provide advice and recommendations on the development of the Strategic Plan, and any subsequent updates, as appropriate; (4) advise on grant, cooperative agreements, contracts, or other transactions, as applicable; (5) provide other advice to the Director, as requested, to fulfill duties under sections 301 and 311; and (6) appoint subcommittees. The committee recommends ways to prioritize CDC's activities, improve results, and address health disparities. It also provides guidance to help CDC work more effectively with its various private and public sector constituents to make health protection a practical reality.

Matters to be Considered: The agenda will include an update on priorities from the CDC Director, discussions on strategic science and impact, artificial intelligence, childhood immunization coverage and efforts to address lagging rates, global update, and updates from the ACD Data and Surveillance Workgroup and the Communications and Public Engagement Workgroup. Agenda items are subject to change as priorities dictate.

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data. Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on *https://www.regulations.gov.* Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted into the docket.

Written Public Comment: The docket will be opened to receive written comments on September 3, 2024 through October 7, 2024.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–19623 Filed 8–30–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health, Subcommittee for Procedure Reviews; Cancellation of Meeting

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

ACTION: Notice.

SUMMARY: This is to notify the public that the July 30, 2024, meeting of the Advisory Board on Radiation and Worker Health, Subcommittee for Procedure Reviews is cancelled.

FOR FURTHER INFORMATION CONTACT: Rashaun Roberts, Ph.D., National Institute for Occupational Safety and Health, CDC, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800, Toll Free 1(800) CDC–INFO, Email: *ocas@cdc.gov.*

SUPPLEMENTARY INFORMATION: Notice is hereby given of a change in the meeting of the Advisory Board on Radiation and Worker Health, Subcommittee for Procedure Reviews (ABRWH, SPR). The meeting was announced in the **Federal Register** on May 17, 2024, Volume 89, Number 97, page 43404. This meeting is being canceled in its entirety. The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–19622 Filed 8–30–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2024–0064; NIOSH 248–L]

Meeting of the World Trade Center Health Program Scientific/Technical Advisory Committee

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

ACTION: Notice of meeting and request for comment.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting for the World Trade Center Health Program Scientific/Technical Advisory Committee (STAC). This virtual meeting is open to the public. Time will be available for public comment.

DATES: The meeting will be held on September 23, 2024, from 11 a.m. to 3 p.m., EDT.

Written public comments must be received by September 23, 2024, at 11:59 p.m., EDT. Members of the public who wish to address the STAC during the oral public comment session must sign up to speak by September 16, 2024, at the email address provided in the Procedure for Oral Public Comment section below.

ADDRESSES: This is a virtual meeting conducted via Zoom. The public is welcome to follow the proceedings via YouTube Live at the following link: *https://youtube.com/live/7Pokfh4kcsc?feature=share.* No registration is required. For additional information, please visit the World Trade Center Health Program website at *https://www.cdc.gov/wtc/stac_meeting.html.*

You may submit comments, identified by Docket No. CDC–2024–0064; NIOSH 248–L by either of the methods listed below. CDC does not accept comments by email.

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Ms. Sherri Diana, NIOSH Docket Office, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C–34, Cincinnati, Ohio 45226. Attn: Docket No. CDC–2024–0064; NIOSH 248–L.

Instructions: All submissions received must include the Agency name and docket number (CDC–2024–0064; NIOSH 248–L). The docket will close on

September 23, 2024. All relevant comments, including any personal information provided, will be posted without change to *https://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Tania Carreón-Valencia, Ph.D., M.S., Designated Federal Officer, World Trade Center Health Program Scientific/Technical Advisory Committee, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop R–12, Atlanta, Georgia 30329–4027. Telephone: (513) 841–4515; Email: *wtc-stac@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The World Trade Center (WTC) Health Program, including the WTC Health Program Scientific/Technical Advisory Committee (STAC), was established by title I of the James Zadroga 9/11 Health and Compensation Act of 2010, Public Law 111–347, as amended by Public Law 114–113, Public Law 116–59, Public Law 117–328, and Public Law 118–31, adding title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. 300mm to 300mm–64). Title XXXIII of the PHS Act established the WTC Health Program within the Department of Health and Human Services. The WTC Health Program provides medical monitoring and treatment benefits to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist 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).

All references to the Administrator in this document mean the Director of the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), or his or her designee.

Purpose: The purpose of the STAC is to review scientific and medical evidence and to make recommendations to the Administrator of the WTC Health Program regarding additional WTC Health Program eligibility criteria, potential additions to the List of WTC-Related Health Conditions (List), and research regarding certain health conditions related to the September 11, 2001, terrorist attacks. In accordance with section 3312(a)(6)(G)(i)(II) of the PHS Act, the Administrator must ask the STAC to review and evaluate any substantive amendment to any existing WTC Health Program policy or procedure used to determine whether sufficient evidence exists to support adding a health condition to the List of WTC-Related Health Conditions.

The Administrator is responsible for the administration of the STAC. CDC and NIOSH provide funding, staffing, and administrative support services for the Committee. The STAC's charter was reissued on May 12, 2023, and will expire on May 12, 2025.

Matters to Be Considered: The agenda will include updates on the status of WTC Health Program Research and the Youth Research Cohort. It will include a presentation on the expansion of the WTC Health Program enrollment eligibility for Pentagon and Shanksville responders. In addition, there will be a presentation about non-substantive revisions to the existing *Policy and Procedures for Adding Non-Cancer Health Conditions to the List of WTC-Related Health Conditions.*

Background documents as well as the agenda for this meeting are available on the WTC Health Program website at *https://www.cdc.gov/wtc/stac_meeting.html.* Agenda items are subject to change as priorities dictate.

