Background and Brief Description of the Proposed Project

One of the objectives of CDC's epidemic services is to provide for the prevention and control of epidemics, and protect the population from public health crises such as human-made or natural biological disasters and chemical emergencies. CDC meets this objective, in part, by training investigators, maintaining laboratory capabilities for identifying potential problems, collecting and analyzing data, and recommending appropriate actions to protect the public's health. When state, local, or foreign health authorities request help in controlling an epidemic or solving other health problems, CDC dispatches skilled epidemiologists from the Epidemic Intelligence Service (EIS) to investigate and resolve the problem. Resolving public health problems rapidly ensures cost-effective health care and enhances health promotion and disease prevention.

The purpose of the Emergency Epidemic Investigation surveillance is to collect data from the general public on the conditions surrounding and preceding the onset of a problem. The data is collected from 15,000 respondents in the general public for an annualized total of 3,750 burden hours (15,000 respondents × 15 minutes per survey). These data are collected in a timely fashion so that information can be used to develop prevention and control techniques, to interrupt disease transmission, and to help identify the cause of an outbreak. The Epi-Aid Satisfaction Survey for Requesting Officials is to assess the promptness of the investigation and the usefulness of recommendations; data are collected from 100 state and local health officials for an annualized total of 25 burden hours (100 respondents × 15 minutes per survey). This survey of state and local health officials was modified to better measure and address overall satisfaction, communication, response, and team composition and professionalism of the Epi-Aid team. The Epi-Aid mechanism is a means for Epidemic Intelligence Service (EIS) officers of CDC, along with other CDC staff, to provide technical support to state health agencies requesting assistance with epidemiologic field investigations. This mechanism allows CDC to respond rapidly to public health problems in need of urgent attention, thereby providing an important service to state and other public health agencies. Through Epi-Aids, EIS officers (and, sometimes, other CDC trainees) receive supervised training while actively participating in epidemiologic investigations. EIS is a two-year program of training and service in applied epidemiology through CDC, primarily for persons holding doctoral degrees.

Shortly after completion of the Epi-Aid investigation, an Epi Trip Report is delivered to the state health agency official(s) who requested assistance. The state and local health officials, requestors of the Epi-Aid assistance can comment on both the timeliness and the practical utility of the recommendations from the investigation by completing the Epi-Aid Satisfaction Survey for Requesting Officials to assess the promptness of the investigation and the usefulness of the recommendations. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form Name	Number of respondents	Number of responses per respondent	Avg burden per response (in hours)	Total burden (in hours)
Requestors of Epi-Aids	Epi-Aid Satisfaction Survey for Requesting Official.	100	1	15/60	25
General Public	Emergency Epidemic Investigations	15,000	1	15/60	3,750
Total					3,775

Kimberly Lane,

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

[FR Doc. 2012–19679 Filed 8–9–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–12–0573]

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 Kimberly S. Lane, 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

National HIV Surveillance System (NHSS) (OMB No. 0920–0573, Expiration 01/31/2013)-Revision-National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is authorized under Sections 304 and 306 of the Public Health Service Act (42 U.S.C. 242b and 242k) to collect information on cases of human immunodeficiency virus (HIV) and indicators of HIV disease and HIV disease progression including AIDS. These national HIV surveillance data collected by CDC are the primary source of information used to monitor the extent and characteristics of the HIV burden in the U.S.

The purpose of HIV surveillance is to monitor trends in HIV and describe the characteristics of infected persons (e.g., demographics, modes of exposure to HIV, clinical and laboratory markers of HIV disease, manifestations of severe HIV disease, and deaths among persons with HIV). HIV surveillance data are widely used at all government levels to assess the impact of HIV infection on morbidity and mortality, to allocate medical care resources and services, and to guide prevention and disease control activities.

