

after publication of this notice. All nominations must be submitted in sufficient time to be received by 5 p.m. Eastern Standard Time on the closing date March 14, 2014 and be addressed to email address [ken.sandler@gsa.gov](mailto:ken.sandler@gsa.gov).

Dated: February 5, 2014.

**Kevin Kampschroer,**  
Federal Director, Office of Federal High-  
Performance Green Buildings, Office of  
Government-wide Policy.

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BILLING CODE 6820-14-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Nominations to the Advisory Committee on Blood and Tissue Safety and Availability

**AGENCY:** Office of the Assistant  
Secretary for Health, Office of the  
Secretary, Department of Health and  
Human Services..

**ACTION:** Notice.

**SUMMARY:** The Office of the Assistant  
Secretary for Health (OASH) is seeking  
nominations of qualified members of the  
public to be considered for appointment  
as members of the Advisory Committee  
on Blood and Tissue Safety and  
Availability (ACBTSA). ACBTSA is a  
federal advisory committee within the  
Department of Health and Human  
Services (HHS). Management support  
for the activities of this committee is the  
responsibility of the OASH. The  
qualified individuals will be nominated  
to the Secretary of Health and Human  
Services for consideration of  
appointment as members of the  
ACBTSA. Members of the Committee,  
including the Chair, are appointed by  
the Secretary. Members are invited to  
serve on the Committee for up to four-  
year terms.

**DATES:** All nominations must be  
received no later than 4 p.m. EST on  
March 7, 2014, at the address listed  
below.

**ADDRESSES:** All nominations should be  
mailed or delivered to Mr. James Berger,  
Senior Advisor for Blood and Tissue  
Safety Policy; Office of the Assistant  
Secretary for Health; Department of  
Health and Human Services; 1101  
Wootton Parkway, Suite 250; Rockville,  
MD 20852. Telephone: (240) 453-8803.

**FOR FURTHER INFORMATION CONTACT:** Mr.  
James Berger, Senior Advisor for Blood  
and Tissue Safety Policy. Contact  
information for Mr. Berger is provided  
above.

A copy of the Committee charter and  
roster of the current membership can be

obtained by contacting Mr. Berger or by  
accessing the ACBTSA Web site at  
[http://www.hhs.gov/ash/bloodsafety/  
advisorycommittee/](http://www.hhs.gov/ash/bloodsafety/advisorycommittee/).

**SUPPLEMENTARY INFORMATION:** The  
ACBTSA shall provide advice to the  
Secretary through the Assistant  
Secretary for Health. The committee  
shall advise on a range of policy issues  
to include: (1) Identification of public  
health issues through surveillance of  
blood, and tissue safety issues with  
national biovigilance data tools; (2)  
identification of public health issues  
that affect availability of blood, blood  
products, and tissues; (3) broad public  
health, ethical and legal issues related  
to the safety of blood, blood products, and  
tissues; (4) the impact of various  
economic factors (e.g., product cost and  
supply) on safety and availability of  
blood, blood products, and tissues; (5)  
risk communications related to blood  
transfusion and tissue transplantation;  
and (6) identification of infectious  
disease transmission issues for blood,  
organs, blood stem cells and tissues.

The Committee consists of 23 voting  
members; 14 public members, including  
the Chair, and 9 individuals designated  
to serve as official representative  
members. The public members are  
selected from state and local  
organizations, patient advocacy groups,  
provider organizations, academic  
researchers, ethicists, physicians,  
surgeons, scientists, risk communication  
experts, consumer advocates, legal  
organizations, and from among  
communities of persons who are  
frequent recipients of blood or blood  
products or who have received tissues  
or organs. The nine individuals who are  
appointed as official representative  
members are selected to serve the  
interests of the blood, blood products,  
tissue, and organ professional  
organizations or business sectors. The  
representative members will be from the  
AABB (formerly the American  
Association of Blood Banks); American  
Association of Tissue Banks; Eye Bank  
Association of America; an organ  
procurement organization; and one of  
either the American National Red Cross  
or America's Blood Centers on a rotating  
basis. The Committee composition can  
include additional representation from  
either the plasma protein fraction  
community or a trade organization; a  
manufacturer of blood, plasma, or other  
tissue/organ test kits; a manufacturer of  
blood, plasma or other tissue/organ  
equipment; and a major hospital  
organization or major hospital  
accreditation organization. Where more  
than one company produces a specified  
product or process, representatives from

those companies will rotate on the same  
schedule as public members.

All ACBTSA members are authorized  
to receive the prescribed per diem  
allowance and reimbursement for travel  
expenses that are incurred to attend  
meetings and conduct Committee-  
related business, in accordance with  
Standard Government Travel  
Regulations. Individuals who are  
appointed to serve as public members  
are authorized also to receive a stipend  
for attending Committee meetings and  
to carry out other Committee-related  
business. Individuals who are appointed  
to serve as representative members for a  
particular interest group or industry are  
not authorized to receive a stipend for  
the performance of these duties.

This announcement is to solicit  
nominations of qualified candidates to  
fill two (2) upcoming vacant public  
member positions. Public members on  
the ACBTSA are classified as special  
government employees (SGEs).

