officers promptly respond to this report by meeting the incoming conveyance (when possible), collecting information and evaluating the patient(s), and determining whether an ill person can safely be admitted into the U.S. If Quarantine Station staff are unable to meet the conveyance, the crew or medical staff of the conveyance are trained to complete the required documentation and forward it (using a secure system) to the Quarantine Station for review and follow-up.

To perform these tasks in a streamlined manner and ensure that all relevant information is collected in the most efficient and timely manner possible, Quarantine Stations use a number of forms—the Airline Screening and Illness Response Form, the Ship Illness/Death Reporting Form, and the Land/Border Crossing Form—to collect data on passengers with suspected illness and other travelers/crew who may have been exposed to an illness. These forms are also used to respond to a report of a death aboard a conveyance.

The purpose of all of the forms is the same: to collect information that helps quarantine officials detect and respond to potential public health communicable disease threats. All forms collect the following categories of information: demographics and mode of transportation, clinical and medical history, and any other relevant facts (e.g., travel history, traveling companions, etc.). As part of this documentation, quarantine public health officers look for specific signs and symptoms common to the nine quarantinable diseases (Pandemic influenza; SARS; Cholera; Plague; Diphtheria; Infectious Tuberculosis; Smallpox; Yellow fever; and Viral Hemorrhagic Fevers), as well as most communicable diseases in general. These signs and symptoms include fever, difficulty breathing, shortness of breath, cough, diarrhea, jaundice, or signs of a neurological infection. The forms also collect data specific to the traveler's conveyance.

These data are used by Quarantine Stations to make decisions about a passenger's suspected illness as well as its communicability. This in turn enables Quarantine Station staff to assist conveyances in the public health management of passengers and crew.

The estimated total burden on the public, included in the chart below, can vary a great deal depending on the severity of the illness being reported, the number of contacts, the number of follow-up inquiries required, and who is recording the information (e.g., Quarantine Station staff versus the conveyance medical authority). In all cases, Quarantine Stations have implemented practices and procedures that balance the health and safety of the American public against the public's desire for minimal interference with their travel and trade. Whenever possible, Quarantine Station staff obtain information from other documentation (e.g., manifest order, other airline documents) to reduce the amount of the public burden.

There is no cost to respondents other than their time to complete the survey. The total estimated annualized burden for this data collection is 172 hours.

ESTIMATE OF ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Airline Illness or Death Investigation Form	1320	1	6/60
International Maritime Illness or Death Report	200	1	3/60
International Maritime Illness or Death Investigation Form	200	1	7/60
Land Border Illness or Death Investigation Form	60	1	6/60

Dated: January 12, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–1225 Filed 1–21–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–0691]

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

State Medicaid Tobacco Coverage Survey—Reinstatement—National Center for Chronic Disease Prevention and Control (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of death in the United States despite the availability of evidence-based treatments for tobacco dependence, which include counseling and FDA-approved pharmacotherapies. To increase both the use of treatment by smokers attempting to quit and the number of smokers who quit successfully, the Guide to Community Preventive Services recommends reducing the out-of-pocket cost of effective tobacco-dependence treatments, and the Public Health Service (PHS) Clinical Practice Guideline supports expanded insurance coverage for tobacco-dependence treatment.

Medicaid recipients have approximately 50% greater smoking prevalence than the overall U.S. adult population, and they are disproportionately affected by tobacco-related disease and disability. Information about the amount and type of coverage for tobacco-dependence treatment offered by Medicaid has been collected during 1998, 2000, 2001, 2002, 2003, 2005, 2006, and 2007. Information collection for the three most recent years (2005–2007) was conducted by the Centers for Disease Control and Prevention (OMB No. 0920–0691, expiration date 8/31/2008). Respondents were Medicaid directors or their designees in all 50 states and the District of Columbia.

