Dated: August 4, 2010.

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Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–19703 Filed 8–9–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-10–0212]

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 project or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at 404–639–5960 or send comments to CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail 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

Revision of the National Hospital Discharge Survey (NHDS) (OMB No. 0920–0212 exp. 10/31/2011)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request includes hospital recruitment and data collection for 2011, 2012, and 2013 of the redesigned National Hospital Discharge Survey, as well as a pretest of data collection on acute coronary syndrome for a supplement to the NHDS which will be sponsored by the National Heart, Lung and Blood Institute.

The National Hospital Discharge Survey (NHDS) has been conducted continuously by the National Center for Health Statistics, CDC, since 1965. It is the principal source of data on inpatient utilization of short-stay, non-Federal hospitals and is the principal annual source of nationally representative estimates on the characteristics of discharges, lengths of stay, diagnoses, surgical and non-surgical procedures, and patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are measured.

Although the current NHDS is still fulfilling its intended functions, it is based on concepts from the health care delivery system, as well as the hospital and patient universes, of previous decades. It has become clear that a redesign of the NHDS that provides greater depth of information is necessary. Consequently, 2010 will serve as the last year in which the current NHDS will be fielded. Meanwhile, the redesigned National Hospital Discharge Survey (NHDS) is scheduled to begin in 2011.

A new sample of 500 hospitals drawn for the NHDS will be recruited beginning in June 2011 and continuing through September 2012. In 2011, data collection will begin by collecting the electronic Uniform Bills (UB–04s) from recruited hospitals for the year 2011 followed by data for 2012 and 2013. A pretest of a survey supplement on acute coronary syndrome sponsored by the National Heart Lung and Blood will also be fielded in 2011.

The data items to be collected from the UB–04 in the NHDS will include patient level data items including basic demographic information, personal identifiers, name, address and medical record number (if available on the UB–04), and characteristics of the discharges including admission and discharge dates, diagnoses, and surgical and non-surgical procedures. Facility level data items include demographic information, clinical capabilities, and financial information.

The pretest of the supplement on acute coronary syndrome will be conducted in a convenience sample of 32 hospitals and discharges will be identified from the UB–04 codes for a diagnosis of acute myocardial infarction.

Users of NHDS data include, but are not limited to CDC, Congressional Research Office, Office of the Assistant Secretary for Planning and Evaluation (ASPE), American Health Care Association, Centers for Medicare & Medicaid Services (CMS), and Bureau of the Census. Data collected through NHDS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field. NHDS data have been used extensively in the development and monitoring of goals for the Year 2000 and 2010 Healthy People Objectives. In addition, NHDS data provide annual updates for numerous tables in the Congressionally-mandated NCHS report, *Health, United States.* Other users of these data include universities, contract research organizations, many in the private sector, foundations, and a variety of users in the print media. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Redesigned NHDS: Hospital CEO/CFO	Survey presentation to hospital	167	1	1	167

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Director of health information management (DHIM) or Health information technology (DHIT).	Induction (including initial facility questionnaire).	167	1	4	668
DHIM or DHIT	Post induction annual facility questionnaire.	500	2	1	1,000
DHIM or DHIT	transmit UB–04	500	4	1	2,000
Acute Coronary Syndrome Pretest:					
Hospital CEO/CFO	Presentation at hospital	11	1	1	11
DHIM or DHIT	Pulling medical records for abstraction.	11	1	30/60	6
Total					3,852

Dated: August 4, 2010.

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[FR Doc. 2010–19704 Filed 8–9–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-10–10CV]

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

Early Aberration Reporting System (EARS) Registration Module—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)(proposed), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To support two of CDC's main priority areas: (1) Improving CDC's support for state and local health departments, and (2) strengthening surveillance and epidemiology, CDC is requesting approval from the Office of Management and Budget (OMB) to improve the Early Aberration Reporting System (EARS) by collecting data from individuals who request a download of EARS from the CDC Web site.

The Early Aberration Reporting System, developed within the Division of Bioterrorism Preparedness and Response, is a Web-enabled tool that analyzes public health surveillance data using methods that detect abnormal trends that could possibly indicate an outbreak of infectious disease. The local public health professionals manage the entire tool and can implement the defaults or can adjust the tool in order to meet their local needs. The goal of this process is to assist public health professionals in the early identification of outbreaks of disease as well as bioterrorism events. EARS is used to assess whether the current number of reported cases of an event is higher than usual.

The term syndromic surveillance is used to describe surveillance that uses health-related data that precede diagnosis and that signals a sufficient probability of a case or an outbreak of infectious disease to warrant further public health response. Syndromic surveillance systems are used by state, local, national and international health departments to monitor syndrome-based (*e.g.,* case information collected in emergency departments (EDs) and diagnostic data sources for early detection of outbreaks and other public health events). More recently these systems are used during public health responses to provide more rapid near real-time situational awareness regarding the health status of the target population. EARS were the first software platform to support local syndromic surveillance systems. EARS has been designed and used to monitor syndromic data from emergency departments, 911 calls, physician office data, school and business absenteeism, over-the-counter drug sales, laboratory testing and results data and reportable disease surveillance systems. In the past several years, EARS systems have been integral in the local public health surveillance arsenal. EARS has been used at events such as the Beijing Summer Olympics; multiple Superbowls (football) and World Series (baseball); the political conventions of both major US political parties; and the Presidential Inauguration (2009).

Today, EARS is a highly successful and sustainable system and has over 200 users at the federal, state, local, and international levels. These users include international Ministries of Health and domestic state and local public health departments. Additionally, EARS detection methods have been integrated in well-known surveillance platforms such as BioSense at CDC, ESSENSE at Johns Hopkins, NAMRD at US Department of Defense, and Emergint at Northrop Grumman.

EARS is widely-accepted and easily sustainable due to its being free to all end users, the capacity to use multiple forms of data, flexibility and user-driven design and maintenance. EARS is a service provided by CDC as share-ware and is available by download at no cost from the CDC Web site *http://www.bt.cdc.gov/surveillance/EARS.*

In an effort to continue to improve and enhance EARS, the collection of registration information is needed to track users and organizations to assist in future needs assessments. Requiring the users to register will provide CDC with contact information (*i.e.,* e-mail addresses) to use for broadcast e-mails regarding new releases for upgrades and enhancements; track the number of users, the download frequency, and the type of data that users will monitor with