

Leroy A. Richardson

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-0214]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial

resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 30 days of this notice.

Proposed Project

National Health Interview Survey (NHIS) (OMB No. 0920-0214, expires 03/31/2016)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect data on the extent and nature of illness and disability of the population of the United States. The annual National Health Interview Survey is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. Clearance is sought for three years, to collect data for 2015, 2016, and 2017.

This voluntary and confidential household-based survey collects demographic and health-related information on a nationally representative sample of persons and households throughout the country. Personal identification information is requested from survey respondents to facilitate linkage of survey data with health-related administrative and other records. Each year we collect information from approximately 55,000 households, which contain about 137,500 individuals.

Information is collected using computer assisted personal interviews (CAPI). A core set of data is collected

each year that remains largely unchanged while sponsored supplements vary from year to year. The core set includes socio-demographic characteristics, health status, health care services, and health behaviors. For 2015, supplemental questions will be cycled in pertaining to cancer control, epilepsy, and inflammatory bowel disease and occupational health.

Supplemental topics that continue or are enhanced from 2014 will be related to food security, heart disease and stroke, children's mental health, disability and functioning, sexual orientation, smokeless tobacco and e-cigarettes, immunizations, and computer use. Questions on the Affordable Care Act from 2014 have been reduced in number in 2015. In addition, a follow-back survey will be conducted on previous NHIS respondents. The follow-back survey will focus on topics related to the Affordable Care Act including health care access and use, and health insurance coverage and will include multiple modes of contacting respondents.

To improve the analytic utility of NHIS data, minority populations are oversampled annually. In 2015, sample augmentation procedures used in previous years will continue to increase the number of African American, Hispanic, and Asian American persons.

In accordance with the 1995 initiative to increase the integration of surveys within the DHHS, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, academic, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally mandated "Health US" and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, "Healthy People 2020."

The total annualized burden hours have increased by 3,333 hours to 48,833 hours. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Family Member	Screener Questionnaire	10,000	1	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Family Member	Family Core	45,000	1	23/60
Sample Adult	Adult Core	36,000	1	15/60
Adult Family Member	Child Core	14,000	1	10/60
Adult Family Member	Supplements	45,000	1	20/60
Adult Family Member	Followback	12,000	1	20/60
Adult Family Member	Reinterview Survey	5,000	1	5/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2014–0012]

Recommendations for Providers Counseling Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV Infection, STIs, and Other Health Outcomes

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease
Control and Prevention (CDC), located
within the Department of Health and
Human Services (HHS), is seeking
public comment on draft
recommendations for health care
providers who deliver information and
counseling about elective male
circumcision and the prevention of HIV
and other adverse health outcomes to
male patients and parents in the United
States. The draft recommendations
include information about the health
benefits and risks of elective male
circumcision performed by health care
providers.

DATES: Written comments must be
received on or before January 16, 2015.

ADDRESSES: You may submit comments
identified by Docket Number CDC–
2014–0012 by any of the following
methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.
- Mail: Division of HIV/AIDS
Prevention, National Center for HIV/

AIDS, Viral Hepatitis, STD, and TB
Prevention, Centers for Disease Control
and Prevention, 1600 Clifton Road NE.,
Mailstop D–21, Atlanta, Georgia 30333.
Attn: Male Circumcision
Recommendations.

Instructions: All submissions received
must include the agency name and
docket number or RIN. All relevant
comments received will be posted
without change to [http://
regulations.gov](http://regulations.gov), including any personal
information provided. CDC will not
consider or post any comments that
contain vulgar or offensive language,
threats, personal accusations, and/or
statements intended to promote
commercial products or services, or
images. Additionally, CDC will not post
any pictures that are submitted. For
access to the docket to read the
recommendations, background
document, or comments received, go to
<http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:
Division of HIV/AIDS, National Center
for HIV/AIDS, Viral Hepatitis, STD, and
TB Prevention, Centers for Disease
Control and Prevention, 1600 Clifton
Road NE., MS D–21, Atlanta, Georgia
30329, phone: 404–639–5200. Email:
circumcision@cdc.gov.

SUPPLEMENTARY INFORMATION: These
recommendations are intended to assist
health care providers in the United
States who are counseling men and
parents of male infants, children and
adolescents in decision making about
male circumcision. Such decision
making is made in the context of not
only health considerations, but also
other social, cultural, ethical, and
religious factors. Although data have
been accumulating about infant male
circumcision for many years, clinical
trials conducted between 2005–2010
have demonstrated safety and
significant efficacy of voluntary adult
male circumcision performed by
clinicians for reducing the risk of
acquisition of human
immunodeficiency virus (HIV) by a
male during penile-vaginal sex
(“heterosexual sex”). Three randomized

clinical trials showed that adult male
circumcision reduced HIV infection risk
by 50–60% over time. These trials also
found that adult circumcision reduced
the risk of men acquiring two common
sexually transmitted infections (STIs),
herpes simplex virus type-2 (HSV–2)
and types of human papilloma virus
(HPV) that can cause penile and other
anogenital cancers, by 30%. Since the
release of these trial data, various
organizations have updated their
recommendations about adult male and
infant male circumcision.

In addition to obtaining public
comment on the draft
Recommendations, CDC considers this
document to be important information
as defined by the Office of Management
and Budget’s (OMB) 2004 Information
Quality Bulletin for Peer Review and,
therefore, subject to peer review. CDC
will share the summary of public
comments with external experts who
conduct a peer review of the evidence
on this topic. Their review will include
an evaluation of completeness,
accuracy, interpretation, and
generalizability of the evidence to the
United States and whether the evidence
is sufficient to support the draft
counseling recommendations.

After considering all public comment
and the results of the peer review, CDC
will publish a notice in the **Federal
Register** announcing the final
recommendations.

Dated: November 19, 2014.

Ron A. Otten,

Acting Deputy Associate Director for Science,
Centers for Disease Control and Prevention.

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