Leroy A. Richardson,  
Chief, Information Collection Review Office,  
Office of Scientific Integrity, Office of the  
Associate Director for Science, 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

[30Day–16–1011]  
Agency Forms Undergoing Paperwork  
Reduction Act Review

The Centers for Disease Control and  
Prevention (CDC) has submitted the  
following information collection request  
to the Office of Management and Budget  
(OMB) for review and approval in  
accordance with the Paperwork  
Reduction Act of 1995. The notice for  
the proposed information collection is  
published to obtain comments from the  
public and affected agencies.

Written comments and suggestions  
from the public and affected agencies  
concerning the proposed collection of  
information are encouraged. Your  
comments should address any of the  
following: (a) Evaluate whether the  
proposed collection of information is  
necessary for the proper performance of  
the functions of the agency, including  
whether the information will have  
practical utility; (b) Evaluate the  
accuracy of the agencies estimate of the  
burden of the proposed collection of  
information, including the validity of  
the methodology and assumptions used;  
(c) Enhance the quality, utility, and  
clearly of the information to be  
collected; (d) Minimize the burden of  
the collection of information on those  
who are to respond, including through  
the use of appropriate automated,  
electronic, mechanical, or other  
technological collection techniques or  
other forms of information technology,  
e.g., permitting electronic submission  
of responses; and (e) Assess information  
collection costs.

To request additional information on  
the proposed project or to obtain a copy  
of the information collection plan and  
instruments, call (404) 639–7570 or  
send an email to omb@cdc.gov. Written  
comments and/or suggestions regarding  
the items contained in this notice  
should be directed to the Attention:  
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

Emergency Epidemic Investigation  
Data Collections (OMB Control Number  
0920–1011, Expiration 03–31–2017)—  
Extension — Division of Scientific  
Education and Professional  
Development, Center for Surveillance,  
Education, and Laboratory Services,  
Centers for Disease Control and  
Prevention (CDC).

## Background and Brief Description

CDC previously conducted Emergency  
Epidemic Investigations (EEIs) under  
OMB Control Number 0920–0008. In  
2013, CDC received OMB approval  
(OMB Control Number 0920–1011) for a  
new OMB generic clearance for a three-
year period to collect vital information  
during EEIs in response to urgent  
outbreaks or events (i.e., natural,  
biological, chemical, nuclear,  
radiological) characterized by  
undetermined agents, undetermined  
sources, undetermined transmission, or  
undetermined risk factors. CDC seeks  
OMB approval for an extension of this  
generic clearance (OMB control number  
0920–1011) for a three-year period.

Supporting effective emergency  
epidemic investigations is one of the  
most important ways that CDC protects  
the health of the public. CDC is  
frequently called upon to conduct EEIs  
at the request of local, state, or  
international health authorities seeking  
support to respond to urgent outbreaks  
or urgent public health-related events.  
In response to external partner requests,  
CDC provides necessary epidemiologic  
support to identify the agents, sources,  
modalities of transmission, or risk factors  
to effectively implement rapid prevention  
and control measures to protect the  
public’s health. Data collection is a  
critical component of the epidemiologic  
support provided by CDC; data are  
analyzed to determine the agents,  
sources, modes of transmission, or risk  
factors so that effective prevention and  
control measures can be implemented.  
During an unexpected outbreak or  
event, immediate action by CDC is  
necessary to minimize or prevent public  
harm. The legal justification for EEIs are  
found in the Public Health Service Act  
(42 U.S.C. Sec. 301[241](a).  

Successful investigations are  
dependent on rapid and flexible data  
collection that evolves during the  
investigation and is customized to the  
unique circumstances of each outbreak  
or event. Data collection elements will  
be those necessary to identify the  
agents, sources, mode of transmission,  
or risk factors. Examples of potential  
data collection methods include  
telephone or face-to-face interview;  
e-mail; web or other type of electronic  
questionnaire; paper-and-pencil  
questionnaire; focus groups; medical  
record review; laboratory record review;  
collection of clinical samples; and  
environmental assessment. Respondents  
will vary depending on the nature of the  
outbreak or event; examples of potential  
respondents include health care  
professionals, patients, laboratorians,  
and the general public. Participation in  
EEIs is voluntary and there are no  
anticipated costs to respondents other  
than their time. CDC will use the  
information gathered during EEIs to  
rapidly identify and effectively  
implement measures to minimize or  
prevent public harm.

