quit. Quitlines overcome many of the barriers to tobacco cessation classes and traditional clinics because they are free and available at the caller's convenience. Quitline services in all states can be accessed through a toll-free national portal number at 1–800–QUIT–NOW. According to CDC's Best Practices for Comprehensive Tobacco Control, approximately six to eight percent of tobacco users potentially can be reached successfully by quitlines; however, currently, only one to two percent of tobacco users contact Quitlines.

With funding authorized by the American Recovery and Reinvestment Act of 2009 (ARRA), CDC provided additional support for the expansion of tobacco quitline services and established a National Quitline Data Warehouse (NDQW) to collect information from the 50 states, the District of Columbia, Puerto Rico, and Guam. The principal information collection is based on a uniform Minimum Data Set (MDS) developed collaboratively by the North American Quitline Consortium and other tobacco control organizations.

Currently, the National Quitline Data Warehouse is an ongoing data collection that continues to standardize services, individual-level intake, and follow-up data collected by CDC-funded quitlines for the purposes of program monitoring, evaluation, and improvement. CDC is requesting OMB approval to continue the National Quitline Data Warehouse to evaluate the impact of Affordable Care Act, Prevention and Public Health Funds, and other CDC funding streams, such as the National Tobacco Control Program.

Quitline service providers use a common interview instrument to collect intake information from all callers. A one-minute interview will be conducted with callers who contact the quitline to obtain information on another person's behalf. Callers who contact the quitline to obtain information or services for themselves will be asked to participate in a 10-minute interview. A random sample of callers who receive a quitline service are asked to participate in a short, voluntary follow-up interview seven months after intake. Individual-level data (intake and 7-month follow-up) are submitted to CDC electronically through a secure FTP server (60%) and via U.S. mail (40%).

In addition, CDC collects a web-based quarterly report about each quitline program from the designated Tobacco Control Manager. These reports are used to quantify changes in service provision and improvements in the capacity of the quitlines to assist tobacco users over time. The majority of these data (90%) are submitted through the web-based survey, while the remaining 10% are submitted through other electronic means (i.e. email, PDF, fax). Based on NQDW data collected during the first two-year OMB clearance period, the estimated burden per response for the NQDW Quitline Services Online Survey is being increased from 7 minutes to 20 minutes.

The information collected in the NQDW will be used to determine the role quitlines play in promoting tobacco use cessation, measure the number of tobacco users being served by state quitlines, determine reach of quitlines to high-risk populations (e.g., racial and ethnic minorities and the medically underserved), measure the number using each state quitline who quit, determine whether some combinations of services contribute to higher quit rates than others, and improve the timeliness, access to, and quality of data collected by quitlines. CDC received public comments about uses of NQDW data, and other issues, in response to publication of the 60-day **Federal Register** Notice. In response to those comments, the revision request includes additional information about uses of information collected through the NQDW and describes CDC's plans to establish an evaluation working group to further enhance uses of NQDW data.

Information will be collected electronically and through the U.S. mail for a three-year period. There are no costs to respondents other than their time. The total estimated annualized burden hours are 88,982.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Caller who contacts the Quitline on behalf of someone else.	NQDW Intake Questionnaire	24,688	1	1/60
Caller who contacts the Quitline for personal use.		510,768	1	10/60
Quitline caller who received a Quitline service.	NQDW 7–Month Follow-up Questionnaire	28,900	1	7/60
Tobacco Control Manager	NQDW Quitline Services Online Survey	53	4	20/60

Kimberly S. Lane,

Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–12–0821]

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) 639–7570 or send an email 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

Quarantine Station Illness and Death Investigation Forms—Airline, Maritime, Land/Border Crossing Illness and Death Investigation Forms—Revision—National Center for Zoonotic and Emerging Infectious Diseases (NCEZID)

(0920–0821, expires 9/30/2012), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a revision to an existing data collection of patient-level clinical, epidemiologic, and demographic data from ill travelers and their possible contacts in order to fulfill 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).

Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 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, authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances (e.g., airplanes, cruise ships, trucks, etc.), persons, and shipments of animals and etiologic agents in order to protect the public health. The regulations also require conveyances to immediately report an ''ill person'' or any death on board to the Quarantine Station prior to arrival in the United States. An ''ill person'' is defined in statute by:

—Fever (≥100 °F or 38 °C) persisting ≥48 hours.
—Fever (≥100 °F or 38 °C) AND rash, glandular swelling, or jaundice.
—Diarrhea (≥3 stools in 24 hours or greater than normal amount).

The 2003 SARS situation and concern about pandemic influenza and other communicable diseases have prompted CDC Quarantine Stations to recommend that all illnesses be reported prior to arrival.

CDC Quarantine Stations are currently located at 20 international U.S. Ports of Entry. When a suspected illness is reported to the Quarantine Station, officers promptly respond to this report by meeting the incoming conveyance in person (when possible), collecting information and evaluating the patient(s), and determining whether an ill person can safely be admitted into the U.S. If Quarantine Station staff are unable to meet the conveyance, the crew or medical staff of the conveyance are trained to complete the required documentation and forward it (using a secure system) to the Quarantine Station for review and follow-up.

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—the Air Travel Illness or Death Investigation Form, Maritime Conveyance Illness or Death Investigation Form, and the Land Travel Illness or Death Investigation Form—to collect data on passengers with suspected illness and other travelers/crew who may have been exposed to an illness. These forms are also used to respond to a report of a death aboard a conveyance.

The purpose of all three forms is the same: To collect information that helps quarantine officials detect and respond to potential public health communicable disease threats. All three forms collect the following categories of information: Demographics and mode of transportation, clinical and medical history, and any other relevant facts (e.g., travel history, traveling companions, etc.). As part of this documentation, quarantine public health officers look for specific signs and symptoms common to the nine quarantinable diseases (Pandemic influenza; SARS; Cholera; Plague; Diphtheria; Infectious Tuberculosis; Smallpox; Yellow fever; and Viral Hemorrhagic Fevers), as well as most communicable diseases in general. These signs and symptoms include fever, difficulty breathing, shortness of breath, cough, diarrhea, jaundice, or signs of a neurological infection. The forms also collect data specific to the traveler's conveyance.

These data are used by Quarantine Stations to make decisions about a passenger's suspected illness as well as its communicability. This in turn enables Quarantine Station staff to assist conveyances in the public health management of passengers and crew.

The estimated total burden on the public, included in the chart below, can vary a great deal depending on the severity of the illness being reported, the number of contacts, the number of follow-up inquiries required, and who is recording the information (e.g., Quarantine Station staff versus the conveyance medical authority). In all cases, Quarantine Stations have implemented practices and procedures that balance the health and safety of the American public against the public's desire for minimal interference with their travel and trade. Whenever possible, Quarantine Station staff obtain information from other documentation (e.g., manifest order, other airline documents) to reduce the amount of the public burden. The total estimated burden requested for this data collection is 377 hours.

Kimberly S. Lane,

Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–12–0556]

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) 639–7570 or send an email 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

Assisted Reproductive Technology (ART) Program Reporting System (0920–0559, exp. 9/30/2012)—Revision—National Center for Chronic Disease and Public Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The ART program reporting system is used to comply with Section 2(a) of Pub. L. 102–493 (known as the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA)), 42 U.S.C. 263a–1(a)). FCSRCA requires each ART program to annually report to the Secretary through the CDC pregnancy success rates achieved by each ART program, the identity of each embryo laboratory used by such ART program, and whether the laboratory is certified or has applied for certification under the Act. The reporting system allows CDC to publish an annual success rate report to Congress as specified by the FCSRCA.

CDC requests OMB approval to continue information collection for three years. This Revision request includes an increase in the total estimated burden hours due to an increase in the estimated number of