related adverse events, contaminated medical products and devices, and adverse drug events; (7) communicates the results of response activities with Federal and state agencies, healthcare providers, and the public, with recommendations to prevent similar adverse events in the future; and (8) provides leadership and expert consultation, guidance, and technical support to and collaborates with other CDC CIOs and divisions, other HHS Operating Divisions, and extramural domestic partners, on the epidemiology, prevention, and control of HAI, AR, and related adverse events; (9) implements state activities to prevent HAI and AR across healthcare; and (10) leads CDC activities to promote antimicrobial stewardship in all healthcare settings.

Surveillance Branch (CVLDD). (1) Monitors and evaluates on the national level the extent, distribution, and impact of HAI, antimicrobial use and resistance, adverse drug events, healthcare worker safety events, and adherence to clinical processes and intervention programs designed to prevent or control adverse exposures or outcomes in healthcare; (2) provides services, including leadership, consultation, and analysis support, for statistical methods and analysis to investigators in the branch, division, and other organizations responsible for surveillance, research studies, and prevention and control of HAI and other healthcare-associated adverse events; (3) works with the Centers for Medicare and Medicaid Services and other partners to develop new metrics and support maintenance of National Quality Forum-approved metrics; (4) collaborates with public and private sector partners to further standardize, integrate, and streamline systems by which healthcare organizations collect, manage, analyze, report, and respond to data on clinical guideline adherence, HAI, including transmission of multi-drug resistant organisms, and other HAI; (5) coordinates, further develops, enables wider use, and maintains NHSN to obtain scientifically valid clinical performance indices that promote healthcare quality and value at the facility, state, and national levels; (6) develops and implements new NHSN modules and provides enrollment and user support for NHSN; (7) improves surveillance systems by utilizing new technology; (8) generates and provides NHSN surveillance reports and analyses, which include collaborative analytic projects with partners; and (9) leads CDC's national adverse drug events surveillance activities and seeks to translate population-based surveillance data into evidence-based policies and targeted, innovative and collaborative interventions.

Immunization Safety Office (CVLDE). Assesses the safety of new and currently available vaccines received by children, adolescents and adults using a variety of strategies: (1) Conducts ongoing surveillance for the timely detection of possible adverse events following immunization (AEFI) in collaboration with the Food and Drug Administration (FDA), through coordination and management of the Vaccine Adverse Event Reporting System, the national reporting system that acts as an early-warning system to detect health conditions that may be associated with immunization; (2) coordinates, further develops, maintains and directs activities of the Vaccine Safety Datalink (VSD), a collaborative effort with integrated healthcare organizations, to conduct surveillance and investigate possible AEFI to assess causality and determine risk factors; (3) conducts epidemiologic research on causality of AEFI using the VSD and other data sources, and provides national estimates of incidence of AEFI and background rates of health conditions; (4) leads the nation in developing biostatistical methods for research of AEFI using large linked databases and other data sources, and shares methods for use by other Agencies and public and private entities; (5) conducts clinical research to identify causes of adverse events after immunization, specific populations susceptible to specific adverse events, and prevention strategies through the Clinical Immunization Safety Assessment network, a national network of medical research centers, and other efforts; (6) applies findings from epidemiologic and clinical studies to develop strategies for prevention of AEFI; (7) provides global consultation and leadership for the development, use, and interpretation of vaccine safety surveillance systems, and for the development of shared definitions of specific health outcomes through participation in the Brighton Collaboration and other international organizations; (8) provides data for action to HHS, the Advisory Committee on Immunization Practices, the FDA's Vaccine and Related Biological Products Advisory Committee, Health Resources and Services Administration's Advisory Commission on Childhood Vaccines, and collaborators around the globe including the WHO Global Advisory Committee on Vaccine Safety; and (9) provides timely, accurate communication and education to partners and the public on vaccine safety concerns.

