

promulgated by the city regulators or company-wide directives designed to impact road safety by a city taxi fleet. Another use of data collected for this study would be to serve as a baseline measure for a future evaluation of safety initiatives implemented at the municipal level. Finally, contextual data on motor vehicle crashes is not completely captured by current surveillance methods. Such a survey would provide insight into the occurrence of crashes involving taxicabs. Furthermore, data on driving behaviors in the context of safety climate and role overload can only be obtained directly from taxicab drivers and will provide the perspective needed for designing effective safety interventions.

CDC requests OMB approval for 2 years to collect survey data using the Taxi Driver Survey. CDC anticipates the survey data collection will be conducted in Houston over several months in Summer/Fall of 2014 and over several months in FY 2015 for Los Angeles. The study objectives will be addressed using a single survey designed to capture prevalence and frequency of adverse motor vehicle events and injuries, road safety data elements and workplace violence data elements. Taxicab drivers will be approached and invited to participate in two cities, 550 in Houston and 550 in Los Angeles, it is anticipated 50 taxicab drivers in each city will not participate in the survey. Survey data will be collected from taxicab drivers in two cities, 500 in Houston and 500 in Los Angeles once during a 30 minute in-

person interview, while taxicab drivers are waiting in the airport lot to pick up fares.

The survey questions on road safety behaviors are from validated questionnaires used by researchers in Australia. The survey was administered to nine taxicab drivers in Houston to test for clarity and comprehensibility by taxicab drivers. The survey took 30 minutes or less to complete.

The information collected will describe road safety and workplace violence experiences in the past 12 months. Collecting survey data on 500 respondents in each city results in an estimated burden of 275 hours per city. The total estimated burden is 550 hours. There is no cost to 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 minutes)
Taxicab Drivers in Houston	Taxi Driver Survey	550	1	30
Taxicab Drivers in Los Angeles	Taxi Driver Survey	550	1	30

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

Health Resources and Services Administration

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) announce the following meeting of the aforementioned committee:

TIMES AND DATES:

8:00 a.m.–5:30 p.m., May 21, 2014

8:00 a.m.–2:30 p.m., May 22, 2014

PLACE: CDC Corporate Square, Building 8, Conference Room 1-ABC, 8 Corporate

Boulevard, Atlanta, Georgia 30329, Telephone: (404) 639-8317.

STATUS: Open to the public, limited only by the space available. The meeting room will accommodate approximately 100 people. This meeting is also accessible by teleconference. Toll-free number +1 (877) 603-4228, Participant code: 42598858.

PURPOSE: This Committee is charged with advising the Director, CDC and the Administrator, HRSA, regarding activities related to prevention and control of HIV/AIDS, Viral Hepatitis and other STDs, the support of health care services to persons living with HIV/AIDS, and education of health professionals and the public about HIV/AIDS, Viral Hepatitis and other STDs.

MATTERS FOR DISCUSSION: Agenda items include: (1) Improving screening and treatment of Hepatitis C Virus (HCV); (2) Innovative approaches to HIV prevention among Men Who Have Sex with Men (MSM); (3) Preventing HCV and HIV among Injection Drug Users (IDUs); (4) How to expand and improve screening for HIV, HCV and Chlamydia; and (5) Updates from Workgroups.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION: Margie Scott-Cseh, CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 1600 Clifton Road NE., Mailstop E-07, Atlanta,

Georgia 30333, Telephone: (404) 639-8317.

This notice is being published on less than 15 days prior to the meeting date due to an unforeseen technological anomaly during the submission of this meeting announcement.

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.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

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