please sign up for the email list at: *http://effectivehealthcare.AHRQ.gov/index.cfm/join-the-email-list1/*.

Key Questions

KQ 1: What is the effectiveness and comparative effectiveness of treatments for CUR in adults:

- With male-specific etiologies?
- With female-specific etiologies?
- With non-sex-specific etiologies?

KQ 1a: What patient or condition characteristics (e.g., age, severity, etc.) modify the effectiveness of treatment?

KQ 2: What are the harms and comparative harms of treatments for CUR in adults:

- With male-specific etiologies?
- With female-specific etiologies?
- With non-sex-specific etiologies?

KQ 2a: What patient or condition characteristics (e.g., age, severity, etc.) modify the harms of treatment?

Dated: June 21, 2013.

Carolyn M. Clancy,

AHRQ, Director.

[FR Doc. 2013–15729 Filed 7–2–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day 13–0106]

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 (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

Preventive Health and Health Services Block Grant (OMB No. 0920–0106, exp. 7/31/2013)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Preventive Health and Health Services (PHHS) Block Grant program was established to provide awardees with a source of flexible funding for health promotion and disease prevention programs. Currently, 61 awardees (50 states, the District of Columbia, two American Indian Tribes, and eight U.S. territories) receive Block Grants to address locally-defined public health needs in innovative ways. Block Grants allow awardees to prioritize the use of funds and to fill funding gaps in programs that deal with the leading causes of death and disability. Block Grant funding also provides awardees with the ability to respond rapidly to emerging health issues, including outbreaks of diseases or pathogens. The PHHS Block Grant program is authorized by sections 1901–1907 of the Public Health Service Act.

CDC currently collects information from Block Grant awardees to monitor their objectives and activities (Preventive Health and Health Services Block Grant, OMB No. 0920–0106, exp. 7/31/2013). Each awardee is required to submit an annual application for funding (Work Plan) that describes its objectives and the populations to be addressed, and an Annual Report that describes activities, progress toward objectives, and Success Stories which highlight the improvements Block Grant programs have made and the value of program activities. Information is submitted electronically through the Web-based Block Grant Information Management System (BGMIS).

The Work Plan and Annual Report are designed to help Block Grant awardees attain their goals and to meet reporting requirements specified in the program's authorizing legislation. Block Grant activities adhere to the Healthy People (HP) framework established by the Department of Health and Human Services (HHS). The current version of the BGMIS associates each awardee-defined activity with a specific HP National Objective, and identifies the location where funds are applied. CDC is updating the BGMIS by replacing Healthy People 2010 objectives with Healthy People 2020 objectives.

CDC requests OMB approval to continue the Block Grant information collection for three years. CDC will continue to use the electronic BGMIS to monitor awardee progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant awardees, and promote the use of evidence-based guidelines and interventions. There are no changes to the number of respondents or the estimated annual burden per respondent. There are no changes to BGMIS data elements other than changes related to HP 2020 objectives and enhancements. The Work Plan and the Annual Report will be submitted annually. The estimated burden per response for the Work Plan is 20 hours and the estimated burden per response for the Annual Report is 15 hours.

Participation in this information collection is required for Block Grant awardees. There are no costs to respondents other than their time. The total estimated annualized burden hours are 2,135.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Block Grant Awardees	Work Plan	61	1	20
	Annual Report	61	1	15

Leroy A. Richardson,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day 13–13DB]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Emerging Infections Program—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. Various parts of the EIP have received separate OMB clearance (OMB Control No. 0920–0802, ABCs, and OMB Control No. 0920–0852, All Age Influenza Hospitalization Surveillance); however this request seeks to have these core EIP activities under one clearance.

Activities of the EIPs fall into the following general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) Address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

The total estimated burden is 12,319 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Department	ABCs Case Report Form	10	809	20/60
	Invasive Methicillin-resistant Staphylococcus aureus ABCs Case Report Form.	10	609	20/60
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	41	10/60
	Neonatal Infection Expanded Tracking Form	10	37	20/60
	ABCs Legionellosis Case Report Form	10	100	20/60
	Campylobacter	10	637	20/60
	Cryptosporidium	10	130	10/60
	Cyclospora	10	3	10/60
	Listeria monocytogenes	10	13	20/60
	Salmonella	10	827	20/60
	Shiga toxin producing E. coli	10	90	20/60
	Shigella	10	178	10/60
	Vibrio	10	20	10/60
	Yersinia	10	16	10/60
	Hemolytic Uremic Syndrome	10	10	60/60
	Influenza Hospitalization Surveillance Project Case Report Form.	10	400	15/60
	Influenza Hospitalization Surveillance Project Vaccination Telephone Survey.	10	100	5/60
	Influenza Hospitalization Surveillance Project Vaccination Telephone Survey Consent Form.	10	100	5/60