would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA–CE19–001, Injury Control Research Centers.

Dates: October 30, 2018 and November 2, 2018

Time: 8:30 a.m.–5:00 p.m., EDT

Place: The Georgian Terrace, 659 Peachtree St. NE, Atlanta, GA, 30308

Agenda: To review and evaluate grant applications.

For Further Information Contact: Mikel L. Walters, M.A., Ph.D., Scientific Review Official, NCIPC, CDC, 4770 Buford Highway NE, Mailstop F–63, Atlanta, Georgia 30341, Telephone: (404) 639–0913; Email: *mwalters@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. 2018–18188 Filed 8–22–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Advisory Committee on Immunization Practices

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 CDC announces the following meeting of the Advisory Committee on Immunization Practices (ACIP). This meeting is open to the public, limited only by room seating. The meeting room accommodates 400. Time will be available for public comment.

DATES: The meeting will be held on October 24, 2018, 8:30 a.m. to 5:15 p.m., EDT, and October 25, 2018, 8:30 a.m. to 4:00 p.m. EDT.

The public is welcome to submit written comments in advance of the meeting. Comments should be submitted in writing by email to the contact person listed in **FOR FURTHER INFORMATION CONTACT**. The deadline for receipt is October 15, 2018.

ADDRESSES: CDC, 1600 Clifton Road NE, Tom Harkin Global Communications Center, Kent 'Oz' Nelson Auditorium, Atlanta, GA 30329–4027.

The meeting will be webcast live via the World Wide Web; for instructions and more information on ACIP please visit the ACIP website: *http://www.cdc.gov/vaccines/acip/index.html.*

FOR FURTHER INFORMATION CONTACT: Stephanie Thomas, ACIP Committee Management Specialist, CDC, NCIRD, telephone 404–639–8836, email *ACIP@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The committee is charged with advising the Director, CDC, on the use of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding dosing interval, dosage, and contraindications to administration of vaccines. Further, under provisions of the Affordable Care Act, section 2713 of the Public Health Service Act, immunization recommendations of the ACIP that have been approved by the Director of the Centers for Disease Control and Prevention and appear on CDC immunization schedules must be covered by applicable health plans.

Matters to Be Considered: The agenda will include discussions on child/adolescent immunization schedule, adult immunization schedule, human papillomavirus vaccines, pneumococcal vaccines, Japanese encephalitis vaccines, zoster vaccine, Influenza vaccines, general recommendations, anthrax vaccine, hepatitis A vaccine, Pertussis vaccine, and meningococcal vaccines. A recommendation vote is scheduled for child/adolescent immunization schedule and adult immunization schedule. Agenda items are subject to change as priorities dictate. For more information on the meeting agenda visit *https://www.cdc.gov/vaccines/acip/meetings/meetings-info.html.*

Public Comment: Written comments must include full name, address, organizational affiliation, email address of the speaker, topic being addressed and specific comments. Written comments must not exceed one single-spaced typed page with 1-inch margins containing all items above. Only those written comments received 10 business days in advance of the meeting will be included in the official record of the meeting. Public comments made in attendance must be no longer than 3 minutes and the person giving comments must attend the public comment session at the start time listed on the agenda. Time for public comments may start before the time indicated on the agenda. 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. 2018–18184 Filed 8–22–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–18–18ATK; Docket No.CDC–2018–0075]

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 *Understanding multi-sectoral collaboration for strengthening public health capacities in Ethiopia.* The goal of this study is to explore multi-sectoral collaboration in Ethiopia, in the context of strengthening public health capacities under the Global Health Security Agenda.

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

ADDRESSES: You may submit comments, identified by Docket No. CDC–2018–0075 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, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329; phone: 404–639–7118; Email: *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

Understanding multi-sectoral collaboration for strengthening public health capacities in Ethiopia—New—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Countries with poor public health infrastructure are more vulnerable to adverse health outcomes caused by disease outbreaks, natural disasters, and other public health events (Rodier, 2007). The 2013 Ebola outbreak in West Africa highlighted the shortcomings of infrastructure and preparedness plans in the region, and prompted Ministries of Health in affected countries to reexamine capabilities and identify approaches for strengthening them (Heymann, 2015). More recently, the spread of the Zika virus in 2015 through more than twenty countries in the Americas demonstrated that prioritizing efforts to strengthen public health systems and capacities is imperative to mitigating the impact of public health events and improving global health security (Lucey, 2016).

