demand for accurate information about rates of screening, referral, loss to follow-up, and prevalence. This information is important for: (a) Helping to ensure infants and children are receiving recommended screening and follow-up services, (b) identifying reasons for not receiving recommended services and (c) documenting the occurrence of differing degrees of HL among infants. These data will also assist the States in Early Hearing Detection and Intervention (EHDI) programs with quality improvement activities and provide information that will be helpful in assessing the impact of Federal initiatives. The public will be able to access this information via the CDC EHDI Web site (*http://www.cdc.gov/ncbddd/ehdi*).

Given the lack of a standardized and readily accessible source of data, the CDC EHDI program developed a survey to be used annually that utilizes uniform definitions to collect aggregate, standardized EHDI data from States and territories. The request to complete this survey is planned to be disseminated to 57 respondents via an e-mail, which will include a summary of the request and other relevant information. We anticipate that about 50 of the 57 coordinators will complete and return the survey. Minor changes to this survey, based on respondent feedback, are planned in order to make the survey easier to complete and further improve data quality. These changes include adding a question about how many infants with hearing loss are receiving only monitoring services, simplifying the table for reporting type and severity of hearing loss data, and expanding the maternal race categories in the demographic section. There are no costs to the respondents other than their time. The estimated annualized burden hours are 210.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
EHDI Program State Program Coordinators Contacted	57	1	10/60
EHDI Program State Program Coordinators Who Return the Survey	50	1	4

Dated: April 28, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–10587 Filed 5–4–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–10–10CV]

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 clarify 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

Early Aberration Reporting System (EARS) Registration Module—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (proposed), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To support two of CDC's main priority areas: (1) Improving CDC's support for state and local health departments, and (2) strengthening surveillance and epidemiology, CDC is requesting approval from the Office of Management and Budget (OMB) to improve the Early Aberration Reporting System (EARS) by collecting data from individuals who request a download of EARS from the CDC website.

The Early Aberration Reporting System, developed within the Division of Bioterrorism Preparedness and Response, is a web-enabled tool that analyzes public health surveillance data using methods that detect abnormal trends that could possibly indicate an outbreak of infectious disease. The local public health professionals manage the entire tool and can implement the defaults or can adjust the tool in order to meet their local needs. The goal of this process is to assist public health professionals in the early identification of outbreaks of disease as well as bioterrorism events. EARS is used to assess whether the current number of reported cases of an event is higher than usual.

The term syndromic surveillance is used to describe surveillance that uses health-related data that precede diagnosis and that signals a sufficient probability of a case or an outbreak of infectious disease to warrant further public health response. Syndromic surveillance systems are used by state, local, national and international health departments to monitor syndrome-based (*e.g.,* case information collected in emergency departments (EDs) and diagnostic data sources for early detection of outbreaks and other public health events). More recently these systems are used during public health responses to provide more rapid near real-time situational awareness regarding the health status of the target population. EARS was the first software platform to support local syndromic surveillance systems. EARS has been designed and used to monitor syndromic data from emergency departments, 911 calls, physician office data, school and business absenteeism, over-the-counter drug sales, laboratory testing and results data and reportable disease surveillance systems. In the past several years, EARS systems have been integral in the local public health surveillance arsenal. EARS has been used at events such as the Beijing Summer Olympics; multiple

Superbowls (football) and World Series (baseball); the political conventions of both major US political parties; and the Presidential Inauguration (2009).

Today, EARS is a highly successful and sustainable system and has over 200 users at the Federal, State, local, and international levels. These users include international Ministries of Health and domestic state and local public health departments. Additionally, EARS detection methods have been integrated in well-known surveillance platforms such as BioSense at CDC, ESSENSE at Johns Hopkins, NAMRD at US Department of Defense, and Emergint at Northrop Grumman.

EARS is widely-accepted and easily sustainable due to its being free to all end users, the capacity to use multiple forms of data, flexibility and user-driven design and maintenance. EARS is a service provided by CDC as share-ware and is available by download at no cost from the CDC Web site *http://www.bt.cdc.gov/surveillance/EARS.*

In an effort to continue to improve and enhance EARS, the collection of registration information is needed to track users and organizations to assist in future needs assessments. Requiring the users to register will provide CDC with contact information (*i.e.,* e-mail addresses) to use for broadcast e-mails regarding new releases for upgrades and enhancements; track the number of users, the download frequency, and the type of data that users will monitor with EARS; and solicit users for feedback for future upgrades and enhancements. CDC estimates that there will be 150 respondents registered for EARS. Each respondent will need an average of 10 minutes to complete the EARS registration form which leads to a total public burden of 25 hours.

There is no cost to respondents to participate in this program.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Users	150	1	10/60	25

Dated: April 21, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–10586 Filed 5–4–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–0741]

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 Maryam I. Daneshvar, 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

The Study to Explore Early Development (SEED) (OMB No. 0920–0741 exp. 6/30/2010)—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This data collection is based on the following components of the Public Health Service Act: (1) Act 42 U.S.C. 241, Section 301, which authorizes "research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man." (2) 42 U.S.C. 247b–4, Section 317 C, which authorizes the activities of the National Center on Birth Defects and Developmental Disabilities. This section was created by Public Law 106–310, also known as "the Children's Health Act of 2000." This portion of the code has also been amended by Public Law 108–154, which is also known as the "Birth Defects and Developmental Disabilities Prevention Act of 2003."

The Children's Health Act of 2000 mandated CDC to establish autism surveillance and research programs to address the number, incidence, correlates, and causes of autism and related disabilities. Under the provisions of this act, CDC funded five Centers for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) including the California Department of Health and Human Services, Colorado Department of Public Health and Environment, Johns Hopkins University, the University of Pennsylvania, and the University of North Carolina at Chapel Hill. CDC National Center on Birth Defects and Developmental Disabilities participates as the sixth CADDRE site. The SEED multi-site, collaborative project is an epidemiological investigation of possible causes for the autism spectrum disorders.

Study participants are to be selected from children born in and residing in the following six areas: Atlanta metropolitan area, San Francisco Bay area, Denver metropolitan area, Baltimore metropolitan area, Philadelphia metropolitan area, and Central North Carolina. Children with autism spectrum disorders are compared to children with other developmental problems, referred to as the neurodevelopmentally impaired group (NIC), as well as children who do not have developmental problems, referred to as the sub-cohort.

Data collection methods consist of the following: (1) Medical record review of the child participant; (2) medical record review of the biological mother of the child participant; (3) packets sent to the participants with self-administered questionnaires and a buccal swab kit; (4) a telephone interview focusing on pregnancy-related events and early life history (biological mother and/or primary caregiver interview); (5) a child development evaluation (more comprehensive for case participants than for the control group participants); (6) parent-child development interview (for case participants only) administered over the telephone or in-person; (7) a physical exam of the child participant; (8) biological sampling of the child participant (blood and hair); and, (9)