ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Administrative Cost Discussion Guide (Attachment B).	Key informants	18	1	1.5	27
Enrollment Extraction Form (Attachment C).	State-level computer programmers	6	1	40	240
ELE Case Study Protocol (Attachment D1).	Key informants (ELE states—state- and local-levels).	120	1	1	120
Non-ELE Case Study Protocol (Attachment D2).	Key informants (non-ELE states—state- and local-levels).	90	1	1	90
Moderator's Guide (Attachments E1 and E2).	Focus group participants (2 focus groups in 8 ELE states and 2 focus groups in 4 non-ELE states = 24 focus groups).	240	1	1.5	360
51–State Survey (Attachment F)	Medicaid and CHIP officials	51	1	45/60	38
Quarterly Interview Protocol (Attachment G).	Key informants (quarterly monitoring calls).	30	5	30/60	75
Total					950

Keith A. Tucker,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2012–9703 Filed 4–20–12; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Teleconference

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Full Committee Teleconference.

Time and Date: 10 a.m.–11 a.m. (EST); May 4, 2012.

Place: This conference call is scheduled to begin at 10 a.m. Eastern Daylight Time. To participate in the teleconference, please dial 888–989–6416 and enter conference code 3278627, which will connect you to the call.

Status: Open, however teleconference access limited only by availability of telephone ports.

Purpose: The NCVHS has been named in the Patient Protection and Affordable Care Act (ACA) of 2010 to review and make recommendations on standards and operating rules for the following HIPAA transactions: Health care claims, enrollment/disenrollment, premium payment, prior authorization for referrals, and claim attachments This meeting will support these activities in the development of a set of recommendations for the Secretary, as required by § 1104 of the ACA.

Contact Person for More Information: Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245 or Lorraine Doo, lead staff for the Standards Subcommittee, NCVHS, Centers for Medicare and Medicaid Services, Office of E–Health Standards and Services, 7500 Security Boulevard, Baltimore, Maryland 21244, telephone (410) 786–6597. Program information as well as summaries of meetings and a roster of committee members is available on the NCVHS home page of the HHS Web site: *http://www.ncvhs.hhs.gov/,* where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: April 16, 2012.

James Scanlon,

Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 2012–9614 Filed 4–20–12; 8:45 am]

BILLING CODE 4151–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day 12–0134]

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) 639–7570 or send an email 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

Foreign Quarantine Regulations (42 CFR 71) (OMB Control No. 0920–0134 expires 6/30/12)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 361 of the Public Health Service Act (PHSA)(42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases into the United States. Legislation and existing regulations governing the foreign quarantine activities (42 CFR part 71) authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances, persons, and shipments of animals and etiologic agents entering the United States from foreign ports in order to protect the public's health.

Under the foreign quarantine regulations, the master of a ship or captain of an airplane entering the United States from a foreign port is required by public health law to report certain illnesses among passengers (42 CFR 71.21 (b)). In addition to the aforementioned list of illnesses which must be reported to CDC, the master of a ship or captain of an airplane must also report (1) Hemorrhagic Fever

Syndrome (persistent fever accompanied by abnormal bleeding from any site); or (2) acute respiratory syndrome (severe cough or severe respiratory disease of less than 3 weeks in duration); or (3) acute onset of fever and severe headache, accompanied by stiff neck or change in level of consciousness. CDC has the authority to collect personal health information to protect the health of the public under the authority of section 301 of the Public Health Service Act (42 U.S.C.).

This information collection request also includes the Passenger Locator Information Form. The Passenger Locator Information Form is used to collect reliable information that assists quarantine officers in locating, in a timely manner, those passengers and crew who are exposed to communicable diseases of public health significance while traveling on a conveyance. HHS delegates authority to CDC to conduct quarantine control measures. Currently, with the exception of rodent inspections and the cruise ship sanitation program, inspections are performed only on those vessels and aircraft which report illness prior to arrival or when illness is discovered upon arrival. Other inspection agencies assist quarantine officers in public health screening of persons, pets, and other importations of public health significance and make referrals to the Public Health Service when indicated. These practices and procedures assure protection against the introduction and spread of communicable diseases into the United States with a minimum of recordkeeping and reporting as well as a minimum of interference with trade and travel.

Small revisions are being requested as part of this package. A modification of format to the Passenger Locator Form (PLF) is requested in this Supporting Statement to account for a change in the scanning software used for the PLF. No change in content is requested. The content will remain identical to the version approved by OMB on 10/28/11.

Changes to the data collection related to the confinement of dogs upon arrival to the United States are also requested. The CDC form 75.37, ''Notice of Importers of Dogs'' will now be identified as CDC form 75.37 ''NOTICE TO OWNERS AND IMPORTERS OF DOGS: Requirement for Dog Confinement.'' The form has been changed to enhance clarity around the purpose of the form, including: the type of data required, the regulatory requirements the form is meeting, the responsibilities of the importer, whether or not the animal has received a booster rabies vaccine, and the responsibility of the government agent in ensuring that the form is complete.

