

estimated annual burden hours is 70.

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

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
School Officials .....	35	1	60/60
Law Enforcement Officials .....	35	1	60/60

Dated: December 11, 2009.

**Maryam I. Daneshvar,**

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

[FR Doc. E9-30008 Filed 12-16-09; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30-Day-10-09AR]

**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](mailto: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**

STD Surveillance Network (SSuN)—Existing collection without an OMB number—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The purpose of the proposed study is to improve the capacity of national,

state, and local STD programs to detect, monitor, and respond rapidly to trends in STDs through enhanced collection, reporting, analysis, visualization and interpretation of disease information. A pilot project that took place from 2006 to 2008 informed the design of the currently submitted SSuN project. The pilot project was helpful in establishing the sample size estimations that will be used in the project and the standardization of the way in which questions will be asked of patients. OMB clearance was not sought for this pilot project because reporting sites (public health departments) instead of people were mistakenly counted as respondents. There were only 6 sites that were reporting data to CDC for the clinic portion of the project; however, more than 10 subjects were involved with the population portion of the pilot.

The SSuN Project will be an active STD sentinel surveillance network comprised of 12 surveillance sites around the United States. SSuN will use two surveillance strategies to collect information. The first will be a STD clinic-based surveillance which will extract data from existing electronic medical records for all patient visits at participating STD clinics over the 3 years. The second will be a population-based surveillance in which a sample of individuals reported with gonorrhea to the 12 SSuN state or city health departments are interviewed using locally designed interview templates.

For the clinic-based surveillance, the specified data elements will be abstracted on a quarterly basis from existing electronic medical records for all patient visits to participating clinics. Data in the electronic medical record

may be collected at time of registration, during the clinic encounter, or through laboratory testing. For the population-based STD surveillance, the results of interviews will be entered into a developed Microsoft Access database that will be adapted locally for each clinic. High quality, informative, and timely surveillance data are necessary to guide STD programs so interventions are designed and implemented appropriately. Furthermore, surveillance data are necessary for understanding the impact of STD interventions based on the epidemiology of each STD.

This information will be collected to establish an integrated network of sentinel STD clinics and health departments to inform and guide national programs and policies for STD control in the US. It will improve the capacity of national, state, and local STD programs to detect, monitor, and respond to established and emerging trends in STDs, HIV, and viral hepatitis. SSuN will help identify and evaluate the effectiveness of public health interventions to reduce STD morbidity.

The SSuN surveillance platform will allow CDC to establish and maintain common standards for data collection, transmission, and analysis, and will allow CDC to build and maintain STD surveillance expertise in 12 surveillance areas. Such common systems, established mechanisms of communication, and in-place expertise are all critical components for timely, flexible, and high quality surveillance.

There is no cost to respondents other than their time. The total estimated annual burden hours are 432.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Types of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
SSuN site .....	12	4	2
Gonorrhea Case .....	2880	1	7/60

Dated: December 11, 2009.  
**Marilyn S. Radke,**  
*Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E9-30007 Filed 12-16-09; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-10-0479]

**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 I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

Automated Management Information System (MIS) for Diabetes Control Programs (OMB No. 0920-0479, expiration date 5/31/2010)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Diabetes is the seventh leading cause of death in the United States, contributing to more than 233,619 deaths each year. An estimated 23.6 million people in the United States have diabetes: 17.9 million people who have been diagnosed with diabetes and 5.7 million people have undiagnosed diabetes. To reduce the burden of this disease, the Centers for Disease Control and Prevention (CDC) established the national Diabetes Control Program, authorized under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. sections 241 and 247b(k)]. This program provides funding to health departments in States and territories to develop, implement, and evaluate population-based Diabetes Prevention and Control Programs (DPCPs). These programs provide support for health departments to design, implement and evaluate diabetes prevention and control strategies that improve access to and quality of care for all, including communities most impacted by the burden of diabetes (e.g., racial/ethnic minority populations, the elderly, rural dwellers and the economically disadvantaged).

CDC currently collects information from DCPCs through a Web-based Management Information System (MIS). The information is used to monitor compliance with cooperative agreement requirements, evaluate progress in achieving program-specific goals, and identify needs for training and technical assistance. The MIS is a Web-based,

password access-protected repository and technical reporting system that supports the collection of accurate, uniform, and timely information about DCPCs. The MIS has standardized the format and the content of diabetes data reported from the DPCPs and provides an electronic means for efficient collection and transmission of information to CDC.

The information collected through the MIS allows CDC to monitor, evaluate, and compare individual programs; to assess and report aggregate information regarding the overall effectiveness of the DPCP program; and to rapidly respond to external inquiries about specific diabetes control activities. The MIS also supports DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DPCPs and to disseminate information related to successful public health interventions.

Approval to collect information for three additional years will be requested. Respondents will be 53 DCPCs in States, the District of Columbia, the Virgin Islands, and Puerto Rico. The information collection will not include the Pacific Islands jurisdictions that were previously funded through the national Diabetes Control Program and will be funded through a separate mechanism in the future.

All information will be collected electronically. Action Plan items will be reported twice per year and other items will be reported once per year. During the next approval period, selected data elements will be revised to provide a common set of progress and performance indicators across a number of CDC's chronic disease prevention and control programs, as outlined in the new funding opportunity announcement. Burden to respondents will be reduced due to improved organization of the MIS, and increased use of existing data resources. There are no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Diabetes Prevention and Control Programs.	Program Information: Program Summary	53	1	12	636
	Resources: Personnel .....	53	1	13	689
	Resources: Contracts .....	53	1	5	265
	Resources: Partners .....	53	1	10	530
	Planning: Data Sources .....	53	1	5	265
	Action Plan Project Period Objectives & Updates.	53	2	5	530