

Part 515, effective on the corresponding date shown below:

*License Number:* 018630N.

*Name:* American International Shipping Company.

*Address:* 7 Emily Road, Manalapan, NJ 07726.

*Date Revoked:* November 7, 2009.

*Reason:* Failed to maintain a valid bond.

*License Number:* 014160N.

*Name:* Cargo Logistics Inc.

*Address:* 186 Sherman Ave., P.O. Box 186, Glenridge, NJ 07028.

*Date Revoked:* October 21, 2009.

*Reason:* Failed to maintain a valid bond.

*License Number:* 004411N.

*Name:* Debbie D. Sukhai-Sheffield DBA S & S Enterprises.

*Address:* 4463 Niobe Circle, Rancho Cordova, CA 95742.

*Date Revoked:* October 30, 2009.

*Reason:* Failed to maintain a valid bond.

*License Number:* 020146N.

*Name:* Global Carrier Alliance Corp.

*Address:* 1880 Century Park East, Ste. 900, Los Angeles, CA 90067.

*Date Revoked:* October 28, 2009.

*Reason:* Failed to maintain a valid bond.

*License Number:* 018084F.

*Name:* Go-Trans (North America) Inc.

*Address:* 147-32 Farmers Blvd., 2nd Floor, Jamaica, NY 11434.

*Date Revoked:* August 22, 2009.

*Reason:* Failed to maintain a valid bond.

*License Number:* 019788N.

*Name:* Miriam Family Cargo, Inc.

*Address:* 18 NW 12th Ave., Miami, FL 33128.

*Date Revoked:* October 22, 2009.

*Reason:* Failed to maintain a valid bond.

**Sandra L. Kusumoto,**

*Director, Bureau of Certification and Licensing.*

[FR Doc. E9-28265 Filed 11-24-09; 8:45 am]

**BILLING CODE 6730-01-P**

## FEDERAL MARITIME COMMISSION

### Ocean Transportation Intermediary License; Reissuance

Notice is hereby given that the following Ocean Transportation Intermediary license has been reissued by the Federal Maritime Commission pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. Chapter 409) and the regulations of the Commission pertaining to the licensing of Ocean Transportation Intermediaries, 46 CFR Part 515.

License No.	Name/address	Date reissued
020295NF .....	Yavid Corporation, 10913 NW. 30th Street, #103, Doral, FL 33172.	September 17, 2009.

**Sandra L. Kusumoto,**

*Director, Bureau of Certification and Licensing.*

[FR Doc. E9-28264 Filed 11-24-09; 8:45 am]

**BILLING CODE 6730-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Disease Prevention and Health Promotion.

**ACTION:** Notice of meeting.

*Authority:* 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended. The Committee is governed by the provision of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) announces the next federal advisory committee meeting regarding the national health promotion and disease prevention objectives for 2020. This meeting will be open to the public and will be held online via WebEx software.

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 will address efforts to develop the nation's health promotion and disease prevention objectives and strategies to improve the health status and reduce health risks for Americans by the year 2020. The Committee will provide to the Secretary of Health and Human Services advice and consultation for developing and implementing the next iteration of national health promotion and disease prevention goals and objectives and provide recommendations for initiatives to occur during the initial implementation phase of the goals and objectives. HHS will use the recommendations to inform the development of the national health promotion and disease prevention objectives for 2020 and the process for implementing the objectives. The intent is to develop and launch objectives designed to improve the health status and reduce health risks for Americans by the year 2020.

**DATES:** The Committee will meet on December 11, 2009 from 1:30 p.m. to 4:30 p.m. Eastern Standard Time (EST).

**ADDRESSES:** The meeting will be held online, via WebEx software. For detailed instructions about how to make sure that your windows computer and browser is set up for WebEx, please visit the "Secretary's Advisory Committee" Web page of the Healthy People Web

site at: <http://www.healthypeople.gov/hp2020/advisory/default.asp>.

#### FOR FURTHER INFORMATION CONTACT:

Emmeline Ochiai, Designated Federal Officer, Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Room LL-100, Rockville, MD 20852, (240) 453-8259 (telephone), (240) 453-8281 (fax). Additional information is available on the Internet at <http://www.healthypeople.gov>.

#### SUPPLEMENTARY INFORMATION:

*Purpose of Meeting:* Every 10 years, through the Healthy People initiative, HHS leverages scientific insights and lessons from the past decade, along with the new knowledge of current data, trends, and innovations to develop the next iteration of national health promotion and disease prevention objectives. Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention and health promotion activities. Healthy People

2020 will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention.

