

also be submitted by e-mail to
DCAS@CDC.GOV.

John Howard,

*Director, National Institute for Occupational
Safety and Health.*

[FR Doc. 2010-27595 Filed 11-1-10; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-11-0255]

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) 359-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Resources and Services Database for the CDC National Prevention Information Network (formerly Information Collection of the Resources and Services Database of the National Prevention Information Network)—Reinstatement with Change—National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention (NCHHSTP),

Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) proposes to continue data collection for the Resources and Services Database of the CDC National Prevention Information Network.

The CDC, NCHHSTP program has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis and TB elimination programs. To support NCHHSTP's mission and to link Americans to prevention, education, and care services, the CDC National Prevention Information Network (NPIN) serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

Established in 1988, the NPIN Resources and Services Database contains entries on approximately 10,000 organizations and is the most comprehensive listing of HIV/AIDS, STD and TB resources and services available throughout the country. This database describes national, state and local organizations that provide services

related to HIV/AIDS, viral hepatitis, STDs, and TB services such as counseling and testing, prevention, education and support. The NPIN reference staff relies on the Resources and Services Database to respond to thousands of requests each year for information or referral from community-based organizations, state and local health departments, and health professionals working in HIV/AIDS, STD and TB prevention. The CDC-INFO (formerly the CDC National AIDS Hotline) staff also uses the NPIN Resources and Services Database to refer up to 110,000 callers each year to local programs for information, services, and treatment. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 29 million hits by the public to the website are recorded annually.

A representative from each new organization identified will be administered the resource organization questionnaire via the telephone. Representatives may include registered nurses, social and community service managers, health educators, or social and human service assistants. As part of the verification process for organizations currently included in the Resources and Services Database, about 30 percent of the organization's representatives will receive a copy of their current database entry by electronic mail, including an introductory message and a list of instructions. The remaining 70 percent will receive a telephone call to review their database record. This request is for a 3-year renewal of clearance. There are no costs to respondents other than their time. The total estimated annual burden hours are 2,600.

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response
Initial Questionnaire Telephone Script	Registered Nurses	120	1	20/60
	Social and Community Service Managers	20	1	10/60
	Health Educators	20	1	13/60
	Social and Human Service Assistants	160	1	15/60
Telephone Verification	Registered Nurses	4,000	1	10/60
	Social and Community Service Managers	700	1	10/60
	Health Educators	700	1	10/60
	Social and Human Service Assistants	5,600	1	9/60
Email Verification	Registered Nurses	1,567	1	10/60
	Social and Community Service Managers	300	1	12/60
	Health Educators	300	1	10/60
	Social and Human Service Assistants	2,400	1	10/60

Dated: October 27, 2010.

Carol Walker,

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

[FR Doc. 2010-27601 Filed 11-1-10; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-11-0307]

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 404-639-4604 or send comments to Carol Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 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

Gonococcal Isolate Surveillance Project (GISP), (OMB No. 0920-0307)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a 3-year extension without change for this project. The objectives of GISP are to monitor trends in antimicrobial susceptibility of *Neisseria gonorrhoeae* strains in the U.S. and to characterize resistant isolates. Monitoring antibiotic susceptibility is critical since *Neisseria gonorrhoeae* has demonstrated the consistent ability to gain antibiotic resistance. GISP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations.

This project involves 5 regional laboratories and 30 sexually transmitted disease (STD) clinics operated by the local health departments around the country. The STD clinics submit up to

25 gonococcal isolates per month to the Regional laboratories to measure susceptibility to a panel of antibiotics. Limited demographic and clinical information corresponding to the isolates are submitted directly by the STD clinics to CDC.

During 1986-2009, GISP has demonstrated the ability to effectively achieve its objectives. The emergence of resistance in the United States to penicillin, tetracyclines, and fluoroquinolones among *N. gonorrhoeae* isolates was identified through GISP. Increased prevalence of *fluoroquinolone-resistant N. gonorrhoeae* (QRNG), as documented by GISP data, prompted CDC to update the treatment recommendations for gonorrhea in CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006 and to release an MMWR article stating that CDC no longer recommended fluoroquinolones for treatment of gonococcal infections. There are no costs to respondents other than their time. Respondents receive Federal funds to participate in this project. The total annual burden is estimated to be 8,568 hours.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Clinic	Form 1	30	240	11/60
Laboratory	Form 2	5	1,440	1
	Form 3	5	48	12/60
Total	40

Dated: October 27, 2010.

Carol Walker,

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

[FR Doc. 2010-27604 Filed 11-1-10; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed

information collection project: "AHRQ Grants Reporting System (GRS)." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on August 31st, 2010 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by December 2, 2010.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden

can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at

doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

AHRQ Grants Reporting System (GRS)

AHRQ seeks to renew the Agency's Grants Reporting System (GRS), a systematic method for its grantees to report project progress and important preliminary findings for grants funded by the Agency. This system was first approved by OMB on November 10, 2004 (OMB Control Number 0935-0122). The system addressed the shortfalls in the previous reporting process and established a consistent and comprehensive grants reporting solution for AHRQ. The GRS provides a centralized repository of grants research