FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board’s Regulation Y (12 CFR part 225) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than October 10, 2018.

A. Federal Reserve Bank of Chicago
   (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:
   1. David Phelps, individually and as part of a group acting in concert with The George W. Phelps Bank Stock Trust, George Phelps, Trustee; The Linda K. Phelps Bank Stock Trust, Linda K. Phelps, Trustee; The Robert B Phelps Bank Stock Trust, Robert B Phelps, Trustee; The Carol Phelps Bank Stock Trust, Carol Phelps, Trustee; Alison Hoogeveen; and Scott Phelps, all of Kingsley State Bank, Atlanta, Georgia 30309. Comments can be received at the above address not later than October 10, 2018.
   2. Cadence Bancorporation, Houston, Texas; to acquire State Bank Financial Corporation, Atlanta, Georgia, and thereby indirectly acquire State Bank and Trust Company, Macon, Georgia.

B. Federal Reserve Bank of Atlanta
   (Robert L. Triplett III, Senior Vice President) 2200 North Pearl Street, Dallas, Texas 75201–2272:
   1. Cadence Bancorporation, Houston, Texas; to acquire State Bank Financial Corporation, Atlanta, Georgia, and thereby indirectly acquire State Bank and Trust Company, Macon, Georgia.

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 et seq.) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than October 10, 2018.

A. Federal Reserve Bank of Dallas
   (Robert L. Triplett III, Senior Vice President) 2200 North Pearl Street, Dallas, Texas 75201–2272:
   1. Cadence Bancorporation, Houston, Texas; to acquire State Bank Financial Corporation, Atlanta, Georgia, and thereby indirectly acquire State Bank and Trust Company, Macon, Georgia.

B. Federal Reserve Bank of Atlanta
   (Kathryn Haney, Director of Applications) 1000 Peachtree Street NE, Atlanta, Georgia 30309. Comments can be sent electronically to Applications.Comments@atl.frb.org:
   1. PBD Holdings, LLC, Chattanooga, Tennessee; to acquire 97.74 percent of the voting shares of First Columbia Bancorp, Inc., and thereby indirectly acquire voting shares of Columbia Bank, both in Lake City, Florida.

FEDERAL RESERVE SYSTEM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–18–18AXG; Docket No. is CDC–2018–0086]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled “Maritime Illness Database and Reporting System (MIDRS)”. The purpose of this data collection is to provide U.S.-bound passenger vessel operators an electronic reporting system to assist with their legal requirement to notify CDC of the number of passengers and crew members onboard their ship who have reportable acute gastroenteritis (AGE) as defined by federal quarantine regulations.

DATES: CDC must receive written comments on or before November 26, 2018.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2018–0086 by any of the following methods:
   • Federal eRulemaking Portal:
     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–D74, Atlanta, Georgia 30329.

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

Please note: Submit all comments through the Federal eRulemaking portal (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,
SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. 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 submissions of responses.

5. Assess information collection costs.

Proposed Project

Maritime Illness Database and Reporting System (MIDRS)—NEW—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this new information collection request (ICR) is to request a three-year Paperwork Reduction Act (PRA) clearance for CDC’s MIDRS surveillance system. MIDRS is currently approved under “Foreign Quarantine Regulations (42 CFR part 71)” (OMB Control No. 0920–0134, Expiration Date: 05/31/2019), sponsored by the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Operationally, CDC has divided the responsibilities for enforcing foreign quarantine regulations between the Vessel Sanitation Program (VSP) and the Division of Global Migration and Quarantine (DGMQ). VSP takes the lead in overseeing acute gastroenteritis (AGE) illness surveillance and outbreak investigation activities on passenger ships, while DGMQ monitors all non-AGE illnesses and deaths on passenger vessels as well as all diseases of public health concern on all other conveyances with international itineraries bound for the U.S. From 2012 to 2014 all ships submitted their AGE, non-AGE, and death reports to MIDRS using a common web portal; however program and reporting needs changed and dictated a need to move non-AGE illness and death reporting to a separate system. As of June 10, 2014, DGMQ has changed its routing method for receiving reports from ships. It no longer accepts non-AGE illness and death reports via MIDRS.

To completely the separation of shipboard quarantine and inspection functions across the two CDC national centers, the VSP seeks to transition all federally mandated AGE illness reporting activities to a new ICR housed within its own Center, since MIDRS is housed in and is used exclusively by VSP. DGMQ will continue to surveil non-AGE illnesses on cruise ships and all illnesses on other foreign to U.S. conveyances under Foreign Quarantine Regulations (OMB Control No. 0920–0134, expiration date 05/31/2019).

