

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–10–0488]

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. Alternatively, to obtain a copy of the data collection plans and instrument, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30333; comments may also be sent by 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 a 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 information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Restriction on Travel of Persons (OMB Control No. 0920–0488 Exp.1/31/2010)—Extension—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention is requesting OMB approval to extend the information collection request, “Restriction on Travel of Persons” (OMB Control No. 0920–0488). This information collection request is scheduled to expire on January 31, 2010.

CDC is authorized to collect this information under 42 CFR 70.5 (Certain communicable diseases; special requirements). This regulation requires that any person who is in the communicable period for cholera,

plague, smallpox, typhus, or yellow fever or having been exposed to any such disease is in the incubation period thereof, to apply for and receive a permit from the Surgeon General or his authorized representative in order to travel from one State or possession to another.

Control of disease transmission within the States is considered to be the province of state and local health authorities, with Federal assistance being sought by those authorities on a cooperative basis without application of Federal regulations. The regulations in 42 Part 70 were developed to facilitate Federal action in the event of large outbreaks requiring a coordinated effort involving several states, or in the event of inadequate local control. While it is not known whether, or to what extent situations may arise in which these regulations would be invoked, contingency planning for domestic emergency preparedness is now commonplace. Should these situations arise, CDC will use the reporting and recordkeeping requirements contained in the regulations to carry out quarantine responsibilities as required by law.

There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Regulation	Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
42 CFR 70.3 Application to the State of Destination for a permit.	Traveler	2,000	1	15/60	500
	Attending physician	2,000	1	15/60	500
	State health authority	8	250	6/60	200
42 CFR 70.4 Report by the master of a vessel or person in charge of conveyance of the incidence of a communicable disease occurring while in interstate travel.	Master of a vessel or person in charge of conveyance.	1,500	1	15/60	375
42 CFR 70.4 Copy of material submitted or state or local health authority under this provision.	State health authority	20	75	6/60	150
42 CFR 70.5 Application for a permit to move from State to State while in the communicable period.	Traveler	3,750			938
	Attending physician				
Total					3,601

Dated: November 20, 2009.

Marilyn S. Radke,

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

[30 Day-10-0573]

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*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Adult and Pediatric HIV/AIDS Confidential Case Reports for National HIV/AIDS Surveillance (OMB No. 0920-0573 Exp. 2/28/2010)—Revision—

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of HIV/AIDS surveillance data collection is to monitor trends in HIV disease 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/AIDS). HIV/AIDS surveillance data are widely used by scientists, researchers, and public health authorities at all 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.

CDC in collaboration with health departments in the 50 states, the District of Columbia, and U.S. dependent areas, conducts national surveillance for cases of HIV infection that includes 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 system provides the essential data to estimate HIV incidence and monitor patterns in variant, atypical, and resistant strains of HIV among infected persons in the United States. Case report data are either abstracted from medical records by health departments or reported from

laboratories, physicians, and other care providers to health departments who compile the information and report data to CDC for inclusion in the national database. Since 1993, these data have been maintained and reported through the HIV/AIDS reporting system (HARS) software. In 2010, the new enhanced electronic HIV/AIDS reporting system (eHARS) will be fully deployed. The revisions requested include additional data elements for eHARS that will allow better tracking of documents and flow of previously approved currently collected surveillance data. In addition, we are requesting approval of a revised data collection form for enhanced perinatal surveillance (EPS) including non-substantial changes aimed at improving the format and usability of the EPS form.

The data CDC collects through the national HIV surveillance system provide the sole source of comprehensive, complete national HIV statistics collected in a timely and standardized manner. Continued data collection will benefit the public by providing accurate and reliable information on the extent and distribution of the HIV epidemic in the United States to be used to guide local and national HIV prevention and control efforts and guide distribution of resources for HIV treatment and care. The total estimated annual burden hours are 51,311.

Estimated Annualized Burden Hours

EXHIBIT 12.A—ESTIMATES OF ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Health Departments	Adult HIV/AIDS Case Report	59	1,839	20/60
Health Departments	Pediatric HIV/AIDS Case Report	59	8	20/60
Health Departments	Case Report Updates	59	97	5/60
Health Departments	Incidence	25	2,437	10/60
Health Departments	VARHS	11	2,019	5/60
Health Departments	EPS	15	167	1

Dated: November 20, 2009.

Marilyn S. Radke,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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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