Respondents to this data collection include airline pilots, ships' captains, importers, and travelers. The nature of the quarantine response dictates which forms are completed by whom. There are no costs to respondents except for their time to complete the forms.

Estimated Annualized Burden Hour: 227,330 hours.

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Maritime conveyance operators	71.21(a) Radio Report of death/illness—illness reports from ships.	2000	1	2/60
Aircraft commander or operators	71.21(b) Death/Illness reports from aircrafts	1700	1	2/60
Maritime conveyance operators	71.21(c) Gastrointestinal Illnesses reports 24 and 4 hours before arrival (VSP).	17000	1	3/60
Maritime conveyance operators	71.21(c) Recordkeeping—Medical logs	17000	1	3/60
Isolated or Quarantined individuals	71.33(c) Report by persons in isolation or surveillance.	11	1	3/60
Maritime conveyance operators	71.35 Report of death/illness during stay in port.	5	1	30/60
Aircraft commander or operators	Locator Form used in an outbreak of public health significance.	2,700,000	1	5/60
Aircraft commander or operators	Locator Form used for reporting of an ill passenger(s).	800	1	5/60
Importer	71.51(b)(2) Dogs/cats: Certification of Confinement, Vaccination.	2000	1	10/60
Importer	71.51(b)(3) Dogs/cats: Record of sickness or deaths.	20	1	15/60
Importer	71.52(d) Turtle Importation Permits	5	1	30/60
Non-Human Primate Importer	71.53(d) Importer Registration—Nonhuman Primates.	40	1	10/60
Non-Human Primate Importer	71.53(e) Recordkeeping	30	4	30/60
Importers	71.55 Dead bodies	5	1	1
Importer	71.56(a)(2) African Rodents—Request for exemption.	20	1	1
Importer	71.56(a)(iii) Appeal	2	1	1

Dated: April 17, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–9721 Filed 4–20–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12II]

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 404–639–7570 and send comments to Ron Otten, at CDC 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

Risk Factors for Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) among Patients Recently Discharged from Acute Care Hospitals through the Active Bacterial Core Surveillance for Invasive MRSA infections (ABCs MRSA)—NEW—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Preventing healthcare-associated invasive MRSA infections is one of CDC's priorities. The goal of this project is to assess risk factors for invasive healthcare-associated MRSA infections, which will inform the development of targeted prevention measures. This activity supports the HHS Action Plan for elimination of healthcare-associated infections.

Essential steps in reducing the occurrence of healthcare-associated invasive MRSA infections are to quantify the burden and to identify modifiable risk factors associated with invasive MRSA disease. CDC's current ABCs MRSA surveillance has been essential to quantify the burden of invasive MRSA in the United States. Through this surveillance, CDC was able to estimate that 94,360 invasive MRSA infections associated with 18,650 deaths occurred in the United States in 2005. The majority of these invasive infections (58%) had onset in the community or within three days of hospital admission and occurred among individuals with recent healthcare exposures (healthcare-associated community-onset [HACO]). More recent data from the CDC's ABCs MRSA system have shown that two-thirds of invasive HACO MRSA infections occur among persons who are discharged from an acute care hospital in the prior three months. Risk factors for invasive MRSA infections post-discharge have not been well evaluated, and effective prevention measures in this population remain uncertain.

For this project, an estimated total of 450 patients (150 patients with HACO MRSA infection post-acute care discharge and 300 patients without HACO MRSA infection) will be contacted for the MRSA interview annually. This estimate is based on the numbers of MRSA cases reported by the ABCs MRSA sites annually (*http://www.cdc.gov/abcs/reports-findings/survreports/mrsa08.html*) who are 18 years of age or older, had onset of the MRSA infection in the community or within three days of hospital admission, and history of hospitalization in the prior three months. ABCs MRSA surveillance case report forms will be used to identify HACO MRSA cases to be contacted for a telephone interview. For each HACO MRSA case identified; two patients without HACO MRSA infection (control-patients) matched on age with MRSA case will be contacted for a health interview. All 450 patients (both cases and controls) will be screened for eligibility and those considered to be eligible will complete the telephone interview. We anticipate that 350 of the 450 patients screened will complete the telephone interview across all six participating ABCs MRSA sites per year. We anticipate the screening questions to take about 5 minutes and the telephone interview 20 minutes per respondent.

There are no costs to respondents. The total response burden for the study is estimated as follows:

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Hospital Patients	Screening Form	450	1	5/60	38
	Telephone interview	350	1	20/60	117
Total					155