

Dated: October 19, 2010.

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[FR Doc. 2010-26876 Filed 10-22-10; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-11-0004]

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 e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Disease Surveillance Program II. Disease Summaries (0920-0004 Exp. 6/30/2013)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (proposed), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC National Disease Surveillance Program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

CDC and the Council of State and Territorial Epidemiologists (CSTE) collect data on disease and preventable conditions in accordance with jointly approved plans. Changes in the surveillance program and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report (MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: Diarrheal disease surveillance (includes

campylobacter, salmonella, and shigella), foodborne outbreaks, arboviral surveillance (ArboNet), Influenza virus, including the annual survey and influenza-like illness, Respiratory and Enterovirus surveillance, rabies, waterborne diseases, cholera and other vibrio illnesses, Listeria, babesiosis, brucellosis, Harmful Algal Bloom-related Infectious Surveillance System (HABISS) data entry form, and the HABISS monthly reporting form. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for revision of the currently approved data collection for three years. The revisions include minor changes to reporting forms already approved under this OMB Control Number. In addition, new influenza forms and one new rabies form have been added. A new parasitic disease is being included, babesiosis, to help track the increasing cases from transfusions. Furthermore, a brucellosis case report form that has been revised and updated from the 1980 form has been added to this OMB Control number to enhance surveillance and assist with understanding the changing epidemiology of brucellosis in the United States. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time. The total estimated annualized burden hours are 36,126.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents state epidemiologists form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Diarrheal Disease Surveillance: <i>Campylobacter</i> (electronic)	53	52	3/60
Diarrheal Disease Surveillance: <i>Salmonella</i> (electronic)	53	52	3/60
Diarrheal Disease Surveillance: <i>Shigella</i> (electronic)	53	52	3/60
Foodborne Outbreak Form	54	31.5	20/60
Arboviral Surveillance (ArboNet)	57	1,421	5/60
Influenza virus (fax, Oct-May)	5	33	10/60
Influenza virus (fax, year round)	21	52	10/60
Influenza virus (Internet; Oct-May)	3	33	10/60
Influenza virus (Internet; year round)	35	52	10/60
Influenza virus (electronic, year round PHLIP)	5	52	5/60
Influenza virus (electronic, year round PHIN-MS)	17	52	5/60
Influenza Annual Survey	86	1	15/60
Weekly Influenza-like Illness (Oct-May)	540	33	15/60
Weekly Influenza-like Illness (year round)	1,260	52	15/60
Daily Influenza-like Illness (Oct-May)	200	33	15/60
Daily Influenza-like Illness (year round)	75	52	15/60
Influenza-Associated Pediatric Death Case Report Form	57	1	30/60
Novel and Pandemic Influenza A Virus Infection Case Investigation Form	57	1	30/60
Novel and Pandemic Influenza A Virus Infection Contact Trace Back Form	57	1	30/60
Novel and Pandemic Influenza A Virus Infection Contact Trace Forward Form	57	1	30/60
Novel Human Influenza A Virus Infection Case Report Form	57	1	30/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents state epidemiologists form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Daily Novel and Pandemic Influenza A Virus State Case Status Summary Update	57	1	15/60
City Health Officers or Vital Statistics Registrars	122	52	12/60
Aggregate Hospitalization and Death Reporting Activity Weekly Report	56	52	10/60
Monthly Respiratory & Enterovirus Surveillance Report: Excel format (electronic)	25	12	15/60
National Respiratory & Enteric Virus Surveillance System (NREVSS)	90	52	10/60
Enhanced Animal Rabies Surveillance (electronic)	52	52	3/60
Rabies (paper)	3	12	15/60
Possible Human Rabies Patient Info	50	1	15/60
Waterborne Diseases Outbreak Form	57	1	20/60
Cholera and other <i>Vibrio</i> illnesses	450	1	20/60
Listeria	53	1	30/60
HABISS data entry form	10	12	8
HABISS monthly reporting form	10	12	30/60
Babesiosis Case Report Form	54	12	10/60
Brucellosis	56	2	20/60

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[FR Doc. 2010-26879 Filed 10-22-10; 8:45 am]

BILLING CODE 4163-18-P

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[30-Day-11-10EG]

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Proposed Project

Audience Analysis for Biomonitoring—New—National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

(NCEH/ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

People's exposure to environmental chemicals can be a risk to their health. Scientists at the CDC use biomonitoring, which is the measurement of environmental chemicals in human tissues and fluids, to assess such exposure. Biomonitoring findings, however, do not typically provide information on health risks and toxicity data often lag behind new biomonitoring data. The health effects on humans are, therefore, often uncertain or unknown, particularly, for many new or "emerging" chemicals. Nevertheless, communicating biomonitoring findings for those charged with this task is necessary, especially due to the growing media coverage and public concern about chemicals found in the human body. The demand for answers and decreasing patience with uncertainty characterizes the interpretation of such results. This poses enormous challenges to those tasked to communicate such findings to both scientific and non-scientific audiences without a biomonitoring background.

The CDC is, therefore, interested in developing a framework for communicating health risk messages, particularly about emerging environmental chemicals, to the attentive public audience such as

selected women who are pregnant or have very young children. The three environmental chemicals, Bisphenol A (BPA), phthalates, and mercury have been selected for this study. They are of particular interest to these selected women as the risks of exposure are higher for very young children because of their hand-to-mouth behaviors and direct oral (mouth) contact with materials containing these chemicals. Furthermore, young children eat and drink more per pound of body weight than adults.

Focus groups will be conducted in different parts of the country with selected women. During phase one, eight exploratory focus groups will be conducted to develop messaging strategies and the results will be used in the development of preliminary messages about the emerging chemicals. The second phase will include six message testing focus groups to determine which messages are most attractive and compelling in terms of communicating health risk information about emerging chemicals.

Participants will be recruited via standard focus group recruitment methods. Most will come from an existing database (or list) of potential participants maintained by the focus group facility. There is no cost to respondents other than their time. The total estimated annual burden hours are 273.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
Selected women for screening	Recruitment Screener	252	1	5/60