drawn, as in the past, in large measure from the ranks of other executive branch agencies. The board shall review and evaluate the initial appraisal of each OGE senior executive's performance by his or her supervisor, along with any recommendations in each instance to the appointing authority relative to the performance of the senior executive. This notice updates the membership of OGE's SES Performance Review Board as it was most recently published at 78 FR 76148 (December 16, 2013).

Approved: September 13, 2017.

David J. Apol,

Acting Director, U.S. Office of Government Ethics.

The following officials have been appointed members of the SES Performance Review Board of the Office of Government Ethics: Shelley K. Finlayson, [Chair], Chief of Staff and Program Counsel, Office of Government Ethics; Stuart Bender, Director, Office of Ethics, U.S. Department of Agriculture; Judith S. Kaleta, Deputy General Counsel, U.S. Department of Transportation; and Shira Pavis Minton, Ethics Counsel, Office of the Ethics Counsel, Securities and Exchange Commission.

[FR Doc. 2017–19835 Filed 9–15–17; 8:45 am]

BILLING CODE 6345–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–17–0888]

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.* Within 30 days of this notice, direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806.

Proposed Project

Factors Influencing the Transmission of Influenza (OMB Control Number 0920–0888; Expired 6–30–2017)—Reinstatement with change—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health (NIOSH) is authorized to conduct research to advance the health and safety of workers under Section 20(a)(1) of the 1970 Occupational Safety and Health Act. Influenza continues to be a major public health concern because of the substantial health burden from seasonal influenza and the potential for a severe pandemic. Although influenza is known to be transmitted by infectious secretions, these secretions can be transferred from person to person in many different ways, and the relative importance of the different pathways is not known. The likelihood of the transmission of influenza virus by small infectious airborne particles produced during coughing and breathing is particularly unclear. The question of airborne transmission is especially important in healthcare facilities, where influenza patients tend to congregate during influenza season, because it directly impacts the infection control and personal protective measures that should be taken by healthcare workers.

Work under the previous approval showed that patients infected with influenza virus produce airborne particles containing viable airborne influenza virus during both breathing and coughing, but that breathing may generate more airborne infectious material than coughing over time. However, this work was hampered because the amounts of influenza virus in almost all of the aerosol samples were below the limit of quantification. Thus, CDC made the following changes to the project:

(1) CDC will modify the cough and exhalation-aerosol collection system to collect aerosol particles continuously for 40 minutes, rather than collecting particles from discrete coughs and exhalations as in the previous study. This will increase the amount of influenza virus that is collected.

(2) Researchers will collect a blood sample from each participant to allow testing for blood markers of influenza infection and a comparison of the levels of these markers to the amount of expelled influenza in aerosol particles.

(3) Researchers increased the time required for participation from 63 minutes to 95 minutes to allow for a longer aerosol collection period and for the blood collection.

(4) Researchers will recruit and test an equal number of control subjects without symptoms of respiratory illness in addition to subjects with influenza-like illness. This will allow the determination of the differences in blood biomarker levels between healthy and infected subjects.

(5) Because of the longer participation time and because blood collection has been found to be a strong disincentive for participation, the token of appreciation for participating in the study has been increased from $25 to $40.

The purpose of the proposed study is to gain a better understanding of the production of infectious aerosols by patients with influenza, and to compare this to the levels of biomarkers of influenza infection in the blood of these patients. To do this, researchers will collect airborne particles produced by volunteer subjects with influenza to test for influenza virus. Researchers will also measure the levels of influenza infection-associated biomarkers in blood samples from these subjects.

A test coordinator will recruit volunteer adult participants by using a poster and flyers describing the study. Researchers will verbally screen interested potential participants to verify that they have influenza-like symptoms and that they do not have any medical conditions that would preclude their participation. Researchers will also recruit a matching number of healthy control participants.

Researchers will ask qualified participants who agree to participate in

the study to read and sign an informed consent form, and then to complete a short health questionnaire. After completing the forms, researchers will measure the participant's oral temperature and collect two nasopharyngeal mucus samples and five ml of blood. The researchers will then ask the participants to don elastomeric masks, and breathe and cough normally for 40 minutes into an aerosol particle collection system. The total time from initial verbal screening to completion will be about 95 minutes.

