In the **Federal Register** of September 9, 2009 (74 FR 46430), FDA published a 60-day notice requesting public comment on the proposed collection of information. No comments were received.

Dated: December 23, 2009.

David Horowitz,

Assistant Commissioner for Policy.

[FR Doc. E9–31199 Filed 1–4–10; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Process Evaluation of the NIH's Roadmap Interdisciplinary Research Work Group Initiatives

SUMMARY: In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Office of the Director, the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: The National Institute of Dental and Craniofacial Research of the National Institutes of Heath requests a three-year clearance for the ''Process Evaluation of the NIH Roadmap Interdisciplinary Research Work Group Initiatives,'' a new collection. This study will be used to determine whether the NIH's Interdisciplinary Research Work Group initiatives have been, and are being, conducted as planned, whether the expected outputs are being produced, and how the activities and processes associated with the initiatives can be improved. Information collected during the evaluation will be used to assess whether and how these initiatives differed from existing initiatives to determine whether these unique initiatives or mechanisms are necessary, to make decisions about whether to continue and/or to modify the programs, and to make decisions about structural or procedural changes within NIH that may be necessary to support cross-cutting interdisciplinary programs. The frequency of response is once for most respondents, and twice for a limited group. The affected public includes a limited number of individuals; *Type of respondents:* principal investigators, other grant investigators, and Initiative trainees. The annual reporting burden is as follows: *Estimated number of respondents:* 450; *Estimated number of responses per respondent:* PIs, 2; Other Investigators, 1; Trainees, 1; *Average burden hours per response:* 30 minutes; and *Estimated total annual burden hours requested:* 250 hours. The total annualized cost to respondents (calculated as the number of respondents * frequency of response * average time per response * approximate hourly wage rate) is estimated to be $4,565.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Sue Hamann, Ph.D., Science Evaluation Officer, Office of Science Policy Officer and Analysis, NIDCRD, NIH. You may reach Dr. Hamann by telephone on 301–594–4849 (this is not a toll-free number), or you may e-mail your request to Dr. Hamann at *Sue.Hamann@nih.hhs.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: December 22, 2009.

Sue Hamann,

Science Evaluation Officer, OSPA, NIDCR, National Institutes of Health.

[FR Doc. E9–31234 Filed 1–4–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–10–0004]

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. Alternatively, to obtain a copy of the data collection plans and instrument, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30333; comments may also be sent by 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 a 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 clarify 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 information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Disease Surveillance Program II. Disease Summaries (0920–0004 Exp. 5/31/2010)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (proposed), 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, including the annual survey and influenza-like illness, Respiratory and Enterovirus surveillance, rabies, waterborne diseases, cholera and other vibrio illnesses, Listeria, Calcinet, Harmful Algal Bloom-related Infectious Surveillance System (HABISS) data entry form, and the HABISS monthly reporting 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 revision of the currently approved data collection for three years. The revisions include minor changes to reporting forms already approved under this OMB Control Number. 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.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Diarrheal Disease Surveillance: *Campylobacter* (electronic)	53	52	3/60	138
Diarrheal Disease Surveillance: *Salmonella* (electronic)	53	52	3/60	138
Diarrheal Disease Surveillance: *Shigella* (electronic)	53	52	3/60	138
Foodborne Outbreak Form	54	25	15/60	338
Arboviral Surveillance (ArboNet)	57	1,421	4/60	5,400
—Influenza virus (fax, Oct–May)	8	33	10/60	44
—Influenza virus (fax, year round)	15	52	10/60	130
*** Influenza virus (Internet; Oct–May)	13	33	10/60	72
*** Influenza virus (Internet; year round)	24	52	10/60	208
—Influenza virus (electronic, Oct–May)	9	33	5/60	25
—Influenza virus (electronic, year round)	14	52	5/60	61
Influenza Annual Survey	83	1	15/60	21
Influenza-like Illness (Oct–May)	824	33	15/60	6,798
Influenza-like Illness (year round)	496	52	15/60	6,448
Monthly Respiratory & Enterovirus Surveillance Report: Excel format (electronic)	25	12	15/60	75
National Respiratory & Enteric Virus Surveillance System (NREVSS)	92	52	10/60	797
Rabies (electronic)	40	12	8/60	64
Rabies (paper)	15	12	20/60	60
Waterborne Diseases Outbreak Form	26	2	20/60	17
Cholera and other *Vibrio* illnesses	450	1	20/60	150
CaliciNet	30	10	10/60	50
Listeria	53	1	30/60	27
HABISS data entry form	10	12	8	960
HABISS monthly reporting form	10	12	30/60	60
Total	.....	.....	.....	22,219

Dated: December 29, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–31369 Filed 1–4–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2008–N–0119]

Canned Pacific Salmon Deviating From Identity Standard; Extension of Temporary Permit for Market Testing

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the extension of a temporary permit issued to Yardarm Knot Fisheries, LLC, to market test products designated as ''skinless and boneless sockeye salmon'' that deviate from the U.S. standard of identity for canned Pacific salmon. The extension will allow the permit holder to continue to collect data on consumer acceptance of the product while the agency takes action on a petition to amend the standard of identity for canned Pacific salmon that was submitted by Yardarm Knot Fisheries, LLC.

DATES: The new expiration date of the permit will be either the effective date of a final rule to amend the standard of