of invitation to its former blood testing program participants. To achieve the desired sample size, the other 11 percent of the exposure group (n=150, or 50 per year) will be recruited in Wave Two. These will be people who were eligible for the PFAS blood testing program but did not take part. The referent group will be recruited in Wave Three (n=275, or 92 per year), which can occur concurrently with Wave One and Wave Two. Wave Two and Wave Three recruits will call to volunteer after ATSDR opens those waves to enrollment.

To restrict this study to drinking water exposures, any adult occupationally exposed to PFAS will not be eligible for the study (*i.e.,* ever firefighters or in chemical manufacture). Likewise, children whose birth mothers were occupationally exposed will not be eligible. This restriction applies to both the exposure and the referent group. ATSDR assumes that five percent of the people who volunteer will not meet eligibility requirements. ATSDR will screen the 1,578 people from the NH DHHS PFAS blood testing program in Wave One (n=526 per year). ATSDR will screen at least 198 exposed people in Wave Two (or 66 per year), and at least 362 unexposed people in Wave Three (or 121 per year). This will require an annual time burden of 134 hours for eligibility screening.

At enrollment, ATSDR will obtain adult consent, parental permission, and child assent before data collection begins. Each child will enroll with a parent, who ideally will be the child's birth mother, as ATSDR will ask details about the child's exposure, pregnancy, and breastfeeding history.

For each participant, ATSDR will take body measures, collect blood and urine samples for chemical and biomarker analysis, and administer a questionnaire on exposures and medical history. For purposes of burden estimation, ATSDR assumes that 20 percent of parents will also enroll as adults; therefore, 420 parents will take the child questionnaire long form (n=140 per year), while 105 parents will take the short form to reduce burden (n=35 per year). Parents and children will also complete assessments of the child's attention and behaviors. After eligibility screening, the annual time burden for participation in the study is 58 hours for adults and 208 hours for children and their parents.

ATSDR will ask for permission to compare adults' and children's medical histories with their medical records. ATSDR will also ask for permission to check children's school records to compare their behavioral assessment results. The annual time burden for medical record abstraction is estimated to be 183 hours. The annual time burden for school record abstraction is estimated to be 60 hours.

The total annualized time burden requested is 1,199 hours. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pease Study Participants	Wave One Eligibility Screening Script	526	1	10/60
	Wave Two Eligibility Screening Script	66	1	15/60
	Wave Three Eligibility Screening Script	121	1	15/60
	Appointment Reminder Telephone Script	542	1	5/60
	Update Contact Information Hardcopy Form	542	1	5/60
	Medication List	542	1	3/60
	Body and Blood Pressure Measures Form	542	1	5/60
	Blood Draw and Urine Collection Form	542	1	10/60
	Adult Questionnaire	367	1	30/60
	Child Questionnaire—Long Form	140	1	30/60
	Child Questionnaire—Short Form	35	1	15/60
	Parent Neurobehavioral Test Battery	175	1	15/60
	Child Neurobehavioral Test Battery	175	1	90/60
Education Specialists	Child School Record Abstraction Form	15	12	20/60
Medical Record Specialists	Medical Record Abstraction Form—Adult	25	15	20/60
	Medical Record Abstraction Form—Child	25	7	20/60

Jeffrey M. Zirger,

Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019–01992 Filed 2–11–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2019–0008]

Control of Communicable Diseases: Foreign; Requirements Relating to Collection, Storage, and Transmission of Airline and Vessel Passenger, Crew, and Flight and Voyage Information for Public Health Purposes

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) in the Department of Health and Human Services (HHS) announces the opening of a docket to obtain comment on a report as required by agency rules that relate to the transmission of passenger, crew, and flight/voyage information for public health purposes. The report can be found at *https://www.cdc.gov/quarantine/final-rule-communicable-diseases.html*. Interested members of the public may submit comment regarding this report.

DATES: Written comments must be received on or before March 14, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0008 by any of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–4, Atlanta, Georgia 30329;

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *http://regulations.gov,* including any personal information provided. For access to the docket to read background documents or comments received, go to *http://www.regulations.gov*.

FOR FURTHER INFORMATION CONTACT: For questions concerning this notice: Ashley C. Altenburger, JD, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–4, Atlanta, Georgia 30329; telephone 404–498–1600; email *dgmqpolicyoffice@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data.

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on *https://www.regulations.gov*. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign.

Additional Background

HHS/CDC published the final rule for the Control of Communicable Diseases on January 19, 2017, which included amendments to the domestic (interstate) and foreign quarantine regulations for the control of communicable diseases. The rule became effective on March 21, 2017. CDC regulations at 42 CFR 71.4 (airlines) and 42 CFR 71.5 (vessels) relate to the transmission of passenger, crew, and flight/voyage information for public health purposes; both contain subsections that state:

No later than February 21, 2019, the Secretary or Director will publish and seek comment on a report evaluating the burden of this section on affected entities and duplication of activities in relation to mandatory passenger data submissions to [U.S. Department of Homeland Security, Customs and Border Patrol] DHS/CBP. The report will specifically recommend actions that streamline and facilitate use and transmission of any duplicate information collected.

On February 12, 2019, CDC published a report to its website evaluating the burdens these regulatory provisions may have generated on the airline and ship industries since they became effective on March 21, 2017. The report can be found at *https://www.cdc.gov/quarantine/final-rule-communicable-diseases.html*. The public comment period will end on March 14, 2019.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2019–02035 Filed 2–11–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—DD19–001; Research Approaches to Improve the Care and Outcomes of People Living with Spina Bifida Components A and B.

Dates: April 9–10, 2019.

Times: 10:00 a.m.–6:30 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Jaya Raman, Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway, Mailstop F80, Atlanta, Georgia 30341, Telephone: (770) 488–6511, *kva5@cdc.gov.*

The Chief Operating Officer, 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.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019–01959 Filed 2–11–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2019–0007]

The National Healthcare Safety Network's Outpatient Procedure Component (OPC) Surveillance Protocol and the Bloodstream Infection (BSI) Surveillance Protocol; Request for Information

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

ACTION: Request for information.

SUMMARY: The Centers for Disease Control and Prevention, in the Department of Health and Human Services, seeks information related to the surveillance protocols for the National Healthcare Safety Network's (NHSN) Outpatient Procedure Component (OPC) and Bloodstream Infection (BSI) Module of the Patient Safety Component. CDC is opening this docket to provide the opportunity to identify issues and areas for potential improvement for consideration as CDC updates and maintains the NHSN surveillance protocols beginning in 2020.

DATES: Written comments will be accepted beginning February 14, 2019 and must be received on or before April 15, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2018–xxxx, by either of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Katherine Allen-Bridson, National Center for Emerging and