

PLACE: 4th Floor Conference Room, 1250 H Street, NW., Washington, DC.
STATUS: Closed to the public.
MATTERS TO BE CONSIDERED: Personnel.
CONTACT PERSON FOR MORE INFORMATION: Thomas J. Trabucco, Director, Office of External Affairs, (202) 942-1640.

Dated: January 16, 2007.
Thomas K. Emswiler,
Secretary to the Board, Federal Retirement Thrift Investment Board.
[FR Doc. 07-220 Filed 1-16-07; 4:42 pm]
BILLING CODE 6760-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute for Occupational Safety and Health; Decision to Evaluate a Petition To Designate a Class of Employees at Hanford Nuclear Reservation, Richland, WA, To Be Included in the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).
ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at the Hanford Nuclear Reservation, Richland, Washington, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Hanford Nuclear Reservation.
Location: Richland, Washington.
Job Title and/or Job Duties: All former Dupont production workers in the 100 area and the 300 area and all 200 area production workers and all guards and construction workers.
Period of Employment: January 1, 1943 through September 1, 1946 for former Dupont production workers in the 100 and 300 areas and December 1, 1944 through September 1, 1946 for all 200 area production workers and all guards and construction workers.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

Dated: January 12, 2007.
John Howard,
Director, National Institute for Occupational Safety and Health.
[FR Doc. 07-194 Filed 1-18-07; 8:45 am]
BILLING CODE 4163-19-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-07-0004]

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) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Disease Surveillance Program—II. Disease Summaries (0920-0004)—Revision—National Center for Preparedness, Detection, and Control of Infectious Diseases (proposed) (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease

control through field investigations. The CDC National Disease Surveillance Program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

CDC and the Council of State and Territorial Epidemiologists (CSTE) collect data on disease and preventable conditions in accordance with jointly approved plans. Changes in the surveillance program and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report (MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: Diarrheal disease surveillance (includes campylobacter, salmonella, and shigella), foodborne outbreaks, arboviral surveillance (ArboNet), Influenza virus (includes the annual survey and influenza-like illness), Respiratory and Enterovirus surveillance, rabies, waterborne diseases, cholera and other vibrio illnesses, calicivirus surveillance, and Listeria case form. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for approval of the data collection for three years. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time. The total estimated annualized burden hours are 21,107.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses	Avg. burden
Diarrheal Disease Surveillance: —Campylobacter (electronic)	53	52	3/60

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form	Number of respondents	Number of responses	Avg. burden
—Salmonella (electronic)	53	52	3/60
—Shigella (electronic)	53	52	3/60
Foodborne Outbreak Form	54	25	15/60
Arboviral Surveillance (ArboNet)	57	1421	4/60
Influenza:			
—Influenza virus (fax, Oct–May)	8	33	10/60
—Influenza virus (fax, year round)	15	52	10/60
*** Influenza virus (Internet; Oct–May)	13	33	10/60
*** Influenza virus (Internet; year round)	24	52	10/60
—Influenza virus (electronic, Oct–May)	9	33	5/60
—Influenza virus (electronic, year round)	14	52	5/60
Influenza Annual Survey	83	1	15/60
Influenza-like Illness (Oct–May)	824	33	15/60
Influenza-like Illness (year round)	496	52	15/60
Monthly Respiratory & Enterovirus Surveillance Report:			
—Excel format (electronic)	25	12	15/60
National Respiratory & Enteric Virus Surveillance System (NREVSS)	90	52	10/60
Rabies (electronic)	50	12	8/60
Rabies (paper)	3	12	15/60
Waterborne Diseases Outbreak Form	57	1	20/60
Cholera and other Vibrio illnesses	450	1	20/60
Calicivirus surveillance (CaliciNet)	20	5	5/60
Listeria Case Form	53	1	30/60

Deborah Holtzman,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–704 Filed 1–18–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–07AG]

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 404–639–5960 and send comments to Joan F. Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, 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

National HIV Behavioral Surveillance System (NHBS)—New—National Center for HIV, STD, and TB Prevention (NCHSTP), 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 the system 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.

Data are collected through 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 (IDU), and heterosexual persons living in census tracts that have high HIV/AIDS prevalence (HET). A brief screening interview will be used to determine eligibility for participation in the full survey. The data from the full survey 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. This data will 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 and HIV testing with 500 eligible respondents, resulting in a total of 37,500 eligible survey respondents