that have the potential for use as agents of bioterrorism, inflicting significant morbidity and mortality on susceptible populations.

In light of current terrorism concerns and the significant NIH grant monies directed toward Select Agent research, CDC receives hundreds of requests for Select Agents from researchers. The approximately 900 applicants are required to complete an application form in which they identify themselves and their institution, provide a Curriculum Vitae or biographical sketch, a summary of their research proposal, and sign indemnification and material transfer agreement statements. In this request, CDC is requesting approval for approximately 450 hours; no change from the currently approved burden. The only correction to this data collection request is updating the name of the National Center on the application form. A user fee will be collected to recover costs for materials, handling and shipping (except for public health laboratories). The cost to the respondent will vary based on which agent is requested.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Researcher	900	1	30/60	450
Total				450

Dated: February 25, 2011.

Carol E. Walker,

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

[30-Day–11–0666]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666 exp. 3/31/2012)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and to promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. Healthcare institutions that participate in NHSN voluntarily report their data to CDC using a web browser based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks.

This revision submission includes an amended Assurance of Confidentiality, which required an update of the Assurance of Confidentiality language on all forms included in the NHSN surveillance system. The scope of NHSN dialysis surveillance is being expanded to include all outpatient dialysis centers so that the existing Dialysis Annual Survey can be used to facilitate prevention objectives set forth in the HHS HAI tier 2 Action Plan and to assess national practices in all Medicare-certified dialysis centers if CMS re-establishes this survey method (as expected). The Patient Safety (PS) Component is being expanded to include long term care facilities to facilitate HAI surveillance in this setting, for which no standardized reporting methodology or mechanism currently exists. Four new forms are proposed for this purpose. A new form is proposed to be added to the Healthcare Personnel Safety (HPS) Component to facilitate summary reporting of influenza vaccination in healthcare workers, which is anticipated to be required by CMS in the near future. In addition to this new form, the scope of the HPS Annual Facility Survey is being expanded to include all acute care facilities that would enroll if CMS does implement this requirement. The NHSN Antimicrobial Use and Resistance module is transitioning from manual web entry to electronic data upload only, which results in a significant decrease to the reporting burden for this package. Finally, there are many updates, clarifications, and data collection revisions proposed in this submission.

CDC is requesting to delete four currently approved forms that are no longer needed by the NHSN and add five new forms

The previously-approved NHSN package included 47 individual data collection forms. If all proposed revisions are approved, the reporting burden will decrease by 1,258,119 hours, for a total estimated burden of 3,914,125 hours and 48 total data collection tools.

Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. There is no cost to respondents other than their time. The total estimated annual burden hours are 3,914,125.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Responses per respondent	Burden per response (hours)
Infection Preventionist	NHSN Registration Form	6,000	1	5/60
	Facility Contact Information	6,000	1	10/60
	Patient Safety Component—Annual Facility Survey	6,000	1	40/60
	Patient Safety Component—Outpatient Dialysis Center Practices Survey.	5,500	1	1
	Group Contact Information	6,000	1	5/60
	Patient Safety Monthly Reporting Plan	6,000	9	35/60
	Primary Bloodstream Infection (BSI)	6,000	36	32/60
	Dialysis Event	500	75	15/60
	Pneumonia (PNEU)	6,000	72	32/60
	Urinary Tract Infection (UTI)	6,000	27	32/60
Staff RN	Denominators for Neonatal Intensive Care Unit (NICU)	6,000	9	4
	Denominators for Specialty Care Area (SCA)	6,000	9	5
	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	6,000	18	5
Staff RN	Denominator for Outpatient Dialysis	500	12	5/60
Infection Preventionist	Surgical Site Infection (SSI)	6,000	27	32/60
Staff RN	Denominator for Procedure	6,000	540	10/60
Laboratory Technician	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables.	6,000	12	5/60
Pharmacy Technician	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables.	6,000	12	5/60
Infection Preventionist	Central Line Insertion Practices Adherence Monitoring	6,000	100	5/60
	MDRO or CDI Infection Form	6,000	72	32/60
	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	6,000	24	10/60
	Laboratory-identified MDRO or CDI Event	6,000	240	25/60
	Vaccination Monthly Monitoring Form—Summary Method	6,000	5	14
	Vaccination Monthly Monitoring Form—Patient-Level Method.	2,000	5	2
	Patient Vaccination	2,000	250	10/60
	Patient Safety Component—Annual Facility Survey for LTCF.	250	1	25/60
	Laboratory-identified MDRO or CDI Event for LTCF	250	8	30/60
	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	250	3	7/60
	Urinary Tract Infection (UTI) for LTCF	250	9	30/60
Occ Health RN	Healthcare Personnel Safety Component Annual Facility Survey.	6,000	1	8
	Healthcare Worker Survey	600	100	10/60
	Healthcare Personnel Safety Monthly Reporting Plan	600	9	10/60
	Healthcare Worker Demographic Data	600	200	20/60
	Exposure to Blood/Body Fluids	600	50	1
	Healthcare Worker Prophylaxis/Treatment	600	10	15/60
Laboratory Technician	Follow-Up Laboratory Testing	600	100	15/60
Occ Health RN	Healthcare Worker Vaccination History	600	300	10/60
Occ Health RN	Healthcare Worker Influenza Vaccination	600	500	10/60
	Healthcare Worker Prophylaxis/Treatment-Influenza	600	50	10/60
	Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	600	1	10/60
	Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	600	1	10/60
	Healthcare Personnel Influenza Vaccination Monthly Summary.	6,000	6	2
Clinical Laboratory Technologist.	Hemovigilance Module Annual Survey	500	1	2
	Hemovigilance Module Monthly Reporting Plan	500	12	2/60
	Hemovigilance Module Monthly Incident Summary	500	12	2
	Hemovigilance Module Monthly Reporting Denominators	500	12	30/60
	Hemovigilance Adverse Reaction	500	120	10/60
	Hemovigilance Incident	500	72	10/60