CDC requests OMB approval to reinstate information collection for an

additional three-year period. Responses will be submitted electronically using a web-based survey instrument. Minor changes to the instrument are proposed to address compliance with recommendations made in the updated PHS clinical practice guideline issued in May of 2008, such as coverage for combination therapies, smokeless tobacco use, and states' familiarity with and use of the 2000 PHS guideline. The minor changes are not expected to affect the overall burden estimate. To minimize burden, each respondent will only be asked to record changes that occurred since the time of the previous submission. As in previous years, each respondent will also attach a copy of the state's Medicaid coverage plan to their completed survey, in order to assist the research team with the interpretation of responses.

The information to be collected will allow CDC to continue monitoring compliance with the most recent PHS recommendations and the progress of State Medicaid Programs toward the 2010 National Health Objectives and Healthy People 2010 goals.

There are no costs to respondents except the time to complete the survey. The total estimated burden hours are 26.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Medicaid Programs	51	1	30/60

Dated: January 13, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–1227 Filed 1–21–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) Announces an Evaluation of Downdraft Vented Nail Salon Tables (VNTs)

Authority: 29 U.S.C. Sections 651 *et seq.*

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Division of Applied Research and Technology (DART), NIOSH, is conducting an evaluation of downdraft vented salon nail tables (VNTs). This notice invites developers, manufacturers, and vendors of VNTs to submit new, unused, downdraft VNTs for evaluation of operational characteristics and effectiveness in reducing levels of a source point tracer gas at standard distances from the vent. A 6-month supply of manufacturer recommended filters is to be submitted to NIOSH at the address below, together with the VNT.

Evaluation parameters for the VNTs will include, but are not limited to: Airflow and capture characteristics, noise level, ergonomic features, and filter life. Manufacturers, vendors, and developers who wish to submit VNTs with filters for evaluation are invited to respond to this announcement. A report on each VNT submitted for evaluation, including feedback on the evaluation parameters and staff recommendations, will be sent to the submitter. Results of the evaluation will potentially be used to develop educational materials for nail technicians and may also be disseminated through reports, publications, or presentations. NIOSH does not intend to identify manufacturers in its publications but testing information referencing particular manufacturers would be releasable if requested under the Freedom of Information Act (FOIA).

DATES: Written letter of interest must be received within 90 calendar days of publication in the **Federal Register**. The deadline for receipt of VNT and filter submissions is June 30, 2009. Evaluations will begin subject to the dates VNT and filter submissions are received. The VNTs will be retained for up to 10 months while being evaluated, after which they will be returned.

ADDRESSES: Manufacturers, vendors, and developers who wish to submit VNTs with filters for evaluation are invited to respond to this announcement by sending a written letter of interest to NIOSH/DART, Robert A. Taft Laboratories, 4676 Columbia Parkway, Mailstop C–23, Cincinnati, Ohio 45226, *Attention:* Susan Reutman, *e-mail address: SReutman@cdc.gov.*

SUPPLEMENTARY INFORMATION: Responses shall include: A description of the VNT including the manufacturer, schedule of availability of the VNT and filters for evaluation, and a statement of the terms under which the VNT will be made available for evaluation. Shipping and handling costs (including insurance) to ship the VNTs to NIOSH and for NIOSH to return the VNTs to the submitter will be the responsibility of the submitter. NIOSH reserves the right to decide which VNT submissions will be evaluated based on compliance with the specifications described above. NIOSH also reserves the right not to proceed in this manner.

Note: As a government entity, we cannot endorse any specific product directly, indirectly, or by implication. NIOSH will not be responsible for any costs related to usage, wear and tear or accidental damage to the VNT during transport or while the VNT is at NIOSH.

Contact Person for Technical Information: Susan Reutman, Ph.D., telephone (513) 533–8286, or e-mail *SReutman@cdc.gov.*

Dated: January 2, 2009.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–1193 Filed 1–21–09; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2008–D–0264]

Compliance Policy Guide Sec. 540.370—Fish and Fishery Products—Decomposition; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the