

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (min./hour)	Total burden (hours)
57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury	500	1	20/60	167
57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload	500	2	20/60	333
57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction ..	500	1	20/60	167
57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction	500	1	20/60	167
57.400 Outpatient Procedure Component—Annual Facility Survey	350	1	10/60	117
57.401 Outpatient Procedure Component—Monthly Reporting Plan	350	12	15/60	1,050
57.402 Outpatient Procedure Component Same Day Outcome Measures	50	1	40/60	33
57.403 Outpatient Procedure Component—Monthly Denominators for Same Day Outcome Measures	50	400	40/60	13,333
57.404 Outpatient Procedure Component—SSI Denominator	300	100	10/60	5,000
57.405 Outpatient Procedure Component—Surgical Site (SSI) Event	300	36	35/60	6,300
57.500 Outpatient Dialysis Center Practices Survey	7,400	1	125/60	15,417
57.501 Dialysis Monthly Reporting Plan	7,400	12	5/60	7,400
57.502 Dialysis Event	7,400	30	27/60	99,900
57.503 Denominator for Outpatient Dialysis	7,400	24	10/60	29,600
57.504 Prevention Process Measures Monthly Monitoring for Dialysis	1,730	12	75/60	25,950
57.505 Dialysis Patient Influenza Vaccination	615	50	10/60	5,125
57.506 Dialysis Patient Influenza Vaccination Denominator	615	5	10/60	3075
57.507 Home Dialysis Center Practices Survey	450	1	36/60	270
Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities	125	52	60/60	6,500
Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Long-Term Care Facilities	1,200	52	60/60	62,400
Weekly Resident Influenza Vaccination Cumulative Summary for Long-Term Care Facilities	2,500	52	60/60	130,000
Annual Healthcare Personnel Influenza Vaccination Summary	5,000	1	120/60	10,000
Healthcare-facility onset, antibiotic-treated <i>Clostridioides difficile</i> (C. difficile) Infection (HT—CDI) Event Module Annual Reporting Plan	7,821	1	10/60	1,304
Total Estimated Annual Burden Hours				1,524,039

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Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Board of Scientific Counselors, National Center for Health Statistics

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Board of Scientific Counselors, National Center for Health Statistics (BSC, NCHS). The

BSC, NCHS consists of up to 15 experts including the Chair in fields associated with the scientific and technical program objectives of the Center.

DATES: Nominations for membership on the BSC, NCHS will be accepted on a rolling basis. To be considered for the upcoming nomination slate, submissions should be received no later than September 22, 2023. Submissions received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be emailed to NCHS-BSCmail@cdc.gov.

FOR FURTHER INFORMATION CONTACT: Rebecca Hines, M.H.S., Designated Federal Officer, Board of Scientific Counselors, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Mailstop P-08, Hyattsville, Maryland 20782. Telephone: (301) 458-4715; Email: RSHines@cdc.gov.

SUPPLEMENTARY INFORMATION: Nominations are sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the objective of the Board of Scientific Counselors,

National Center for Health Statistics (BSC, NCHS) to provide advice and guidance on statistical and epidemiological research, data collection, and activities that support NCHS, such as: determinants of health; extent and nature of illness and disability, including life expectancy; incidence of various acute and chronic illnesses/impairments and accidental injuries; prevalence of chronic diseases and impairments; infant and maternal morbidity and mortality; nutrition status; environmental, social, and other hazards affecting health status; health resources associated with physician and dental visits, hospitalizations, nursing, extended care facilities, home health agencies, and other health institutions; utilization of health care in a broad array of settings; trends in prices/costs and sources of payments; federal, state, and local government expenditures for health care services; the relationship between demographic and socioeconomic characteristics and health characteristics; family formation, growth, and dissolution; new or improved methods for obtaining current data on the aforementioned factors; data security and confidentiality and

comparability of data; and standardized means to collect information and statistics.

Nominees will be selected based on expertise in fields associated with statistical, demographic, and epidemiological research, such as biostatistics/biometry, survey methodology and polling, sociology, reproductive health, minority health, nutrition, social and behavioral health sciences, and population-based public and environmental health; public health practice, e.g., state and local health data systems; operations research, health policy, and health services research, including health economics and econometrics; provision of health services, e.g., medicine, nursing, rehabilitation, other allied health care, and preventive medicine; health quality measurement and health indicators; health promotion; medical informatics; and data and health information security, storage, confidentiality, and dissemination.

The Board makes recommendations about opportunities for NCHS programs to examine and employ new approaches to monitoring and evaluating key public health, health policy, and public policy changes. This includes automation, data modernization, and technological improvements to enhance data collection, analysis, access, and reporting capabilities of the Center. Members of the BSC, NCHS are responsible for surveying the state-of-the-art of their respective disciplines, and reporting, as appropriate, to the full Board and recommending convening of workshops or symposia to educate or update all Board members.

The selection of members is based on candidates' qualifications to contribute to accomplishing BSC, NCHS objectives (<https://www.cdc.gov/nchs/about/bsc.htm>). Members may be invited to serve for up to four-year terms.

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Board

members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. The Centers for Disease Control and Prevention (CDC) reviews potential candidates for BSC, NCHS membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in June, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. Candidates should submit the following items:

- Cover letter that includes a statement of interest for serving on the Board and the names of two professional references. Candidates may submit references from current HHS employees if they wish, but at least one reference must be submitted by a person not employed by an HHS agency (e.g., CDC, Health Resources and Services Administration, National Institutes of Health, Agency for Healthcare Research and Quality).
- Current resume/curriculum vitae, including complete contact information (telephone numbers, work and home postal mailing addresses, email address) in Microsoft Word or PDF format.
- Short biographical sketch, including the top 3–5 areas of expertise.

Nominations may be submitted by the candidate or by the person/organization recommending the candidate.

The Director, Office of Strategic Business Initiatives, 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, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–23–23HM; Docket No. CDC–2023–0071]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Assessing Fatigue and Fatigue Management in U.S. Onshore Oil and Gas Extraction. This study is designed to examine oil and gas extraction workers' determinants of fatigue and fatigue mitigation strategies.

DATES: CDC must receive written comments on or before October 20, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0071 by either of the following methods:

- **Federal eRulemaking Portal:** www.regulations.gov. Follow the instructions for submitting comments.
- **Mail:** Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–H21–8, Atlanta, Georgia 30329.

- **Instructions:** All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to www.regulations.gov.

Please note: Submit all comments through the Federal eRulemaking portal (www.regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: omb@cdc.gov.