

use of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

State/Territorial Healthcare Situational Awareness and Rapid Survey Capability Data Call—New—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

During public health emergencies, the ability of the nation’s healthcare system to deliver care needs to be rapidly assessed to inform response decisions. Currently, there is no automated system to collect and analyze information at the federal level, and the capability to achieve situational awareness at the state and regional levels varies across the nation—some states have robust systems while others have none. The

gap in the ability to collect and analyze information during a public health emergency across existing systems and from jurisdictions without situational awareness capabilities limits the response capabilities at all levels; the essential decision-making information is not available at the federal level, and the state and local response agencies will be bombarded with multiple inquiries in the midst of a public health emergency.

Work over the past two years has identified significant requirements for the development of this capability; through collaboration with stakeholder representatives, the foundation has been laid to rapidly progress into the areas of content and system development. In order for the development to continue, the technical characteristics of state and territory-based systems need to be identified so that situational awareness capabilities at the federal level can be designed to work in coordination with those existing systems. It is essential

that specific and standard information is collected from all states and territories.

This data collection will consist of two phases. In the first phase, CDC will verify the contact information of the state/territorial public health preparedness contact. In the second phase, the state/territory situational awareness data call will be distributed to these individuals; the responses provided will be analyzed to develop the most effective and efficient federal situational awareness capability.

This proposed project supports CDC’s Preparedness Goal of “People Prepared for Emerging Health Threats,” specifically the objective to “Integrate and enhance existing surveillance systems at the local, state, national, and international levels to detect, monitor, report, and evaluate public health threats.”

There are no costs to respondents other than their time to complete the data collection.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State/Territorial Public Health Preparedness Contact—Contact Verification ..	62	1	5/60	5
State/Territorial Public Health Preparedness Contact—Data Call	62	1	30/60	31
Total				36

Dated: January 29, 2009.

Maryam I. Daneshvar,

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

[60Day–09–08AA]

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 or send

comments to Maryam 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

Evaluation of health communication messages for Infertility Prevention Campaign—New—National Center for HIV, Hepatitis, Sexually Transmitted Disease Prevention, and Tuberculosis

Prevention (NCHHSTP), Division of Sexually Transmitted Disease Prevention (DSTDP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Chlamydia (CT) is among the leading causes of pelvic inflammatory disease (PID), which can lead to infertility, ectopic pregnancy, and chronic pelvic pain. Most cases of CT are asymptomatic so infected girls and women are unaware of their infections. CDC estimates that in 2006, young women aged 15 to 19 years had the highest CT rate (2,862 cases per 100,000 females), followed by women aged 20 to 24 (2,797 cases per 100,000 females). These rates are likely to be underestimates, because many infected persons do not seek medical care and testing. Data at CDC suggests that CT develops into PID in up to 40% of untreated women and that 12% of women are infertile after their first experience with PID.

CDC plans to obtain public preferences that will guide the development of health communication messages/materials about CT with

females in the following age groups: 15–17 years who attend school; 15–17 years who do not attend school; 18–25 years who are employed; and 18–25 years who attend school full-time. Focus groups will be conducted at local pre-determined focus group facilities, and surveys will be conducted online and in malls. Women ages 18–25 years, both

employed and working full-time, will be recruited by phone through professional recruitment vendors for focus groups; and in malls and on social networking sites for surveys. Girls ages 15–17 years, who do and do not attend school full-time, will be recruited by phone through professional recruitment vendors for focus groups, once parental consent is

obtained; and in malls and through social networking sites (without parental consent) for surveys. The Academy for Educational Development (contractor to which this task order, #200–2006–F–19070, was awarded) will be conducting the research.

There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total burden hours
Screener (15–17 yr old)	54	1	5/60	5
Screener (18–25 yr old)	126	1	5/60	11
Screener (parent of 15–17 yr old)	54	1	5/60	5
Focus groups	180	1	2	360
Mall intercept screener & moderators guide	200	1	10/60	33
Online screener & surveys	500	1	8/60	67
Total	1,114	481

Dated: January 29, 2009.

Maryam I. Daneshvar,
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

[30Day–08–08AP]

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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

Youth Advice & Feedback to Inform Choose Respect Implementation (New)—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCIPC seeks to obtain, over a five year period, advice and feedback from tweens/teens (aged 11–14) regarding message development/placement, creative executions, appropriate partners, and other similar issues, to inform ongoing implementation and evaluation of the Choose Respect campaign (OMB#0920–0687), an initiative intended to promote youth awareness of and participation in healthy peer relationships.

Communication research indicates that campaign planning implementation must employ a consumer-oriented approach to ensure that program

messages/materials, and their placement, can successfully gain the attention of and resonate with the intended audience. To that end, the NCIPC proposes conducting further planning, implementation, and evaluation research that enlists the involvement and support of youth, parents and other influencers and measures the effect of the campaign on the target audiences. The evaluation will provide interim and ongoing feedback to campaign planners regarding the implementation and progress of the campaign.

The proposed data collection will enlist geographically, culturally/ racially/ethnically, and socio-economically diverse groups of young people to complete: (1) Ten-minute online surveys, with 200 respondents, four times per year; and (2) 12 in-person focus groups, with 12 participants each, twice per year. Online surveys will reduce the potential burden for young people as web-based formats are convenient and consistent with the way they communicate and spend their leisure time. Online surveys—Each web-based survey will involve a different group of 200 tweens/teens. In-person focus groups—First and second focus groups will involve different groups of young people. The following focus groups will be segmented by age and gender, as indicated. The total annualized estimated burden hours are 1,354.

There are no costs to respondents other than their time.