### Nominations

In accordance with the charter,  
persons nominated for appointment as  
members of the ACBTSA should be  
among authorities knowledgeable in  
tissue banking, tissue transplantation,  
tissue/organ transplant safety, blood  
banking, transfusion medicine, plasma  
therapies, transfusion safety, bioethics,  
and/or related disciplines. Nominations  
should be typewritten. The following  
information should be included in the  
package of material submitted for each  
individual being nominated for  
consideration of appointment: (a) The  
name, return address, daytime  
telephone number and affiliation(s) of  
the individual being nominated, the  
basis for the individual's nomination,  
the category for which the individual is  
being nominated, and a statement  
bearing an original signature of the  
nominated individual that, if appointed,  
he or she is willing to serve as a member  
of the committee; (b) the name, return  
address, and daytime telephone number  
at which the nominator may be  
contacted. Organizational nominators  
must identify a principal contact person  
in addition to the contact; and (c) a copy  
of a current curriculum vitae or resume  
for the nominated individual.

Individuals can nominate themselves  
for consideration of appointment to the  
Committee. All nominations must  
include the required information.  
Incomplete nominations will not be  
processed for consideration. The letter  
from the nominator and certification of  
the nominated individual must bear  
original signatures; reproduced copies  
of these signatures are not acceptable.

The Department is legally required to ensure that the membership of HHS federal advisory committees is fairly balanced in terms of points of view represented and the functions to be performed by the advisory committee. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS federal advisory committees. Therefore, the Department encourages nominations of qualified candidates from these groups. The Department also encourages geographic diversity in the composition of the committee. Appointment to this committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

The Standards of Ethical Conduct for Employees of the Executive Branch are applicable to individuals who are appointed as public members of federal advisory committees. Individuals appointed to serve as public members of federal advisory committees are classified as SGEs. SGEs are government employees for purposes of the conflict of interest laws. Therefore, individuals appointed to serve as public members of the ACBTSA are subject to an ethics review. The ethics review is conducted to determine if the individual has any interests and/or activities in the private sector that may conflict with performance of their official duties as a member of the Committee. Individuals appointed to serve as public members of the Committee will be required to disclose information regarding financial holdings, consultancies, and research grants and/or contracts.

Dated: February 6, 2014.

**James J. Berger,**

Senior Advisor for Blood and Tissue Safety Policy.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-14-13AHB]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the

Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

#### Proposed Project

Risk Factors for Community-Associated *Clostridium difficile* Infection through the Emerging Infections Program (EIP)—New ICR—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The epidemiology of *C. difficile* has changed dramatically during recent years, with increases in incidence and severity of disease being reported across several countries. In addition, populations previously thought to be at low risk, such as young, healthy individuals residing in the community, are now being identified with severe *C. difficile* infection (CDI). Community-associated CDI is estimated to represent 32% of all CDI based on population-based CDI surveillance data, with an incidence of 30–40 per 100,000 population in the United States. Previous reports have shown that approximately 40% of patients acquiring community-associated CDI (CA-CDI) were not exposed to antibiotics, which is a well-recognized risk factor for CDI; suggesting that additional factors may contribute to infections. Other factors such as proton pump inhibitors have been raised as a risk factor for CDI in the community and on February 8, 2012 the U.S. Food and Drug Administration issued a communication advising physicians to consider the diagnosis of CDI among

patients taking proton pump inhibitors. However, the data on the association of CDI with proton pump inhibitors are still controversial and studies to quantify this association are needed. In addition to the understanding of the factors that predispose patients to CDI, further evaluation of potential *C. difficile* exposure sources in the community is necessary to guide prevention efforts.

The sources of *C. difficile* and the risks for developing CDI in previously thought to be low-risk community populations are not well defined. Although initial evaluation of CA-CDI cases identified several potential risk factors (e.g., outpatient healthcare exposures, infants in the home, and proton pump inhibitor use), the magnitude of association of these risks with disease development using a control population has not been evaluated to date. This proposed case-control study will enable investigators to evaluate these associations and focus future investigations and prevention strategies on those factors identified as significantly associated with disease development.

CDC requests OMB approval to collect information from the public using a standardized questionnaire over a three-year period. The study will have a pediatric and an adult component given that *C. difficile* exposure sources in the community may vary by age. For example, *C. difficile* has been isolated from daycare centers' environment which may be a potential source for *C. difficile* acquisition in pediatric population, but less likely to be a source for adults.

For this project, we estimate that 129 persons  $\geq 18$  years of age with *C. difficile* infection (case-patients) will be contacted for the CDI study interview annually. Of those, 71 will agree and be eligible to participate in the study and will proceed to the full telephone interview. A total of 142 persons  $\geq 18$  years of age without *C. difficile* infection (control-patients) will be contacted for the interview annually. Of those, 71 will agree and be eligible to participate in the study and will complete the full interview. Among the pediatric group, we estimate that 141 and 194 parents of children between 1 and 5 years of age with and without *C. difficile* infection will be contacted for the interview, respectively. Among the case- and control-patients, we estimate that 78 in each group will agree and be eligible to participate in the study and will proceed to the full interview. We anticipate the screening questions to take about 5 minutes and the telephone interview 30 minutes per respondent in