

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Physician Questionnaire	1,750	1	20/60	583
Practice Organization Questionnaire	667	1	10/60	111
Total	2,417	na	na	694

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Physician Questionnaire	1750	583	\$95.79 ^a	\$55,846
Practice Organization Questionnaire	667	111	70.98 ^b	7,879
Total	2,417	694	na	63,725

* National Compensation Survey: Occupational wages in the United States May 2011, "U.S. Department of Labor, Bureau of Labor Statistics."

^a Based on the mean wages for Pediatricians, General (29–1065); Family and General Practitioners (29–1062); Internists, General (29–1063); Psychiatrists (29–1066); Anesthesiologists (29–1061); Surgeons (29–1067); Obstetricians and Gynecologists (29–1064); and Physicians & Surgeons, All Other (29–1069)

^b Based on the mean wages for 334 Medical and Health Services Managers (11–9111) and 333 physicians (as defined above).

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology. Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: March 12, 2013.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day–13–0457]

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 Ron Otten, 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

Aggregate Reports for Tuberculosis Program Evaluation (0920–0457—Exp. 9–30–2013)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests the extension of the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920–0457 for 3-years. There are no revisions to the report forms, data definitions, or reporting instructions.

To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920–0457). The respondents for these reports are the 68 state and local tuberculosis control programs receiving federal cooperative agreement funding through the CDC Division of Tuberculosis Elimination (DTBE). These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis,

and programmed electronic report entry, which transitioned to the National Tuberculosis Indicators Project (NTIP), a secure web-based system for program evaluation data, in 2010. No other federal agency collects this type of national tuberculosis data, and the Aggregate report of follow-up for

contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the

preparation and utilization of these reports at the local and state levels of public health jurisdiction. CDC also provides respondents with technical support for the NTIP software (Electronic—100%, Use of Electronic Signatures—No).

There is no cost to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Data clerks and Program Managers.	Follow-up and Treatment of Contacts to Tuberculosis Cases Form.	100	1 (electronic)	30/60	50
Program Managers	Follow-up and Treatment of Contacts to Tuberculosis Cases Form.	18	1 (manual)	30/60	9
Data clerks	Follow-up and Treatment of Contacts to Tuberculosis Cases Form.	18	1 (manual)	3	54
Data clerks and Program Managers.	Targeted Testing and Treatment for Latent Tuberculosis Infection.	100	1 (electronic)	30/60	50
Program Managers	Targeted Testing and Treatment for Latent Tuberculosis Infection.	18	1 (manual)	30/60	9
Data clerks	Targeted Testing and Treatment for Latent Tuberculosis Infection.	18	1 (manual)	3	54
Total					226

Ron A. Otten,

Director, 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

Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Initial Review

The meeting announced below concerns Conducting Public Health Research in Kenya, FOA GH10-003; Conducting Public Health Research in Thailand by the Ministry of Public Health (MOPH), FOA GH11-002; Conducting Public Health Research in China, FOA GH12-005; Strengthening Disease Prevention Research Capacity for Public Health Action in Guatemala and the Central American Region, FOA GH13-001; Detecting Etiologies of Emerging Infectious Diseases at the Regional Level—Western Ghat Region of Karnataka and Kerala, India, FOA

GH13-003; Strengthening Surveillance for Japanese Encephalitis in India, FOA GH13-004; and Research and Technical Assistance for Public Health Interventions in Haiti to Support Post-earthquake Reconstruction, Cholera and HIV/AIDS, FOA GH13-006, initial review.

Correction: The notice was published in the **Federal Register** on April 4, 2013, Volume 78, Number 65, Pages 20319–20320. The meeting announced and matters to be discussed should read as follows:

Conducting Public Health Research in Kenya, FOA GH10-003; Conducting Public Health Research in Thailand by the Ministry of Public Health (MOPH), FOA GH11-002; Conducting Public Health Research in China, FOA GH12-005; Strengthening Disease Prevention Research Capacity for Public Health Action in Guatemala and the Central American Region, FOA GH13-001; Detecting Etiologies of Emerging Infectious Diseases at the Regional Level—Western Ghat Region of Karnataka and Kerala, India, FOA GH13-003; Strengthening Surveillance for Japanese Encephalitis in India, FOA GH13-004; and Research and Technical Assistance for Public Health Interventions in Haiti to Support Post-

earthquake Reconstruction, Cholera and HIV/AIDS, FOA GH13-006.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of applications received in response to “Conducting Public Health Research in Kenya, FOA GH10-003; Conducting Public Health Research in Thailand by the Ministry of Public Health (MOPH), FOA GH11-002; Conducting Public Health Research in China, FOA GH12-005; Strengthening Disease Prevention Research Capacity for Public Health Action in Guatemala and the Central American Region, FOA GH13-001; Detecting Etiologies of Emerging Infectious Diseases at the Regional Level—Western Ghat Region of Karnataka and Kerala, India, FOA GH13-003; Strengthening Surveillance for Japanese Encephalitis in India, FOA GH13-004; and Research and Technical Assistance for Public Health Interventions in Haiti to Support Post-earthquake Reconstruction, Cholera and HIV/AIDS, FOA GH13-006, initial review.”

Contact Person for More Information: Lata Kumar, Scientific Review Officer, CGH Science Office, Center for Global Health, CDC, 1600 Clifton Road, NE.,