following aims: (1) To understand sudden increases in drug use and misuse associated with fatal and nonfatal overdoses; (2) to understand the drivers and risk factors associated with those trends; and (3) to identify the groups most affected. This will allow CDC to effectively advise states on recommended actions to control local epidemics. Thus, the ultimate goals of these collections are to minimize adverse health consequences, provide epidemiological data collection support to the states and, based on the findings from the investigation, appropriately assist with implementation of prevention and control measures.

Data are collected by epidemiologists, psychologists, medical professionals, subject matter experts, and biostatisticians. Examples of data collection modes that may be employed during DORIs include: Archival record abstractions and reviews, face-to-face interviews, telephone interviews, web-based questionnaires, and self-administered questionnaires.

For example, information collected through archival chart review from hospitals and medical examiners could include demographics, drug use history, reported medical and mental health conditions, place of overdose, place of death, drug paraphernalia on the scene, mode of administration, observers present, naloxone administration, hospital admittance, autopsy findings, toxicology results, and so forth. Information collected through interviews with representatives from agencies involved in preventing, intervening, or responding to drug overdose could include professional history, personal experience with drug overdose cases or investigations, prevention or intervention efforts engaged in, perceptions of characteristics of or changes in drug overdose cases (e.g., transition from opioids to heroin; increasing or decreasing rates), and so forth. Collection of information from nonfatal overdose victims, and friends and family of overdose victims could include substance use history, prescription drug history, number of providers and pharmacies used, pain history, co-occurring health conditions (e.g., abnormal snoring indicative of respiratory depression), mental health conditions (e.g., depression, anxiety disorders), enrollment in drug treatment program, sources of drugs, route of drug administration, criminal history, and so forth. Finally, collection of spatial information could be obtained through city, county, and state government agencies to determine structural and environmental factors associated with location of overdose deaths.

Respondent type will also vary by investigation, but will include organizations typically involved in prevention, intervention, and response to drug overdose (e.g., public health, law enforcement authorities, health systems, and community organizations. Respondents also may include victims of non-fatal drug overdoses, as well as family and friends of victims.

During a DORI, data are collected once, with the rare need for follow-up. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Drug Overdose Response Investigation Participants.	Drug Overdose Response Investigation Data Collection Instruments.	2,700	1	.5	1,350
Total					1,350

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Breast Cancer in Young Women (ACBCYW)

Correction

The notice for this August 11, 2014 meeting was published in the **Federal Register** on July 15, 2014, Volume 79, Number 135, Page 41289. Due to unforeseen technological issues, the previously published Web access has been changed. This change occurred too close to the meeting date for CDC to be able to provide advance notification to the public. The revised web access information and link were posted on the committee Web site in advance of the meeting; and the information was announced during the meeting for members of the public who joined the meeting by phone.

For additional information on ACBCYW please visit the ACBCYW site: *http://www.cdc.gov/cancer/breast/what_cdc_is_doing/young_women.htm*

Contact Person for More Information: Temeika L. Fairley, Ph.D., Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 5770 Buford Highway, NE., Mailstop F76, Atlanta, Georgia 30341, Telephone (770) 488–4518, Fax (770) 488–4760, Email: *acbcyw@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.

Gary J. Johnson,

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

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