DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP)

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 of the aforementioned committee:

Times and Dates

8 a.m.–6 p.m., October 24, 2012.
8 a.m.–4 p.m., October 25, 2012.

Place: Centers for Disease Control and Prevention, 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.

Purpose: The committee is charged with advising the Director, CDC, on the appropriate uses 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 To Be Discussed: The agenda will include discussions on: 2013 adult immunization schedule, 2013 child/adolescent immunization schedule, Japanese encephalitis, rotavirus, human papillomavirus vaccines, hepatitis B vaccine, meningococcal vaccines, influenza, measles-mumps-rubella vaccine, pertussis and vaccine supply. Recommendation votes are scheduled for pertussis vaccines, meningococcal vaccines, measles-mumps-rubella vaccine, hepatitis B vaccine, child/adolescent immunization schedule, and the adult immunization schedule. VFC votes are scheduled for pertussis vaccines, meningococcal vaccines, and influenza vaccine. Time will be available for public comment.

Agenda items are subject to change as priorities dictate.

Meeting is 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.*

Contact Person for More Information: Stephanie B. 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.

Dated: September 14, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–23390 Filed 9–21–12; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–12–12IW]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to 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

Fetal Alcohol Spectrum Disorders Regional Training Centers—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This program will collect program evaluation data from participants of trainings for medical and allied health students and practitioners regarding fetal alcohol spectrum disorders (FASDs) conducted by the FASD Regional Training Centers (RTCs) through a cooperative agreement with the CDC.

Prenatal exposure to alcohol is a leading preventable cause of birth defects and developmental disabilities. The term fetal alcohol spectrum disorders (FASDs) describes the full continuum of effects that can occur in an individual exposed to alcohol in utero. These effects include physical, mental, behavioral, and learning disabilities. All of these effects have lifelong implications.

Health care professionals play a crucial role in identifying women at risk for an alcohol-exposed pregnancy and in identifying effects of prenatal alcohol exposure in individuals. However, despite the data regarding alcohol consumption among women of childbearing age and the estimated prevalence of FASDs, screening for alcohol use among female patients of childbearing age and screening for FASDs are not yet common standards of care. In addition, it is known from surveys of multiple provider types that although they might be familiar with the teratology and clinical presentation of FASDs, they report feeling less prepared to identify for referral or to diagnose a child and even less prepared to manage and coordinate the treatment of children with FASDs. Similarly, among obstetrician-gynecologists, although almost all report asking their patients about alcohol use during pregnancy, few use a proper screening tool for alcohol assessment.

There is a need for the training of medical and allied health students and practitioners in the prevention, management, and identification of FASDs, hence the recommendations that have been put forward in this area. As part of the fiscal year 2002 appropriations funding legislation, the U.S. Congress mandated that the CDC, acting through the NCBDDD Fetal Alcohol Syndrome (FAS) Prevention Team and in coordination with the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFAS/FAE), other federally funded FAS programs, and appropriate nongovernmental organizations (NGOs), would (1) develop guidelines for the diagnosis of FAS and other negative birth outcomes resulting from prenatal exposure to alcohol; (2) incorporate these guidelines into curricula for medical and allied health students and practitioners, and seek to have them fully recognized by professional organizations and accrediting boards; and (3) disseminate curricula to and provide training for medical and allied

health students and practitioners regarding these guidelines. As part of CDC's response to this mandate, a total of seven FASD RTCs have been established since 2002 to train medical and allied health students and professionals regarding the prevention, identification, and treatment of FAS and related disorders, now known collectively as FASDs. The FASD RTCs have developed and implemented ongoing FASD training programs and courses throughout their regions reaching medical and allied health professionals and students. Trainings are delivered in academic settings (medical and allied health schools) and via continuing education events for practicing medical and allied health professionals. Training delivery varies by RTC depending on the target audience and setting. Examples include grand round presentations, a five-week online course for practicing social work, nursing, and substance abuse professionals, a two-hour face-to-face training for nursing and social work students, and a train-the-trainer model with 1- to 5-day trainings for trainers who then deliver at least two trainings per year to students and professionals.

CDC requests OMB approval to collect program evaluation information from training participants for two years. Training participants will be completing program evaluation forms to provide information on whether the training met the educational goals. The information will be used to improve future trainings.

