

healthcare providers working as a team approach.

Activities will include implementation of family centered community interventions that will provide biweekly site visits to the person living with diabetes and provide follow-up and support for the participant and their family. Two family members, found with the highest risk factor rating, will also be intervened by the CHW/PdS. The CHW will reinforce educational messages on balance nutrition and physical activity and provide social support and coaching to the person living with diabetes and their family members. The CHW/PdSs will be trained in diabetes and community mobilization skills.

A person living with diabetes and one high risk blood relative family members will receive an initial survey, to establish baseline to evaluate the model's effectiveness. Participants will receive a nutrition questionnaire to assess their nutrition knowledge and practice to tailor the nutrition education information, and will also receive a questionnaire to assess the cost effectiveness of the CHW/PdS model. The Diabetes Intervention Group (DIG) and the 1st Degree Blood Relative Intervention Group (BRIG), will receive tri-weekly visits, lasting approximately 2 hours. During these sessions the initial survey, the nutrition questionnaire and the cost effectiveness questionnaire will

be given by the CHW/PdS to the participants.

The Diabetes Delayed Intervention Group (DDIG) and the 1st Degree Blood Relative Delayed Intervention Group (BRDIG), will receive an initial site visit, lasting approximately 2 hours. At this time the initial participant and family member survey will be administered by the CHW/PdS. After the intervention phase is completed, estimated time line being 18 months, the DDIG and the BRDIG will receive group educational sessions for a period of one hour for 16 weeks.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Types of visits	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hours)
Diabetes Intervention Group (DIG) .....	Every three weeks visit	363	17	2	12,342
1st Degree Blood Relative Intervention Group (BRIG).	Every three weeks visit	363	17	2	12,342
Diabetes—Delayed Intervention Group (DDIG) ...	First visit .....	363	1	2	726
	Weekly visits .....		16	1	5,808
1st Degree Blood Relative—Delayed Intervention Group (BRDIG).	First visit .....	363	1	2	726
	Weekly visit .....		16	1	5,808
CHW/PdS, for 5 days during the intervention section, the CHW/PdS will complete a tool to determine the time and effort by the clinic personnel in serving the DIG, BRIG, DDIG, BRDIG members explain.	Five (5) working days ...	11	1	1	55
<b>Total</b> .....	.....	<b>1463</b>	.....	.....	<b>37,807</b>

Dated: June 13, 2007.

**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**

**Advisory Committee on Immunization Practices: Meeting**

*Correction:* This notice was published in the **Federal Register** on May 4, 2007, Volume 72, Number 86, page 25318. The matters to be discussed have been changed.

*Matters To Be Discussed:* The agenda will include discussions on Vaccine Financing; Hepatitis A Post-Exposure

Prophylaxis which will include a VFC Vote; Cold Adapted Influenza Vaccine; Immunization Safety; Tdap-IPV-Hib Combination Vaccine (Pentacel); MCV4 Dose to 2 years; Vaccine Shortages; Economic Analyses of Vaccines; Evidence-Based Recommendations; Human Papillomavirus Vaccine; Update on HIV Vaccines; Childhood Immunization Schedule; Adult Immunization Schedule; Update on Pneumococcal Vaccines Working Group; Update on Vaccines during Pregnancy and Breastfeeding Working Group; Hepatitis B update on Adult Recommendations; and Agency updates. VFC Votes will be taken to add Pentacel to the Diphtheria, Tetanus, Pertussis Resolution; to the Haemophilus Influenza Type B Resolution and to the Polio Resolution pending the Food and Drug Administration approval for licensure of Pentacel. Amended to include a VFC Vote on FluMist.

Agenda items are subject to change as priorities dictate.

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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: June 12, 2007.

**Elaine L. Baker,**

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

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