ESTIMATES OF ANNUALIZED BURDEN HOURS

Parent category	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Parent Group 1	Focus Group Guide	36	1	1.5	54
	Focus group recruitment letter	50	1	5/60	4
Parent Groups 2 and 3	Interviewer guide	35	1	1	35
	Interview recruitment letter	50	1	5/60	4
Parent Groups 1, 2, 3, and 4	Survey	230	1	10/60	38
Total Burden Hours					135

Dated: September 14, 2012.

Ron A. Otten,

Director, 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–12–12RS]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Kimberly S. Lane, at 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

Exposure Assessment and Epidemiological Study of U.S. Workers Exposed to Carbon Nanotubes and Carbon Nanofibers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act of 1970, Public Law 91–596 (Section 20[a][1] authorizes NIOSH to conduct research to advance the health and safety of workers. In this capacity, NIOSH will conduct an exposure assessment and epidemiological study of U.S. carbon nanotube (CNT) and carbon nanofiber (CNF) workers.

At present, because of the newness of the technology, much of the occupational exposure to engineered nanomaterials occurs at the research and development (R&D) or pilot scale. There have been few reliable surveys of the size of the workforce exposed to nanomaterials. Health effects from exposure to nanomaterials are uncertain, but may be more severe than from larger-sized particles of the same material. This is due to the small size, high surface area per unit mass (i.e., specific surface area) or (in some cases) high aspect ratio of nanomaterials. Carbon nanotubes and nanofibers are among the nanomaterials of greatest interest from a public health perspective because of their potentially asbestiform properties (e.g., high aspect ratio) and toxicological evidence of possible fibrogenic, inflammatory, and clastogenic damage resulting from exposures at occupationally relevant levels. In addition, the useful properties of CNT and CNF have rendered them among the first nanomaterials to be commercially exploited in manufacturing settings. Thus, an epidemiologic study to determine whether early or late health effects occur from occupational exposure to CNT and CNF is warranted.

The proposed research is a cross-sectional study of the small current U.S. workforce involved with CNT and CNF in manufacturing and distribution, to be conducted in the following phases: 1) Industrywide exposure assessment study to evaluate worker exposure and further develop and refine measurement methods for CNT and CNF. This component will refine sampling and analysis protocols previously developed for the detection and quantification of CNT and CNF in US workplaces. 2) A cross-sectional study relating the best metrics of CNT and CNF exposure to markers of early pulmonary or cardiovascular health effects. After the sampling and analysis protocols have been established to measure CNT and CNF, an industrywide study of the association between exposure and health effects will be conducted. Medical examinations will be conducted and several biomarkers of early effect (for pulmonary fibrosis, cardiovascular disease, and genetic damage) will be measured in blood and sputum for workers exposed to a range of CNT and CNF levels.

The study will include a questionnaire with a three-fold purpose: (1) To determine whether study participants have any contraindications for certain medical procedures to be conducted (spirometry and sputum induction), (2) to assist in interpretation of the biomarker results, and (3) to inquire about current and past exposure to CNT, CNF, and other chemicals, dusts, and fumes. The questionnaire will be given by NIOSH personnel as a computer-assisted personal interview (CAPI). After administration of the CAPI, medical examinations will be conducted to evaluate pulmonary function (via spirometry) and blood pressure, and sputum and blood will be collected. Statistical analyses will be conducted to determine the nature of the relation between exposure to CNT

and CNF and these biomarkers of early effect, considering potential confounding factors such as smoking, age, gender, and workplace co-exposures, including non-engineered ultrafine particles.

The proposed project supports the NIOSH legislatively mandated industrywide studies program that conducts epidemiological and exposure assessment research studies to identify the occupational causes of disease in the working population and their offspring and to effectively communicate study results to workers, scientists, industry, and the public.

The questionnaire will be administered one time only, at the worksite, to 100 workers involved in the production and use of CNT or CNT. The study will be carried out during the participants' regular work shift. There is no cost to respondents or their employers other than their time. We estimate that the average burden per response to be 22 minutes, and that the total burden to all respondents will be 37 hours (see table below).

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Nanomaterials Workers	100	1	22/60	37
Total				37

Dated: September 14, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), 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

Healthcare Infection Control Practices Advisory Committee (HICPAC)

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 for the aforementioned committee:

Times and Dates: 9:00 a.m.–5:00 p.m., October 11, 2012; 9:00 a.m.–12:00 p.m., October 12, 2012

Place: Renaissance Washington, DC Dupont Circle Hotel, City Center Ballroom, 1143 New Hampshire Avenue NW., Washington, District of Columbia 20037.

Status: Open to the public, limited only by the space available. Please register for the meeting at *www.cdc.gov/hicpac.*

Purpose: The Committee is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Director, Centers for Disease Control and Prevention (CDC); the Deputy Director, Office of Infectious Diseases (OID), CDC; and the Director, National Center for Emerging and Zoonotic Infectious Disease (NCEZID), CDC, regarding (1) the practice of infection control; (2) strategies for surveillance, prevention, and control of healthcare-associated infections (e.g., nosocomial infections) antimicrobial resistance and related events in settings where healthcare is provided, including hospitals, ambulatory and long-term care facilities, and home health agencies; and (3) periodic updating of existing guidelines, development of new guidelines, guideline evaluation; and other policy statements regarding the prevention of healthcare-associated infections an healthcare-related conditions.

Matters To Be Discussed: The agenda will include updates on CDC's activities for healthcare associated infections (HAI), an update on the draft guideline for prevention of infections among patients in neonatal intensive care units (NICU), draft guideline for the prevention of surgical site infections, draft guidance for facility adjudication of infection data, and an update from the HICPAC surveillance working group.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Erin Stone, M.S., HICPAC, Division of Healthcare Quality Promotion, NCEZID, CDC, l600 Clifton Road, NE., Mailstop A–07, Atlanta, Georgia 30333 Telephone (404) 639–4045. Email: *hicpac@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.

Dated: September 12, 2012.

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

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention—Ethics Subcommittee (ES)

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 subcommittee:

Time and Date: 8:30 a.m.–2:30 p.m., EDT, Thursday, October 11, 2012.

Place: CDC, Thomas R. Harkin Global Communications Center, Distance Learning Auditorium, 1600 Clifton Road, NE., Atlanta, GA 30333. This meeting is also available by teleconference. Please dial (877) 928–1204 and enter code 4305992.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 60 people. To accommodate public participation in the meeting, a conference telephone line will be available. The public is welcome to participate during the public comment period. The public comment period is tentatively scheduled for 2 p.m.–2:10 p.m.

Purpose: The ES will provide counsel to the ACD, CDC, regarding a broad range of public health ethics questions and issues arising from programs, scientists and practitioners.

Matters To Be Discussed: Agenda items will include the following topics: Ethical considerations relating to use of travel restrictions for the control of communicable diseases; addition of ethics standards to the accreditation process for public health departments; approaches for evaluating the impact of public health ethics activities; progress on developing practical tools to assist state, tribal, local, and territorial health departments in their efforts to address public health ethics challenges; and strategies for