about one quarter of people who have a PE.

The Division of Blood Disorders submitted questions to the 2007 HealthStyles survey to determine the public's knowledge of DVT, its common symptoms, and risk factors. Although over 60% of respondents identified pain and swelling as symptoms, 60% did not identify tenderness (often the first sign of DVT) as a symptom. Only 38% of respondents knew that a DVT was a blood clot in a vein, and most could not identify common risk factors for DVT such as sitting for a long period of time (*e.g.,* during air travel); having a leg or foot injury; having a family member who has had a DVT; taking birth control pills; or getting older; and certain groups could not identify risk factors that specifically applied to their risk. The results of this survey demonstrates the need for greater awareness of DVT, and its risk factors and the data show that there are many opportunities to develop audience specific messages that are age specific and culturally appropriate.

Much of the morbidity and mortality associated with DVT/PE could be prevented with early and accurate diagnosis and management. DVT/PE is preventable. It is important for people to be able to recognize the signs and symptoms and know when to seek care and available treatment. Individuals, families, and their support communities can reduce their risk by understanding DVT/PE and its risk factors. DVT/PE affects people of all races and ages. Many of the acquired risks such as obesity, advanced age, air travel, chronic diseases, cancer, and hospitalization are increasing in the United States, and we can expect to see increasing numbers of people affected by DVT/PE.

The CDC's Division of Blood Disorders will conduct focus groups to develop messaging concepts that will be used in a public awareness campaign to build knowledge and awareness of DVT/PE, increase recognition of the symptoms and risk factors for DVT/PE, and empower people to take action.

The project will address these objectives in two stages: In the first stage the Contractor selected will conduct eight (8) formative focus groups with nine (9) participants in each focus group to explore consumer knowledge, attitudes, and beliefs (KABs) toward DVT. It is estimated that 144 respondents will have to be screened in order to recruit 72 focus group participants. Message concepts will be developed from insights emerging from this exploratory research phase. The Contractor will conduct eight (8) focus groups with nine (9) participants in each focus group during the second stage to test the message concepts and identify possible ways to present the messages. It is estimated that 144 respondents will have to be screened in order to recruit 72 focus group participants. The informed consent will take approximately 6 minutes to complete, for a total burden of 7 hours.

The Contractor selected will work with CDC to identify and recruit focus group participants. Formative research participants will include adults (aged 25–64) who have been hospitalized in the last year and seniors (aged 65–80). Message testing participants will include adults (aged 25–64) who have been hospitalized in the last year and seniors (aged 65–80). Participants will be recruited to participate in one of sixteen in-person focus groups that will be conducted in the following cities:

- Atlanta, Baltimore, Pittsburgh, and Tampa (formative research task), and
- Atlanta, Baltimore, Pittsburgh, and Tampa (message testing task)

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

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number responses per respondent | Average burden per response (in hours) | Total burden hours |
|---|---|---|---|---|---|
| Seniors (65–80) Adults (25–64) recently hospitalized | Formative research stage: Participant Screener and Recruitment Script. | 144 | 1 | 5/60 | 12 |
| Seniors (65–80) Adults (25–64) recently hospitalized | Message testing stage: Re-screener | 144 | 1 | 9/60 | 22 |
| Seniors (65–80) Adults (25–64) recently hospitalized | Formative Research stage: Moderator's Guide. | 72 | 1 | 1.5 | 108 |
| Seniors (65–80) Adults (25–64) recently hospitalized | Formative Research stage: Informed Consent. | 72 | 1 | 6/60 | 7 |
| Seniors (65–80) Adults (25–64) recently hospitalized | Message testing stage: Moderator's Guide. | 72 | 1 | 1.5 | 108 |
| Seniors (65–80) Adults (25–64) recently hospitalized | Message testing stage: Informed Consent. | 72 | 1 | 6/60 | 7 |
| Total | | | | | 264 |

Dated: March 10, 2011.

