provides a central repository of information, such as the plans of the state or territorial oral

health programs (their goals, objectives, performance milestones and indicators), as well as state and territorial oral health performance activities including programmatic and financial information. State oral health programs have used the MIS to submit their required semi-annual reports to CDC (CDC Oral Health Management Information System, OMB No. 0920–0739, 5/31/2013). The last report under the current FOA is due on October 30, 2013.

CDC is requesting OMB approval to extend clearance for the MIS until December 31, 2013. Information will be

reported to CDC once during this period. The extension will allow to CDC to receive final reports from the state oral health programs and to provide any technical assistance or follow-up support that may be needed to produce accurate final reports. There is no change to the estimated burden per response, which is 11 hours.

All information will be collected electronically. There are no costs to respondents other than their time. The total estimated annualized burden hours are 220.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Oral Health Programs	20	1	11	220

Dated: February 28, 2013.

Ron A. Otten,

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

[FR Doc. 2013–05518 Filed 3–8–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-13–0009]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of

Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Disease Surveillance Program (OMB No. 0920–0009 Expiration 4/30/2013)—Revision—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, Rye 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. We are requesting changes to the Legionellosis form that will allow CDC to better detect potential clusters and outbreaks of Legionnaires' disease and to monitor changing epidemiological trends by collecting a greater level of detail for each legionellosis case. The burden to the respondents should be minimally affected by these proposed changes.

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. The total burden requested is 11,447 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Epidemiologist	CJD	20	2	20/60
Epidemiologist	Cyclosporiasis	55	10	15/60
Epidemiologist	Dengue	55	182	15/60
Epidemiologist	Hantavirus	46	3	20/60
Epidemiologist	Kawasaki Syndrome	55	8	15/60
Epidemiologist	Legionellosis	23	12	20/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Epidemiologist	Lyme Disease	52	385	10/60
Epidemiologist	Malaria	55	20	15/60
Epidemiologist	Plague	11	1	20/60
Epidemiologist	Q Fever	55	1	10/60
Epidemiologist	Reye Syndrome	50	1	20/60
Epidemiologist	Tick-borne Rickettsia	55	18	10/60
Epidemiologist	Trichinosis	25	1	20/60
Epidemiologist	Tularemia	55	2	20/60
Epidemiologist	Typhoid Fever	55	6	20/60
Epidemiologist	Viral hepatitis	55	200	25/60

Dated: February 28, 2013.

Ron A. Otten,

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

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

**Board of Scientific Counselors, Office
of Public Health Preparedness and
Response (BSC, OPHPR)**

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:

April 2, 2013 9:30 a.m.–3:00 p.m.
(BSC, OPHPR meeting)

April 3, 2013 8:30 a.m.–3:30 p.m.
(Joint meeting of the BSC, OPHPR and
the National Biodefense Science Board
[NBSB])

Place: CDC, 1600 Clifton Road NE.,
Roybal Campus, Building 19, Room 256
Atlanta, Georgia 30329.

Status: Open to the public limited
only by the space available. The meeting
room will accommodate up to 30
people. Public participants should pre-
register for the meeting as described in
Additional Information for Public
Participants.

Purpose: This Board is charged with
providing advice and guidance to the
Secretary, Department of Health and
Human Services (HHS), the Assistant
Secretary for Health (ASH), the Director,
Centers for Disease Control and
Prevention (CDC), and the Director,
Office of Public Health Preparedness
and Response (OPHPR), concerning

strategies and goals for the programs
and research within OPHPR, monitoring
the overall strategic direction and focus
of the OPHPR Divisions and Offices,
and administration and oversight of
peer review of OPHPR scientific
programs. For additional information
about the Board, please visit: [http://
www.cdc.gov/phpr/science/
counselors.htm](http://www.cdc.gov/phpr/science/counselors.htm).

Matters To Be Discussed: Agenda
items for this meeting include: (1)
Briefings and BSC deliberation on the
following topics: Public Health
Preparedness and Response Policy
Updates; improving critical information
sharing across CDC; biosecurity risk
evaluation software; measuring
operational readiness; (2) BSC liaison
representative updates to the Board
highlighting organizational activities
relevant to the OPHPR mission. Day 2
of the meeting will include a joint
Federal Advisory Committee briefing
with NBSB, deliberation and vote on the
recommendations and report written by
the joint BSC, OPHPR–NBSB Strategic
National Stockpile ad hoc working
group. [The National Biodefense
Science Board (NBSB) was created
under the authority of the Pandemic and
All-Hazards Preparedness Act, signed
into law on December 19, 2006. The
Board is a FACA committee utilized by
the Office of the Assistant Secretary for
Preparedness and Response. The NBSB
was established to provide expert advice
and guidance to the Secretary of the
U.S. Department of Health and Human
Services (HHS) on scientific, technical,
and other matters of special interest to
HHS regarding activities to prevent,
prepare for, and respond to adverse
health effects of public health
emergencies resulting from chemical,
biological, nuclear, and radiological
events, whether naturally occurring,
accidental, or deliberate.]

Agenda items are subject to change as
priorities dictate.

*Additional Information for Public
Participants:* Members of the public that
wish to attend this meeting should pre-
register by submitting the following
information by email, facsimile, or
phone (see Contact Person for More
Information) no later than 12:00 noon
(EDT) on Monday, March 25, 2013:

- Full Name,
- Organizational Affiliation,
- Complete Mailing Address,
- Citizenship, and
- Phone Number or Email Address

Contact Person for More Information:
Marquita Black, Office of Science and
Public Health Practice Executive
Assistant, Centers for Disease Control
and Prevention, 1600 Clifton Road NE.,
Mailstop D-44, Atlanta, Georgia 30333,
Telephone: (404) 639-7325; Facsimile:
(404) 639-7977; Email:
OPHPR.BSC.Questions@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 Agency for Toxic
Substances and Disease Registry.

Elaine L. Baker,

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

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