from the 9/11 terrorist attacks. Thus, the CDC seeks a one-year OMB approval to collect information using focus groups.

The WTCHP employs the Research-to-Care (RTC) model strategic framework employed to prioritize, conduct, and assess research that informs excellence in clinical care for the population of responders and survivors affected by the 9/11 attack in New York City. The RTC model assumes the collective involvement of WTCHP stakeholders, including members, researchers, clinicians, and program administrators. It accounts for a variety of inputs that can affect the progress and impact of WTCHP research. These inputs include people and organizations (e.g., program members, providers, clinical centers of excellence, extramural researchers, and program staff), resources (e.g., technology, data centers, the NYC 9/11 Health Registry) and regulatory rules, principally the Zadroga Act.

The program supports activities such as research prioritization, conduct of research, delivery of medical care, and iterative assessments of the translation of research to improvements in health care services and chronic disease management. These activities aim to produce tangible outputs such as research findings on WTC-related conditions, healthcare protocols, peer-reviewed publications, quality assessment reports, and member and provider education products. Finally, the model anticipates short-, intermediate-, and long-term measurement of outcomes and serves as a communication tool for program planning and evaluation.

In 2016, NIOSH contracted with the Research and Development (RAND) Corporation to evaluate the WTCHP RTC model including the research investments to date and the effectiveness with which the Program translates its research to different stakeholder groups. This work will ultimately provide guidance for the WTCHP on strategic directions, as well as produce generalizable knowledge about the translation of research into improved outcomes for individuals and populations exposed to disasters such as the 9/11 attacks. In the formative stage of our assessment, we propose to hold a series of focus groups with different stakeholder groups to explore their perspectives on translational research in the context of the WTCHP. The focus groups will each consist of a well-defined stakeholder group, and will last approximately two hours.

These focus groups are necessary to gather background information on the relationship between different stakeholders and the WTCHP that will inform the development of more detailed interview protocols to be used with stakeholders in the next phase of this evaluation. Specific topics to be addressed in the focus groups will include:

- Conceptualizations of research and “translational research.”
- Relevance of WTCHP research topics, potential gaps, and stakeholder priorities.
- Uses and usefulness of WTCHP research.
- Barriers to conduct and use of WTCHP research.
- Understanding of and perspectives on the relevance and usefulness of the Research-to-Care model.

The total estimated burden hours is 360. There are no costs to the respondents other than their time and local travel to the location of the focus group.

<table>
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<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 hours)</th>
<th>Total burden (in hours)</th>
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<td>Focus Group Protocol</td>
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<td></td>
<td></td>
<td></td>
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<td>360</td>
</tr>
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</table>

SUMMARY: Under the National Childhood Vaccine Injury Act (NCVIA), CDC must develop vaccine information materials that all health care providers are required to give to patients/parents prior to administration of specific vaccines. On March 15, 2016, CDC published a notice in the Federal Register (81 FR 13794) seeking public comments on proposed updated vaccine information materials for polio vaccine and varicella vaccine. Following review of comments submitted and consultation as required under the law, CDC has finalized the materials for varicella vaccine. Copies of the final vaccine information materials for varicella vaccine are available to download from http://www.cdc.gov/vaccines/hcp/vis/index.html or http://www.regulations.gov (see Docket Number CDC–2016–0029).

DATES: Beginning no later than June 1, 2018, each health care provider who administers varicella vaccine to any child or adult in the United States shall provide copies of the relevant vaccine information materials referenced in this notice, dated February 12, 2018, in conformance with the February 23, 2018 CDC Instructions for the Use of Vaccine Information Statements prior to providing such vaccinations.

FOR FURTHER INFORMATION CONTACT: Suzanne Johnson-DeLeon (msj1@cdc.gov), National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Mailstop A–19, 1600 Clifton Road NE, Atlanta, Georgia 30329.

Service Act. Section 2126, codified at 42
U.S.C. 300aa–26, requires the Secretary of Health and Human Services to
develop and disseminate vaccine
information materials for distribution by
all health care providers in the United
States to any patient (or to the parent or
legal representative in the case of a child) receiving vaccines covered under
the National Vaccine Injury
Compensation Program (VICP).

Development and revision of the
vaccine information materials, also
known as Vaccine Information
Statements (VIS), have been delegated
by the Secretary to the Centers for
Disease Control and Prevention (CDC).
Section 2126 requires that the materials
be developed, or revised, after notice to
the public, with a 60-day comment
period, and in consultation with the
Advisory Commission on Childhood
Vaccines, appropriate health care
provider and parent organizations, and
the Food and Drug Administration. The
law also requires that the information
contained in the materials be based on
available data and information, be
presented in understandable terms, and
include:

1. A concise description of the
   benefits of the vaccine,
2. A concise description of the risks
   associated with the vaccine,
3. A statement of the availability of
   the National Vaccine Injury
   Compensation Program, and
4. Such other relevant information as
   may be determined by the Secretary.