*Public Participation at Meeting:*

Members of the public are invited to listen to the online Committee meeting. There will be no opportunity for oral public comments during the online Committee meeting. Written comments, however, are welcome throughout the development process of the national health promotion and disease prevention objectives for 2020. They can be submitted through the Healthy People Web site at: <http://www.healthypeople.gov/hp2020/comments/> or they can be e-mailed to [HP2020@hhs.gov](mailto:HP2020@hhs.gov).

To listen to the Committee meeting, individuals must pre-register to attend at the Healthy People Web site located at <http://www.healthypeople.gov>. Participation in the meeting is limited. Registrations will be accepted until maximum WebEx capacity is reached and must be completed by 9 a.m. EST on December 11, 2009. A waiting list will be maintained should registrations exceed WebEx capacity. Individuals on the waiting list will be contacted as additional space for the meeting becomes available.

Registration questions may be directed to Hilary Scherer at [HP2020@norc.org](mailto:HP2020@norc.org) (e-mail), (301) 634-9374 (phone) or (301) 634-9301 (fax).

Dated: November 18, 2009.

**Penelope Slade-Sawyer,**

*RADM, USPHS, Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).*

[FR Doc. E9-28320 Filed 11-24-09; 8:45 am]

BILLING CODE 4150-32-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: "Spreading Techniques to Radically Reduce Antibiotic Resistant Bacteria

(Methicillin Resistant Staphylococcus aureus, or MRSA)." In accordance with the Paperwork Reduction Act, 44 U.S.C. 350 1-3520, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by January 25, 2010.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

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](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*Spreading Techniques To Radically Reduce Antibiotic Resistant Bacteria (Methicillin Resistant Staphylococcus aureus, or MRSA)*

Healthcare Acquired Infections (HAIs) caused almost 100,000 deaths among the 2.1 million people who acquired infections while hospitalized in 2000, and HAI rates have risen relentlessly since then. Alarming, 70% of HAIs are due to bacteria that are resistant to commonly used antibiotics, with Methicillin Resistant Staphylococcus aureus (MRSA) being the most rapidly growing, and among the most virulent, pathogens. Resistance is increasing rapidly in all types of hospitals (Huang 2007). Despite evidence that routinely applied, simple interventions do work, most hospitals have failed to make notable progress in reducing MRSA infections. Hospitals in some European countries and select U.S. hospitals, however, have succeeded with impressive results.

Sites that have already achieved dramatic decreases in their MRSA infection rates have done so by implementing precautions to prevent transmission, using system redesign approaches. Further, many hospitals have successfully instituted isolation procedures for patients suspected to be MRSA carriers. In doing so, these hospitals have followed the broadly disseminated guidelines for hand hygiene and contact isolation precautions. This study is a follow up to a recent study implemented in 6 hospital systems in the Indianapolis metropolitan area that used a "MRSA

intervention bundle" composed of active surveillance screening, contact isolation precautions, and increased hand hygiene. Preliminary data from that initial study suggest a 60% decrease in MRSA rates in participating intensive care units (ICUs) (Doebbeling, B. Redesigning Hospital Care for Quality and Efficiency Applications of Positive Deviance and Lean in Reducing MRSA. Presentation at AHRQ Annual Meeting, Rockville, MD, Sept 2009).

This study is designed to further test this intervention bundle in non-ICU settings in hospitals currently using the intervention bundle in their ICUs, as well as in additional ICUs in newly recruited hospital systems. This project will utilize the same guidelines and precautions that were applied in the original study, and will add an innovative feature that will use electronic medical record systems to improve identifying, communicating and tracking MRSA infections among healthcare systems. More specifically, this study has five aims:

(1) Further test the "MRSA intervention bundle" from the original Indianapolis MRSA study, and test the intervention in additional units in the 4 original Indianapolis hospital systems and an additional 3 hospital systems beyond Indianapolis;

(2) Identify and monitor healthcare associated community onset (HACO) MRSA cases and controls who receive care in participating hospitals and affiliated settings, identify strategies to reduce HACO MRSA and demonstrate reduction of HACO MRSA;

(3) Assess the relative effectiveness of various antibiotics in abatement or eradication of MRSA carriage in hospital patients;

(4) Evaluate the effectiveness of the tested implementation strategies and innovations by applying information technology to enable consistent collection, sharing, analysis and reporting of data;

(5) Disseminate findings and promote outreach to target audiences and other stakeholders.

While many secondary data are available for this study, Aims 1 and 2 involve primary data collection. Use of the intervention bundle requires that opinion leaders and front line workers be equipped with techniques used in the reorganization of healthcare delivery to improve health outcomes (Singhal and Greiner, 2007; IHI, 2005). These techniques will assist in identifying goals, implementing the interventions to meet local needs and measuring and feeding back progress on key processes and outcomes to staff and others.