The MIDRS data collection system consists of a surveillance system that receives information electronically through a web-based reporting portal; data can also be submitted by phone, email or fax and entered into MIDRS by VSP. AGE cases reported to MIDRS are totals for the entire voyage and do not represent the number of active AGE cases at any given port of call or at disembarkation. The AGE log, 72-hour food/activity history and other required documentation are completed and maintained on the ship.

Data collected will allow VSP to quickly detect AGE outbreaks, provide epidemiologic and sanitation guidance to stop the outbreak, craft public health recommendations to prevent future outbreaks, and monitor AGE illness trends to identify important changes over time.

There are two types of respondents for this data collection: cruise ship medical staff or other designated personnel who report AGE cases, and AGE cases who provide information for the 72-hour food/activity histories. Of note, VSP will not receive any information from or about the AGE cases; this information is collected and owned by the cruise line and maintained on the ship as part of the AGE case’s medical record. VSP reviews these records during operational inspections to confirm they are available if needed, and if there is an AGE outbreak or report of unusual AGE illness for a particular voyage.

The total annualized time burden requested is 1,537 burden hours. A summary of the estimated annualized burden hours is shown in the table below.

ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
<th>Total burden (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruise ship medical staff or other designated personnel</td>
<td>71.21(c) Gastrointestinal Illnesses reports 24 and 4 hours before arrival (MIDRS).</td>
<td>250</td>
<td>10</td>
<td>3/60</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>71.21(c) Recordkeeping—Gastrointestinal Illnesses reports 24 and 4 hours before arrival (MIDRS).</td>
<td>250</td>
<td>1</td>
<td>1/60</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>71.21(c) AGE Logs</td>
<td>250</td>
<td>10</td>
<td>10/60</td>
<td>417</td>
</tr>
<tr>
<td></td>
<td>71.21(c) Recordkeeping—medical records (AGE Logs)</td>
<td>250</td>
<td>1</td>
<td>1/60</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>71.21(c) Interviews with AGE crew case cabin mates and immediate contacts to determine AGE illness status and documentation of interview dates/times.</td>
<td>250</td>
<td>3</td>
<td>5/60</td>
<td>62.5</td>
</tr>
</tbody>
</table>
Jeffrey M. Zirger,

[FR Doc. 2018–20808 Filed 9–24–18; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-18–0666]

Agency Forms Undergoing Paperwork Reduction Act Review; Withdraw

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

ACTION: Notice with comment period; withdrawal.

SUMMARY: The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the withdrawal of the notice published under the same title on September 7, 2018 for public comment.

DATES: The Centers for Disease Control and Prevention is withdrawing the notice published September 7, 2018 (83 FR 64444) as of September 25, 2018.

FOR FURTHER INFORMATION CONTACT: Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329; phone: 404–438–7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: On September 7, 2018, CDC published a notice in the Federal Register titled “National Healthcare Safety Network (NHSN)” (Vol. 83, No. 174 Docket No. CDC–2018–0042, Pages 45444–45447). This notice was published inadvertently. The notice is being withdrawn immediately for public comment.

Jeffrey M. Zirger,

[FR Doc. 2018–20809 Filed 9–24–18; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 74 FR 52816, dated October 14, 2009) is amended to reflect the reorganization of the Centers for Disease Control and Prevention (CDC). This reorganization is being undertaken to increase scientific capacity; strengthen infrastructure; create efficiencies across the organization; and improve the links between the national centers.

I. Under Part C, Section C–B, Organization and Functions, the following organizational units are deleted in their entirety:
   • Office of the Associate Director for Laboratory Science and Safety (CAB)
   • Office of the Associate Director for Science (CAS)
   • Office of the Associate Director for Minority Health and Health Equity (CAW)
   • Office of State, Tribal, Local and Territorial Support (CP)
   • Office of Public Health Preparedness and Response (CQ)

II. Under Part C, Section C–B, Organization and Functions, make the following changes:
   • Retitle all references to the Office of the Associate Director for Policy (CAQ) to the Office of the Associate Director for Policy and Strategy (CAQ)
   • Retitle all references to the Office of Public Health Scientific Services (CP) to the Deputy Director for Public Health Science and Surveillance (CP)
   • Retitle all references to the Office of Noncommunicable Diseases, Injury and Environmental Health (CU) to the Deputy Director for Non-communicable Diseases (CU)
   • Retitle all references to the Office of Infectious Diseases (CV) to the Deputy Director for Infectious Diseases (CV)

III. Under Part C, Section C–B, Organization and Functions, insert the following:
   • Deputy Director for Public Health Service and Implementation Science (CB): The Deputy Director for Public Health Service and Implementation Science leads, promotes, and facilitates science, programs and policies to identify and respond to public health