from laboratories, vital statistics, or additional providers. CDC estimates approximately 97 updates to case reports will be processed by each of the 59 health departments annually. Case report information compiled over time by health departments is then reidentified and forwarded to CDC on a monthly basis (twelve times a year) for inclusion in the national HIV surveillance database.

Supplemental surveillance data are collected in a subset of areas to provide additional information necessary to estimate HIV incidence, to better

describe the extent of HIV viral resistance and quantify HIV subtypes among persons infected with HIV, and to monitor and evaluate perinatal HIV prevention efforts. Health departments funded for these supplemental data collections obtain this information from laboratories, health providers, and medical records. CDC estimates that on average 2,437 reports containing incidence data elements will be processed annually, by each of the 25 health departments funded to collect incidence data annually. Additionally, an estimated 2,019 reports containing

additional viral resistance data elements will be processed on average, annually, by each of the 11 health departments conducting variant and resistant HIV surveillance (VARHS) annually. An estimated 167 reports containing perinatal surveillance data elements will be processed on average by each of the 15 health departments reporting data collected as part of enhanced perinatal surveillance (EPS). Data collected for these 3 supplemental data collections are also reported monthly to CDC.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Form	Type of respondent	No. of respondents	No. of responses per respondent	Avg. burden per response (in hours)	Total annual burden (in hours)
Adult HIV/AIDS Case Reports Peds HIV/AIDS Case Reports Case Report Updates Incidence	Health Departments	59 59 59 25 11 15	1,839 8 97 2,437 2,019 167	20/60 20/60 5/60 10/60 5/60	36,167 157 477 10,154 1,851 2,505
Total					51,311

Dated: August 28, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–21284 Filed 9–2–09; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09-09AR]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

STD Surveillance Network (SSuN)-NEW- National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the proposed study is to improve the capacity of national, State, and local STD programs to detect, monitor, and respond rapidly to trends in STDs through enhanced collection, reporting, analysis, visualization and interpretation of disease information. The SSuN Project will be an active STD sentinel surveillance network comprised of 12 surveillance sites around the United States. SSuN will use two surveillance strategies to collect information. The first is a STD clinicbased surveillance which will extract data from existing electronic medical records for all patient visits at participating STD clinics over the 3 years. The second is a population-based surveillance in which a sample of individuals reported with gonorrhea to the 12 SSuN state or city health departments are interviewed using locally designed interview templates.

For the clinic-based surveillance, the specified data elements are abstracted on a quarterly basis from existing electronic medical records for all patient visits to participating clinics. Data in the electronic medical record may have been collected at time of registration, during the clinic encounter, or through laboratory testing. For the population-based STD surveillance, the results of

interviews will be entered into a developed Microsoft Access database that will be adapted locally for each clinic. High quality, informative, and timely surveillance data are necessary to guide STD programs so interventions are designed and implemented appropriately. Furthermore, surveillance data are necessary for understanding the impact of STD interventions based on the epidemiology of each STD.

This information is being collected to establish an integrated network of sentinel STD clinics and health departments to inform and guide national programs and policies for STD control in the US. It will improve the capacity of national, state, and local STD programs to detect, monitor, and respond to established and emerging trends in STDs, HIV, and viral hepatitis. SSuN will help identify and evaluate the effectiveness of public health interventions to reduce STD morbidity.

The SSuN surveillance platform allows CDC to establish and maintain common standards for data collection, transmission, and analysis, and allows CDC to build and maintain STD surveillance expertise in 12 surveillance areas. Such common systems, established mechanisms of communication, and in-place expertise are all critical components for timely, flexible, and high quality surveillance.

There is no cost to respondents other than their time. The total estimated annual burden hours are 432.

