Dated: May 7, 2007.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–9269 Filed 5–14–07; 8:45 am]

BILLING CODE 4163-18-P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

[30 Day-07-05DA]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

#### **Proposed Project**

Surveillance of HIV/AIDS Related Events Among Persons Not Receiving Care-New-National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

A committee from the Institute of Medicine (IOM) recently reviewed, at the request of Congress, the status of HIV/AIDS surveillance in the U.S. In the resulting report, three populations of interest were outlined, including persons infected with HIV, who have a diagnosis of HIV but are not receiving care.

There are approximately 1 million HIV-infected persons in the United States. Of these, an estimated 75 percent know they are infected, but approximately half of those who know they are infected do not have evidence of having received any medical care for their HIV infection. Existing HIV/AIDS surveillance systems provide little information about HIV-infected persons who are not receiving care, especially those who have never entered care. In addition, an estimate of the size and immunologic status of the latter group is critically important for estimating resources needed to support linkage to care. Furthermore, identifying factors related to not being linked to care will be important in designing effective interventions.

Based on the IOM recommendations and to address the needs described above, CDC is working with state and local health departments in five project areas to pilot a population-based supplemental surveillance system, "Surveillance of HIV/AIDS Related **Events Among Persons Not Receiving** Care," also called the Never In Care (NIC) Project. The NIC Project is designed to describe HIV-infected persons who are at least 90 days post diagnosis and have never received HIV care. The project will be conducted over a three-year period and will obtain data on a total of 1,000 persons (approximately 500 per year) with HIV/ AIDS. The data collection will include interview-based data only.

The methods were developed in light of recommendations from the IOM, an

earlier population-based survey of persons receiving care for HIV infection, and earlier CDC pilots of populationbased methods.

For this proposed data collection, participating public health jurisdictions will conduct structured interviews with HIV-infected persons identified using their HIV/AIDS surveillance and supplemental laboratory databases or through HIV diagnostic and case management service providers. The target number of structured interviews is 1,000 over 2 years of data collection. Qualitative interviews will be conducted with the first 75 persons who agree to a second interview. The information to be collected includes demographic data, HIV testing history, high-risk drug use and sexual behaviors, reasons for not using health care and treatment, and unmet needs.

Results from this project will be used to develop estimates of the medical services and resources needed for persons who are infected with HIV, but who have not received medical care and treatment. Additionally, new data related to those not receiving care may be used to design effective interventions for linking persons to care. The data will have implications for policy, program development, and resource allocation at the state/local and national levels.

Users of NIC data include, but are not limited to, Federal agencies, state and local health departments, clinicians, researchers, and HIV prevention and care planning groups. Participation in the data collection is voluntary and there is no cost to respondents to participate in the survey other than their time. The total estimated annualized burden hours is 325.

#### **ESTIMATED ANNUALIZED BURDEN HOURS**

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Structured Interview	500	1	30/60
	75	1	1

Dated: May 7, 2007.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–9272 Filed 5–14–07; 8:45 am]

BILLING CODE 4163-18-P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-07-0669]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 or send comments to Maryam Daneshvar, Acting CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited 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) ways to enhance 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. Written comments should be received within 60 days of this notice.

#### **Proposed Project**

Evaluation of State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases— Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" project was established by CDC to prevent and control obesity and other chronic diseases by supporting States in the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports and the social marketing process. The goal of the programs in this project is to attain population-based behavior change such as increased physical activity and better dietary habits; this leads to a reduction in the prevalence of obesity, and ultimately to a reduction in the prevalence of chronic diseases. The evaluation questions for "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" have been designed to focus on the recipient activities as outlined in the original funding announcement:

- Capacity building
- Collaboration
- Planning
- Monitoring the burden of obesity
- Intervention
- Evaluation

Within each of these areas, the plan identifies specific evaluation questions that have been chosen for study. The evaluation questions are asked of the funded states via a web-based data collection system supported by an electronic database every 6 months during the funding cycle. The project will continue to be conducted over a 3-year period.

There are no costs to respondents except their time to participate in the survey.

### ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
State Project Coordinators of Funded State Programs	28 28	2 2	8 4	448 224
Total	56			672

### Dated: May 7, 2007. Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention. [FR Doc. E7–9274 Filed 5–14–07; 8:45 am]

[FK DOC. E7-9274 Filed 5-14-07; 6:45

BILLING CODE 4163-18-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

[60 Day-07-0658]

# Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited 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)