

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Forms	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Facility personnel	Semi-Quantitative Assessment Sheet.	3	1	5

Dated: May 19, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8-12191 Filed 5-30-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-08-08BA]

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 and 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.

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

Active Bacterial Core Surveillance (ABCs) Projects—New—National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval for four data collection instruments that will assist public health officials in documenting disease burden and describing the epidemiology of six bacterial pathogens: group A and group B streptococcus, *Haemophilus influenzae*, *Neisseria meningitidis*, *Streptococcus pneumoniae*, and methicillin-resistant *Staphylococcus aureus*. Case finding is active and laboratory-based. A standard case report is completed on all identified cases through medical record review. The standard case report form contains questions on basic demographics, underlying medical conditions, vaccinations and risk factors for infection. The ABCs project is a core component of an established CDC-state-academic institution collaborative data collection network, the Emerging Infections Program (EIP) Network which includes the states of California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon and Tennessee. Data collection is done differently in each EIP/ABCs surveillance area; for example, through the cooperation of on-site hospital personnel (e.g., Infection Control Practitioners or Medical Records personnel), through medical record review or clinician interview by county health department personnel, or through medical record review by surveillance personnel.

The data collections have important practical utility to the government as well as the American population as a whole because accurate surveillance data allows for the development and evaluation of public health prevention measures. ABCs is the gold standard for the collection of population- and laboratory-based invasive bacterial disease data in the U.S. No other nationwide surveillance systems which monitor these diseases exist. While similar information may be collected on a sample basis or from a particular area of the country, for most diseases, sampling would not be sufficient for the states' need of conducting prevention or control programs. ABCs collect data from EIP sites in a uniform manner.

CDC is requesting approval of four data collection forms. Estimates are based on CDC's prior experience with conducting similar surveillance activities. "Respondents" for each of the forms are health departments who will submit surveillance case report forms. "Responses" for the case report forms indicate the number of cases of the six pathogens listed above that are identified. Number of "responses" for all case report forms must be estimated as we do not know before hand how many cases will occur.

CDC is utilizing technology to minimize the burden associated with completing and submitting forms. CDC will provide to each EIP site a Microsoft Access database that mirrors the data collection forms. Surveillance staff at each participating EIP site will enter data from the data collection form into the database. 100% of the forms included in this data collection package will be submitted to CDC electronically. Password-protected databases are posted to site-specific folders on a secure CDC ftp site.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
ABCs Case Report Form	State Health Department.	10	809	20/60	2697

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Invasive Methicillin-resistant Staphylococcus aureus ABCs Case Report Form.	State Health Department.	10	609	20/60	2030
ABCs Invasive Pneumococcal Disease in Children Case Report Form.	State Health Department.	10	41	10/60	68
Neonatal Group B Streptococcal Disease Prevention Tracking Form.	State Health Department.	10	37	20/60	123
Total					4918

Dated: May 23, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8-12192 Filed 5-30-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Public Health Service Act (PHS); Delegation of Authority

Notice is hereby given that I have delegated to the Director, National Center for Preparedness, Detection and Control of Infectious Diseases (NCPDCID), and the Director, Division of Global Migration and Quarantine (DGMQ), NCPDCID, with authority to redelegate, the authorities vested in the Director, Centers for Disease Control and Prevention, under sections 361(a), (b), (c), (d), and 362, Title III, of the PHS Act (Control of Communicable Diseases, 42 U.S.C. 264 and 265. The authority delegated under 361(a) does not include the authority to promulgate regulations.

This delegation became effective upon date of signature. In addition, I have affirmed and ratified any actions taken by the Director, NCPDCID, the Director, DGMQ, NCPDCID, or their subordinates which involved the exercise of authorities delegated herein prior to the effective date of the delegation.

Dated: May 20, 2008.

Julie Louise Gerberding,

Director, Centers for Disease Control and Prevention.

[FR Doc. E8-12176 Filed 5-30-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Times and Dates: 8 a.m.–6 p.m., June 25, 2008. 8 a.m.–5 p.m., June 26, 2008.

Place: CDC, Tom Harkin Global Communications Center, 1600 Clifton Road, NE., Building 19, Kent “Oz” Nelson Auditorium, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

Matters to be Discussed: The agenda will include discussions on Rotavirus Vaccines; Combination Vaccines; MMRV Vaccine; Human Papillomavirus Vaccines; Pneumococcal Vaccines; Measles Outbreaks in the United States (2008); Adult Immunization Schedule; Anthrax Vaccine; Influenza Vaccines; Rabies Vaccine and Biologicals; Vaccine Supply; and Immunization Safety Update. There may be VFC voting on the Rotavirus, Combination and Human Papillomavirus Vaccines.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Antonette Hill, Immunization Services Division, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road, NE., (E-05), Atlanta, Georgia 30333, Telephone (404) 639-8836, Fax (404) 639-8905.

The Director, Management Analysis and Services Office, has been delegated the

authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the CDC and ATSDR.

Dated: May 27, 2008.

Elaine Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8-12234 Filed 5-30-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Food Safety Research; Investigations Focused on Promoting the Safety of Produce

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA-Center for Food Safety and Applied Nutrition (CFSAN)) is announcing the availability of approximately \$1.0 million in research funds for fiscal year (FY) 2008. It is anticipated that individual grants will receive a total of \$250,000 to \$500,000 to cover both direct and indirect costs. These funds will be used to support research efforts to advance the safe transportation and preparation of produce and to help reduce the incidence of foodborne illness that may be associated with fresh produce consumption. The award will provide 18 months of support. There will be no additional years of noncompetitive continuation support. A copy of the full text of this announcement will be posted in Grants.gov and on FDA's Center for Food Safety and Applied Nutrition Web site at <http://www.cfsan.fda.gov/list.html>.

Key Dates: Receipt Date: Applications are due within 90 days after the publication of the funding opportunity in the **Federal Register**.