

Control No. 0923–0054, expiration date 01/31/2017). The research goals for the three activities in the protocol are pilot-level investigations to evaluate and characterize: The chemical composition and use of crumb rubber infill in synthetic turf using a convenience sample of nine tire recycling manufacturing plants and 40 facilities that use synthetic turf fields (Activity 1); The human exposure potential to constituents in crumb rubber infill among a convenience sample of 60 field users (Activity 2); and collection of biological specimens (blood and urine) from 45 participants from Activity 2 (Activity 3).

By December, 2016, ATSDR and US EPA completed Activity 1 which was aimed at characterizing the chemical composition and use of synthetic turf fields with tire crumb rubber infill. The agencies successfully consented and sampled 40 synthetic turf fields with crumb rubber infill across the United States. The activities are reported in the “Status Report on the Federal Research Action Plan on Recycled Tire Crumb Used on Playing Fields and Playgrounds,” which was released on December 30, 2016.

During Activity 1, ATSDR and US EPA obtained permission to return to some of the participating fields to complete the human exposure characterization. Due to the limited time constraints and field activity schedules, ATSDR and US EPA chose to begin Activity 2 data collection and Activity 3 specimen collection in 2017.

The agencies are submitting a new information collection request (ICR) for a one-year PRA clearance to complete Activity 2 and Activity 3, now subtitled “Characterization of Exposure Potential during Activities Conducted on Synthetic Turf with Crumb Rubber Infill.” This will be the first assessment of activities conducted on synthetic turf for the purpose of characterizing potential exposure patterns. The study will include persons who use synthetic turf with crumb rubber infill (e.g., facility users) and who routinely perform activities that would result in a high level of contact to crumb rubber. This will allow for the evaluation of potential high-end exposures to constituents in synthetic turf among this group of users. The respondents will be administered a detailed questionnaire on activity patterns on synthetic turf

with crumb rubber infill. This instrument, along with extant videography of persons engaged in activities of interest (see below), will be used to characterize exposure scenarios, including the nature and duration of potential exposures.

The research study will screen a total of 75 participants for eligibility. The sample size for the Activity 2 exposure characterization is 60 respondents. For Activity 3, we will conduct an exposure measurements sub-study among 45 of the 60 respondents, including field environmental sampling, personal air monitoring, dermal sampling, and urine and blood collection. Video data collection of facility user activities will be performed for a further subset of 24 of the Activity 2 respondents. It is likely that some of the collection items will not be analyzed in the current project time frame but will be archived for future analysis.

The total estimated annual time burden requested for this research activity equals 174 hours. There is no cost to the respondents other than their time in the study.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult/Adolescent Facility Users	Eligibility Screening Script	41	1	5/60
	Adult and Adolescent Questionnaire	36	1	30/60
	Exposure Measurement Form	27	1	3
	Phlebotomist Safety Exclusion Questions Form.	27	1	2/60
Parents/Guardians of Youth/Child Facility Users.	Eligibility Screening Script	34	1	5/60
	Youth and Child Questionnaire	24	1	30/60
	Phlebotomist Safety Exclusion Questions Form.	18	1	2/60
Youth/Child Facility Users	Exposure Measurement Form	18	1	3

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

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): 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 a single-source supplement for Funding Opportunity Announcement (FOA) CK16–003, Pre-travel Health Preparation of International Travelers:

Expanding and Improving Data Collection, Guidance, and Outreach.

Time and Date: 12:00 p.m.–2:00 p.m., EDT, July 18, 2017 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the initial review, discussion and evaluation of a single-source supplement application for “Pre-travel Health Preparation of

International Travelers: Expanding and Improving Data Collection, Guidance, and Outreach”, CK16–003.

Contact Person for More Information: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 718–8833.

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

Centers for Disease Control and Prevention

World Trade Center Health Program Scientific/Technical Advisory Committee: Notice of Charter Renewal

This gives notice under Public Law 111–347 (The James Zadroga 9/11 Health and Compensation Act of 2010) and the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the World Trade Center Health Program Scientific/Technical Advisory Committee, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through May 12, 2019.

For information, contact Paul J. Middendorf, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, 2400 Century Parkway NE., Mail Stop E–20, Atlanta, Georgia 30345, telephone 1 (888) 982–4748; email: wtc-stac@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 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

[30Day–17–17ABB]

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 clarity 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. Direct written comments and/or suggestions regarding the items contained in this notice 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

ZEN Colombia Study: Zika in Pregnant Women and Children in Colombia—New—Pregnancy and Birth Defects Task Force, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Zika virus (ZIKV) infection is a mosquito-borne flavivirus transmitted by *Aedes* species mosquitoes, and also through sexual and mother-to-child transmission; laboratory-acquired infections have also been reported. Evidence of human ZIKV infection was observed sporadically in Africa and Asia prior to 2007, when an outbreak of ZIKV caused an estimated 5,000 infections in the State of Yap, Federated States of Micronesia. Since then, evidence of ZIKV has been found in 65 countries and territories, mostly in Central and South America. Common symptoms of ZIKV in humans include rash, fever, arthralgia, and nonpurulent conjunctivitis. The illness is usually mild and self-limited, with symptoms lasting for several days to a week; however, based on previous outbreaks, some infections are asymptomatic. The prevalence of asymptomatic infection in the current Central and South American epidemic is unknown.

Although the clinical presentation of ZIKV infection is typically mild, ZIKV infection in pregnancy can cause microcephaly and related brain abnormalities when fetuses are exposed *in utero*. Other adverse pregnancy outcomes related to ZIKV infection remain under study, and include pregnancy loss, other major birth defects, arthrogryposis, eye abnormalities, and neurologic abnormalities.

As the spectrum of adverse health outcomes potentially related to ZIKV infection continues to grow, large gaps remain in our understanding of ZIKV infection in pregnancy. These include the full spectrum of adverse health outcomes in pregnant women, fetuses, and infants associated with ZIKV infection; the relative contributions of sexual transmission and mosquito-borne transmission to occurrence of infections in pregnancy; and variability in the risk of adverse fetal outcomes by gestational week of maternal infection or symptoms of infection. There is an urgency to fill these large gaps in our understanding given the rapidity of the epidemic's spread and the severe health outcomes associated with ZIKV to date.