Dated: June 22, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–12504 Filed 6–27–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[60 Day–07–0307]

Centers for Disease Control and Prevention; 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 email 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

The Gonococcal Isolate Surveillance Project (GISP) (OMB No. 0920–0307)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The objectives of GISP are: (1) To monitor trends in antimicrobial susceptibility of strains of *Neisseria gonorrhoeae* in the United States and (2) to characterize resistant isolates. GISP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations. GISP was established in 1986 as a voluntary surveillance project and now involves 5 regional laboratories and 30 publicly funded sexually transmitted disease clinics around the country. The STD clinics submit up to 25 gonococcal isolates per month to the regional laboratories, which measure susceptibility to a panel of antibiotics. Limited demographic and clinical information corresponding to the isolates are submitted directly by the clinics to CDC.

During 1986–2006, GISP has demonstrated the ability to effectively achieve its objectives. The emergence of resistance in the United States to penicillin, tetracyclines, and now fluoroquinolones was identified through GISP and makes ongoing surveillance critical. Increased prevalence of fluoroquinolone-resistant *N. gonorrhoeae* (QRNG) as seen in GISP data has prompted the CDC to update the treatment recommendations for gonorrhea in the CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006 and to release an MMWR article stating the CDC no longer recommended fluoroquinolones for treatment of gonococcal infections (CDC, MMWR, Vol. 56, No. 14, 332–336).

Under the GISP protocol, clinics are asked to provide 25 isolates per month. However, due to low volume at some sites, clinics submit an average of 20 isolates per clinic per month, providing an average of 121 isolates per laboratory per month. For Forms 1 and 2, a ''response'' is defined as the laboratory processing and data collection/processing associated with an individual gonococcal isolate from an individual patient. The estimated time for clinical personnel to abstract data for Form 1 is 11 minutes per response (20 isolates per clinic per month; the total number of responses per 30 clinics is 240). Based on previous laboratory experience in analyzing the gonococcal isolates, the estimated burden for each participating laboratory for Form 2 is 1 hour per response, which includes the time required for laboratory processing of the client's isolate, gathering and maintaining the data needed, and completing and reviewing the collection of information. We estimate 121 gonococcal isolates per laboratory each month (total number of responses per 5 laboratories is 1,452). For Form 3, a ''response'' is defined as the laboratory processing and recording of laboratory data for a set of 7 control strains. It takes approximately 12 minutes to process and record the laboratory data on Form 3 for one set of 7 control strains, of which there are 4 sets (total number of responses per 5 laboratories is 48). There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Types of forms	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Clinic:				
Form 1	30	240	11/60	1,320
Laboratory:				
Form 2	5	1,452	1	7,260
Form 3	5	48	12/60	48
Total				8,628

Dated: June 22, 2007.

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[FR Doc. E7–12505 Filed 6–27–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Program Peer Review Subcommittee (PPRS) of the Board of Scientific Counselors (BSC), National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)

In accordance with section 10(a)(2) of the Federal AdvisoryCommittee Act (Pub. L. 92–463), Centers for Disease Control and Prevention (CDC), announces the following teleconference for the aforementioned subcommittee:

Time and Date: 3 p.m.–5 p.m., July 16, 2007 (Open).

Place: The teleconference will originate at NCEH/ATSDR in Atlanta, Georgia. To participate, dial 877/315–6535 and enter conference code 383520.

Purpose: Under the charge of the BSC, NCEH/ATSDR, the PPRS will provide the BSC, NCEH/ATSDR with advice and recommendations on NCEH/ATSDR Program Peer Review. They will serve the function of organizing, facilitating, and providing a long-term perspective to the conduct of NCEH/ ATSDR Program Peer Review.

Matters To Be Discussed: Review and approve the previous Meeting Minutes; Discuss Preparedness and Emergency Response Peer Review; Identify a PPRS Member to participate on the Preparedness Review Workgroup, and areas of expertise needed for the Review; Identify Peer Reviewers, Partners, and Customers to participate on the Workgroup, and Draft the Peer Review Site Visit Agenda.

Agenda items are subject to change as priorities dictate.

Supplementary Information: This meeting is scheduled to begin at 3 p.m. Eastern Daylight Saving Time. Public comment period is scheduled for 4:15–4:25 p.m.

Contact Person for More Information: Sandra Malcom, Committee Management Specialist, Office of Science, NCEH/ATSDR, Mail Stop E–28, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone 404/498–0622.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Diane Allen,

Acting Director, Management Analysis and Services Office,Centers for Disease Control and Prevention.

[FR Doc. E7–12507 Filed 6–27–07; 8:45 am]

BILLING CODE 4163–18–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 67772–67776, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 72 FR 19522–19528, dated April 18, 2007) is amended to reflect the reorganization of the Division of Nutrition and Physical Activity within the National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows: Delete in its entirety the title and functional statements for the *Division of Nutrition and Physical Activity (CUCH), National Center for Chronic Disease Prevention and Health Promotion (CUC), Coordinating Center for Health Promotion (CU)*, and insert the following:

Division of Nutrition, Physical Activity, and Obesity Prevention (CUCH). (1) Provides national and international leadership to chronic disease prevention and maternal and child health in the areas of nutrition, physical activity, and obesity prevention; (2) implements surveillance and surveillance systems to track and analyze nutrition problems, physical inactivity, and related risk factors; (3) builds state capacity to collect and utilize surveillance data; (4) builds international, national, state, and local expertise and capacity in nutrition, physical activity, and obesity prevention through consultation and training; (5) provides technical assistance and other support to enable state and local health agencies to plan, implement, and evaluate nutrition, physical activity, and obesity prevention programs; (6) contributes to the science base by conducting epidemiologic and intervention studies related to nutrition, physical activity and obesity; (7) ensures that scientific and programmatic efforts span the arenas of policy, environment, communications, social, and behavioral interventions; (8) develops and disseminates new methods, guidelines, and criteria for effective nutrition, physical activity, and obesity prevention programs; (9) collaborates with appropriate Federal and state agencies, international/national/ community organizations, and other CDC partners; (10) provides national leadership in health communications to promote nutrition and physical activity, and integrate health communications efforts with overall program efforts; and (11) facilitates the translation and dissemination of research findings into public health practice for optimal health impact.

Office of the Director (CUCH1). (1) Provides leadership and direction in establishing division priorities, strategies, programs, and policies; (2) plans and directs resources and activities in alignment with division goals and objectives; (3) mobilizes and coordinates partnerships and constituencies to build a national infrastructure for nutrition and physical activity promotion and obesity prevention; (4) educates healthcare professionals, businesses, communities, the general public, and key decision-makers about the importance of nutrition and physical activity in prevention obesity and their impact on chronic disease and public health; (5) facilitates cross-functional activities and operations throughout NCCDPHP and coordination with other NCs, constituencies, and Federal agencies; (6) monitors progress toward achieving division goals and objectives and assesses the impact of programs; (7) provides special training and capacity building activities in support of division programs; (8) provides administrative and management support for division activities; (9) provides leadership to the division and field of staff for health communication efforts to promote nutrition and physical activity and prevent obesity.

Nutrition Branch (CUCHC). (1) Plans, coordinates, and conducts surveillance activities in domestic and international settings to assess nutrition practices and behavioral risks in children, adolescents, and adults, with a particular focus on maternal and child health, optimal child growth and development, and prevention of chronic disease; (2) provides expertise, consultation and training to local, state,