

Michael Chertoff, determined, pursuant to section 564(b)(1)(A) of the FD&C Act, that there is a significant potential for a domestic emergency involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents—in this case, *Bacillus anthracis*—although there is no current domestic emergency involving anthrax, no current heightened risk of an anthrax attack, and no credible information indicating an imminent threat of an attack involving *Bacillus anthracis*. On October 1, 2008, on the basis of that determination, and pursuant to section 564(b) of the FD&C Act, former HHS Secretary, Michael O. Leavitt, declared an emergency justifying the emergency use of doxycycline hyclate tablets accompanied by emergency use information subject to the terms of any authorization issued under section 564(a) of the FD&C Act.² On October 1, 2009 and October 1, 2010, I renewed the former Secretary's declaration,³ and on July 20, 2011, I renewed and amended the declaration to declare that the emergency justifies emergency use of all oral formulations of doxycycline accompanied by emergency use information subject to the terms of any authorization issued under section 564(a) of the FD&C Act.⁴ On June 28, 2012, I renewed my July 20, 2011 declaration.⁵

II. Declaration of the Secretary of Health and Human Services

On the basis of the September 23, 2008 determination by the Secretary of Homeland Security and pursuant to section 564(b) of the FD&C Act, I hereby declare that circumstances exist justifying the authorization of emergency use of all oral formulations of doxycycline accompanied by emergency use information subject to the terms of any authorization issued under section 564(a) of the FD&C Act.⁶

² Pursuant to section 564(b)(4) of the FD&C Act, notice of the determination by the Secretary of Homeland Security and the declaration by the HHS Secretary was provided at 73 FR 58242 (October 6, 2008).

³ Pursuant to section 564(b)(4) of the FD&C Act, notices of the renewals of the declaration of the HHS Secretary were provided at 74 FR 51,279 (Oct. 6, 2009) and 75 FR 61,489 (Oct. 5, 2010).

⁴ Pursuant to section 564(b)(4) of the FD&C Act, notice of the renewal and amendment of the declaration of the HHS Secretary was provided at 76 FR 44,926 (July 27, 2011).

⁵ Pursuant to section 564(b)(4) of the FD&C Act, notice of the renewal of the declaration of the HHS Secretary was provided at 77 FR 39,708 (July 5, 2012).

⁶ Section 564(b)(1) of the FD&C Act was amended by section 302 of the Pandemic and All-Hazards Preparedness Reauthorization Act, Public Law 113–5, to provide that the HHS Secretary may “make a

I am issuing this notice in accordance with section 564(b)(4) of the FD&C Act.

Dated: June 27, 2013.

Kathleen Sebelius,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Biodefense Science Board; Call for Nominees

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

ACTION: Notice.

SUMMARY: The deadline for all application submissions to the National Biodefense Science Board (NBSB) is extended from July 7, 2013, to August 4, 2013 at 11:59 p.m. The Office of the Secretary is accepting application submissions from qualified individuals who wish to be considered for membership on the NBSB; six members have membership expiration dates of December 31, 2013, therefore, six new voting members will be selected for the Board. Nominees are being accepted in the following categories: Industry, Academia, Healthcare Consumer Organizations, and Organizations Representing Other Appropriate Stakeholders. Please visit the NBSB Web site at www.phe.gov/nbsb for all application submission information and instructions. All members of the public are encouraged to apply.

FOR FURTHER INFORMATION CONTACT: CAPT Charlotte Spires, DVM, MPH, DACVPM, Executive Director and Designated Federal Official, National Biodefense Science Board, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Thomas P. O'Neill Federal Building, Room number 14F18, 200 C St. SW., Washington, DC 20024; Office: 202–260–0627, Email address: charlotte.spires@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

declaration that the circumstances exist justifying the authorization” for a product under section 564 of the FD&C Act on the basis of one of four determinations specified under subsection 564(b)(1) of the FD&C Act, including a determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a chemical, biological, radiological, or nuclear agent or agents.

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 (ASPR) on other matters related to public health emergency preparedness and response.

Description of Duties: The Board shall advise the Secretary and/or ASPR on current and future trends, challenges, and opportunities presented by advances in biological and life sciences, biotechnology, and genetic engineering with respect to threats posed by naturally occurring infectious diseases and chemical, biological, radiological, and nuclear agents. At the request of the Secretary and/or ASPR, the Board shall review and consider any information and findings received from the working groups established under 42 U.S.C. 247d–7f(b). At the request of the Secretary and/or ASPR, the Board shall provide recommendations and findings for expanded, intensified, and coordinated biodefense research and development activities. Additional advisory duties concerning public health emergency preparedness and response may be assigned at the discretion of the Secretary and/or ASPR.

Structure: The Board shall consist of 13 voting members, including the Chairperson; additionally, there may be non-voting ex officio members. Pursuant to 42 U.S.C. 247d–7f(a), members and the chairperson shall be appointed by the Secretary from among the Nation's preeminent scientific, public health and medical experts, as follows: (a) Such federal officials as the Secretary determines are necessary to support the functions of the Board, (b) four individuals from the pharmaceutical, biotechnology and device industries, (c) four academicians, and (d) five other members as determined appropriate by the Secretary and/or ASPR, one of whom must be a practicing health care professional, one of whom must be from an organization representing health care consumers, one of whom must have pediatric subject matter expertise, and one of whom shall be a State, tribal, territorial, or local public health official. Additional members for category (d), above, will be selected from among emergency medical responders and organizations representing other appropriate stakeholders. A member of

the Board described in (b), (c), and (d) in the above paragraph shall serve for a term of 3 years, except that the Secretary may adjust the terms of the initial Board appointees in order to provide for a staggered term of appointment of all members. Members who are not fulltime or permanent part-time federal employees shall be appointed by the Secretary as Special Government Employees.

Dated: June 28, 2013.

Nicole Lurie,

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-13-0255]

Agency Information Collection Activities; Proposals, Submissions, and Approvals

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 or send comments to Leroy Richardson, at 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

Resources and Services Database of the CDC National Prevention Information Network (NPIN) (OMB No. 0920-0255 exp. 1/31/2014)—Extension—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP's mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

The NPIN Resources and Services Database contains entries on approximately 9,000 organizations and

is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 56 million hits by the public to the Web site are recorded annually.

To accomplish CDC's goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 500 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the Internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN Web site. The breakdown of the total annualized burden hours by survey instrument is as follows:

Initial Questionnaire Telephone Script—600 respondents with one response each (120 Registered Nurses—20 minutes; 20 Social and Community Service Managers—10 minutes; 20 Health Educators—13 minutes; and 120 Social and Human Service Assistants—15 minutes), for a total of 152 burden hours

Telephone Verification—7,200 respondents with one response each (1,200 Registered Nurses, 600 Social and Community Service Managers, and 600 Health Educators—10 minutes; and 4,800 Social and Human Services Assistants—9 minutes) for a total of 1,120 burden hours

Email Verification—3,600 respondents with one response each (600 Registered Nurses, 300 Health Educators, and 2,400 Social and Human Services Assistants—10 minutes); and 300 Social and Community Service Managers—12 minutes) for a total of 610 burden hours. This request is for 3-years. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Initial Questionnaire Telephone Script.	Registered nurses	100	1	20/60	33
	Social and community service managers	50	1	10/60	8
	Health educators	50	1	13/60	11
	Social and human service assistants	400	1	15/60	100
Telephone Verification	Registered nurses, Social and community service managers, and Health educators.	2,400	1	10/60	400
	Social and human service assistants	4,800	1	9/60	720
Email Verification	Registered nurses, Health educators, and Social and human service assistants.	3,300	1	10/60	550