

*Total Annual Hours:* 1,000;

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the HHS Web site address at <http://www.hhs.gov/oirm/infocollect/pending/> or e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [naomi.cook@hhs.gov](mailto:naomi.cook@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received within 60-days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Budget, Technology, and Finance, Office of Information and Resource Management, Attention: Naomi Cook (0990-0208), Room 531-H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: October 19, 2005.

**Robert E. Polson,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

[Document Identifier: OS-0990-New]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Office of the Secretary.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Type of Information Collection Request:* New Collection, Regular Approval;

*Title of Information Collection:* Medical Reserve Corps (MRC) Unit Profile and Reports;

*Form/OMB No.:* OS-0990-New;

*Use:* Medical Reserve Corps units are currently located in 330 communities across the United States and represent a resource of over 50,000 medical and public health volunteers. In order to better support the MRC units in communities across the United States, and to plan for future emergencies that are national in scope, detailed information about the MRC units, including unit demographics, contact information (regular and emergency), volunteer numbers, and information about activities is needed. MRC unit leaders will be asked to voluntarily update this information at least quarterly.

*Frequency:* Reporting, quarterly and on occasion;

*Affected Public:* State, local, or tribal governments, or other for profit, not for profit institutions;

*Annual Number of Respondents:* 400;

*Total Annual Responses:* 3,200;

*Average Burden Per Response:* 1 hour;

*Total Annual Hours:* 2,800.

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Dated: October 19, 2005.

**Robert E. Polson,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-06-05AA]

#### 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 404-639-4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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 the notice.

#### Proposed Project

Early Hearing Detection and Intervention Hearing Screening and Follow-up Survey—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) of the Centers for Disease Control and Prevention promotes the health of babies, children, and adults with disabilities. Activities related to addressing hearing loss (HL) among newborns and infants are part of NCBDDD's mission. HL is a common birth defect that affects approximately 12,000 infants each year, and can result in developmental delays when left undetected. As awareness about infant

HL increases, so does the demand for accurate information about incidence, rate of screening, referral to care, and loss to follow-up. Given the lack of a standardized and readily accessible source of data, CDC's Early Hearing Detection and Intervention (EHDI) program has developed a survey to be used annually for State and Territory EHDI Program Coordinators that utilizes uniform definitions to collect aggregate,

standardized EHDI data from states and territories. This information is important for helping to ensure infants and children are receiving recommended screening and follow-up services, documenting the occurrence and etiology of differing degrees of HL among infants, and determining the overall impact of infant HL on future outcomes, such as cognitive development and family dynamics.

These data will also assist state EHDI programs with quality improvement activities and provide information that will be helpful in assessing the impact of Federal initiatives. The public will be able to access this information via CDC's EHDI Web site (<http://www.cdc.gov/ncbddd/ehdi/>). There are no costs to respondents other than their time.

ANNUALIZED BURDEN TABLE

| Respondents                                         | Number of respondents | Number of responses per respondent | Average burden per response (in hrs.) | Total burden hours |
|-----------------------------------------------------|-----------------------|------------------------------------|---------------------------------------|--------------------|
| State and territory EHDI program coordinators ..... | 53                    | 1                                  | 4                                     | 212                |
| Total .....                                         |                       |                                    |                                       | 212                |

Dated: October 21, 2005.

**Betsey Dunaway,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-06-05CY]

#### 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 404-639-4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Survey of Illness and Injury Among Backcountry Users in Yellowstone National Park—New—Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases (NCID).

There are limited data on the risk factors for illness and injury among persons who travel into backcountry areas of the United States. The backcountry encompasses primitive or wilderness areas that lack most facilities and services and that are reached primarily by hiking, boating, or horseback. In general, backcountry users must bring in their own supplies (such as shelter, food, water, or water treatment supplies). As many as 68% to 82% of long-distance hikers and backpackers have reported experiencing illnesses or injuries during their time in the backcountry. For example, 4% to 56% have reported gastrointestinal illnesses and 41% to 62% have reported musculoskeletal injuries.

Such a high burden of illness and injury has significant medical and economic implications given the increasing popularity of backcountry use. In 1994-95, almost 8% of Americans age 16 years and older (about 15 million persons) went backpacking in the previous 12 months, which involved camping for one or more nights along a trail and carrying food, shelter, and utensils with them. In the same period of time, about 14% (or 28 million persons) camped in primitive

settings that usually lacked restrooms, hookups, and most facilities and services. In fact, camping in backcountry areas increased by about 72% from 1982-83 to 1994-95. While people can travel in the backcountry in many locations and on both private and public lands, many travelers hike, backpack, and camp in the backcountry in national parks. In 2003, there were over 266 million recreational visits to national parks with over 1.8 million overnight stays in the backcountry. Yellowstone National Park alone had almost 19,690 persons visit the backcountry in 2003, accounting for over 46,000 overnight stays.

Because little is known about health outcomes for visitors who use the backcountry areas of our nation's parks, advice to park managers and the public is currently general in nature, based only on standard disease prevention principles. Furthermore, some outdoor use groups have recently questioned some of this standard advice, such as the universal need for careful filtration and disinfection of backcountry drinking water. This study will investigate behavioral and environmental risk factors that may be associated with illness and injury among persons who require park permits to travel into backcountry areas in Yellowstone National Park during the backcountry season from May 1-Oct. 31, 2006. The data collected will be used to provide an estimate of the burden of illness and injury among backcountry users and will also provide information about a variety of risk factors for illness and injury in the backcountry, including the risks associated with drinking untreated water from lakes and streams. With this information, the National Park Service (NPS) will be able to address