

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHL Fellowship Applicants .....	PHL Fellow Application .....	200	1	7/60
PHL Fellowship Participants .....	PHL Fellow Welcome Survey .....	70	1	6/60
PHL Fellowship Participants .....	PHL Fellow End-of-Program Survey .....	70	1	7/60
PHL Fellowship Participants .....	PHL Fellow Focus Group .....	30	1	60/60
PHL Fellowship Alumni .....	PHL Fellowship Alumni Survey .....	70	1	10/60
PHL Fellowship Host Site Applicants .....	PHL Fellowship Host Site Application .....	50	1	21/60
PHL Fellowship Host Site Supervisors .....	PHL Fellowship Host Site Welcome Survey ..	40	1	5/60
PHL Fellowship Host Site Supervisors .....	PHL Fellowship Host Site End-of-Program Survey.	40	1	12/60
PHL Fellowship Host Site Supervisors .....	PHL Fellowship Host Site Supervisor Interview.	40	1	60/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office,  
Office of Public Health Ethics and  
Regulations, Office of Science, Centers for  
Disease Control and Prevention.

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BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Solicitation of Nominations for Appointment to the World Trade Center Health Program Scientific/Technical Advisory Committee

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee (WTCHP-STAC), in accordance with provisions of the James Zadroga 9/11 Health and Compensation Act of 2010. The WTCHP-STAC consists of 17 members including experts in fields associated with occupational medicine, pulmonary medicine, environmental medicine, environmental health, industrial hygiene, epidemiology, toxicology, and mental health, and representatives of WTC responders as well as representatives of certified-eligible WTC survivors.

**DATES:** Nominations for membership on the STAC must be received no later than November 20, 2023. Packages received after this time will not be considered for the current membership cycle.

**ADDRESSES:** All nominations should be mailed to NIOSH Docket 229-K, c/o Mia Wallace, Committee Management Specialist, National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop V24-4, Atlanta, Georgia 30329-4027, or emailed to [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov).

**FOR FURTHER INFORMATION CONTACT:** Tania Carreón-Valencia, Ph.D., MS, Designated Federal Officer, World Trade Center Health Program Scientific/Technical Advisory Committee, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop R-12, Atlanta, Georgia 30329-4027.

Telephone: (513) 841-4515 (this is not a toll-free number); Email: [TCarreonValencia@cdc.gov](mailto:TCarreonValencia@cdc.gov).

**SUPPLEMENTARY INFORMATION:** The World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee (WTCHP-STAC) reviews scientific and medical evidence and makes recommendations to the Administrator of the WTC Health Program on additional Program eligibility criteria and additional WTC-related health conditions, reviews and evaluates policies and procedures used to determine whether sufficient evidence exists to support adding a health condition to the List of WTC-Related Health Conditions, makes recommendations regarding individuals to conduct independent peer reviews of the scientific and technical evidence underlying a final rule adding a condition to the List of WTC-Related Health Conditions, and provides consultation on research regarding certain health conditions related to the September 11, 2001, terrorist attacks.

Nominations are sought for individuals with the expertise and qualifications necessary to accomplish the Committee's objectives. The Administrator of the WTC Health

Program is seeking nominations for members fulfilling the following categories:

- Two representatives of certified-eligible survivors;
- Mental health professional;
- Industrial hygienist;
- Occupational physician with expertise in treating WTC rescue and recovery workers;
- Physician with expertise in pulmonary medicine; and
- Representative of WTC responders.

Members may be invited to serve for four-year terms. Selection of members is based on candidates' qualifications to contribute to accomplishing WTCHP-STAC objectives. More information on the Committee is available at <https://www.cdc.gov/wtc/stac.html>.

Department of Health and Human Services (HHS) 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, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. NIOSH identifies potential candidates and provides a slate of nominees for consideration to the Director of the Centers for Disease Control and Prevention (CDC) for STAC membership each year; CDC reviews the

proposed slate of candidates 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, 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.

Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address);
- The category of membership (environmental medicine or environmental health specialist, occupational physician, pulmonary physician, representative of WTC responders, certified-eligible WTC survivor representative, industrial hygienist, toxicologist, epidemiologist, or mental health professional) that the candidate is qualified to represent;
- A summary of the background, experience, and qualifications that demonstrates the candidate's suitability for the nominated membership category; and
- At least one letter of recommendation from person(s) not employed by HHS. 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, National Institutes of Health, Food and Drug Administration).

Nominations may be submitted by the candidate or by the person/organization recommending the candidate.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

**Kalwant Smagh,**

*Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-24-1307]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled "Shigella Hypothesis Generating Questionnaire (SHGQ)" to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on July 14, 2023 to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under 30-day Review—Open

for Public Comments" or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

#### Proposed Project

Shigella Hypothesis Generating Questionnaire (SHGQ) (OMB Control No. 0920-1307, Exp. 11/30/2023)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Shigella are a family of bacteria that cause the diarrheal disease shigellosis. It is estimated that Shigella causes about 450,000 cases of diarrhea in the United States annually, with increasing evidence of antimicrobial resistance. From 2009 through 2021, there have been 1,252 outbreaks of shigellosis in the United States, with most of these outbreaks attributed to person to person spread. Outbreaks of shigellosis have been reported in a range of settings such as community-wide, daycares, schools, restaurants, and retirement homes. Outbreaks of shigellosis have impacted a range of populations such as children, men who have sex with men, people experiencing homelessness, tight knit religious communities, international travelers, and refugees/displaced persons. Finally, outbreaks of shigellosis have been attributed to a range of transmission modes including person-to-person/no common source, sexual person-to person contact, contaminated food, and contaminated water.

As part of *Shigella* outbreak investigations, it is common for state and local health departments to conduct comprehensive interviews with cases and contacts to identify how individuals became sick with shigellosis, to identify individuals who could have come into contact with an individual sick with shigellosis, and to identify strategies to control the cluster or outbreak. As person-to-person contact is the most common mode of transmission for shigellosis, and shigellosis is highly contagious, it can be challenging to identify how individuals could have become ill. As a result, comprehensive hypothesis generating questionnaires focused on a range of settings, activities, and potential modes of transmission are needed to guide prevention and control activities.