anticipated that the draft report and recommendations, as revised in accordance with public comment and stakeholder input, will be presented to the NVAC for deliberation and decision for adoption in mid- or late 2011.

DATES: To receive consideration, comments must be received no later than 5 p.m. EST on April 15, 2011.

ADDRESSES:

(1) The draft report and recommendations are available on the Web at *http://www.hhs.gov/nvpo/nvac/subgroups/adultimmunization.*

(2) By electronic mail, comments can be e-mailed to Lauren Wu, National Vaccine Program Office, at *lauren.wu@hhs.gov.*

(3) By mail, comments can be submitted to: NVAC AIWG Report, c/o Lauren Wu, National Vaccine Program Office, 200 Independence Avenue, Room 715–H, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Mark Grabowsky, National Vaccine Program Office, 200 Independence Avenue, Room 715–H, Washington, DC 20201, Attn: NVAC Adult Immunization Working Group, Telephone (202) 260–2325; Fax: (202) 690–4631; E-mail: *mark.grabowsky@hhs.gov.*

SUPPLEMENTARY INFORMATION: Over the past two decades, numerous reports and sets of recommendations to address the suboptimal immunization status of adults have been developed. These have been issued by a number of groups, including the NVAC in 1990, 1994, 1997 and 2004; the Institute of Medicine; a 2010 collaboration in between Trust for America's Health, the Infectious Diseases Society of America, and the Robert Wood Johnson Foundation; the 2007 National Immunization Congress; as well as by other groups of independent experts in the field working with Federal agencies. Despite these prior efforts, previous reports and recommendations have not resulted in sufficient improvements in the current status of adult immunization in the U.S. Additionally, recent research has helped to better identify additional barriers to adult immunization, and lessons learned from recent public health experiences—such as the 2009–10 H1N1 pandemic—make clear the need for public health infrastructure for adult vaccines. Prior recommendations have provided the AIWG with examples of successes and opportunities for improvement.

In 2009, the NVAC issued a report directed to Federal agencies' adult immunization programs (*http://www.hhs.gov/nvpo/nvac/subgroups/nvacadultimmunizationsworkinggroupjune2009*). The current draft report represents the work of the NVAC on phase two of this process, a broad examination of the national adult immunization program in accordance with the charge "to develop recommendations for establishing a comprehensive, sustainable, national adult immunization program that will lead to vaccine-preventable disease reduction by improving adult immunization coverage levels." The NVAC includes representatives from public health practitioners, medical providers, health plan payers, consumers, vaccine manufacturers, and HHS agencies. Through review of previous recommendations to improve adult immunization, a comprehensive literature review of barriers to adult immunization, and identification of gaps in the current adult vaccination and immunization system, the AIWG developed draft recommendations to achieve the charge as noted above.

The draft report describes the vaccine-preventable disease burden among adults, the current state of the adult immunization infrastructure, barriers to adult immunization, and the conclusions of the AIWG from these findings. From these conclusions, the AIWG makes 3 recommendations: (1) That there be national leadership for an adult immunization program, (2) That there be resources allocated for a national adult immunization program and action plan implementation, and (3) That a national strategic plan be developed for adult immunization. The report also provides recommended components of a national adult immunization program to be included in an action plan that fall under 5 categories: General infrastructure, access, provider- or system-based interventions, increasing community demand, and research needs.

The final revision of this report will be shared with the NVAC for their deliberation and decision for adoption. Should the NVAC decide to adopt these recommendations, the report will then become a report of the NVAC to the Assistant Secretary for Health.

Dated: March 1, 2011.

Bruce Gellin,

Director, National Vaccine Program Office.

[FR Doc. 2011–4879 Filed 3–3–11; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–11–0591]

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 404–639–4773 and send comments to Carol E. Walker, CDC Acting 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

Select Agent Distribution Activity: Request for Select Agent (OMB Control No. 0920–0591 exp. 2/28/2011)—Reinstatement without change—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC), officially established as a substructure on July 9, 2010.

Background and Brief Description

The Centers for Disease Control and Prevention is requesting a three year extension to continue data collection under the Select Agent Distribution Activity. The form used for this activity is currently approved under OMB Control No. 0920–0591. The purpose of this data collection is to provide a systematic and consistent mechanism to review requests that come to CDC for Select Agents. The term select agents is used to describe a limited group of viruses, bacteria, rickettsia, and toxins

that have the potential for use as agents of bioterrorism, inflicting significant morbidity and mortality on susceptible populations.

In light of current terrorism concerns and the significant NIH grant monies directed toward Select Agent research, CDC receives hundreds of requests for Select Agents from researchers. The approximately 900 applicants are required to complete an application form in which they identify themselves and their institution, provide a Curriculum Vitae or biographical sketch, a summary of their research proposal, and sign indemnification and material transfer agreement statements. In this request, CDC is requesting approval for approximately 450 hours; no change from the currently approved burden. The only correction to this data collection request is updating the name of the National Center on the application form. A user fee will be collected to recover costs for materials, handling and shipping (except for public health laboratories). The cost to the respondent will vary based on which agent is requested.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Researcher	900	1	30/60	450
Total				450

Dated: February 25, 2011.

Carol E. Walker,

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

[FR Doc. 2011–4948 Filed 3–3–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–11–0666]

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

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666 exp. 3/31/2012)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and to promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. Healthcare institutions that participate in NHSN voluntarily report their data to CDC using a web browser based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks.

This revision submission includes an amended Assurance of Confidentiality, which required an update of the Assurance of Confidentiality language on all forms included in the NHSN surveillance system. The scope of NHSN dialysis surveillance is being expanded to include all outpatient dialysis centers so that the existing Dialysis Annual Survey can be used to facilitate prevention objectives set forth in the HHS HAI tier 2 Action Plan and to assess national practices in all Medicare-certified dialysis centers if CMS re-establishes this survey method (as expected). The Patient Safety (PS) Component is being expanded to include long term care facilities to facilitate HAI surveillance in this setting, for which no standardized reporting methodology or mechanism currently exists. Four new forms are proposed for this purpose. A new form is proposed to be added to the Healthcare Personnel Safety (HPS) Component to facilitate summary reporting of influenza vaccination in healthcare workers, which is anticipated to be required by CMS in the near future. In addition to this new form, the scope of the HPS Annual Facility Survey is being expanded to include all acute care facilities that would enroll if CMS does implement this requirement. The NHSN Antimicrobial Use and Resistance module is transitioning from manual web entry to electronic data upload only, which results in a significant decrease to the reporting burden for this package. Finally, there are many updates, clarifications, and data collection revisions proposed in this submission.

CDC is requesting to delete four currently approved forms that are no longer needed by the NHSN and add five new forms

The previously-approved NHSN package included 47 individual data collection forms. If all proposed revisions are approved, the reporting burden will decrease by 1,258,119 hours, for a total estimated burden of 3,914,125 hours and 48 total data collection tools.

Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. There is no cost to respondents other than their time. The total estimated annual burden hours are 3,914,125.