

assistance applications for conformity to laws, regulations, policies, and alignment to CDC's public health goals; (6) issues grants and cooperative agreements; (7) provides continuing surveillance of financial and administrative aspects of assistance-supported activities to ensure compliance with HHS and CDC policies; (8) ensures that grantee performance is in accordance with assistance requirements; (9) collects and reports business management and public health programmatic data, analyzes and monitor business management data on grants and cooperative agreements and maintains assistance files; and (10) provides innovative problem-solving methods in the coordination of international grants for a wide range of public health partners in virtually all major domestic and international health organizations including resolving issues with the Department of State.

Delete in its entirety the mission and function statements for the *Procurement and Grants Office (CAJH)*.

James Seligman,

Acting Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2015-24601 Filed 9-28-15; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Epi-Centers for the Prevention of Healthcare-Associated Infections, Antimicrobial Resistance and Adverse Events

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

ACTION: Notice of Domestic Single Source Competition Expansion Supplement Funding Opportunity Announcement (FOA).

SUMMARY: The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) will be providing a Single Source Competition Supplement to Harvard Pilgrim Healthcare, an awardee of the Epi-Centers for the Prevention of Healthcare-Associated Infections, Antimicrobial Resistance and Adverse Events Cooperative Agreement. The single source supplement will fund research utilizing proprietary methods to improve sepsis prevention by better defining the burden, preventability and identifying measurers to track progress.

DATES: Effective date is date of publication in the **Federal Register**.

ADDRESSES: John Jernigan, MD, MS, Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton RD, Atlanta, GA 30333. Phone: 404-639-4245. FAX: 404-639-4046. Email: jjj9@cdc.gov.

FOR FURTHER INFORMATION CONTACT: Deborah Loveys, Ph.D., Extramural Programs Research Office, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 1600 Clifton Road, MS E-60, Atlanta, GA 30333. Telephone: (404) 718-8834. Fax: (404) 718-8848. Email: hft6@cdc.gov.

Dated: September 22, 2015.

Tiffanee Woodard,

Deputy Branch Chief, Epidemiology Research and Innovations Branch, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention.

Terrance Perry,

Director, Office of Grants Services, Centers for Disease Control and Prevention.

[FR Doc. 2015-24673 Filed 9-28-15; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-0728]

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

National Notifiable Diseases Surveillance System—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The Nationally Notifiable Diseases Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels as a result of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction's health priorities and needs. Infectious disease agents and environmental hazards often cross geographical boundaries. Each year, the Council of State and Territorial Disease Epidemiologists (CSTE), supported by CDC, determines which reportable conditions should be designated nationally notifiable and voluntarily submitted to CDC so that information can be shared across jurisdictional boundaries and both surveillance and prevention and control activities can be coordinated at regional and national levels.

CDC requests a three-year approval for a Revision for the National Notifiable Diseases Surveillance System (NNDSS), (OMB Control No. 0920-0728,

Expiration Date 01/31/2017). This Revision includes new requests for approval to: (1) Replace “Hepatitis C virus, past or present” and “Hepatitis C, acute” with “Hepatitis C” on the List of Nationally Notifiable Conditions, (2) replace all listed Arboviral conditions with an inclusive category, “Arboviral Diseases” on the List of Nationally Notifiable Conditions, (3) receive case notification data for Hantavirus infection, non-Hantavirus Pulmonary Syndrome, (4) receive case notification data for Acute Flaccid Myelitis should it become nationally notifiable, (5)

receive case notification data for Amebic Encephalitis should it become nationally notifiable, (6) receive new laboratory and vaccine data elements for all conditions, and (7) receive new disease-specific data elements for Mumps, Pertussis, Varicella, Arboviral Diseases, and Sexually Transmitted Diseases (STD).

Although this Revision includes case notifications that were not part of the last NNDSS Revision, the estimate of the average burden per response based on the burden tables from all of the consolidated applications has not

changed. The burden on the states and cities is estimated to be 10 hours per response and the burden on the territories is estimated to be 5 hours per response. The addition of new vaccine, laboratory, and disease-specific data elements do not add any additional burden because the states, territories, and cities already collect those data elements. There will be no increase in burden for the states, territories, and cities to send those data elements to CDC. The estimated annual burden is 28,340 hours.

Estimated Annualized Burden Hours

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Avg. burden per response (in hrs.) |
|---------------------|-------------------------|-----------------------|------------------------------------|------------------------------------|
| States | Weekly and Annual | 50 | 52 | 10 |
| Territories | Weekly and Annual | 5 | 52 | 5 |
| Cities | Weekly and Annual | 2 | 52 | 10 |

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.

[FR Doc. 2015-24681 Filed 9-28-15; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

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 a meeting for the initial review of applications in response to GH15-002: Conducting Public Health Research in Georgia, and GH16-002: Impact Evaluation of Combination HIV Prevention Intervention in Botswana under PEPFAR.

TIME AND DATE: 9:30a.m.–1:30p.m., EST, November 4, 2015 (Closed).

PLACE: Teleconference.

STATUS: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

MATTERS FOR DISCUSSION: The meeting will include the initial review, discussion, and evaluation of applications received in response to GH15-002: Conducting Public Health Research in Georgia, and GH16-002: Impact Evaluation of Combination HIV Prevention Intervention in Botswana under PEPFAR.

CONTACT PERSON FOR MORE INFORMATION:

Hylan Shoob, Scientific Review Officer, Center for Global Health (CGH) Science Office, CGH, CDC, 1600 Clifton Road NE., Mailstop D-69, Atlanta, Georgia 30033, Telephone: (404) 639-4796.

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.

Claudette Grant,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 2015-24657 Filed 9-28-15; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Performance Review Board Members

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

ACTION: Notice.

SUMMARY: In this notice, the Centers for Disease Control and Prevention (CDC) located within the Department of Health and Human Services (HHS) is publishing the names of the Performance Review Board Members who are reviewing performance for Fiscal Year 2015.

FOR FURTHER INFORMATION CONTACT:

Sharon O'Brien, Deputy Director, Executive and Scientific Resources Office, Human Resources Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K-07, Atlanta, Georgia 30341, Telephone (770) 488-1781.

SUPPLEMENTARY INFORMATION: Title 5, U.S.C. Section 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95-454, requires that the appointment of Performance Review Board Members be published in the **Federal Register**. The following persons will serve on the CDC Performance Review Boards or Panels, which will oversee the evaluation of performance appraisals of Senior Executive Service members for the Fiscal Year 2015 review period:

Christine Branche, Co-Chair