of questions that patients would like to ask their provider. These behavior change tips and questions are also populated on a Patient Handout that patients may share with their provider. As such, PHC supports patients and providers during their clinical encounter and promotes communication. Finally, the PHC intervention has been designed from the onset for wide-scale dissemination. Its flexible digital strategy provides access on multiple devices and platforms. This approach makes PHC an important intervention strategy to improve public health in communities that have a high incidence of HIV infection.

This data collection has four primary aims: (1) Implement a randomized trial to test the efficacy of the PHC intervention for improving clinical health outcomes, specifically viral load and retention in care; (2)conduct a feasibility assessment to determine strategies to facilitate implementation and integration of PHC into HIV primary care clinics; (3) collect and document data on the cost of PHC intervention implementation; and (4) document the standard of care at each participating clinic. The awardee of this cooperative agreement is RTI. RTI has subcontracted with four clinical sites to implement the trial. The sub-contractors are the Atlanta VA Medical Center (Atlanta, Georgia), Hillsborough County Health Department (Tampa, Florida), Rutgers Infectious Disease Practice (Newark, New Jersey), and Crescent Care (New Orleans, Louisiana). The four clinical sites are well suited for this work, given the high rates of patients with elevated viral loads.

During the 24-month implementation period, 1,010 patients will be enrolled into the trial (505 intervention arm and 505 control arm) across the four clinics to evaluate the effectiveness of the PHC intervention. To assess the effectiveness of the PHC intervention, patients randomized to the intervention arm will provide their responses to the patient tailoring questions embedded within the intervention and all enrolled patients will consent to have their de-identified clinical values be made available via passive data collection via the electronic medical record. In addition to the main trial, three to five key staff at each clinic site will be selected to participate in the PHC feasibility assessment which includes an online survey and qualitative interviews.

Finally, clinic staff who participate in the implementation of the PHC intervention will provide data on the cost of implementing the PHC intervention. It is estimated that the total burden hours for all data collection activities is 315.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total response burden (in hours)
Persons eligible for study	PHC intervention trial consent	505	1	5/60	42
	Staff online survey consent	20	1	5/60	2
Enrolled participants	PHC tailoring questions	505	3	5/60	126
	Online clinic staff survey	20	3	15/60	15
	Clinic staff qualitative interview	20	3	40/60	40
	Non-research labor cost questionnaire	12	3	75/60	45
	PHC labor cost questionnaire	12	3	75/60	45
Total					315

Leroy A. 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2013–0021; Docket Number NIOSH–245, 245–A]

Issuance of Final Guidance Publication

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of issuance of final guidance publication.

SUMMARY: NIOSH announces the availability of the following final publication: ''Criteria for a Recommended Standard: Occupational Exposure to Diacetyl and 2,3-pentanedione'' [DHHS(NIOSH) Publication Number 2016–111].

DATES: The final criteria document was published October 31, 2016.

ADDRESSES: This document may be obtained at the following link: *http://www.cdc.gov/niosh/docs/2016–111.*

FOR FURTHER INFORMATION CONTACT: Lauralynn McKernan, NIOSH/Division of Surveillance, Hazard Evaluations and Field Studies, 1090 Tusculum Avenue, MS R–12, Cincinnati, OH 45226. 513–533–8542 (not a toll free number).

SUPPLEMENTARY INFORMATION: On July 25, 2011, NIOSH published a notice of public meeting and request for comments on the draft ''Criteria for a Recommended Standard: Occupational Exposure to Diacetyl and 2,3-pentanedione.'' in the **Federal Register** (76 FR 44338). On October 18, 2011, NIOSH published an extension of comment period (76 FR 64353). On April 11, 2012, NIOSH published an expanded charge for peer reviewers (77 FR 21777) and then on December 26, 2013, NIOSH published another notice (78 FR 78363) for review of revised Chapters 6 and 8 of the Criteria document. All comments received were reviewed and accepted where appropriate. Comments for Docket 245 are available at: *http://www.cdc.gov/niosh/docket/archive/docket245.html.* Comments for Docket 245–A can be found in the docket at: *www.regulations.gov*, Docket No. CDC–2013–0021.

Dated: October 28, 2016.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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