

Tusculum Avenue, MS-R5, Cincinnati, OH 45226, telephone (513) 841-4596, fax (513) 841-4506.

SUPPLEMENTARY INFORMATION:

Purpose: The Secretary, the Assistant Secretary for Health, and by delegation the Director, Centers for Disease Control and Prevention, are authorized under Sections 301 and 308 of the Public Health Service Act to conduct directly or by grants or contracts, research, experiments, and demonstrations relating to occupational safety and health and to mine health. The Board of Scientific Counselors provides guidance to the Director, National Institute for Occupational Safety and Health on research and prevention programs. Specifically, the Board provides guidance on the Institute's research activities related to developing and evaluating hypotheses, systematically documenting findings and disseminating results. The Board evaluates the degree to which the activities of the National Institute for Occupational Safety and Health: (1) Conform to appropriate scientific standards, (2) address current, relevant needs, and (3) produce intended results.

Matters for Discussion: The agenda for the meeting addresses occupational safety and health issues related to: Stockpiled surgical gowns & respirators; the increased use and complexity of robots; NIOSH's disaster science responder research; and fentanyl exposures to emergency responders.

Agenda items are subject to change as priorities dictate.

An agenda is also posted on the NIOSH Web site (<http://www.cdc.gov/niosh/bsc/>). Members of the public who wish to address the NIOSH BSC are requested to contact the Executive Secretary for scheduling purposes (see contact information below). Alternatively, written comments to the BSC may be submitted via an on-line form at the following Web site: <http://www.cdc.gov/niosh/bsc/contact.html>.

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.

[FR Doc. 2017-17128 Filed 8-11-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of Board of Scientific Counselors BSC National Center for Injury Prevention

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned committee. This meeting is open to the public. The public is also welcome to listen to the meeting by joining the teleconference at the USA toll-free, dial-in number, 1-877-492-3517 and the passcode is 2576415. The phone line has 75 ports available for teleconference participants. The meeting room will only accommodate 50 people. There will be 15 minutes allotted on Wednesday, September 27, 2017 from 11:30 a.m.-11:45 a.m. for public comments. The public is welcome to submit written comment in advance of the meeting, to the contact person listed below. Written comments received in advance of the meeting will be included in the official record of the meeting.

DATES: The meeting will be held on September 26, 2017, 9:00 a.m. to 4:40 p.m., EDT, and September 27, 2017, 9:30 a.m.-12:00 p.m., EDT.

ADDRESSES: Crown Plaza Atlanta Perimeter at Ravinia, 4355 Ashford Dunwoody Road NE., Atlanta, 30346 and via Teleconference: Dial-In Number: 1-877-492-3517, Participant Code: 2576415.

FOR FURTHER INFORMATION CONTACT:

Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science, NCIPC, CDC, 4770 Buford Highway NE., Mailstop F-63, Atlanta, GA 30341, Telephone (770) 488-1430. Email address: GCattledge@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: The Board will: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political

subdivisions in preventing and suppressing communicable and non-communicable diseases and other preventable conditions and in promoting health and well-being; and (3) conduct and assist in research and control activities related to injury.

The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury prevention goals and provides evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, the structure, progress and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as it relates to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of research portfolios, and (5) review of program proposals.

Matters To Be Considered: The Board of Scientific Counselors Agenda for the two-day meeting will be: September 26, 2017—Will discuss science matters to include research strategies needed to guide the Center's focus, as well as updates on the NCIPC extramural research program, the National Intimate and Sexual Violence Workgroup, and the Pediatric Mild-Traumatic Injury Workgroup. September 27, 2017—Will discuss science matters to include the Essentials for Childhood Workgroup Portfolio Review, the Suicide Strategic Plan, and Opioid Overdose CDC Coordination/Strategic Directions. Agenda items are subject to change as priorities dictate.

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-17-17NS]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of

the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to *omb@cdc.gov*. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Assessing the Infrastructure for Public Sexually Transmitted Disease (STD) Prevention Services—NEW—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Annually, there are nearly 20 million cases of sexually transmitted diseases (STD) in the United States (US) causing an estimated \$15.6 billion in direct medical costs. A significant percentage of reported cases of STDs are diagnosed in publicly funded clinics, such as STD clinics that are operated by state health departments (SHDs) and local health departments (LHDs). Additionally, state and local health departments also engage in other essential STD prevention activities such as partner services and disease surveillance. Therefore, it is important to periodically assess the current level of publicly-

funded STD prevention services that are offered by health departments in the US.

The STD infrastructure survey will aid CDC in understanding the scope of the delivery of timely public STD preventive and clinical services that are provided to reduce the number of newly acquired STDs and prevent STD-related sequelae. There is no national data available that focuses on detailed STD prevention activities conducted by state and local health departments.

The purpose of this survey is to periodically, (i.e., every three years) examine STD prevention services provided by local and state health departments. The survey will include all state health departments and a nationally representative sample of local health departments in the US. The local health department sample will allow for estimates by jurisdiction population size and US Census region.

The survey contains sections on STD program structure within the health department, STD-related clinical services (local health departments only), partner and other prevention services, and workforce and impacts of any budget reductions.

CDC will administer the STD infrastructure survey to all 50 state health departments and a random sample of 668 local health departments from a list of local health departments maintained by the National Association of City and County Health Officials (NACCHO). Using a web-based survey, multiple reminders will be sent to non-responders in order to reach the target of 44 completed state and 334 completed local surveys for each data collection (different respondents per data collection). The total estimated annual burden hours are 238. There is no cost to respondents other than their time.

ESTIMATED ANNUAL BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
STD program director, LHDs	LHD survey	668	1	15/60
STD program director, SHDs	SHD survey	50	1	85/60