ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Stakeholders			
Industry leader recommend stores	3	30	30/60
Community leader recommend stores	3	30	30/60

Shari Steinberg,

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

[30 Day–11–10GX]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Persistence of Viable Influenza Virus in Aerosols—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health (NIOSH) is authorized to conduct research to advance the health and safety of workers under Section 20(a) (1) of the 1970 Occupational Safety and Health Act. Influenza continues to be a major public health concern because of the substantial health burden from seasonal influenza and the potential for a severe pandemic. Although influenza is known to be transmitted by infectious secretions, these secretions can be transferred from person to person in many different ways, and the relative importance of the different pathways is not known. The likelihood of the transmission of influenza virus by small infectious airborne particles produced during coughing and breathing is particularly unclear. The question of airborne transmission is especially important in healthcare facilities, where influenza patients tend to congregate during influenza season, because it directly impacts the infection control and personal protective measures that should be taken by healthcare workers. The purpose of this study is to measure the amount of viable influenza virus in airborne particles that are produced by patients when they cough, and the size and quantity of the particles carrying the virus. A better understanding of the amount of potentially infectious material released by patients and the size of the particles carrying the virus will assist in determining the possible role of airborne transmission in the spread of influenza and in devising measures to prevent it.

Volunteer participants will be recruited by a test coordinator using a flyer describing the study. Interested potential participants will be screened using a short health questionnaire to verify that they have influenza-like symptoms and that they do not have any medical conditions that would preclude their participation. Based on a previous study using similar forms, we estimate that the health questionnaire will require about 5 minutes to complete. Qualified participants who agree to participate in the study will be asked to read and sign an informed consent form. Based on the previous study, we estimate that the informed consent form will take about 10 minutes to read and sign. Once the informed consent form is signed, the participant will have their oral temperature measured, two nasopharyngeal swabs will be collected, and the participant will be asked to cough into an aerosol particle collection system. These steps will take about 25 minutes. The airborne particles produced by the participant during coughing will be collected and tested.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 84.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Initial participants (phase 1)	Health questionnaire	44	1	5/60	4
Qualified participants (phase 1)	Informed Consent form	40	1	10/60	7
	No form; Time required for testing.	40	1	25/60	17
Initial participants (phase 2)	Health questionnaire	44	1	5/60	4
Qualified participants (phase 2)	Informed Consent form	40	1	10/60	7
	No form; Time required for testing.	40	1	25/60	17
Initial participants (phase 3)	Health questionnaire	44	1	5/60	4
Qualified participants (phase 3)	Informed Consent form	40	1	10/60	7
	No form; Time required for testing.	40	1	25/60	17

Dated: December 16, 2010.

Catina Conner,

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–11–11BF]

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 instrument, call 404–639–5960 and send comments to Carol E. Walker, Acting CDC Reports Clearance Officer, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 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 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 automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Contact Investigation Outcome Reporting Forms—New—National Center for Emerging, Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC proposes to collect passenger-level, epidemiologic, demographic, and health status data from State/local Health Departments and maritime operators at the conclusion of contact investigations of individuals believed to have been exposed to a communicable disease during travel. The information requested by CDC would be obtained by the health departments or maritime operators while conducting the contact investigation according to their established policies and procedures, and would be reported to CDC on a voluntary basis. This information will assist CDC in fulfilling its regulatory responsibility to prevent the importation of communicable diseases from foreign countries (42 CFR part 71) and interstate control of communicable diseases in humans (42 CFR part 70). To perform these tasks in a streamlined manner and ensure that all relevant information is collected in the most efficient and timely manner possible, Quarantine Stations use a number of forms: Contact Investigation Outcome Reporting Forms: (1) Optional TB Air/Land Contact Investigation Outcome Reporting, (2) Optional Measles, Mumps, or Rubella Air/Land Contact Investigation Outcome Reporting, (3) Optional General Air/Land Contact Investigation Outcome Reporting Form, (4) Optional TB Maritime Contact Investigation Outcome Reporting Form, (5) Optional Measles, Mumps or Rubella Maritime Contact Investigation Outcome Reporting Form, (6) Optional General Maritime Contact Investigation Outcome Reporting Form.

Section 361 of the Public Health Service (PHS) Act (42 USC 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States. The regulations that implement this law, 42 CFR parts 70 and 71, require conveyances to report an "ill person" or any death onboard to authorized quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances (*e.g.,* airplanes, cruise ships), persons, and shipments of animals and etiologic agents in order to protect the public health. The notification is made possible by contacting individuals who may have been exposed to a communicable disease during travel and their contacts, and investigating this exposure so that the necessary medical or public health interventions can be implemented.

CDC provides state and local health departments and maritime conveyance operators with information to notify and contact individuals and further investigate this exposure by contacting others who may have been potentially exposed to disease. However, there currently is no standardized tool or form to collect pertinent information regarding the outcome of such investigations.

To address the need to inform CDC of additional actions that may be needed to further protect public health based on the outcome of the contact investigations, CDC has developed six forms to assist health departments and maritime conveyance operators in reporting back to CDC. The forms are specific to the nature of the investigation; Tuberculosis (TB), Measles, Mumps, and Rubella or the General forms specific to other diseases of public health concern. The purpose of the forms is the same: To collect information to help CDC quarantine officials to fully understand the extent of disease spread and transmission during travel and to inform the development and or refinement of investigative protocols, aimed at reducing the spread of communicable disease.

All six forms collect the following categories of information: Heath status of traveler, clinical history including diagnosis, and interventions related to exposure.

Respondents are state and local health departments and maritime conveyance operators. Respondents will use these standardized forms to submit data to CDC for each individual contacted via a secure means of their choice, *e.g.,* Web-based application, fax or e-mail.

The estimated total burden on the public, included in the chart below, can vary a great deal depending on the number of flights and the number of individuals identified as contacts that are assigned to a given health jurisdiction in the U.S. There is no cost to respondents other than their time.