ESTIMATED ANNUALIZED BURDEN HOURS

Types of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
SSuN site	12 2880	4	2 7/60

Dated: August 28, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–21286 Filed 9–2–09; 8:45 am] **BILLING CODE 4163–18–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Notice of Meeting

Pursuant to Public Law 92–463, notice is hereby given that the Substance Abuse and Mental Health Services Administration (SAMHSA) National Advisory Council will meet on September 25, 2009 in Portland, Oregon.

The meeting is open to the public and will include a report from the SAMHSA Acting Administrator. The meeting will include discussions and presentations from state and local representatives and organizations focusing on substance use prevention and treatment and mental health of children, youth and their families.

Attendance by the public will be limited to space available. Public comments are welcome. The meeting can also be accessed via net-conference. To obtain the call-in numbers and access codes, to submit written or brief oral comments, or to request special accommodations for persons with disabilities, please communicate with the SAMHSA National Advisory Council Designated Federal Official, Ms. Toian Vaughn (see contact information below). You may also register on-line at: https://nac.samhsa.gov/Registration/meetingsRegistration.aspx.

Substantive program information and a roster of Council members may be obtained either by accessing the SAMHSA Committee Web site, https://nac.samhsa.gov/NACcouncil/index.aspx or by contacting Ms. Vaughn. The transcript for the meeting will be available on the SAMHSA

Committee Web site within three weeks after the meeting.

Committee Name: SAMHSA National Advisory Council.

Date/Time/Type: Friday, September 25, 2009, from 9:30 a.m. to 5 p.m.: Open.

Place: Hilton Portland & Executive Towers, Salons II and III, Portland, Oregon.

Contact: Toian Vaughn, M.S.W., Designated Federal Official, SAMHSA National Advisory Council and SAMHSA Committee Management Officer, 1 Choke Cherry Road, Room 8–1089, Rockville, Maryland 20857, Telephone: (240) 276–2307; FAX: (240) 276–2220 and E-mail: toian.vaughn@samhsa.hhs.gov.

Toian Vaughn,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. E9–21281 Filed 9–2–09; 8:45 am] BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Statistics (BSC, NCHS)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics announces the following meeting of the aforementioned committee:

Times and Dates:

11 a.m.–5:30 p.m., September 24, 2009; 8:30 a.m.–2 p.m., September 25, 2009. Place: NCHS Headquarters, 3311 Toledo Road, Hyattsville, Maryland 20782.

Status: This meeting is open to the public; however, visitors must be processed in accordance with established Federal policies and procedures. For foreign nationals or non-US citizens, pre-approval is required (please contact Althelia Harris, 301–458–4261, adw1@cdc.gov or

Virginia Cain, vcain@cdc.gov at least 10 days in advance for requirements. All visitors are required to present a valid form of picture identification issued by a State, Federal or international government. As required by the Federal Property Management Regulations, Title 41, Code of Federal Regulation, Subpart 101–20.301, all persons entering in or on Federal controlled property and their packages, briefcases, and other containers in their immediate possession are subject to being x-rayed and inspected. Federal law prohibits the knowing possession or the causing to be present of firearms, explosives and other dangerous weapons and illegal substances. The meeting room accommodates approximately 100 people.

Purpose: This committee is charged with providing advice and making recommendations to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NCHS, regarding the scientific and technical program goals and objectives, strategies, and priorities of NCHS.

Matters To Be Discussed: The agenda will include welcome remarks by the Director, NCHS; review of the Long-term Care Statistics program; presentation of the National Survey of Family Growth program; and an open session for comments from the public.

Requests to make oral presentations should be submitted in writing to the contact person listed below. All requests must contain the name, address, telephone number, and organizational affiliation of the presenter.

Written comments should not exceed five single-spaced typed pages in length and must be received by September 11, 2009.

The agenda items are subject to change as priorities dictate.

Contact Person for More Information: Virginia S. Cain, Ph.D., Director of Extramural Research, NCHS, CDC, 3311 Toledo Road, Room 7211, Hyattsville, Maryland 20782, telephone (301) 458– 4500, fax (301) 458–4020.