ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Survey instruments	No. of respondents	No. of responses/ respondent	Avg. burden/ response in hours
Teacher	Teacher Survey (Attachment B35)	4154	1	10/60
Total		961 children ... 892 parents .... 4154 teachers		

Dated: March 30, 2007.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–07–07AU]

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 404–639–5960 and send comments to Joan Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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

Survey to Assess Methicillin-Resistant *Staphylococcus aureus* (MRSA) Prevention Programs among Hospitals Participating in CDC MRSA Surveillance Programs—New—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID) (proposed), Centers for Disease Control and Prevention.

Background and Brief Description

In October, 2006, CDC recommended specific strategies to reduce transmission of multi-drug resistant organisms, including MRSA, in U.S. hospitals. Currently detailed data on ongoing MRSA prevention efforts at hospitals reporting to CDC surveillance systems is unknown. CDC has developed a survey to assess MRSA prevention programs in place at health care facilities reporting MRSA infection data to CDC through established surveillance systems. In this project, infection control practitioners in all 220 hospitals that participate in the MRSA portion of the Active Bacterial Core Surveillance System will surveyed electronically three times. There will be an initial baseline survey and then two follow-up surveys, each a year apart. The surveys will determine if changes in infection control practice correlate with changes in rates of MRSA infections. The proposed survey will provide data that can be used to assess progress toward achieving CDC's Health Protection Goals. The survey will also provide data on facility-based MRSA prevention policies and procedures that may affect MRSA infection rates. These results will inform CDC in the prevention and control of MRSA.

This proposed project supports CDC's Goal of ''Healthy People in Healthy Places'' and its Strategic Goal to ''Increase the number of health care institutions that comply with evidence based guidelines for infection control.''

There is no cost to respondents other than their time to complete the survey.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Hospital Infection Control Professionals	220	1	15/60	55
Total				55

Dated: March 30, 2007.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–07–06AP]

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 404–639–4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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

Aerosol Generation by Cough—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Federal Occupational Safety and Health Act of 1970, section 501, enables NIOSH to carry out research relevant to the health and safety of workers. NIOSH is conducting a two-year study of airborne clouds of particles or droplets called ''aerosols''. Some diseases like influenza and Severe Acute Respiratory Syndrome (SARS) can be spread when people produce infectious aerosols by coughing or sneezing. Aerosol transmission of infectious diseases is especially important to health-care workers and emergency responders, who face a much greater risk of exposure to these hazards than does the general public. Cough-generated aerosols are of particular concern because coughing is one of the most common symptoms of respiratory infections. However, substantial gaps exist in our understanding about the generation of aerosols during coughing. This lack of information hampers the ability of health scientists to model and predict the generation of infectious aerosols by coughing and to understand whether or not cough-generated aerosols are likely to be an important means of transmission of particular diseases.

The purpose of this study is to gain a better understanding of the production of aerosols by coughing. The results of this research will give scientists and health professionals greater insight into the airborne transmission of disease and allow them to better assess the potential effectiveness of preventive measures.

The first part of this study will measure the quantity and size distribution of aerosol produced during human coughs. To accomplish this, volunteers will cough into a spirometer, which is a commonly used piston-like medical device that measures the volume of air exhaled by a patient. After the volunteer coughs into the spirometer, the air in the spirometer will be drawn into a commercial aerosol measurement device. These experiments will also provide information on how much cough aerosols vary over time for individuals and how much aerosol generation varies between individuals.

The second part of this study will determine how effectively surgical masks and N95 respirators block cough-generated aerosols. N95 respirators are dust masks that are certified to filter out at least 95% of airborne material during normal breathing. N95 respirators are known to be more effective than surgical masks at filtering out airborne particles during inhalation, but it is not known whether masks or respirators are more effective at blocking cough-generated aerosols. For this work, masks and respirators will be placed in a special holder with a disposable mouthpiece, and human subjects will cough into the mouthpiece and through the mask. The aerosol produced by each subject will be analyzed before and after flowing through the mask. These experiments will determine how effective each mask or respirator is at preventing the release of cough-generated aerosols.

Volunteers from part 1 may also participate in part 2 if they wish. There will be no costs to study participants other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Part 1 participants	20	5	1.5	150
Part 2 participants	120	1	1.5	180
Total				330