Epidemiology Research and Innovations Branch (CVLDG). (1) Identifies and evaluates the efficacy of interventions to prevent HAI and related adverse events or medical errors across the spectrum of healthcare delivery sites including acute and long-term inpatient care, dialysis, and ambulatory settings; (2) identifies gaps in HAI-related knowledge, and conducts prevention research through the Prevention Epicenters cooperative agreements program and Safety and Healthcare Epidemiology Prevention Research Development research contracts; (3) conducts and supports research and evaluates impact of public health practices to prevent HAI, antimicrobial resistance, and related adverse events; (4) improves methods and enables wider use of clinical performance measurements by healthcare facilities and public health entities for specific interventions and prevention strategies designed to safeguard patients and healthcare workers from risk exposures and adverse outcomes through collaborations with extramural partners; (5) conducts applied research to identify and develop innovative methods to detect and monitor HAI and antimicrobial resistance; (6) conducts special studies to identify key risk factors for and provides national estimates of targeted, healthcare-associated adverse events, antimicrobial use and resistance patterns, and the extent to which prevention and control safeguards are in use to protect at-risk patients across the spectrum of healthcare delivery sites; (7) develops new ways to assess the impact of HAI prevention programs; (8) conducts analysis of the return on investment and costs related to prevention efforts and impact of HAI prevention programs; and (9) works with the Emerging Infections Program (EIP) and other partners to identify emerging issues.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2016–23213 Filed 9–26–16; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of

Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 81 FR 54091–54094, dated August 15, 2016) is amended to reflect the reorganization of the Office of the Director, National Center for Emerging and Zoonotic Infectious Diseases, Office of Infectious Diseases, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Insert item (10) ensures compliance with and manages the infectious diseases Clinical Laboratory Improvement Amendments (CLIA) unit within the *Office of Infectious Diseases (CV),* and renumber remaining items accordingly.

Delete item (5) ensures scientific quality and ethical and regulatory compliance of center activities within the *National Center for Emerging and Zoonotic Infectious Diseases (CVL), Office of the Director (CVL1),* and renumber remaining items accordingly.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2016–23212 Filed 9–26–16; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request Proposed Projects:

Title: Voluntary Acknowledgement of Paternity and Required Data Elements for Paternity Establishment Affidavits.

OMB No.: 0970–0171.

Description: Section 466(a)(5)(C) of the Social Security Act requires States to enact laws ensuring a simple civil process for voluntarily acknowledging paternity via an affidavit. The development and use of an affidavit for the voluntary acknowledgment of paternity would include the minimum requirements of the affidavit specified by the Secretary under section 452(a)(7) and give full faith and credit to such an affidavit signed in any other State according to its procedures. The State must provide that, before a mother and putative father can sign a voluntary acknowledgement of paternity, the mother and putative father must be given notice, orally and in writing of the alternatives to, the legal consequences of, and the rights (including any rights, if one parent is a minor, due to minority status) and responsibilities of acknowledging paternity. The affidavits will be used by hospitals, birth record agencies, and other entities participating in the voluntary paternity establishment program to collect information from the parents of nonmarital children.

Respondents: The parents of nonmarital children and State and Tribal IV–D agencies, hospitals, birth record agencies and other entities participating in the voluntary paternity establishment program.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents/ partner	Number of responses per respondent/ partner	Average burden hours per response	Total burden hours
Training	130,330	1	1	130,300
Paternity Acknowledgment Process	2,606,596	1	0.17	443,121
Data Elements	54	1	1	54
Ordering Brochures	2,606,596	1	.08	208,528

Estimated Total Annual Burden Hours: 782,003.

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chap 35) Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington DC 20201. Attn: ACF Reports Clearance Officer. Email address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2016–23274 Filed 9–26–16; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the 2018 Physical Activity Guidelines Advisory Committee

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act (FACA), the U.S. Department of Health and Human Services (HHS) is hereby giving notice that a meeting of the 2018 Physical Activity Guidelines Advisory Committee (2018 PAGAC or Committee) will be held. This meeting will be open to the public.

DATES: The meeting will be held on October 27, 2016, from 2:15 p.m. E.D.T. to 5 p.m. E.D.T. and on October 28, 2016, from 8:00 a.m. E.D.T. to 3:30 p.m. E.D.T.

ADDRESSES: The meeting will be accessible by webcast on the Internet or by attendance in-person. For in-person participants, the meeting will take place in the National Institutes of Health (NIH) Masur Auditorium, NIH Clinical Center, Building 10. The facility is