It is estimated that 15,640 participants will be trained each year, for a total of 31,280 participants during the two year approval period. The estimated annual burden is 2654 hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Organization	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ response
Medical and allied health professionals and students.	Arctic RTC	Foundations Pre	30	1	15/60
		Foundations Post	30	1	15/60
		Foundations Follow-Up	18	1	10/60
		FASD 201 Pre	30	1	10/60
		FASD 201 Post	30	1	10/60
		FASD 201 Follow-Up	18	1	10/60
		Intro to FASDs Pre	80	1	15/60
		Intro to FASDs Post	80	1	15/60
		Intro to FASDs Follow-Up	48	1	10/60
		Train-the-Trainer Pre	25	1	15/60
		Train-the-Trainer Post	25	1	15/60
		Train-the-Trainer Follow-Up	15	1	15/60
		Online I Pre, Post	100	2	10/60
		Online II Pre, Post	100	2	10/60
		Online III Pre, Post	100	2	10/60
		Classroom and Special Event Post	150	2	6/60
Nursing Students	Frontier RTC ..	Pre-test	410	1	15/60
		Post-test	410	1	15/60
		Follow-up	410	1	15/60
Social Work Students	.....	Pre-test	410	1	15/60
		Post-test	410	1	15/60
		Follow-up	410	1	15/60
Allied Health Practitioners	.....	Pre-test	200	1	15/60
		Post-test	200	1	15/60
		Follow-up	200	1	15/60
Training of Trainers Participants	.....	Pre-test	100	1	15/60
		Post-test	100	1	15/60
		Follow-up	100	1	15/60
Academic Faculty/Students Online ...	.....	Pre-test	150	1	15/60
Post-test	150	1	15/60		
Follow-up	150	1	15/60		
Practitioner Online	.....	Pre-test	160	1	15/60
		Post-test	160	1	15/60
		Follow-up	160	1	15/60
Medical and Allied Health Care Providers and Students.	Great Lakes RTC.	Foundations Pre-, QUALTRICS online Pre.	450	1	5/60
		Foundations Post, ... QUALTRICS online Post	450	1	10/60
		Foundations 6-mo F/U, ... QUALTRICS online ..... 6-Mo F/U	310	1	5/60
Medical and Allied Health Care Providers and Students.	.....	SBI Pre, QUALTRICS online Pre	120	1	8/60
		SBI Post, QUALTRICS online Post	120	1	13/60
		SBI 6-mo F/U, QUALTRICS online 6-Mo Follow-up.	108	1	8/60
		ID and Treatment of FASD Pre, QUALTRICS online Pre.	270	1	8/60
		ID and Treatment of FASD Post, QUALTRICS online Post.	270	1	13/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Organization	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ response
		ID and Treatment of FASD 6-mo F/U, QUALTRICS online 6-Mo Follow-up.	258	1	8/60
		FASD ComprehensivePre, QUALTRICS online Comprehensive Pre.	220	1	15/60
		FASD Comprehensive Post, QUALTRICS online Comprehensive Post.	220	1	20/60
		FASD Comprehensive 6-mo F/U, QUALTRICS online Comprehensive 6-Mo Follow-up.	204	1	15/60
Physicians and Medical Students		Clinical Experience A	25	1	5/60
		Clinical Experience B	25	1	5/60
Training of Trainers Participants/Regional State Training Partners/Advisory Committee Members.		Key Informant Interview	16	1	15/60
		Key Informant Interview	15	1	20/60
		Key Informant Interview	10	1	15/60
Training of Trainer Participants		Harvard Minute Feedback	100	1	1/60
Staff and Training of Trainer Graduates.		Training Activity Reporting (TARF)	180	1	2/60
Academic Faculty/Health Professionals/Professionals/Health Profession Students.	Midwest RTC	Knowledge Pre	1080	1	7/60
		Knowledge Post, 3 mo F/U	1080	2	7/60
		Event Eval	1110	1	5/60
Health Professionals		Continuing Education Event, Pre	250	1	5/60
		Continuing Education Event, Post	250	1	5/60
		Continuing Education Event, 3 mo Follow-up.	250	1	5/60
		Modified Index Pre, 3 mo online F/U	75	2	10/60
Academic Faculty		Utilization of FAS/FASD Curriculum Pre, 3 mo online F/U.	50	2	5/60
Medical and allied health students and residents.	Southeast RTC	FASD Pre	500	1	10/60
		FASD Post	500	1	15/60
		FASD 3 Mo Follow-up	300	1	10/60

Dated: September 13, 2012.

Ron A. Otten,

Director, 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

[60Day–12–12SG]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 and send comments to Kimberly S. Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Human Systems Integration Design Guidelines (MinerFirst) for Improved Mine Worker Safety—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91–173 as amended by Public Law 95–164 (Federal Mine Safety and Health Act of 1977), and Public Law 109–236 (Mine Improvement and New Emergency Response Act of 2006) has the responsibility to conduct research to improve working conditions and to prevent accidents and occupational diseases in underground coal and metal/nonmetal mines in the U.S.

Mining remains one of the most dangerous occupations in the United States. Despite continued efforts in