

allow us to continue to assess the effectiveness of the CDC-developed comprehensive approach to TDV for longer-term follow-up as the students in our sample age and their engagement in dating relationships increases. The current evaluation of Dating Matters® tests a comprehensive approach to prevent TDV among youth in high-risk urban communities. In order to address gaps in effective prevention programming for youth in urban communities with high crime and economic disadvantage, who may be at highest risk for TDV perpetration and victimization, Dating Matters® focuses on middle school youth with universal primary prevention strategies aimed at building a foundation of healthy

relationship skills before dating and/or TDV is initiated.

All data collected as part of this request will be used in the longitudinal outcome evaluation of the Dating Matters® initiative. No teen dating violence comprehensive program has been developed and implemented specifically for high risk urban communities. Further, no other data source exists to examine the effectiveness of the Dating Matters® initiative for preventing dating violence. The evaluation utilizes a cluster randomized design in which 46 schools in four funded communities (Alameda County, California; Baltimore, Maryland; Broward County, Florida; and, Chicago, Illinois), were randomized

to either Dating Matters® or standard practice.

CDC seeks to continue evaluation activities in these four communities. Therefore, this data collection is critical to understand the effectiveness, feasibility, and cost of Dating Matters® and to inform decisions about disseminating the program to other communities.

OMB approval is requested for three years for this revision. The only cost to respondents will be time spent on responding to the survey. A total of 4,399 respondents will be approached on an annual basis with an average estimated burden of 45/60 minutes per respondent per year (3,299 burden hours).

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Student Program Participant	Student Outcome Survey Follow-up	4,399	1	45/60

Leroy A. Richardson,
 Chief, Information Collection Review Office,
 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

Board of Scientific Counselors, National Center for Injury Prevention and Control, (BSC, NCIPC)

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:

Time and Date: 9:00 a.m.–3:00 p.m., EST, January 28, 2016 (OPEN).

Public Comment Time and Date: 1:00 p.m.–2:30 p.m. *, EST, January 28, 2016.

* Please note that the public comment period ends at the time indicated above or following the last call for comments, whichever is earlier. Members of the public who want to submit comments must pre-register by January 18, 2016 to opioidsguidelines@cdc.gov. All requests must contain the name, address, email address, organizational affiliation of the speaker, and the topic being addressed

with accompanying written comments. Written comments should be limited to one page single spaced with 1 inch margins.

Members of the public must indicate at pre-registration whether they would like to deliver oral remarks in addition to written comment. Comments may be delivered in person or by phone and will be assigned on a first come-first served basis until all time slots are filled. Speakers providing public comment must call in or be present at the beginning of the public comment period. All public comments will be limited to two minutes per speaker. Since the number of time slots is limited, it is requested that each organization register one speaker to represent their organization. Both oral and written comments will be included in the official record of the meeting.

Place: Centers for Disease Control and Prevention, Building 21, Auditorium B-3, 1600 Clifton Road NE., Atlanta, GA 30329.

Audio Conference toll-free dial-in Number: 1-888-469-1243, Participant Code: 4709506, TTY accessible link: <http://www.captionsedtext.com/client/event.aspx?CustomerID=1891&EventID=2812716>.

CDC encourages participation by persons with disabilities. Captions and participation by persons with communications challenges will be available online via Relay Conference Captioning. To view the online captions at the start time of the event, please

login for captioning at <http://www.captionsedtext.com/client/event.aspx?CustomerID=1891&EventID=2812716>.

Requests for accommodations, questions, or comments on accessibility (Section 508) compliance may be directed to Tonia Lindley, imx9@cdc.gov.

Status: The meeting as designated above will be open to the public limited only by the space available. The meeting room will accommodate up to 200 people. See instructions above regarding pre-registration and delivering public comment.

Purpose: The Board will: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political subdivisions in preventing and suppressing communicable and non-communicable diseases and other preventable conditions and in promoting health and well-being; and (3) conduct and assist in research and control activities related to injury.

The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury prevention goals and provides

evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, the structure, progress and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as it relates to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of research portfolios, and (5) review of program proposals.

Matters for Discussion: The Board of Scientific Counselors will discuss the draft recommendations in the CDC Guideline for Prescribing Opioids for Chronic Pain (Guideline), as well as observations formulated in the Opioid Guideline Workgroup Report. There will be 90 minutes allotted for public comments at the end of the session. See above instructions on pre-registration for public comment. A transcript of the meeting and public comments received at the meeting will be posted to the docket at www.regulations.gov (Docket No. CDC-2015-0112).

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Arlene Greenspan, Dr.P.H., M.P.H., P.T. Associate Director for Science, NCIPC, CDC, 4770 Buford Highway NE., Mailstop F-63, Atlanta, GA 30341, Telephone (770) 488-4696; Email opioidsguidelines@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.

Elaine L. Baker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-16-16BM]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Airline and Maritime Conveyance Manifest Orders—Existing Information Collection in use without an OMB Control Number—Division of Global Migration and Quarantine, National Center for Emerging Zoonotic and

Infectious Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Public Health Service Act (42 United States Code 264) and under 42 Code of Federal Regulations (CFR) § 71.32(b) and 42 CFR 70.2, CDC can order airlines and maritime lines operating conveyances arriving from another country or traveling between states to submit a record for passengers and crew that CDC believes were exposed to co-traveler infected with a communicable disease of public health concern.

Stopping a communicable disease outbreak—whether it is naturally occurring or intentionally caused—requires the use of the most rapid and effective public health tools available. Basic public health practices, such as collaborating with airlines in the identification and notification of potentially exposed contacts, are critical tools in the fight against the introduction, transmission, and spread of communicable diseases in the United States.

The collection of comprehensive, pertinent contact information enables Quarantine Public Health Officers in CDC's Division of Global Migration and Quarantine (DGMQ) to notify state and local health departments in order for them to make contact with individuals who may have been exposed to a contagious person during travel and identify appropriate next steps.

In the event that there is a confirmed case of communicable disease of public health concern aboard an aircraft or ship, CDC collects manifest information for those passengers and crew at risk for exposure. This specific manifest information collection differs depending on the communicable disease that is confirmed during air or maritime travel. CDC then uses this passenger and crew manifest information to coordinate with state and local health departments so they can follow-up with residents who live or are currently located in their jurisdiction. In general, state and local health departments are responsible for the contact investigations. In rare cases, CDC may use the manifest data to perform the contact investigation directly. In either case, CDC works with state and local health departments to ensure individuals are contacted and provided appropriate public health follow-up.

CDC estimates that for each traveler manifest ordered, airlines require approximately six hours to review the order, search their records, and send those records to CDC. There is no cost to respondents other than their time