As science, technology, and our understanding of HIV have evolved, the NHSS has been updated periodically to meet the nation's needs for information. CDC, in collaboration with health departments in the 50 states, the District of Columbia, and U.S. dependent areas, conduct national surveillance for cases of HIV infection. National surveillance includes tracking critical data across the spectrum of HIV disease from HIV diagnosis, to AIDS, the end-stage disease caused by infection with HIV, and death. In addition, this national system provides essential data to estimate HIV incidence and monitor patterns in viral resistance and HIV–1 subtypes, as well as provide information on perinatal exposures in the U.S.

The CDC surveillance case definition has been modified periodically to accurately monitor disease in adults, adolescents and children and reflect use of new testing technologies and changes in HIV treatment. Information is then updated in the case report forms and reporting software as needed. In 2008, the surveillance case definitions for adults and children for HIV and AIDS were revised. Since that time, the enhanced HIV/AIDS reporting system (eHARS) was fully deployed (2010) and forms have been updated to reflect those changes (2011). In 2012, CDC convened an expert consultation to consider revisions of various aspects of the case definition including criteria for reporting a potential case, criteria for a reporting a confirmed case, and case classification (disease staging system). Recommendations for revisions in the case definition were adopted in a position statement by the Council of State and Territorial Epidemiologists in June 2012 and the final case definition revision is planned for 2012.

The revisions requested include modifications to currently collected data elements and forms to align with anticipated changes in the case definitions for HIV surveillance to be published in 2012 and continuation of HIV surveillance activities funded under the new funding opportunity announcement CDC–RFA–PS13–1302 National HIV Surveillance System (NHSS). These include minor modifications of testing categories to accommodate new testing algorithms and modifications to staging criteria and non-substantial editorial changes aimed at improving the format and usability of the forms such as improved wording of terms and changes in the format of some response options. In addition, the number of data elements from the former enhanced perinatal surveillance (EPS) was reduced and the form modified for continuation in 2013 as Perinatal HIV Exposure Reporting (PHER). Surveillance data collection on variant and atypical strains (formerly variant, atypical and resistant HIV surveillance (VARHS)) will be continued as Molecular HIV Surveillance (MHS) with a reduced number of data elements previously approved under VARHS.

CDC provides funding for 59 jurisdictions to conduct adult and pediatric HIV case surveillance. Health department staffs compile information from laboratories, physicians, hospitals, clinics and other health care providers in order to complete the HIV and pediatric case reports. CDC estimates that approximately 1,260 adult HIV case reports and 6 pediatric case reports are processed by each health department annually.

These data are recorded on standard case report forms, processed by either paper or electronic format and entered into eHARS. Updates to case reports are also entered into eHARS by health departments, as additional information may be received from laboratories, vital statistics offices, or additional providers. CDC estimates approximately 1,469 updates to case reports will be processed by each of the 59 health departments annually. Additionally, 5,876 updates of laboratory test data will be processed, primarily through electronic laboratory reporting, by each of the 59 health departments annually. Health departments will de-identify compiled case report information and forward to CDC on a monthly basis for inclusion in the national HIV surveillance database. Evaluations are also conducted by health departments on a subset of case reports (*e.g.* including re-abstraction/validation activities and routine interstate de-duplication). CDC estimates approximately 127 evaluations of case reports will be processed by each of the jurisdictions annually.

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 care providers, and medical records. CDC estimates that 2,729 reports containing HIV Incidence Surveillance (HIS) data elements will be processed on average by each of the 25 health departments funded to collect incidence data annually. Additionally, an estimated 718 reports containing additional data elements on HIV nucleotide sequences from genotype test results will be processed on average by each of the 53 health departments reporting MHS data annually. An estimated 114 reports containing perinatal exposure data elements will be processed on average, annually, by each of the 35 health departments reporting data collected as part of PHER.