Public Participation

Interested parties may participate by submitting written views, opinions, recommendations, and data. You may submit comments on any topic related to the matters to be discussed by the Committee. Comments received, including attachments and other supporting materials, are part of the public record and subject to public disclosure. Do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near-duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted into the docket.

Oral Public Comment: The public is welcome to participate, via Zoom, during the public comment period on September 23, 2024, from 1:15 p.m. to 1:45 p.m., EDT. Each commenter will be provided up to five minutes for comment. A limited number of time slots are available and will be assigned on a first-come, first-served basis.

Procedure for Oral Public Comment: Members of the public who wish to address the STAC during the oral public comment session at the September 23, 2024, STAC meeting must sign up to speak by providing their name to Ms. Mia Wallace, Committee Management Specialist, via email at *MWallace@cdc.gov,* by September 16, 2024. Zoom instructions and participation details will follow.

Written Public Comment: Written comments will also be accepted per the instructions provided in the Addresses section above. Written public comments received prior to the meeting will be part of the official record of the meeting. The docket will close on September 23, 2024.

Policy on Redaction of Committee Meeting Transcripts (Public Comment): Transcripts will be prepared and posted to *https://www.regulations.gov* within 60 days after the meeting. If individuals making a comment give their name, no attempt will be made to redact the name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware that their comments (including their names, if provided) will appear in a transcript of the meeting posted on a public website. Such reasonable steps include a statement read at the start of the meeting stating that transcripts will be posted, and that names of speakers will not be redacted. If individuals in making a statement reveal personal information (*e.g.,* medical information) about themselves, that information will not usually be redacted. The CDC Freedom of Information Act coordinator will, however, review such revelations in accordance with the Freedom of Information Act and, if deemed appropriate, will redact such information. Disclosures of information concerning third-party medical information will be redacted.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–19624 Filed 8–30–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–1102]

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 ''Information Collection for Tuberculosis Data from Panel Physicians'' 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 June 4, 2024 to obtain comments from the public and affected agencies. CDC received two 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. 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

Information Collection for Tuberculosis Data from Panel Physicians (OMB Control No. 0920–1102, Exp. 12/31/2024)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention's (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration Health (DGMH), Immigrant and Refugee Health Branch (IRHB), requests approval for Revision to an approved information collection. CDC requests this data collection approval for three years.

Respondents for this data collection request are U.S. panel physicians. Panel physicians are medically trained, licensed, and experienced medical doctors practicing overseas who are appointed by the local U.S. Embassy or Consulate General to perform medical examinations for prospective immigrants to the United States. More than 760 panel physicians perform overseas pre-departure medical examinations at 333 panel sites, in accordance with requirements, referred to as Technical Instructions, provided by the CDC's DGMH, Quality Assessment Program (QAP). The QAP is housed in the IRHB. The role of QAP is to assist and guide panel physicians in the implementation of the Technical Instructions; evaluate the quality of the overseas medical examination for U.S.-bound immigrants and refugees; assess potential panel physician sites; and provide recommendations to the U.S. Department of State in matters of immigrant medical screening.

Screening for tuberculosis (TB) is a particularly important component of the immigration medical exam and allows panel physicians to diagnose active TB disease prior to arrival in the United States. As part of the Technical Instructions requirements, panel physicians perform chest x-rays and laboratory tests that aid in the identification of tuberculosis infection (Class B1 applicants) and diagnosis of active tuberculosis disease (Class A, inadmissible applicants). CDC uses these classifications to report new immigrant and refugee arrivals with a higher risk of developing TB disease to U.S. state and local health departments for further follow-up. Some information that panel physicians collect as part of the medical exam is not reported on the standard Department of State forms (DS-forms), thereby preventing CDC from evaluating TB trends in globally mobile populations and monitoring program effectiveness.

In 2007, CDC revised the Tuberculosis Technical Instructions to include several new requirements for Mycobacteria tuberculosis (MTB) testing and treatment. Important changes included the requirements for: (1) sputum cultures in addition to sputum smears; (2) tuberculin skin tests or interferon gamma release assays (beginning in 2009) for certain children aged 2–14 years examined in countries where the World Health Organization (WHO) estimated TB incidence is ≥20 per 100,000 persons; (3) drug-susceptibility testing of positive isolates; and (4) treatment being delivered as directly observed therapy (DOT) throughout the entire course.

Since implementation of these new Culture and Directly Observed Therapy TB Technical Instructions (CDOT TB TI), overseas TB case detection has increased by an estimated 60% and allowed U.S. public health programs to save millions of dollars annually. Overseas TB screening data (referred to by DGMH as 'TB Indicator data') is critical to support the continued analysis of these trends and the monitoring of TB control efforts in the U.S. DGMH's TB Indicator data provides valuable epidemiologic data on globally mobile populations and allows CDC to monitor the effectiveness and impact of CDC's Technical Instructions in diagnosing applicants with TB disease. This data will be used to:

- Improve quality assurance efforts and monitor proficiency of TB screening programs overseas
- Estimate the impact of the CDOT TB TI on the immigrant screening program by analyzing the number of smear negative/culture positive TB