

risk populations including, but not limited to, those of lower SES, Hispanic, African American and other ethnic groups.

NCCDPHP is currently pursuing a key initiative to improve the efficiency and effectiveness of CDC project officers who oversee the state and territorial oral health programs. An electronic management information system (MIS) to support program management, consulting and evaluation has been developed in support of the cooperative agreement. The MIS provides a central repository of information, such as the plans of the state or territorial oral

health programs (their goals, objectives, performance milestones and indicators), as well as state and territorial oral health performance activities including programmatic and financial information. State oral health programs have used the MIS to submit their required semi-annual reports to CDC (CDC Oral Health Management Information System, OMB No. 0920–0739, 5/31/2013). The last report under the current FOA is due on October 30, 2013.

CDC is requesting OMB approval to extend clearance for the MIS until December 31, 2013. Information will be

reported to CDC once during this period. The extension will allow to CDC to receive final reports from the state oral health programs and to provide any technical assistance or follow-up support that may be needed to produce accurate final reports. There is no change to the estimated burden per response, which is 11 hours.

All information will be collected electronically. There are no costs to respondents other than their time. The total estimated annualized burden hours are 220.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Oral Health Programs .....	20	1	11	220

Dated: February 28, 2013.

**Ron A. Otten,**

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), 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**

[30Day-13–0009]

**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](mailto: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**

National Disease Surveillance Program (OMB No. 0920–0009 Expiration 4/30/2013)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention, (CDC).

*Background and Brief Description*

Formal surveillance of 16 separate reportable diseases has been ongoing to meet the public demand and scientific interest in accurate, consistent, epidemiologic data. These ongoing disease reports include: Creutzfeldt-Jakob Disease (CJD), Cyclosporiasis, Dengue, Hantavirus, Kawasaki Syndrome, Legionellosis, Lyme disease, Malaria, Plague, Q Fever, Reye Syndrome, Tickborne Rickettsial Disease, Trichinosis, Tularemia, Typhoid Fever, and Viral Hepatitis. Case report forms from state and territorial health departments enable

CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. We are requesting changes to the Legionellosis form that will allow CDC to better detect potential clusters and outbreaks of Legionnaires' disease and to monitor changing epidemiological trends by collecting a greater level of detail for each legionellosis case. The burden to the respondents should be minimally affected by these proposed changes.

The purpose of the proposed study is to direct epidemiologic investigations, identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and develop guidelines for prevention and treatment. The data collected will also be used to recommend target areas most in need of vaccinations for selected diseases and to determine development of drug resistance. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time. The total burden requested is 11,447 hours.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Epidemiologist .....	CJD .....	20	2	20/60
Epidemiologist .....	Cyclosporiasis .....	55	10	15/60
Epidemiologist .....	Dengue .....	55	182	15/60
Epidemiologist .....	Hantavirus .....	46	3	20/60
Epidemiologist .....	Kawasaki Syndrome .....	55	8	15/60
Epidemiologist .....	Legionellosis .....	23	12	20/60

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Epidemiologist .....	Lyme Disease .....	52	385	10/60
Epidemiologist .....	Malaria .....	55	20	15/60
Epidemiologist .....	Plague .....	11	1	20/60
Epidemiologist .....	Q Fever .....	55	1	10/60
Epidemiologist .....	Reye Syndrome .....	50	1	20/60
Epidemiologist .....	Tick-borne Rickettsia .....	55	18	10/60
Epidemiologist .....	Trichinosis .....	25	1	20/60
Epidemiologist .....	Tularemia .....	55	2	20/60
Epidemiologist .....	Typhoid Fever .....	55	6	20/60
Epidemiologist .....	Viral hepatitis .....	55	200	25/60

Dated: February 28, 2013.

**Ron A. Otten,**

Director, Office of Scientific Integrity (OSI),  
Office of the Associate Director for Science  
(OADS), 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**

**Board of Scientific Counselors, Office  
of Public Health Preparedness and  
Response (BSC, OPHPR)**

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:*

April 2, 2013 9:30 a.m.–3:00 p.m.  
(BSC, OPHPR meeting)

April 3, 2013 8:30 a.m.–3:30 p.m.  
(Joint meeting of the BSC, OPHPR and  
the National Biodefense Science Board  
[NBSB])

*Place:* CDC, 1600 Clifton Road NE.,  
Roybal Campus, Building 19, Room 256  
Atlanta, Georgia 30329.

*Status:* Open to the public limited  
only by the space available. The meeting  
room will accommodate up to 30  
people. Public participants should pre-  
register for the meeting as described in  
Additional Information for Public  
Participants.

*Purpose:* This Board is charged with  
providing advice and guidance to the  
Secretary, Department of Health and  
Human Services (HHS), the Assistant  
Secretary for Health (ASH), the Director,  
Centers for Disease Control and  
Prevention (CDC), and the Director,  
Office of Public Health Preparedness  
and Response (OPHPR), concerning

strategies and goals for the programs  
and research within OPHPR, monitoring  
the overall strategic direction and focus  
of the OPHPR Divisions and Offices,  
and administration and oversight of  
peer review of OPHPR scientific  
programs. For additional information  
about the Board, please visit: [http://  
www.cdc.gov/phpr/science/  
counselors.htm](http://www.cdc.gov/phpr/science/counselors.htm).

*Matters To Be Discussed:* Agenda  
items for this meeting include: (1)  
Briefings and BSC deliberation on the  
following topics: Public Health  
Preparedness and Response Policy  
Updates; improving critical information  
sharing across CDC; biosecurity risk  
evaluation software; measuring  
operational readiness; (2) BSC liaison  
representative updates to the Board  
highlighting organizational activities  
relevant to the OPHPR mission. Day 2  
of the meeting will include a joint  
Federal Advisory Committee briefing  
with NBSB, deliberation and vote on the  
recommendations and report written by  
the joint BSC, OPHPR–NBSB Strategic  
National Stockpile ad hoc working  
group. [The National Biodefense  
Science Board (NBSB) was created  
under the authority of the Pandemic and  
All-Hazards Preparedness Act, signed  
into law on December 19, 2006. The  
Board is a FACA committee utilized by  
the Office of the Assistant Secretary for  
Preparedness and Response. The NBSB  
was established to provide expert advice  
and guidance to the Secretary of the  
U.S. Department of Health and Human  
Services (HHS) on scientific, technical,  
and other matters of special interest to  
HHS regarding activities to prevent,  
prepare for, and respond to adverse  
health effects of public health  
emergencies resulting from chemical,  
biological, nuclear, and radiological  
events, whether naturally occurring,  
accidental, or deliberate.]

Agenda items are subject to change as  
priorities dictate.

*Additional Information for Public  
Participants:* Members of the public that  
wish to attend this meeting should pre-  
register by submitting the following  
information by email, facsimile, or  
phone (see Contact Person for More  
Information) no later than 12:00 noon  
(EDT) on Monday, March 25, 2013:

- Full Name,
- Organizational Affiliation,
- Complete Mailing Address,
- Citizenship, and
- Phone Number or Email Address

*Contact Person for More Information:*  
Marquita Black, Office of Science and  
Public Health Practice Executive  
Assistant, Centers for Disease Control  
and Prevention, 1600 Clifton Road NE.,  
Mailstop D-44, Atlanta, Georgia 30333,  
Telephone: (404) 639-7325; Facsimile:  
(404) 639-7977; Email:  
[OPHPR.BSC.Questions@cdc.gov](mailto:OPHPR.BSC.Questions@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 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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