ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Activity	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Mothers (interview)	Telephone consent and BD–STEPS questionnaire.	1,925	1	45/60
Mothers (consent for bloodspot retrieval)	Written consent for bloodspot retrieval	1,375	1	15/60
Mothers (online occupational questionnaire)	Online Occupational Questionnaire	642	1	20/60
Mothers (consent for medical records review)	Written release for medical records review	385	1	15/60
Records reviewers (medical records review)	Pulling and sending records	385	1	30/60

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.

[FR Doc. 2015–13385 Filed 6–1–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices

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) announce the following federal advisory committee meeting.

Times and dates:

8:00 a.m.–5:15 p.m., June 24, 2015
8:30 a.m.–3:30 p.m., June 25, 2015

Place: CDC, Tom Harkin Global Communications Center, 1600 Clifton Road NE., Building 19, Kent ''Oz'' Nelson Auditorium, Atlanta, Georgia 30333

Status: Open to the public, limited only by the space available. Time will be available for public comment. The public is welcome to submit written comments in advance of the meeting. Comments should be submitted in writing by email to the contact person listed below. The deadline for receipt is June 22, 2015. All requests must contain the name, address, and organizational affiliation of the speaker, as well as the topic being addressed. Written comments should not exceed one single-spaced typed page in length and delivered in three 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 comment session at the start time listed. Written comments received in advance of the meeting will be included in the official record of the meeting.

The meeting will be webcast live via the World Wide Web; for instructions and more information on ACIP please visit the ACIP Web site: *http://www.cdc.gov/vaccines/acip/index.html*

Purpose: The committee is charged with advising the Director, CDC, on the appropriate use of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines. Further, under provisions of the Affordable Care Act, at section 2713 of the Public Health Service Act, immunization recommendations of the ACIP that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

Matters for discussion: The agenda will include discussions on: Meningococcal vaccines; general recommendations; human papillomavirus vaccines; influenza; influenza A(H5N1) vaccine, tetanus, diphtheria, and acellular pertussis (Tdap) vaccine; combination vaccines; smallpox vaccine in laboratory personnel; pneumococcal vaccines; child/adolescent immunization schedule; herpes zoster vaccines; Japanese encephalitis vaccine and vaccine supply. Recommendation votes are scheduled for meningococcal vaccines, influenza, influenza A (H5N1), smallpox vaccine in laboratory personnel, general recommendations and pneumococcal vaccines. A Vaccines for Children (VCF) vote is scheduled for meningococcal vaccines.

Agenda items are subject to change as priorities dictate.

Contact person for more information: Stephanie Thomas, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road NE., MS–A27, Atlanta, Georgia 30333, telephone 404/639–8836; Email *ACIP@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.

[FR Doc. 2015–13312 Filed 6–1–15; 8:45 am]

BILLING CODE 4160–18–P

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 applications in response to PA 07–318, NIOSH Member Conflict Review.

Time and date: 1:00 p.m.–4:00 p.m., EST, June 25, 2015 (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 applications received in response to ''NIOSH Member Conflict PA 07–318.''

Contact person for more information: Nina Turner, Ph.D., Scientific Review

Officer, NIOSH, CDC, 1095 Willowdale Road, Mailstop G800, Morgantown, West Virginia 26506, Telephone: (304) 285–5976.

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.

[FR Doc. 2015–13316 Filed 6–1–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–15LB]

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.* 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

Enhancing Dialogue and Execution of Dust Reduction Behaviors through Workgroup Communication—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91–596, Sections 20 and 22 (Section 20–22, Occupational Safety and Health Act of 1977) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

This project focuses on mineworkers' overexposure to respirable coal dust and how using the Continuous Personal Dust Monitor (CPDM), as an educational tool, can help provide information to mineworkers and their respective workgroups and shift leaders (*i.e.*, frontline supervisors, shift foremen, etc), about ways to reduce respirable coal dust exposure in their work environment. NIOSH proposes a three-year approval for a project that seeks to understand what group communication practices are important for mineworker H&S and how those practices can be developed, implemented, and maintained over time. The following questions guide this study: What impact does a communication/technology intervention model that was designed and implemented have on: (1) Workers' health/safety behaviors, including those that lower exposure to dust; (2) workers' perceptions of their organizations' health and safety values; and (3) the types of health and safety management practices identified and utilized by mine site leaders to support workers' health/safety behaviors?

To answer the above questions, NIOSH researchers developed an intervention that focuses on workers' communication about and subsequent actions taken to reduce respirable dust exposure over time, using information provided by their Continuous Personal Dust Monitor (CPDM). The intervention will inform how workgroups communicate with each other and their shift supervisor about health and how this communication impacts individual behavior such as corrective dust actions taken by workers.

A new rule (CFR part 70) that passed May 1, 2014, requires mine operators to use CPDMs by February 1, 2016, for designated occupations. Continuous Personal Dust Monitors are wearable devices that provide miners with near real-time feedback about their level of respirable coal dust exposure. However, they do not ensure that miners will use the information to reduce their level of exposure. With the stricter regulations that just passed the opportunity to proactively improve communication around the CPDM and identify appropriate corrective actions, as required by the Mine Health and Safety Administration, is favorable.

In response, an intervention was designed to involve workers in the interpretation of CPDM feedback and discuss, with their coworkers/workgroups and respective shift leaders, potential changes to work practices that can decrease exposure to respirable coal mine dust. Data is collected no more than three times throughout a six-week study period (*i.e.*, pre, mid, and post assessments). Data collection includes a pre/post survey and focus groups with workers and site leaders. These focus groups function as ''safety circles.'' Safety circles are used to communicate and encourage specific behavior changes. A typical circle includes a facilitator or leader (who directs the meetings), 7–10 members, and one-hour weekly meetings that take place during the workday.

NIOSH proposes this intervention design at no less than three but no more than five coal mine sites. Coal mine sites will be recruited who have inquired interest in learning how to improve utility of the CPDM on their site and/or interest in improving their employees' communication efforts. Only a small sample of workers will participate at each mine site because of the time required for completion and to ensure the longitudinal data can be adequately collected over the six weeks. In other words, we would rather collect data multiple times with the same worker and have fewer participants than collect data from more workers but not have the ability to appropriately follow-up during the subsequent visits.

Data collection will take place over three years. The respondents targeted for this study include any active mine worker and any active site leader at a coal mine site. It is estimated that a sample of up to 150 mine workers will participate, which includes