Capacities refer to the abilities and resources of countries to identify and address problems, and carry out functions for public health. Public health emergency preparedness (PHEP) related capacities focus acutely on the resources and infrastructure required for communities and countries to effectively respond to incidents. Zoonotic disease (ZD) related capacities center on minimizing the spread of diseases from animals to humans in domestic, agricultural and wildlife settings.

PHEP and ZD are regarded as cross-cutting technical areas of public health, spanning numerous fields of practice and knowledge necessary to successfully mitigate the impacts of public health events. As a result, multi-sectoral collaboration—a cornerstone of many public health initiatives and programs—is a prominent feature of efforts and plans to strengthen PHEP and ZD capacities. While the importance of multi-sectoral collaboration for health strategies is widely recognized by global health experts and leaders, the evidence base on demonstrated benefits and advantages in public health capacity building is limited. Some research has been carried out to understand aspects of public health capacity strengthening efforts and their impact on global health security; however, it often focuses on high-income countries, such as the United States (U.S.). More research is needed, particularly in low- and middle-income country settings, to understand how collaboration occurs across sectors to implement efforts to strengthen PHEP and ZD capacities and systems, and to gain a deeper understanding of the perspectives of partners involved in the collaboration.

The purpose of the proposed research is to explore how multi-sectoral collaboration occurs for PHEP and ZD related activities implemented under the Global Health Security Agenda (GHSA). The research will employ a multiple-case study design in Ethiopia, focusing on the GHSA technical areas of PHEP and ZD as the cases. The study seeks to understand the landscape of stakeholders engaged in PHEP and ZD related capacity development, and their perspectives on one another's roles and contributions to efforts. This research will also examine stakeholder perceptions on barriers and facilitators to collaboration under GHSA, overall and in each technical area via in-depth interviews. Finally, this study will utilize an adapted questionnaire that measures collaboration across five key domains to foster dialogue between partners on the strength of multi-sectoral collaboration in Ethiopia for GHSA related ZD and PHEP activities. Participants will be able to provide feedback to these questionnaires through a workshop. Research findings will be compared across the two technical areas to understand similarities and differences in stakeholder environments and partner perspectives on collaboration under GHSA; they can also be used to identify opportunities to amplify successes and overcome challenges for stakeholders to collaborate across sectors—in Ethiopia and other countries—to achieve ZD and PHEP goals under GHSA. CDC will disseminate information and findings through presentations, publications, and summary reports to stakeholders and interested members of the public. This research can enrich understanding among stakeholders of one another's perspectives on collaborative efforts, and encourage further dialogue on how to best facilitate multi-sectoral collaboration for broad global agendas such as GHSA, and improved health outcomes overall. CDC is requesting a two year approval for this information collection. Information collection activities will begin approximately one month after OMB approval.

The total estimated cost to respondents for their participation in this proposed information collection is $12,483.20. The total estimated burden to respondents is 320 hours.

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)
Emergency Management Directors	In-depth interviews	80	1	1	80
Emergency Management Directors	Questionnaire	80	1	1	80
Emergency Management Directors	Questionnaire Feedback	40	1	4	160
Total					320

Jeffrey M. Zirger,

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. 2018–18179 Filed 8–22–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Board of Scientific Counselors (BSC), Office of Infectious Diseases (OID)

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the BSC, OID. The BSC, OID, consists of 17 experts in fields associated with the issues addressed by CDC's infectious disease national centers (*e.g.,* respiratory diseases, antimicrobial resistance, foodborne diseases, zoonotic and vectorborne diseases, sexually transmitted diseases) and specialties, including clinical and public health practice (including state and local health departments), research and diagnostics, bioinformatics, health policy/communications, and industry.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the committee's objectives. Nominees will be selected based on expertise in the fields of infectious diseases and related specialties. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms.

Selection of members is based on candidates' qualifications to contribute to the accomplishment of BSC, OID, objectives (*www.cdc.gov/oid/BSC.html*).

DATES: Nominations for membership on the BSC, OID, must be received no later than October 31, 2018. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to BSC, OID, MS H–24–12, 1600 Clifton Road, Atlanta, GA 30329, or emailed (recommended) to *SWiley@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: Sarah Wiley, M.P.H., Senior Advisor, Office of Infectious Diseases, CDC, MS H–24–12, 1600 Clifton Road, Atlanta, GA 30329, 404–639–2100, *SWiley@cdc.gov.*

SUPPLEMENTARY INFORMATION: The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for BSC, OID membership each year, and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in October 2019, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. SGE Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address).
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, NIH, FDA, etc.).

Nominations may be submitted by the candidate him- or herself, or by the person/organization recommending the candidate.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2018–18187 Filed 8–22–18; 8:45 am]

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