

signs of a neurological infection. The forms also collect data specific to the traveler's conveyance.

These data are used by Quarantine Stations to make decisions about a passenger's suspected illness as well as its communicability. This in turn enables Quarantine Station staff to assist conveyances in the public health management of passengers and crew.

The estimated total burden on the public, included in the chart below, can

vary a great deal depending on the severity of the illness being reported, the number of contacts, the number of follow-up inquiries required, and who is recording the information (e.g., Quarantine Station staff versus the conveyance medical authority). In all cases, Quarantine Stations have implemented practices and procedures that balance the health and safety of the American public against the public's

desire for minimal interference with their travel and trade. Whenever possible, Quarantine Station staff obtain information from other documentation (e.g., manifest order, other airline documents) to reduce the amount of the public burden.

There is no cost to respondents other than their time to complete the survey. The annualized burden for this data collection is 172 hours.

ESTIMATE OF ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Airline Illness or Death Investigation Form .....	1320	1	6/60	132
International Maritime Illness or Death Report .....	200	1	3/60	10
International Maritime Illness or Death Investigation Form .....	200	1	7/60	24
Land Border Illness or Death Investigation Form .....	60	1	6/60	6
Total .....				172

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-08-0621]

**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, send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

2009 and 2011 National Youth Tobacco Surveys (NYTS)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The purpose of this request is to renew OMB clearance of the National Youth Tobacco Survey (NYTS) (OMB No. 0920-0621; exp. date December 31, 2008), a national school-based study to be conducted in 2009 and 2011. The NYTS was previously funded by the American Legacy Foundation in 1999, 2000, and 2002. The NYTS was funded by CDC in 2004 and additional surveys were conducted in 2004 and 2006. The proposed revision will incorporate minor changes to the burden estimate and the survey instrument.

The NYTS is the most comprehensive source of nationally representative tobacco data among students in grades 9-12, moreover, the NYTS is the only source of such national data for students in grades 6-8. The NYTS covers the

following topics related to youth tobacco use: use of cigarettes, smokeless tobacco, cigars, pipes, bidis, and kreteks; knowledge and attitudes; media and advertising; access to tobacco products and enforcement of restrictions on access; school curriculum; environmental tobacco smoke exposure; and cessation. The NYTS provides national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, and information about racial and ethnic disparities in tobacco-related topics. Information collected through the NYTS is used to identify trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

Tobacco use is a major preventable cause of morbidity and mortality in the U.S. and is one of the 28 focus areas in Healthy People 2010. Within the Healthy People 2010 focus area of tobacco use, the NYTS provides data relevant to six health objectives. The survey also provides data to monitor one of the 10 leading health indicators for Healthy People 2010 that addresses tobacco use.

In Spring 2009 and Spring 2011, the NYTS will be conducted among nationally representative samples of students attending public and private schools in grades 6-12. The NYTS is administered to students as an optically scannable, eight-page booklet of multiple-choice questions. Information supporting the NYTS also will be collected from state-, district-, and school-level administrators and

teachers. The table below reports the combined total number of respondents

for the 2009 and 2011 NYTS annualized over the 3-year project period.

There are no costs to respondents except their time.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Administrators .....	State-level Recruitment Script for the National Youth Tobacco Survey.	17	1	30/60	9
District Administrators .....	District-level Recruitment Script for the National Youth Tobacco Survey.	80	1	30/60	40.0
School Administrators .....	School-level Recruitment Script for the National Youth Tobacco Survey.	133	1	30/60	67
Teachers .....	Data Collection Checklist for the National Youth Tobacco Survey.	595	1	15/60	149
Students .....	National Youth Tobacco Survey .....	12,659	1	45/60	9,494
Total .....	.....	.....	.....	.....	9,759

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 Day-08-08AB]

#### 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](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

All Age Influenza Hospitalization Surveillance (Flu Hosp)—New—National Center for Immunization and Respiratory Diseases (NCIRD) Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The data collection network is an established CDC-state-academic

institution collaborative network, the Emerging Infections Program (EIP) which includes defined catchment areas in the states of California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon, and Tennessee. From October 1 through April 30 (flu season), Flu Hosp sites will collect data in selected catchment areas using case report forms. Participating sites will also complete discharge audit forms following flu season.

A standardized case report form will be completed for all persons meeting the case definition and inclusion criteria in the selected catchment areas. Most of the case report forms can be completed using data obtained from the laboratory and medical chart review. If the medical chart is not available, or the necessary information is not included in the medical record, the patient or their proxy may be interviewed.

To address any limitation in completeness of case identification, a retrospective discharge audit will be conducted by each participating site following flu season. Based on a range of discharge diagnoses, persons aged 18 years or older who are residents of a geographically-defined area and who were admitted to hospitals during October 1, 2007 through April 30, 2008, will have their medical chart examined to identify whether they had an influenza positive test result at the beginning of their hospitalization. The discharge audit will determine if cases were missed by usual case ascertainment methods. The completeness evaluation is a matching (or linking) project, followed by chart abstraction of missed cases.

The need for the information and proposed use(s) of the information are necessary because currently there is no national surveillance system in place that is able to estimate the burden of laboratory-confirmed adult hospitalizations during seasonal or pandemic influenza within a given season. Additionally, because influenza is often underreported, including a retrospective discharge audit in addition to conducting prospective surveillance is needed to identify limitations in current surveillance efforts.

The respondents for each of the forms are the 10 state health departments who submit biweekly case report forms for pediatric and adult influenza surveillance, and who submit discharge audit forms to CDC. Responses for the case report forms indicate the number of cases that are identified. The number of responses for all case report forms must be estimated as we do not know before hand how many cases will occur. Respondents are required to submit data for the Adult Flu Hosp project and the Pediatric Influenza Project to the CDC bi-weekly during flu season. Responses for Discharge Audit forms A-D indicate the number of times each site is required to fill out the respective form. Data for the Discharge audit will be a one-time data collection for each case. Although 10 states participate in Flu Hosp, because New York includes two functionally and geographically different catchment areas, those two areas will submit individual discharge audit data, to make a total of 11 respondents.

There are no costs to respondents other than their time. The total estimated annualized burden is 508 hours.