• Delete the title and statement for Division of User Liaison and Research Translation (END) in its entirety.

These changes are effective upon the date of the Director of AHRQ's signature.

Dated: February 28, 2008.

Carolyn M. Clancy,

AHRQ Director.

[FR Doc. E8–4458 Filed 3–7–08; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–0692]

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) 395–6974. Written comments should be received within 30 days of this notice.

Notice of Correction to Burden Table

Proposed Project

A Survey of the Knowledge, Attitudes and Practice of Medical and Allied Health Professionals Regarding Fetal Alcohol Exposure—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Description of Correction

The previous 30-day Federal Registrar (FRN) published January 25, 2008, Volume 73, No. 17, Pages 4575–4576, was submitted with an error showing five previously approved forms. This notice is corrected to show only the requested number of burden hours to continue this project.

Background and Brief Description

Maternal prenatal alcohol use is one of the leading, preventable, causes of birth defects and developmental disabilities. Children exposed to alcohol during fetal development can suffer a wide array of disorders, from subtle changes in I.Q. and behaviors to profound mental retardation. These conditions are known as fetal alcohol spectrum disorders (FASDs). The most severe condition within the spectrum is fetal alcohol syndrome (FAS), which involves disorders of the brain, growth retardation, and facial malformations.

Physicians and other health practitioners play a vital role in diagnosing FAS and in screening women of child-bearing age for alcohol consumption and drinking during pregnancy. In Diekman's, *et al.* (2000) study of obstetricians and gynecologists, only one fifth of doctors surveyed reported abstinence to be the safest way to avoid the adverse outcomes associated with fetal alcohol exposure. Importantly, 13% of doctors surveyed were not sure of levels of alcohol consumption associated with adverse outcomes. One of CDC's multifaceted initiatives in combating alcohol-exposed pregnancies is the education and reeducation of medical and allied health students and practitioners.

In fiscal year 2002, the Centers for Disease Control and Prevention (CDC) received a congressional mandate to develop guidelines for the diagnosis of FAS and other conditions resulting from prenatal alcohol exposure; and to incorporate these guidelines into curricula for medical and allied health students and practitioners [Public Health Service Act Section 317K (247b–12) b and c].

In response to the second congressional mandate listed above, CDC proposed five national surveys of health providers. In August of 2005, OMB approved these five surveys under control number 0920–0692. The purposes of the surveys are to assess, among various health care provider groups, their knowledge, attitudes, and practices regarding the prevention, identification, and treatment of FASDs. These health care provider groups are pediatricians, obstetrician-gynecologists (OB-GYNs), psychiatrists, family physicians, and allied health professionals.

The results of the surveys will help to inform further development of model FASD curricula to disseminate among medical and allied health students and professionals nation wide using a variety of formats including computer interactive learning applications, workshops and conferences, Continuing Medical Education credit courses, and medical and allied health school grand rounds and clerkships. Consistent with OMB's previous terms of clearance, CDC does not expect the results to be generalizable to the larger populations of the professional organizations from which the samples were drawn. Instead, the survey results will provide necessary information to further develop and refine educational materials for medical and allied health students and practitioners and to evaluate their effectiveness. No gifts or compensation will be given to respondents who complete the survey. An average of one survey per year will be conducted.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 375.

ESTIMATED ANNUALIZED BURDEN

Type of respondent	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Selected Survey Instrument	900	1	25/60

Dated: February 29, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8–4650 Filed 3–7–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–08–08AS]

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

Surveys of BioSense Trainings,—New—National Center for Public Health Informatics (NCPHI), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, which requires specific activities related to bioterrorism preparedness and response. This congressional mandate outlines the need for improving the overall public's health through electronic surveillance. The Department of Health and Human Services outlined strategies aimed at achieving this goal via the Public Health IT Initiative thereby creating the BioSense program.

BioSense is the national, human health surveillance system designed to improve the nation's capabilities for disease detection, monitoring, and real-time health situational awareness. This work is enhanced by providing public health real-time access to existing data from healthcare organizations, state syndromic surveillance systems, national laboratories, and others for just in time public health decision-making. BioSense data are analyzed through advanced statistical methods, and made accessible through the BioSense application. The application provides data, charts, graphs, and maps through a secure web-based interface which can be accessed by CDC and authorized state and local public health and hospital users.

In order to meet the congressional mandate, it is important that BioSense users understand the role of BioSense in daily surveillance as well as be able to use specific BioSense modalities to investigate or monitor any potential disease outbreaks and/or bioterrorist attacks. A series of training tools have been developed to educate BioSense users about how best to utilize BioSense in these circumstances.

The training tools were developed based upon a 2007 needs assessment conducted among BioSense users. Training 1 is an online, self-paced training module designed for BioSense users at the beginner level who are not wholly familiar with BioSense or have not used the system on a regular basis. This module presents the background of BioSense and an overview of its general functions in a didactic training style. Training 2 is a virtual training filmed in Second Life. It is designed for intermediate to advanced level users who are aware of and have used the general BioSense functionalities for daily surveillance but want additional skills related to using BioSense during an emergency scenario. This scenario-based module is presented in an experiential training style.

Data collection will take place in the form of an online survey immediately following each training module and a link to an online survey emailed 3-months post training. This data collection will assess the goals of these trainings, which are to help registered BioSense users (1) establish knowledge and efficacy necessary to use BioSense to investigate and/or monitor a potential event or outbreak; (2) facilitate communication between BioSense administrators in public health and hospital settings; (3) access BioSense trainings that are engaging and easy to use; and (4) use BioSense to investigate and/or monitor a potential event or outbreak. The post-training and 3-month follow-up surveys have been pre-tested with less than 9 participants. Survey results will be used to identify the impact and applicability of these training modules for BioSense users.

There are no costs to survey respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Post-Training Survey	400	1	10/60	67
3–Month Follow Up Survey	320	1	5/60	27
Total				94