There are no costs to respondents except their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total annual burden (in hours)
Health Departments	Adult HIV Case Report	59	1,260	20/60	24,780
Health Departments	Pediatric HIV Case Report	59	6	20/60	118
Health Departments	Case Report Evaluations	59	127	20/60	2,498
Health Departments	Case Report Updates	59	1,469	2/60	2,889
Health Departments	Laboratory Updates	59	5,876	1/60	5,778
Health Departments	HIV Incidence Surveillance (HIS)	25	2,729	10/60	11,371
Health Departments	Molecular HIV Surveillance (MHS)	53	967	5/60	4,271

ESTIMATE OF ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total annual burden (in hours)
Health Departments	Perinatal HIV Exposure Reporting (PHER).	35	114	30/60	1,995
Total					53,700

Kimberly Lane,

Deputy Director, Office of Scientific Integrity, Centers for Disease Control and Prevention.

[FR Doc. 2012–19675 Filed 8–9–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH)

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) announces the following meeting of the aforementioned committee:

Time and Date: 8:30 a.m.–3:15 p.m., September 18, 2012

Place: Patriots Plaza I, 395 E Street SW., Room 9200, Washington, DC 20201.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people. If you wish to attend in person, please contact NIOSH at (202) 245–0625 or (202) 245–0626 for information on building access. Teleconference is available toll-free; please dial (877) 328–2816, Participant Pass Code 6558291.

Purpose: The Secretary, the Assistant Secretary for Health, and by delegation the Director, Centers for Disease Control and Prevention, are authorized under Sections 301 and 308 of the Public Health Service Act to conduct directly or by grants or contracts, research, experiments, and demonstrations relating to occupational safety and health and to mine health. The Board of Scientific Counselors shall provide guidance to the Director, National Institute for Occupational Safety and Health on research and prevention programs. Specifically, the Board shall provide guidance on the Institute's research activities related to developing and evaluating hypotheses, systematically documenting findings and disseminating results. The Board shall evaluate the degree to which the activities of the National Institute for Occupational Safety and Health: (1) Conform to appropriate scientific standards, (2) address current, relevant needs, and (3) produce intended results.

Matters To Be Discussed: NIOSH Director Update; Implementation of the National Academies Program Recommendations for Hearing Loss Prevention, Personal Protective Technologies, and Health Hazard Evaluations; Construction Safety and Health, Respiratory Disease Studies, and Traumatic Injury Prevention.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Roger Rosa, Ph.D., Designated Federal Officer, BSC, NIOSH, CDC, 395 E Street SW., Suite 9200, Patriots Plaza Building, Washington, DC 20201, telephone (202) 245–0655, fax (202) 245–0664.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: July 27, 2012.

Catherine Ramadei,

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

[FR Doc. 2012–19248 Filed 8–9–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10203]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection;

Title of Information Collection: Medicare Health Outcomes Survey (HOS); *Use:* CMS has a responsibility to its Medicare beneficiaries to require that care provided by managed care organizations under contract to CMS is of high quality. One way of ensuring high quality care in Medicare Managed Care Organizations (MCOs), or more commonly referred to as Medicare Advantage Organizations (MAOs), is through the development of standardized, uniform performance measures to enable CMS to gather the data needed to evaluate the care provided to Medicare beneficiaries. The goal of the Medicare Health Outcome Survey (HOS) program is to gather valid, reliable, clinically meaningful health status data in Medicare managed care for use in quality improvement activities, plan accountability, public reporting, and improving health. All managed care plans with Medicare Advantage (MA) contracts must participate. CMS, in collaboration with the National Committee for Quality Assurance (NCQA), launched the Medicare HOS as part of the Effectiveness of Care component of the former Health Plan Employer Data and Information Set, now known as the Healthcare Effectiveness Data and Information Set (HEDIS®).

The HOS measure was developed under the guidance of a technical expert panel comprised of individuals with specific expertise in the health care industry and outcomes measurement. The measure includes the most recent advances in summarizing physical and mental health outcomes results and appropriate risk adjustment techniques. In addition to health outcomes measures, the HOS is used to collect the Management of Urinary Incontinence in