CDC projects 60 EEIs in response to  
outbreaks or events characterized by  
undetermined agents, undetermined  
sources, undetermined transmission, or  
undetermined risk factors annually. The  
projected average number of  
respondents is 200 per EEI, for a total  
of 12,000 respondents. CDC estimates  
the average burden per response is 0.5  
hours and each respondent will be  
asked to respond once. Therefore,  
the total estimated annual burden hours  
are 6,000. These estimates are based on  
the reported burden for EEIs that have been  
performed during the previous two  
years.

OMB approval is requested for three  
years. Participation is based on previous  
Emergency Epidemic Investigations.  
There are no costs to respondents.

## Estimated Annualized Burden Hours

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Epidemic Investigation Participants.</td>
<td>Emergency Epidemic Investigation Data Collection Instruments.</td>
<td>12,000</td>
<td>1</td>
<td>30/60</td>
</tr>
</tbody>
</table>
Prevention and Control Special
Disease, Disability, and Injury
Advisory Committee Act (Pub. L. 92–
463) of October 6, 1972, that the charter
for the Breast and Cervical Cancer Early
Detection and Control Advisory
Committee, Department of Health and
Human Services, has been renewed for
a 2-year period through September 12,
2018.

For information, contact Ms. Jameka
Blackmon, Designated Federal Officer,
BCCEDCAC, CDC, 1600 Clifton Road
NE., M/S K57, Atlanta, Georgia, 30329,
telephone (770) 488–4740; fax (770)
488–3230.

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 the 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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DEPARTMENT OF HEALTH AND
HUMAN SERVICES (HHS)
Centers for Disease Control and
Prevention (CDC)
Breast and Cervical Cancer Early
Detection and Control Advisory
Committee (BCCEDCAC): Notice of
Charter Renewal

This gives notice under the Federal
Advisory Committee Act (Pub. L. 92–
463) of October 6, 1972, that the charter
for the Breast and Cervical Cancer Early
Detection and Control Advisory
Committee, Department of Health and
Human Services, has been renewed for
a 2-year period through September 12,
2018.

For information, contact M. Chris
Langub, Ph.D., Designated Federal
Officer, Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel, Centers for Disease
Control and Prevention, Department of
Health and Human Services, has been
renewed for a 2-year period through
September 18, 2018.

For information, contact M. Chris
Langub, Ph.D., Designated Federal
Officer, Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel, Centers for Disease
Control and Prevention, Department of
Health and Human Services, 1600
Clifton Road NE., Mailstop K48, Atlanta,
Georgia 30329, telephone (770) 488–
3585 or fax (770) 488–4887.

The Director, Management Analysis
and Services Office, has been delegated
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Prevention and the 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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DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Centers for Disease Control and
Prevention
Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel: Notice of Charter
Renewal

This gives notice under the Federal
Advisory Committee Act (Pub. L. 92–
463) of October 6, 1972, that the charter
for the Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel, Centers for Disease
Control and Prevention, Department of
Health and Human Services, has been
renewed for a 2-year period through
September 12, 2018.

For information, contact M. Chris
Langub, Ph.D., Designated Federal
Officer, Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel, Centers for Disease
Control and Prevention, Department of
Health and Human Services, 1600
Clifton Road NE., Mailstop K48, Atlanta,
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Elaine L. Baker,
Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention.

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DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Centers for Disease Control and
Prevention
Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel: Initial Review

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 a meeting for the initial
review of applications in response to
PAR 13–129, NIOSH Member Conflict
Review.

Matters for Discussion:

Matters for Discussion:

Written comments should not exceed
one single-spaced typed page in length
and delivered in 3 minutes or less.

Please note that the public comment
period may end before the time
indicated, following the last call for
comments. Members of the public who
wish to provide public comments
should plan to attend the public
comments session at the start time listed.
Written comments received in advance