Department of Health and Human Services (DHHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a meeting. The meeting is open to the public. Preregistration is required for both public attendance and comment. Individuals who wish to attend the meeting and/or participate in the public comment session should register at *http://www.hhs.gov/nvpo/nvac,* e-mail *nvpo@hhs.gov* or call 202–690–5566 and provide name, organization, and e-mail address.

DATES: The meeting will be held on September 13–14, 2011. The meeting times and agenda will be posted on the NVAC Web site at *http://www.hhs.gov/nvpo/nvac* as soon they become available.

ADDRESSES: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Room 800, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: National Vaccine Program Office, U.S. Department of Health and Human Services, Room 715–H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. *Phone:* (202) 690–5566; *Fax:* (202) 690–4631; *e-mail: nvpo@hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The National Vaccine Advisory Committee was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program's responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

The topics to be discussed at the NVAC meeting will include seasonal influenza, implementation of the National Vaccine Plan, and vaccine safety. The meeting agenda will be posted on the NVAC Web site: *http://www.hhs.gov/nvpo/nvac* prior to the meeting.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the National Vaccine Program Office at the address/phone listed above at least one week prior to the meeting. Members of the public will have the opportunity to provide comments at the NVAC meeting, limited to five minutes per speaker, during the public comment periods on the agenda. Individuals who would like to submit written statements should e-mail or fax their comments to the National Vaccine Program Office at least five business days prior to the meeting.

Dated: August 22, 2011.

Bruce Gellin,

Director, National Vaccine Program Office, Executive Secretary, National Vaccine Advisory Committee.

[FR Doc. 2011–21737 Filed 8–24–11; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–0794]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Transgender HIV Behavioral Survey (THBS)—Reinstatement with changes (expired December 31, 2010)—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention requests approval of a Reinstatement with change of a previously approved collection, 0920–0794 Transgender HIV Behavioral Survey (THBS)—(expired December 31, 2010), for a period of 3 years. The previously approved project was a pilot. The purpose of this request is to conduct a behavioral survey among male-to-female transgender persons to assess prevalence of and trends in: (1) Risk behaviors for HIV infection, (2) HIV testing behaviors, and (3) exposure to, use of, and impact of HIV prevention services. The results of this data collection will be used to assess progress toward CDC's goals to increase the proportion of people who consistently engage in behaviors that reduce risk of HIV transmission or acquisition; and to monitor behaviors that increase the risk of HIV infection (among those who are not infected).

For the proposed data collection, the eligibility screener and the behavioral assessment instruments used for the previously approved pilot was shortened and a recruiter debriefing instrument added. The project activities and methods will remain the same as those used in the previously approved pilot.

Data will be collected through in-person, computer-assisted interviews conducted by trained interviewers in 5 Metropolitan Statistical Areas (MSA) or MSA Divisions in the United States. The MSAs chosen will be among those currently participating in the National HIV Behavioral Surveillance system (see **Federal Register** dated January 19, 2007: Vol. 72, No. 12, pages 2529–2530).

Respondent Driven Sampling (RDS) will be used to recruit participants. Except for a few initial recruits, persons will be recruited by peers for participation in THBS. A screener questionnaire will be used to determine eligibility for participation. In one year, approximately 1,100 individuals will be approached and screened (through a 5-minute interview) for eligibility to participate. Approximately 1,000 individuals are expected to be eligible and participate in the 40-minute behavioral assessment interview each year. At the end of the interview, the interviewer will train the respondent to recruit up to five peers. Each respondent who agrees to be a peer recruiter and who returns to the field site will be debriefed using a computer-assisted, interviewer-administered recruiter debriefing instrument. The debriefing instrument will collect information about the number of coupons the recruiter has distributed, whether anyone had refused the coupons, the race and ethnicity of those refusing coupons and the reason for refusal. This information is collected to improve response rates. Approximately 600 respondents are expected to participate as peer recruiters, about 500 of whom will return to be debriefed through a 2-minute interview. The total annualized burden is 776 hours. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Persons Referred by Peer Recruiters	Screener	1,100	1	5/60
Eligible Transgender Persons	Behavioral assessment	1,000	1	40/60
Peer Recruiters	Recruiter Debriefing	500	1	2/60

Dated: August 19, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–21739 Filed 8–24–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11–11HD]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships—New—National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of death in the United States, causing over 443,000 deaths each year and resulting in an annual cost of more than $96 billion in direct medical expenses. Tobacco control is a top priority for two of CDC's programs. The first is the National Tobacco Control Program (NTCP), which is administered by the Office on Smoking and Health. The second is the National Comprehensive Cancer Control Program (NCCCP), which is administered by the Division of Cancer Prevention and Control. Both programs provide funding and technical support for public health programs in states, the District of Columbia, tribes/tribal organizations, and U.S. territories and Pacific Island jurisdictions.

CDC recognizes the need for increased collaboration between Comprehensive Cancer Control (CCC) programs and Tobacco Control Programs (TCP). Toward this end, CDC plans to conduct a study of current partnership efforts involving NCCCP awardees and NTCP awardees. Information will be collected to improve understanding of the ways in which CCCs and TCPs may collaborate to address cancer and tobacco control, and how these programs utilize their respective networks to cross-promote activities. The study will be conducted in seven states that: (1) Are funded through both the NCCCP and the NTCP, and (2) have an established relationship between the two programs.

Respondents for the Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships will be state health department leaders, CCC and TCP staff (*e.g.,* program directors, evaluation specialists, media specialists, quitline coordinators), and other stakeholders, such as coalition members. Information will be collected through in-person interviews involving approximately 15 respondents in each state. Respondents will be asked about key aspects of their program's structure, activities, and collaborative efforts. Each interview will last approximately 45 minutes to one hour. CDC will provide each participating state with guidance and worksheets to prepare for site visits and key informant interviews.

OMB approval will be requested for one year. The information to be collected will be used to develop examples of successful strategies used by selected CCCs and TCPs to cross-collaborate and cross-promote programs/services, and to identify new areas of potential collaboration that may be shared with CDC, other Federal agencies, and other CCC and TCP states for replication. This study is one component of a larger, ARRA-funded effort to compare the effectiveness of traditional evidence-based tobacco cessation interventions to newer and innovative interventions used by CCC programs.

The total estimated annualized burden hours are 113. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Total number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Department Leadership	Interview Guide for Health Department Leadership.	7	1	45/60
CCC Programs	Site Visit Preparation	7	1	45/60
	Interview Guide for CCCs	49	1	1
Tobacco Control Programs	Site Visit Preparation	7	1	45/60
	Interview Guide for TCPs	49	1	1