ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Pentagon or Shanksville, Pennsylvania Responder.	Appeals regarding treatment	14	1	30/60	7
Pharmacies	Outpatient prescription pharmaceuticals.	4	265	1/60	18
Pentagon or Shanksville, Pennsylvania Responder.	WTC Health Program Medical Travel Refund Request.	1	1	10/60	1
Total					832

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–13AHB]

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 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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

Risk Factors for Community-Associated *Clostridium difficile* Infection through the Emerging Infections Program (EIP)—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The epidemiology of *C. difficile* has changed dramatically during recent years, with increases in incidence and severity of disease being reported across several countries. In addition, populations previously thought to be at low risk, such as young, healthy individuals residing in the community, are now being identified with severe *C. difficile* infection (CDI). Community-associated CDI is estimated to represent 32% of all CDI based on population-based CDI surveillance data, with an incidence of 30–40 per 100,000 population in the United States. Previous reports have shown that approximately 40% of patients acquiring community-associated CDI (CA–CDI) were not exposed to antibiotics, which is a well-recognized risk factor for CDI; suggesting that additional factors may contribute to infections. Other factors such as proton pump inhibitors have been raised as a risk factor for CDI in the community and on February 8, 2012, the U.S. Food and Drug Administration issued a communication advising physicians to consider the diagnosis of CDI among patients taking proton pump inhibitors. However, the data on the association of CDI with proton pump inhibitors are still controversial and studies to quantify this association are needed. In addition to the understanding of the factors that predispose patients to CDI, further evaluation of potential *C. difficile* exposure sources in the community is necessary to guide prevention efforts.

The sources of *C. difficile* and the risks for developing CDI in previously thought to be low-risk community populations are not well defined. Although initial evaluation of CA–CDI cases identified several potential risk factors (e.g., outpatient healthcare exposures, infants in the home, and proton pump inhibitor use), the magnitude of association of these risks with disease development using a control population has not been evaluated to date. This proposed case-control study will enable investigators to evaluate these associations and focus future investigations and prevention strategies on those factors identified as significantly associated with disease development.

CDC requests OMB approval to collect information from the public using a standardized questionnaire over a three-year period. The study will have a pediatric and an adult component given that *C. difficile* exposure sources in the community may vary by age. For example, *C. difficile* has been isolated from daycare centers' environment which may be a potential source for *C. difficile* acquisition in pediatric population, but less likely to be a source for adults.

For this project, we estimate that 129 persons ≥18 years of age with *C. difficile* infection (case-patients) will be contacted for the CDI study interview annually. Of those, 71 will agree and be eligible to participate in the study and will proceed to the full telephone interview. A total of 142 persons ≥ 18 years of age without C. *difficile* infection (control-patients) will be contacted for the interview annually. Of those, 71 will agree and be eligible to participate in the study and will complete the full interview. Among the pediatric group, we estimate that 141 and 194 parents of children between 1 and 5 years of age with and without *C. difficile* infection will be contacted for the interview, respectively. Among the case- and

control-patients, we estimate that 78 in each group will agree and be eligible to participate in the study and will proceed to the full interview. We anticipate the screening questions to take about 5 minutes and the telephone interview 30 minutes per respondent in both the adult and pediatric groups.

There are no costs to respondents. The total response burden for the study is estimated as follows:

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents (adult and pediatric)	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Case subjects >17 years of age	Screening Process	129	1	5/60	11
	Telephone interview	71	1	30/60	36
Control Subjects >17 years of age	Screening Process	142	1	5/60	12
	Telephone interview	71	1	30/60	36
Case Subject ≤1–5 years of age	Screening Process	141	1	5/60	12
	Telephone interview	78	1	30/60	39
Control Subjects ≤1–5 years of age	Screening Process	194	1	5/60	16
	Telephone interview	78	1	30/60	39
Total					201

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

DEPARTMENT OF JUSTICE

Office of Justice Programs

[CDC–2013–0020; NIOSH–269]

Request for Information: Collection and Use of Nonfatal Workplace Violence Information from the National Crime Victimization Survey

AGENCY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) and the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.

ACTION: Request for public comments.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) and the Bureau of Justice Statistics (BJS) of the Office of Justice Programs, Department of Justice (DOJ), are collaborating to request public comments to inform BJS's approach in collecting and reporting data related to nonfatal workplace violence in the National Crime Victimization Survey (NCVS). NIOSH and BJS request input on these issues. The instructions for submitting comments can be found at www.regulations.gov. Written comments submitted to the Docket will be used to inform BJS with the planning and collection of workplace violence data in the NCVS. Dates: Public Comment Period: Comments must be received by November 27, 2013 to be considered by BJS and NIOSH. Addresses: Written comments: You may submit comments by any of the following methods:

- Federal eRulemaking Portal: *http://www.regulations.gov.* Follow the instructions for submitting comments.
- Mail: NIOSH Docket Office, Robert A. Taft Laboratories, MS–C34, 4676 Columbia Parkway, Cincinnati, OH 45226.
- Instructions: All submissions received must include the agency name and docket number [CDC–2013–0020; NIOSH–269]. All relevant comments, including any personal information provided, will be posted without change to *http://www.regulations.gov.*

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

I. Background

The National Institute for Occupational Safety and Health (NIOSH) is the federal agency responsible for conducting research to prevent workplace injuries and illnesses. Workplace violence is a common threat to worker safety and health, and NIOSH has a long history of conducting research on the prevalence, risk factors for, and prevention of work-related violence.

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics collects data on rape, sexual assault, robbery, aggravated assault, and simple assault against persons age 12 or older through the National Crime Victimization Survey (NCVS). The NCVS gathers data from a continuous, nationally representative sample of approximately 86,000 households comprising nearly 156,000 persons age 12 or older in the United States, reported and not reported to the police. The NCVS provides information about victims (e.g. age, gender, race, Hispanic origin, marital status, income, and educational level), offenders (e.g. gender, race, approximate age, and victim/offender relationship), and the nature of the crime (time and place of occurrence, use of weapons, nature of injury, and economic consequences).

NCVS respondents who report that they were a victim of a violent crime (rape, sexual assault, robbery, aggravated assault, or simple assault) while working or on duty are included in NCVS special reports on workplace violence. BJS published special reports on workplace violence in 1994, 1998 (covering 1992–96), 2001 (covering 1993–99), 2011 (covering 1993–2009) and 2013 (focused on government workers, 1994–2011). These reports are available on the BJS Web site as part of their violence in the workplace series at *http://www.bjs.gov/index.cfm?ty=pbse&sid=56*

All of the workplace violence special reports used the same classification system to determine work-relatedness of the incidents. To qualify as workplace violence the incident must have: