The agenda for this meeting is being developed and will be posted on the CFSAC Web site *www.hhs.gov/advocomcfsac* and at *www.blsmeetings.net/CFSACdec2013/.* The webinar will be a ''virtual meeting'' using Adobe Acrobat Connect Pro Meeting, a Web conferencing product that allows users to conduct live meetings and presentations over the Internet.

Using Adobe Connect Pro Meeting software requires that you have an Internet connection, a Web browser, and the latest version of Adobe Flash Player to participate in the webinar. Adobe Connect Pro is supported by many operating systems, including Windows, Macintosh, Linux, and Solaris as well as the most widely used browsers, including Internet Explorer, Firefox, and Safari.

We recommend that you test your computer prior to participation. You can do this by going to *http://admin.adobeconnect.com/common/help/en/support/meeting_test.htm.* Instructions for accessing the webinar will be available at: *www.blsmeetings.net/CFSACdec2013/webinarinformation.cfm.*

This webinar will be limited to 500 participants. All individuals who want to view the webinar will need to register. You will receive instructions for accessing the webinar after you register. Members of the public will have the opportunity to provide public comment during the meeting via telephone, pre-recorded video, or written comments. Registration is required in advance in order to submit public comments. An individual who would like to present comments should note this when completing the registration form. The deadline to register and submit public comments is Friday, November 29, 2013. We will confirm your time for public comment via email by December 4, 2013. Please refer to the agenda for scheduled public comment periods. Each speaker via telephone or pre-recorded video will be limited to five minutes. We will give priority to individuals who have not provided public comment within the past 12 months. We will be unable to place international calls for public comments. We can accept written or prerecorded video testimony from international locations. Further details are available at *www.blsmeetings.net/CFSACdec2013/publicComments.cfm.*

Only testimony submitted for public comment and received in advance of the meeting are part of the official meeting record and will be posted to the CFSAC Web site. Materials submitted should not include sensitive personal information, such as social security number, birthdates, driver's license number, state identification or foreign country equivalent, passport number, financial account number, or credit or debit card number. If you wish to remain anonymous the document must specify this.

Dated: November 18, 2013.

Nancy C. Lee,

Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, U.S. Department of Health and Human Services.

[FR Doc. 2013–27926 Filed 11–20–13; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–14–13ZJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to 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

Emergency Epidemic Investigation Data Collections—New—Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Division of Scientific Education and Professional Development, DSEPD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC previously has conducted Emergency Epidemic Investigations (EEIs) under Office of Management and Budget (OMB) control number 0920–0008. CDC is seeking a new OMB generic clearance for a 3-year period to collect vital information during EEIs in response to urgent outbreaks or events (i.e., natural, biological, chemical, nuclear, radiological) characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors. These EEIs represent a subset of those performed under OMB clearance 0920–0008.

Supporting effective emergency epidemic investigations is one of the most important ways that CDC protects the health of the public. CDC is frequently called upon to conduct EEIs at the request of local, state, or international health authorities seeking support to respond to urgent outbreaks or urgent public health-related events. In response to external partner requests, CDC provides necessary epidemiologic support to identify the agents, sources, modes of transmission, or risk factors to effectively implement rapid prevention and control measures to protect the public's health. Data collection is a critical component of the epidemiologic support provided by CDC; data are analyzed to determine the agents, sources, modes of transmission, or risk factors so that effective prevention and control measures can be implemented. During an unanticipated outbreak or event, immediate action by CDC is necessary to minimize or prevent public harm. The legal justification for EEIs are found in the Public Health Service Act (42 U.S.C. Sec. 301 [241](a)).