The study will require 90 volunteer test subjects each year for 3 years, totaling 270 test participants. There are no costs to respondents other than their time. The total number of annual burden hours are 148.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Potential participant	Initial verbal screening	180	1	3/60
Qualified participant	Informed consent form	90	1	15/60
Qualified participant	Health questionnaire	90	1	5/60
Qualified participant	Medical testing	90	1	72/60

Leroy 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.

[FR Doc. 2017–19748 Filed 9–15–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee (CLIAC)

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), announces the following meeting for the Clinical Laboratory Improvement Advisory Committee (CLIAC). This meeting is open to the public, limited only by the space available. The meeting room accommodates approximately 100 people. The public is also welcome to view the meeting by webcast *http://cdclabtraining.adobeconnect.com/cliac.*

DATES: The meeting will be held on November 1, 2017, 8:30 a.m. to 5:00 p.m., EDT and November 2, 2017, 8:30 a.m. to 12:00 p.m., EDT.

ADDRESSES: CDC, 2500 Century Center Boulevard, Rooms 1200/1201, Atlanta, Georgia 30345 and *http://cdclab training.adobeconnect.com/cliac.*

FOR FURTHER INFORMATION CONTACT: Nancy Anderson, MMSc, MT(ASCP), Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, Center for Surveillance, Epidemiology and Laboratory Services, Office of Public Health Scientific Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop F–11, Atlanta, Georgia 30329–4018, telephone (404) 498–2741; *NAnderson@cdc.gov.*

SUPPLEMENTARY INFORMATION: Purpose: This Committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services (HHS); the Assistant Secretary for Health; the Director, Centers for Disease Control and Prevention; the Commissioner, Food and Drug Administration (FDA); and the Administrator, Centers for Medicare and Medicaid Services (CMS). The advice and guidance pertain to general issues related to improvement in clinical laboratory quality and laboratory medicine practice and specific questions related to possible revision of the Clinical Laboratory Improvement Amendment (CLIA) standards. Examples include providing guidance on studies designed to improve safety, effectiveness, efficiency, timeliness, equity, and patient-centeredness of laboratory services; revisions to the standards under which clinical laboratories are regulated; the impact of proposed revisions to the standards on medical and laboratory practice; and the modification of the standards and provision of non-regulatory guidelines to accommodate technological advances, such as new test methods, the electronic transmission of laboratory information, and mechanisms to improve the integration of public health and clinical laboratory practices.

Matters To Be Considered: The agenda will include agency updates from CDC, Centers for Medicare and Medicaid Services (CMS), and The Food and Drug Administration (FDA). Presentations and discussions will focus on laboratory testing in the era of telemedicine; antibiotic resistance testing issues; culture independent diagnostic tests; and a report from the Institute of Medicine (IOM) CLIAC workgroup. Agenda items are subject to change as priorities dictate.

All people attending the CLIAC meeting in-person are required to register for the meeting online at least 5 business days in advance for U.S. citizens and at least 30 business days in advance for international registrants. Register at: *https://wwwn.cdc.gov/cliac/.* Register by scrolling down and clicking the ''Register for this Meeting'' button and completing all forms according to the instructions given. Please complete all the required fields before submitting your registration and submit no later than October 25, 2017 for U.S. registrants and September 19, 2017 for international registrants.

It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments on agenda items. Public comment periods for each agenda item are scheduled immediately prior to the Committee discussion period for that item. In general, each individual or group requesting to make oral comments will be limited to a total time of five minutes (unless otherwise indicated). To assure adequate time is scheduled for public comments, speakers should notify the contact person below at least one week prior to the meeting date. For individuals or groups unable to attend the meeting, CLIAC accepts written comments until the date of the meeting (unless otherwise stated). However, it is requested that comments be submitted at least one week prior to the meeting date so that the comments may be made available to the Committee for their consideration and public distribution.