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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-13-0890]

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 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

HIV/AIDS Awareness Day Program—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting Office of Management and Budget (OMB) approval of a 3-year extension to administer surveys to respondents who plan HIV/AIDS day awareness activities during the next 3 years. The name and dates for the annual HIV/AIDS awareness day campaigns are: National Black HIV Awareness Day—February 7th; National Native HIV/AIDS Awareness Day—March 20th; National Asian and Pacific Islander HIV/AIDS Awareness Day—May 19th; and National Latino AIDS Awareness Day—October 15th. The purpose of the surveys is to assess the number and types of HIV/AIDS prevention activities planned and implemented in observance of each of the four noted HIV/AIDS awareness day campaigns. This extension is required to continue the work of HIV/AIDS in among the African American, Native American, Latino, and Asian Pacific Islander populations. Each of the awareness days have reached a landmark year. This has

been done through national outreach and mobilization efforts towards their targeted populations as well as awareness to the general population about HIV/AIDS issues that impact their communities.

The importance of each day has been demonstrated in reaching beyond traditional audience. This has been done by collaborating with agencies and organizations who serve the public health in areas affected by HIV/AIDS. A more proactive role has been shared between each of the planning committees and the communities they serve. Testing and linkage to care has been a staple for each of the days. Also, each of the groups has fully used online resources to provide information and network with individuals and groups to help with their perspective cause(s).

After the date that each campaign occurs, the event planners will be asked to respond to a computer-based survey to collect qualitative data. They will go to the designated Web sites to review information about the campaigns and go to the section that allows them to enter information about their particular event. For example, the event planners will be asked to note the kind of events that they planned. The survey results are necessary to understand how and where HIV/AIDS awareness activities are planned and implemented.

These survey results will provide important information that will be used to develop HIV/AIDS prevention activities. The computer-based surveys take up to one hour. The surveys and are one-time only and will not require a follow-up. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
African-American HIV/AIDS awareness day activity planners.	National Black HIV/AIDS Awareness Day Evaluation Report.	200	1	1	200
Asian and Pacific Islander HIV/AIDS awareness day activity planners.	National Asian & Pacific Islander HIV/AIDS Awareness Day Evaluation Report.	15	1	1	15
Latino HIV/AIDS awareness day activity planners.	National Latino AIDS Awareness Day Evaluation Report.	125	1	1	125
Native HIV/AIDS awareness day activity planners.	National Native HIV/AIDS Awareness Day Evaluation Report.	35	1	1	35
Total	375

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC-2013-0008; NIOSH-234]

National Institute for Occupational Health (NIOSH)—Certified B Readers; Training and Testing

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information and comment on priority knowledge and competency items to address in training and testing of National Institute for Occupational Health (NIOSH)—certified B Readers.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), is requesting information from stakeholders and the general public to identify and prioritize competencies currently needed by B Readers. The information obtained will be used in the development of the new digital B Reader program, including training and examinations.

DATES: Electronic or written comments must be received by August 13, 2013.

ADDRESSES: You may submit comments, identified by CDC-2013-0008 and NIOSH-234, by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

All information received in response to this notice must include the agency name and docket number (CDC-2013-0008; NIOSH-234). All relevant comments received will be posted without change to www.regulations.gov, including any personal information provided. To view the notice and related materials, visit <http://www.regulations.gov> and enter CDC-

2013-0008 in the search field and click "Search."

FOR FURTHER INFORMATION CONTACT: Simone Tramma, MD, MS, 1600 Clifton Road NE, MS E20, Atlanta, GA 30329-4018, telephone 404-498-0197.

Background

Chest radiography is a widely applied and important tool for assessing lung health in clinical care, surveillance, research and hazard evaluations of workers exposed to respirable silica, asbestos, coal, beryllium, and other hazardous dusts. Collectively, these dust-induced diseases are called pneumoconioses. The International Labour Office (ILO) International Classification of Radiographs of Pneumoconioses provides a standardized system for classification of chest radiographs that has been widely used by physicians and epidemiologic researchers in the investigation of work-related respiratory hazards. For the last four decades, NIOSH has been training physicians and certifying competence in the use of the ILO system to classify film-based chest radiographs.

Physicians who pass a rigorous standardized examination offered by NIOSH are designated as B Readers. Recently, the ILO system was updated to allow the use of digital chest images instead of analog chest radiographs. Similarly, NIOSH updated its Coal Workers' Health Surveillance Program to allow use of digital chest images. In follow up, NIOSH is now working to update its B Reader training and certification program by developing digital-format training materials and examinations.

Core knowledge and competencies to be addressed in an updated digital-format B Reader training and certification program might include the following:

I—Knowledge

Understand the following:

1. The different types of radiographic abnormalities that are or may be associated with dust exposure.
2. The intention, format, and mechanics of the ILO classification system, including:
 - (a) When to use the classification and what abnormalities should be classified
 - (b) How the ILO defines abnormalities for parenchymal and pleural disease
 - (c) The meaning of profusion and how to use major/minor profusion categories properly
 - (d) The nature and use of standard films/images in classification
3. Where to find information about how to apply the ILO system.

4. Where to find information on the NIOSH B Reader system.

5. Ethical approaches to classifying radiographs, including:

- (a) The responsibilities of the reader in communicating with worker, agency, lawyer, employer readers
6. The effects of technical defects on the appearances covered in the classification.

II—Skills

Ability to accurately and reliably identify and categorize the following according to the ILO classification system:

1. Image quality
 - (a) Unreadable images
 - (b) Defects in image quality that may affect its classification
2. Normal radiographs
 - (a) Borderline normal
3. Small nodular opacities
 - (a) High profusion
 - (b) Low profusion
 - (c) Reliably classifying profusion as 1/0 or greater; or 0/1 or less.
4. Small linear/irregular opacities
 - (a) High profusion
 - (b) Low profusion
 - (c) Reliably classifying profusion as 1/0 or greater; or 0/1 or less
5. Reliable classification of Large Opacities
 - (a) Reliably classify presence of large opacities
 - (b) Reliably classify category of large opacities
6. Pleural disease
 - (a) Plaque and diffuse
 - (b) Calcifications
 - (c) Costophrenic angle obliteration
 - (d) Locations
7. Be able to identify and differentiate:
 1. Large opacities and confluence of small opacities (ax) lesions
 2. Cancer (ca) and pulmonary tuberculosis (tb) lesions

Information Needs

Additional data and information are needed to assist NIOSH in determining the knowledge elements and competencies that should be included in B Reader training and certification and how they should be prioritized for emphasis in training and certification testing. Information is particularly needed in response to the following questions:

- (1) What knowledge elements and competencies are essential for a B Reader?
- (2) What are the most critical knowledge elements and competencies to identify in the B Reader certification and re-certification examinations?