Successful investigations are dependent on rapid and flexible data collection that evolves during the investigation and is customized to the unique circumstances of each outbreak or event. Data collection elements will be those necessary to identify the agents, sources, mode of transmission, or risk factors. Examples of potential data collection methods include telephone or face-to-face interview; email, Web or other type of electronic questionnaire; paper-and-pencil questionnaire; focus groups; medical record review; laboratory record review; collection of clinical samples; and environmental assessment. Respondents will vary depending on the nature of the outbreak or event; examples of potential respondents include health care professionals, patients, laboratorians, and the general public. Participation in EEIs is voluntary and there are no anticipated costs to respondents other than their time. CDC will use the information gathered during EEIs to rapidly identify and effectively implement measures to minimize or prevent public harm.

CDC projects 60 EEIs in response to outbreaks or events characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors annually. The projected average number of respondents is 200 per EEI, for a total of 12,000 respondents. CDC estimates the average burden per response is 0.5 hours and each respondent will be asked to respond once. Therefore, the total estimated annual burden hours are 6,000. These estimates are based on the reported burden for EEIs that have been

performed during the previous two years.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Emergency Epidemic Investigation Participants	Emergency Epidemic Investigation Data Collection Instruments.	12,000	1	30/60

LeRoy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Center for Disease Control and Prevention.

[FR Doc. 2013–27942 Filed 11–20–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–14–0910]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Message Testing for Tobacco Communication Activities (OMB No. 0920–0910, exp. 1/31/2015)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2012, CDC's Office on Smoking and Health (OSH) obtained OMB approval of a generic clearance to support the development of tobacco-related health messages (Message Testing for Tobacco Communication Activities (MTTCA), OMB No. 0920–0910, exp. 1/31/2015). A variety of information collection strategies are supported through this generic mechanism, including in-depth interviews, in-person focus groups, online focus groups, computer-assisted, in-person, or telephone interviews, and online surveys. Each project approved under the MTTCA framework is outlined in a project-specific Information Collection Request that describes its purpose and methodology.

The MTTCA clearance has been used to obtain OMB approval for a variety of message testing activities, with particular emphasis on communications supporting CDC's ''Tips from Former Smokers'' campaign. This national campaign, developed and implemented by OSH, is designed to increase public awareness of the health consequences of tobacco use and exposure to secondhand smoke. The MTTCA clearance has also supported formative research relating to the development of health messages that are not specifically associated with the national campaign.

In 2014, CDC will implement a new phase of the national tobacco education campaign and continue ongoing programmatic initiatives, such as maintaining the Media Campaign Resource Center (MCRC) and producing reports in conjunction with the Office of the Surgeon General. OSH will continue to use the MTTCA clearance to improve the quality of tobacco-related health messages associated with these activities and other tobacco control efforts of interest to CDC and its partners. OSH anticipates that a number of messages will be developed or refined for subpopulations as well as the general public. For example, screening activities may be conducted to involve individuals who are Lesbian, Gay, Bisexual, and Transgender (LGBT); individuals who are active military or veterans; individuals who suffer from depression and/or anxiety, and individuals who are English-speaking Hispanics. CDC may also request information about smoking status (e.g., current non-smoker, current smoker, ex-smoker).

CDC is requesting OMB approval to revise the generic MTTCA clearance, which was initially approved with the following estimates: 5,775 annualized burden hours and 14,974 annualized responses. The initial estimates were based on the number of respondents who were likely to participate in information collection activities such as focus groups, interviews, and surveys. The initial estimates did not specifically account for screening activities that are necessary to identify respondents from key target audiences. As a result, the initial MTTCA clearance underestimated the total number of responses needed to support data collection conducted in 2012 and 2013. The planned revision will adjust for screening and recruitment by allocating 20,000 additional respondents, and 667 additional burden hours, to the annualized estimates. To accommodate both planned activities and potential new initiatives or collaborations, CDC is also requesting modest increases in the number of respondents and burden hours associated with survey activities.

CDC's authority to collect information for public health purposes is provided by the Public Health Service Act (41 U.S.C. 241) Section 301.

The revision request does not affect the current expiration date of January 31, 2015. The estimated annualized number of responses will increase from 14,974 to 36,847 and the total estimated annualized burden hours will increase from 5,775 to 7,219. Participation is voluntary and there are no costs to respondents other than their time.