Dated: February 25, 2011.

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

[30-Day–11–0770]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

National HIV Behavioral Surveillance System (NHBS) 0920–0770 (exp. 03/31/2011)—Revision-National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to monitor behaviors related to human immunodeficiency virus (HIV) infection among persons at high risk for infection in the United States. The primary objectives of NHBS are to obtain data from samples of persons at risk to: (a) Describe the prevalence and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing and HIV infection; (c) describe the prevalence of and trends in use of HIV prevention services; (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community-based organizations, community planning groups and other stakeholders. This project addresses the goals of CDC's HIV prevention strategic plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

For the proposed data collection, CDC has revised the interview data collection instruments. A few questions were added (related to health care access and utilization, use of pre-exposure prophylaxis, homophobia, HIV stigma, and discrimination), some were removed, and others were revised from the previously approved instrument to make them easier for respondents to understand and respond appropriately. The project activities and methods will remain the same as those used in the previously approved collection.

Data are collected through anonymous, in-person interviews conducted with persons systematically selected from 25 Metropolitan Statistical Areas (MSAs) throughout the United States; these 25 MSAs were chosen based on having high AIDS prevalence. Persons at risk for HIV infection to be interviewed for NHBS include men who have sex with men (MSM), injecting drug users (IDUs), and heterosexuals at increased risk of HIV (HET). A brief screening interview will be used to determine eligibility for participation in the behavioral assessment. The data from the behavioral assessment will provide estimates of behavior related to the risk of HIV and other sexually transmitted diseases, prior testing for HIV, and use of HIV prevention services. All persons interviewed will also be offered an HIV test and will participate in a pre-test counseling session. No other Federal agency systematically collects this type of information from persons at risk for HIV infection. These data have substantial impact on prevention program development and monitoring at the local, State, and national levels.

CDC estimates that NHBS will involve, per year in each of the 25 MSAs, eligibility screening for 50 to 200 persons and eligibility screening plus the survey with 500 eligible respondents, resulting in a total of 37,500 eligible survey respondents and 7,500 ineligible screened persons during a 3-year period. Data collection will rotate such that interviews will be conducted among one group per year: MSM in year 1, IDU in year 2, and HET in year 3. The type of data collected for each group will vary slightly due to different sampling methods and risk characteristics of the group.

This request is for a revision and an approval for an additional 3 years of data collection. Participation of respondents is voluntary and there is no cost to the respondents other than their time. The total estimated annualized burden hours are 9,931.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
Year 1 (MSM):				
Persons Screened	Screener	17,500	1	5/60
Eligible Participants	Survey	12,500	1	30/60
Year 2 (IDU).				
Persons Referred by Peer Recruiters	Screener	13,750	1	5/60
Eligible Participants	Survey	12,500	1	54/60
Peer Recruiters	Recruiter Debriefing	6,250	1	2/60
Year 3 (HET):				
Persons Referred by Peer Recruiters	Screener	13,750	1	5/60
Eligible Participants	Survey	12,500	1	39/60
Peer Recruiters	Recruiter Debriefing	6,250	1	2/60