

technique to produce full length clones for the discovery of new genes without polymerase chain reaction (PCR).

Both the Respondent and the U.S. Public Health Service (PHS) are desirous of concluding this matter without further expenditure of time and other resources and have entered into a Voluntary Settlement Agreement to resolve this matter. This settlement is not an admission of liability on the part of the Respondent.

Respondent and ORI agreed to settle this matter as follows:

(1) Respondent agreed that for a period of two (2) years beginning on September 16, 2011, prior to the submission of an application for PHS support for a research project on which her participation is proposed in a research capacity, and prior to her participation in this capacity on PHS-supported research, Respondent shall ensure that a plan for supervising her duties is submitted to ORI for approval; the supervision must be designed to ensure the scientific integrity of Respondent's research contribution; Respondent agreed that she shall not participate as a researcher in any PHS-supported research until such a supervision plan is submitted to and approved by ORI; Respondent agreed to maintain responsibility for compliance with the agreed upon supervision plan; and

(2) Respondent agreed to exclude herself from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant, for a period of two (2) years, beginning on September 16, 2011.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8800.

John Dahlberg,

Director, Division of Investigative Oversight, Office of Research Integrity.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Biodefense Science Board

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S.

Department of Health and Human Services is hereby giving notice that the National Biodefense Science Board (NBSB) will be holding a public meeting via teleconference. The meeting is open to the public.

DATES: The NBSB will hold a public meeting on October 28, 2011 from 3 p.m. to 4 p.m. EST. The agenda is subject to change as priorities dictate.

ADDRESSES: The meeting will occur by teleconference. To attend, call 1-866-395-4129, pass-code "ASPR." Please call 15 minutes prior to the beginning of the conference call to facilitate attendance. Individuals who wish to participate should send an email to NBSB@HHS.GOV with "NBSB Registration" in the subject line.

FOR FURTHER INFORMATION CONTACT: E-mail: NBSB@HHS.GOV.

SUPPLEMENTARY INFORMATION: Pursuant to section 319M of the Public Health Service Act (42 U.S.C. 247d-7f) and section 222 of the Public Health Service Act (42 U.S.C. 217a), the Department of Health and Human Services established the National Biodefense Science Board. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to the Department of Health and Human Services regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response on other matters related to public health emergency preparedness and response.

Background: The majority of this public meeting teleconference will be dedicated to a discussion of the report and recommendations from the NBSB's Anthrax Vaccine Working Group. Subsequent agenda topics will be added as priorities dictate. Any additional agenda topics will be available on the Board's October meeting Web page prior to the public meeting.

Availability of Materials: The meeting agenda and materials will be posted prior to the meeting on the October meeting Web page at <http://www.phe.gov/preparedness/legal/board/nbsb/pages/default.aspx>.

Procedures for Providing Public Input: Members of the public are invited to attend by teleconference via a toll-free call-in phone number. The teleconference will be operator assisted to allow the public the opportunity to provide comments to the Board. Public participation will be limited to time and space available. Public comments will be limited to no more than 3 minutes

per speaker. To be placed on the public comment list, notify the operator when you join the teleconference.

Public comments received by close of business one week prior to each teleconference will be distributed to the NBSB in advance. Submit comments via email to NBSB@HHS.GOV, with "NBSB Public Comment" as the subject line.

Dated: October 5, 2011.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee, (HICPAC)

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 the following meeting for the aforementioned committee:

Times and Dates:

9 a.m.-5 p.m., November 3, 2011.

9 a.m.-12 p.m., November 4, 2011.

Place: Embassy Suites-Washington, DC Convention Center, Capital CD Room, 900 10th Street, NW., Washington, DC 2000.

Status: Open to the public, limited only by the space available. Please register for the meeting at <http://www.cdc.gov/hicpac>.

Purpose: The Committee is charged with providing advice and guidance to the Secretary, the Assistant Secretary for Health, the Director, CDC, the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), and the Director, Division of Healthcare Quality Promotion regarding (1) The practice of healthcare infection control; (2) strategies for surveillance, prevention, and control of infections (e.g., nosocomial infections), antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

Matters To Be Discussed: The agenda will include updates on CDC's activities for healthcare associated infections, draft guideline for prevention of infections among patients in neonatal intensive care units (NICU), draft guideline for infection control in healthcare personnel, draft guideline for the prevention of surgical site infections, update from the HICPAC surveillance working group, and guidance for control of Carbapenem-resistant Enterobacteriaceae.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Heidi Williams, HICPAC, Division of Healthcare