into a web system administered by CDC. Information is collected from these records about the characteristics of the victims and suspects, the circumstances of the deaths, and the weapons involved. States use standardized data elements and software designed by CDC. Ultimately, this information will guide states in designing, targeting, and evaluating programs that reduce multiple forms of violence. Neither victim's families nor suspects are contacted to collect this information; it all comes from existing records and is collected by state health department staff or their subcontractors. The number of hours per death required for the public agencies working with NVDRS states to retrieve and then refile their records is estimated to be 0.5 hours per death.

The president has submitted plans to fund the expansion of the state-based surveillance system to collect information in all 50 U.S. states, the District of Columbia, and U.S. territories. This revision will allow 32 new state health departments, the health department of the District of Columbia, and 7 territorial governments to be added to the currently funded 18 state health departments, resulting in a total of 58 public health agencies, which include the 50 U.S. states, the District of Columbia, and territories to be included in the state-based surveillance system. Violent deaths include all homicides, suicides, legal interventions, deaths from undetermined causes, and unintentional firearm deaths. The average state will experience approximately 1,000 such deaths each year.

In the past, abstractors' time was included as burden as they were not compensated to abstract data from death certificates. Moving forward, we will no longer include state abstractors' time spent abstracting data in our estimates of public burden for NVDRS because state abstractors are funded by CDC to do this work. This significantly reduces the estimated public burden associated with NVDRS.

There are no costs to respondents other than their time. The total estimated annual burden hours are 29,000.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Responses per respondent	Average burden per response (in hrs.)
Public Agencies	NVDRS Web System	58	1,000	30/60

Leroy Richardson,

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. 2014–16841 Filed 7–16–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interagency Task Force on Antimicrobial Resistance (ITFAR) Public Meeting

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

ACTION: Notice of public meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH), all located within the Department of Health and Human Services, in collaboration with partner agencies, announce a public meeting concerning antimicrobial resistance. CDC, FDA, and NIH serve as Co-Chairs to the Interagency Task Force on Antimicrobial Resistance (ITFAR). The purpose of the meeting is to communicate the strategic direction of ITFAR in the fight against antimicrobial resistance, centering on current work and future direction in this area.

DATES: The public meeting will be held at the Ronald Reagan Building and International Trade Center in Washington, DC, on Thursday, September 4, 2014, from 1:00 p.m. to 5:00 p.m.

Deadline for Registration for all Attendees: All attendees must register by 12:00 p.m. EDT, Monday, August 18, 2014.

Deadline for Requests for Special Accommodation: Special accommodation requests must be submitted to *ITFAR@cdc.gov* by 12:00 p.m. EDT, Monday, August 18, 2014.

ADDRESSES: The public meeting will be held at the Ronald Reagan Building and International Trade Center, Horizon Ballroom, 1300 Pennsylvania Avenue NW., Washington, DC 20004; Telephone: 202–312–1300.

Participants should be aware that the meeting location is a Federal government building; therefore, Federal security measures are applicable. Please see Building and Security Guidelines for information on security requirements. Additional visitor information is available at *http://www.itcdc.com.*

FOR FURTHER INFORMATION CONTACT: Stephanie Gumbis, Office of Antimicrobial Resistance, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop A–28, Atlanta, GA 30329; Telephone 404–639–4000; Email *ITFAR@cdc.gov.*

SUPPLEMENTARY INFORMATION:

1. Background

The Interagency Task Force on Antimicrobial Resistance (ITFAR) was created in 1999 in recognition of the increasing importance of antimicrobial resistance (AR) as a public health threat. The ITFAR coordinates the activities of federal agencies in addressing antimicrobial resistance and is co-chaired by HHS/CDC, HHS/FDA, and HHS/NIH. Other HHS Task Force members include the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), the HHS Office of the Assistant Secretary for Preparedness and Response (HHS/ASPR) and the HHS Office of the Assistant Secretary of Health (HHS/OASH). Non-HHS Task Force members include the Department of Agriculture (USDA), the Department of Defense (DoD), the Department of Veterans Affairs (VA), and the Environmental Protection Agency (EPA).

In 2001, the ITFAR developed an initial action plan to combat AR. This plan, titled ''A Public Health Action Plan to Combat Antimicrobial Resistance,'' outlined specific goals, actions, and implementation steps important for addressing the problem of

antimicrobial resistance. Action items were organized into focus areas: Surveillance, Prevention and Control, Research, and Product Development. The 2001 Action Plan was revised in 2011 and 2012 to address the evolving threat of antimicrobial resistance. A revised draft of the Action Plan is under development and will be available for public comment later this year.

2. Public Comment and Meeting

The public meeting process provides an opportunity for the public to comment on the activities of the ITFAR to date. The agenda will consist of welcome and introductory comments followed by sessions centering on specific topics in each of the three focus areas of the Action Plan: Surveillance, Prevention and Control of Antimicrobial Resistance; Research; and Regulatory Pathways to Promote Product Development. Each session will include presentations by the ITFAR members on the strategic direction of government agencies for that Focus Area followed by brief presentations from invited partner organizations. The session will end with a moderated question and answer session with the audience. The meeting will then be open for comments from the general public. The agenda is subject to change without notice.

Comments and suggestions from the public on the ITFAR or any of the focus areas of the Action Plan will be reviewed and carefully considered by the ITFAR. The public should be aware that this meeting agenda does not include development of consensus positions, guidelines, interrogatories, or discussions or endorsement of specific commercial products.

3. Registration To Attend or Participate in the Public Meeting

Participants are asked to preregister to ensure sufficient space. Seating capacity is limited to 200 persons. To register, please send an electronic mail message to *ITFAR@cdc.gov* by 12:00 p.m. EDT, Monday, August 18, 2014. Your email should include your name, and email address. Because of time restrictions, the moderated question and answer session with the audience and the time for comments from the general public will be limited by the time allotted on the agenda. However, additional comments may be submitted in writing following the public meeting; instructions for submission are listed in **ADDRESSES**.

4. Building and Security Guidelines

The meeting is being held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival, please take into account the need to clear security. All visitors entering the Ronald Reagan Building must procede as directed through security checkpoints and present government-issued photo identification (e.g., a valid Federal identification badge, state driver's license, state non-driver's license, or passport). All visitors entering the building must pass through a metal detector. All items brought to Ronald Reagan Building may be subject to inspection.

Dated: July 14, 2014.

Ron A. Otten,

Acting Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2014–16790 Filed 7–16–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–N–0987]

Agency Information Collection Activities; Proposed Collection; Comment Request; Quantitative Testing as Used by the Food and Drug Administration Center for Tobacco Products

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information and to allow 60 days for public comment in response to the notice. This notice solicits comments on quantitative testing as used by the Food and Drug Administration Center for Tobacco Products.

DATES: Submit either electronic or written comments on the collection of information by September 15, 2014.

ADDRESSES: Submit electronic comments on the collection of information to *http://www.regulations.gov*. Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, *PRAStaff@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION: Under the 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. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes Agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal Agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate and other forms of information technology.

Quantitative Testing as Used by the Food and Drug Administration Center for Tobacco Products (OMB Control Number 0910—NEW)

In order to conduct educational and public information programs relating to tobacco use as authorized by section 1003(d)(2)(D) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 393(d)(2)(D)), FDA's Center for Tobacco Products will create and use a variety of media to inform and educate the public, tobacco retailers, and health professionals about the risks of tobacco use, how to quit using tobacco products, and FDA's role in regulating tobacco.