

[www.cdc.gov/niosh/nora/councils/wrt/agenda.html](http://www.cdc.gov/niosh/nora/councils/wrt/agenda.html).

**FOR FURTHER INFORMATION CONTACT:**

Emily Novicki, M.A., M.P.H.,  
([NORACoordinator@cdc.gov](mailto:NORACoordinator@cdc.gov)), National  
Institute for Occupational Safety and  
Health, Centers for Disease Control and  
Prevention, Mailstop E-20, 1600 Clifton  
Road NE, Atlanta, GA 30329, phone  
(404) 498-2581 (not a toll free number).

**SUPPLEMENTARY INFORMATION:** On April  
24, 2018, NIOSH published a request for  
public review in the **Federal Register**  
[83 FR 17283] of the draft version of the  
*National Occupational Research  
Agenda for Wholesale and Retail Trade*.  
No comments were received.

Dated: August 20, 2018.

**Frank J. Hearl,**

*Chief of Staff, National Institute for  
Occupational Safety and Health, Centers for  
Disease Control and Prevention.*

[FR Doc. 2018-18168 Filed 8-22-18; 8:45 am]

**BILLING CODE 4163-19-P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Disease Control and  
Prevention**

**Advisory Committee on Breast Cancer  
in Young Women (ACBCYW);  
Cancellation of Meeting**

Notice is hereby given of a change in  
the meeting of the Advisory Committee  
on Breast Cancer in Young Women  
(ACBCYW); August 6, 2018, 1:00 p.m. to  
5:00 p.m., Eastern.

The teleconference which was  
published in the **Federal Register** on  
June 18, 2018, Volume 83, Number 117,  
pages 28231-28232.

This meeting is being canceled in its  
entirety.

*For Further Information Contact:*  
Temeika L. Fairley, Ph.D., Designated  
Federal Officer, National Center for  
Chronic Disease Prevention and Health  
Promotion, CDC, 4770 Buford Hwy. NE,  
Mailstop K52, Atlanta, Georgia 30341,  
Telephone (770) 488-4518, Fax (770)  
488-4760. Email: [acbcyw@cdc.gov](mailto:acbcyw@cdc.gov).

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.

**Sherri Berger,**

*Chief Operating Officer, Centers for Disease  
Control and Prevention.*

[FR Doc. 2018-18186 Filed 8-22-18; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Disease Control and  
Prevention**

**[60Day-FY-2018; Docket No. CDC-2018-  
0063]**

**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 "HIV prevention among Latina  
transgender women: Evaluation of a  
locally developed intervention". The  
collection is part of a research study  
designed to evaluate the efficacy of a  
locally developed and culturally  
congruent two-session Spanish-language  
small-group intervention, ChiCAS  
(Chicas Creando Acceso a la Salud  
[Chicas: Girls Creating Access to  
Health]), which provides combination  
HIV prevention services to adult  
Hispanic/Latina transgender women at  
high risk for HIV infection.

**DATES:** CDC must receive written  
comments on or before October 22,  
2018.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2018-  
0063 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](http://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 Leroy A.  
Richardson, Information Collection  
Review Office, Centers for Disease  
Control and Prevention, 1600 Clifton  
Road NE, MS-D74, Atlanta, Georgia  
30329; phone: 404-639-7570; Email:  
[omb@cdc.gov](mailto:omb@cdc.gov).

**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**

HIV prevention among Latina  
transgender women: Evaluation of a

locally developed intervention—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC)

#### Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention is requesting approval for 20-months of data collection entitled, “HIV prevention among Latina transgender women: Evaluation of a locally developed intervention.” The goal of this study is to evaluate the efficacy of ChiCAS (Chicas Creando Acceso a la Salud [Chicas: Girls Creating Access to Health]), a locally developed and culturally congruent two-session Spanish-language small-group combination intervention designed to promote consistent condom use, and access to and participation in pre-exposure prophylaxis (PrEP) and medically supervised hormone therapy by HIV seronegative Hispanic/Latina transgender women who have sex with men.

The information collected through this study will be used to evaluate whether the ChiCAS intervention is an effective HIV-prevention strategy by assessing whether exposure to the intervention results in improvements in participants' health and HIV prevention behaviors. The study will compare pre-(baseline) and post-intervention (six-month) levels of HIV risk among participants who have received the intervention and participants who have

not yet received the intervention (delayed-intervention group).

This study will be carried out in five metropolitan areas in North Carolina: Asheville, NC; Charlotte, NC; Research Triangle (metropolitan area of Greensboro, Winston-Salem and High Point NC); Raleigh, NC; and Wilmington, NC. The study population will include 140 HIV-negative Spanish-speaking transgender women. Participants will be adults, at least 18 years of age, self-identify as male-to-female transgender or report having been born male and identifying as female, and report having sex with at least one man in the past six months.

We anticipate participants will be comprised mainly of racial/ethnic minority participants under 35 years of age, consistent with the epidemiology of HIV infection among transgender women.

Intervention participants will be recruited to the study through a combination of approaches, including traditional print advertisement, referral, in-person outreach, and through word of mouth. A quantitative assessment will be used to collect information for this study, which will be delivered at the time of study enrollment and again at six-month follow up. The assessment will be used to measure differences in sexual risk knowledge, perceptions and behaviors including condom use, PrEP use and use of medically supervised hormone therapy.

Intervention mediators, including healthcare provider trust and communication skills, self-reported

health status and healthcare access, community attachment and social support will also be measured. All participants will complete the assessment at baseline and again at six-month follow-up after enrolling in the study. The intervention group will participate in ChiCAS after completing the baseline assessment and the delayed intervention group will participate in ChiCAS after completing the six-month follow up assessment.

We will also examine intervention experiences through in-depth interviews with 30 intervention group participants. The interviews will capture participants' general experiences with the ChiCAS intervention, as well as their experiences and perceptions specific to the main study outcomes: PrEP knowledge, awareness, interest and use; condom skills and use; and hormone therapy knowledge, awareness, interest and use.

It is expected that 50% of transgender women screened will meet study eligibility. We expect the initial screening to take approximately four minutes to complete. The assessment will take 60 minutes (one hour) to complete and will be administered to 140 participants a total of two times. The interview will take 90 minutes (one and one-half hours) to complete and will be administered to 30 participants from the intervention group one time.

There are no costs to the respondents other than their time. The total estimated annualized burden hours is 172.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
General Public—Adults .....	Eligibility Screener .....	140	1	3/60	7
General Public—Adults .....	Contact Information .....	70	1	1/60	2
General Public—Adults .....	Assessment .....	70	2	1.0	140
General Public—Adults .....	Interview .....	15	1	1.5	23
Total .....	.....	.....	.....	.....	172

Jeffrey M. Zirger,

Acting 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.

[FR Doc. 2018-18180 Filed 8-22-18; 8:45 am]

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

#### Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the

provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which