The vaccines initially covered under
the National Vaccine Injury
Compensation Program were diphtheria,
tetanus, pertussis, measles, mumps,
rubella, and poliomyelitis vaccines. Since
April 15, 1992, any health care
provider in the United States who
intends to administer one of these
covered vaccines is required to provide
copies of the relevant vaccine
information materials prior to
administration of any of these vaccines.
Since then, the following vaccines have
been added to the National Vaccine
Injury Compensation Program, requiring
use of vaccine information materials for
them as well: Hepatitis B, Haemophilus
influenzae type b (Hib), varicella
(chickenpox), pneumococcal conjugate,
rotavirus, hepatitis A, meningococcal,
human papillomavirus (HPV), and
seasonal influenza vaccines.

Instructions for use of the vaccine
information materials are found on the
CDC website at: http://www.cdc.gov/
vaccines/hcp/vis/index.html.

Revised Vaccine Information Materials

The varicella vaccine information
materials referenced in this notice were
developed in consultation with the
Advisory Commission on Childhood
Vaccines, the Food and Drug
Administration, and parent and
healthcare provider organizations.
Following consultation and review of
comments submitted, the vaccine
information materials covering varicella
vaccine have been finalized and are
available to download from http://
www.cdc.gov/vaccines/hcp/vis/
index.html or http://
www.regulations.gov (see Docket
Number CDC–2016–0029). The Vaccine
Information Statement (VIS) is
"Varicella (Chickenpox) Vaccine: What
You Need to Know," publication date
February 12, 2018.

With publication of this notice, by
June 1, 2018, all health care providers
must discontinue use of the previous
edition and provide copies of these
updated varicella vaccine information
materials prior to immunization in
conformance with CDC’s February 23,
2018 Instructions for the Use of Vaccine
Information Statements.

Dated: March 12, 2018.

Sandra Cashman,
Executive Secretary, Centers for Disease
Control and Prevention.

[FR Doc. 2018–05298 Filed 3–14–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

[Docket Number CDC–2018–0024, NIOSH–302]

Draft—National Occupational Research
Agenda for Respiratory Health

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 comment.

SUMMARY: The National Institute for
Occupational Safety and the Centers for Disease Control and
Prevention announces the availability of a
draft NORA Agenda entitled National
Occupational Research Agenda for
Respiratory Health for public comment.
To view the notice and related
materials, visit https://
www.regulations.gov and enter CDC–
2018–0024 in the search field and click
"Search."

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   CONTACT:

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DATES: Electronic or written comments
must be received by May 14, 2018.

ADDRESSES: You may submit comments,
identified by CDC–2018–0024 and
docket number NIOSH–302, by any of
the following methods:

• Federal eRulemaking Portal:
  https://www.regulations.gov Follow the
instructions for submitting comments.

• Mail: National Institute for
  Occupational Safety and Health, NIOSH
  Docket Office, 1090 Tusculum Avenue,

Instructions: All submissions received
in response to this notice must include
the agency name and docket number
[CDC–2018–0024; NIOSH–302]. All
relevant comments received will be
posted without change to https://
www.regulations.gov, including any
personal information provided. For
access to the docket to read background
documents or comments received, go to
https://www.regulations.gov. All
information received in response to this
notice will also be available for public
examination and copying at the NIOSH
Docket Office, 1150 Tusculum Avenue,
Room 155, Cincinnati, OH 45226–1998.

FOR FURTHER INFORMATION CONTACT:
Emily Novicki NORACoordinator@
ccdc.gov), National Institute for
Occupational Safety and Health, Centers
for Disease Control and Prevention,
Mailstop E–20, 1600 Clifton Road NE,
Atlanta, GA 30329, phone (404) 498–
2581 (not a toll free number).

SUPPLEMENTARY INFORMATION: The
National Occupational Research Agenda
(NORA) is a partnership program
created to stimulate innovative research
and improved workplace practices. The
national agenda is developed and
implemented through the NORA sector
and cross-sector councils. Each council
develops and maintains an agenda for
its sector or cross-sector.

Background: The National
Occupational Research Agenda for
Respiratory Health is intended to
identify the research, information, and
actions most urgently needed to prevent
occupational injuries. The National
Occupational Research Agenda for
Respiratory Health provides a vehicle
for stakeholders to describe the most
relevant issues, gaps, and safety and
health needs for the sector. Each NORA
research agenda is meant to guide or
promote high priority research efforts on
a national level, conducted by various
entities, including: Government, higher
education, and the private sector.