

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
AGE passenger and crew cases.	71.21(c) Recordkeeping—medical records (Interviews with AGE crew case cabin mates and immediate contacts to determine AGE illness status and documentation of interview dates/times).	250	1	1/60	4
	71.21(c) Documentation of 3-day pre-embarkation AGE illness assessment for all crew members.	250	5	3/60	62.5
	71.21(c) Recordkeeping—medical records (Documentation of 3-day pre-embarkation AGE illness assessment for all crew members).	250	1	1/60	4
	71.21(c) Documentation of date/time of last symptom and clearance to return to work for food and nonfood employees.	250	1	3/60	12.5
	71.21(c) Recordkeeping—medical records (Documentation of date/time of last symptom and clearance to return to work for food and nonfood employees).	250	1	1/60	4
	71.21(c) Recordkeeping—medical records (72 hour food/activity histories).	250	1	1/60	4
	71.21(c) 72-hour food/activity history	5,000	1	10/60	833
	Total

Jeffrey M. Zirger,
Acting 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

[60Day-18–0666]

Agency Forms Undergoing Paperwork Reduction Act Review; Withdraw

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

ACTION: Notice with comment period; withdrawal.

SUMMARY: The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the withdrawal of the notice published under the same title on September 7, 2018 for public comment.

DATES: The Centers for Disease Control and Prevention is withdrawing the notice published September 7, 2018 (83 FR 45444) as of September 25, 2018.

FOR FURTHER INFORMATION CONTACT: Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: On September 7, 2018, CDC published a

notice in the **Federal Register** titled “National Healthcare Safety Network (NHSN)” (Vol. 83, No. 174 Docket No. CDC–2018–0042, Pages 45444–45447). This notice was published inadvertently. The notice is being withdrawn immediately for public comment.

Jeffrey M. Zirger,
Acting 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

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 74 FR 52816, dated October 14, 2009) is amended to reflect the reorganization of the Centers for Disease Control and Prevention (CDC). This reorganization is being undertaken to increase scientific capacity; strengthen infrastructure; create efficiencies across the organization; and improve the links between the national centers.

I. Under Part C, Section C–B, Organization and Functions, the following organizational units are deleted in their entirety:

- Office of the Associate Director for Laboratory Science and Safety (CAC)
- Office of the Associate Director for Science (CAS)
- Office of the Associate Director for Minority Health and Health Equity (CAW)
- Office of State, Tribal, Local and Territorial Support (CP)
- Office of Public Health Preparedness and Response (CQ)

II. Under Part C, Section C–B, Organization and Functions, make the following changes:

- Retitle all references to the Office of the Associate Director for Policy (CAQ) to the Office of the Associate Director for Policy and Strategy (CAQ)
- Retitle all references to the Office of Public Health Scientific Services (CP) to the Deputy Director for Public Health Science and Surveillance (CP)
- Retitle all references to the Office of Noncommunicable Diseases, Injury and Environmental Health (CU) to the Deputy Director for Non-Infectious Diseases (CU)
- Retitle all references to the Office of Infectious Diseases (CV) to the Deputy Director for Infectious Diseases (CV)

III. Under Part C, Section C–B, Organization and Functions, insert the following:

- *Deputy Director for Public Health Service and Implementation Science (CB):* The Deputy Director for Public Health Service and Implementation Science leads, promotes, and facilitates science, programs and policies to identify and respond to public health

threats, both domestically and internationally to its components, which are as follows:

- Center for Global Health (CBB)
- Center for Preparedness and Response (CBC)
- Center for State, Tribal, Local and Territorial Support (CBD)
- Office of Minority Health and Health Equity (CBE)

- Deputy Director for Public Health Science and Surveillance (CP): The Deputy Director for Public Health Science and Surveillance leads, promotes, and facilitates science, surveillance, standards and policies to reduce the burden of diseases in the United States and globally to its components, which are as follows:

- National Center for Health Statistics (CPC)
- Center for Surveillance, Epidemiology, and Laboratory Services (CPN)
- Office of Science (CPP)
- Office of Laboratory Science and Safety (CPQ)

- *Deputy Director for Non-Infectious Diseases (CU)*: The Deputy Director for Non-Infectious Diseases reduces the burden of non-infectious diseases, injuries, birth defects, disabilities and environmental health hazards to its components, which are as follows:

- National Center on Birth Defects and Developmental Disabilities (CUB)
- National Center for Chronic Disease Prevention and Health Promotion (CUC)
- National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (CUG)
- National Center for Injury Prevention and Control (CUH)

- *Deputy Director for Infectious Diseases (CV)*: Deputy Director for Infectious Diseases leads, promotes, and facilitates science, programs, and policies to reduce the burden of infectious disease in the United States and globally and its components, which are as follows:

- National Center for Immunization and Respiratory Diseases (CVG)
- National Center for Emerging and Zoonotic Infectious Diseases (CVL)
- National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

IV. *Delegations of Authority*: All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Authority: 44 U.S.C. 3101.

Dated: August 17, 2018.

Alex M. Azar II,
Secretary.

[FR Doc. 2018–20835 Filed 9–24–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–0891]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled World Trade Center Health Program Enrollment, Treatment, Appeals & Reimbursement to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on May 11, 2018, to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

World Trade Center Health Program Enrollment, Treatment, Appeals & Reimbursement (OMB Control No. 0920–0891, Expires 09/30/2018)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH seeks to request OMB approval to revise the currently approved information collection activities that support the World Trade Center (WTC) Health Program. The James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347, as amended by Pub. L. 114–113) created the WTC Health Program to provide medical monitoring and treatment benefits to eligible individuals affected by the terrorist attacks on September 11, 2001. Eligible individuals include firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were present in the dust or dust cloud on September 11, 2001, or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors).

This request also seeks to incorporate information collection previously approved under the World Trade Center Health Program Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program (OMB No. 0920–0929, expiration date 7/31/2018), which has been discontinued. The revision of OMB No. 0920–0891 will provide a comprehensive summary of information collection needed to administer the World Trade Center Health Program.

Since its inception in 2011, the WTC Health Program has been approved to collect information from applicants and Program members (enrolled WTC responders and survivors) concerning eligibility and enrollment, appointment of a designated representative, medical care, travel reimbursement, and appeal