**Carol E. Walker,**

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

[FR Doc. 2011–6107 Filed 3–15–11; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30-Day–11–0338]**

### 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**

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S. (OMB No. 0920–0338, exp. 4/30/2011)—Extension—Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH) has the primary responsibility for the Department of Health and Human Services (HHS) smoking and health program. HHS's overall goal is to reduce death and disability resulting from the use of smokeless tobacco products and other forms of tobacco use through programs of information, education and research.

Since 1994, as required by the Comprehensive Smokeless Tobacco Education Act of 1986 (CSTHEA, 15 U.S.C. 4401 *et seq.,* Public Law 99–252), CDC has collected information about the ingredients used in smokeless tobacco products and their nicotine content. Respondents are commercial smokeless tobacco product manufacturers, packagers, or importers (or their representatives), who are required by the CSTHEA to submit ingredient reports to HHS on an annual basis.

Respondents are not required to submit specific forms; however, they are required to meet reporting guidelines and to submit the ingredient report by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies currently required to report ingredients added to other consumer products. Typically, respondents submit a summary report to CDC with the ingredient information for multiple products, or a statement that there are no changes to their previously submitted ingredient report.

Ingredient reports for new products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to OSH by mailing a written report on the respondent's letterhead, by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted.

Upon receipt and verification of the annual ingredient and nicotine data reports, OSH issues a Certificate of Compliance to the respondent. OSH also uses the information to report to the Congress (as deemed appropriate) discussing the health effects of these ingredients.

In this Extension request, there are no changes to the estimated number of respondents, the estimated burden per response, or the information collection methods. There are no costs to respondents other than their time. The total estimated annualized burden hours are 18,843.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|
| Smokeless Tobacco Manufacturers, Packagers, and Importers | 11 | 1 | 1,713 |

Dated: March 10, 2011.

**Carol E. Walker,**

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

[FR Doc. 2011–6106 Filed 3–15–11; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[Docket No. CDC–2011–0002]**

### Draft Action Plan—A Public Health Action Plan To Combat Antimicrobial Resistance

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

**ACTION:** Notice of availability and request for public comment.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) is publishing this notice requesting public comment on the draft *A Public Health Action Plan to Combat Antimicrobial Resistance.* HHS/CDC is publishing this notice on behalf of the HHS Interagency Task Force on Antimicrobial Resistance. The draft Action Plan and supporting documents can be found at *http://www.regulations.gov.*

**DATES:** Written comments must be received on or before April 15, 2011. Comments received after April 15, 2011 will be considered to the fullest extent possible.

**ADDRESSES:** Written comments may be submitted to the following address: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion, Office of Antimicrobial Resistance, Attn: Antimicrobial Resistance Action Plan, Docket No. CDC–2011–0002, 1600 Clifton Rd., NE., Mailstop A–07, Atlanta, Georgia 30333.

You may also submit written comments electronically to: *http://www.regulations.gov.* All comments received will be posted publicly without change, including any personal or proprietary information provided. To download an electronic version of the plan, access *http://www.regulations.gov.*

Written comments, identified by Docket No. CDC–2011–0002 will be available for public inspection Monday through Friday, except for legal holidays, from 9 a.m. until 5 p.m., Eastern Daylight Time, at 1600 Clifton Road, NE., Atlanta, Georgia 30333. Please call ahead to (404) 639–4000 and ask for a representative from the Office of Antimicrobial Resistance to schedule your visit. Comments may also be viewed at *http://www.regulations.gov.*

**FOR FURTHER INFORMATION CONTACT:** Rachel Wolf, Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion, Office of Antimicrobial Resistance; 1600 Clifton Road, NE., Mailstop A–07, Atlanta, Georgia 30333, (404) 639–4000.

**SUPPLEMENTARY INFORMATION:** The HHS Interagency Task Force on Antimicrobial Resistance (hereafter referred to as the Task Force) was created in 1999 to coordinate the activities of Federal agencies in addressing antimicrobial resistance (AR) in recognition of the increasing importance of AR as a public health threat. The Task Force is co-chaired by