

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Assessment of the Effectiveness of the Center for Disease Control and Prevention's (CDC) Guidelines for Prevention of Surgical Wound Infections—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

In the U.S. an estimated 31.8 million surgical procedures are performed each year. Despite advances in infection

control practices, surgical technique and antisepsis, and the introduction of antimicrobial prophylaxis, surgical site infections (SSIs) remain a leading cause of healthcare-associated morbidity and mortality. An estimated 2%–5% of surgical procedures done each year are complicated by SSI. In addition, SSIs result in an additional 7.4 days of hospitalization and \$400–\$2,600 in healthcare costs/infection, resulting in an annual cost of \$130–\$845 million/year. Since the early 1980's CDC has developed and disseminated guidelines for the prevention of SSIs. However, the degree of practitioner and institutional compliance with the guideline and the impact of the CDC-recommended precautions in preventing SSIs have not been determined. The Institute of Medicine and the Healthcare Infection

Control Practices Advisory Committee have strongly advised that systematic guideline evaluation be a standard component of the guideline development process.

The purpose of this project is to assess the effectiveness of CDC Guidelines to Prevent Surgical Site Infection. The objective of this study is to determine knowledge, attitudes, and practices of surgeons regarding the Guidelines.

A mail and Internet survey will be conducted among a representative sample of members of the American College of Surgeons. The survey will ask about surgical practices and opinions related to surgical site infections. Participation in the survey will be voluntary. There is no cost to the respondents other than their time.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/respondent (in hours)	Total burden (in hours)
American College of Surgeons .....	2134	1	30/60	1067
Total .....				1067

Dated: May 24, 2002.

**Nancy E. Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-30-02]

**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) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

**Proposed Project**

National Public Health Performance Standards Program Local Public Health System Assessment—New—Public

Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC).

Since 1998, the CDC National Public Health Performance Standards Program has convened workgroups with the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the ten Essential Services of Public Health. In the fall of 2000, CDC conducted field tests with the local public health survey instruments in the States of Hawaii, Minnesota, and Mississippi.

CDC is now proposing to implement a voluntary data collection to assess the capacity of local public health systems to deliver the Essential Public Health Services. Electronic data submission will be the method of choice. If computer technology in local jurisdictions does not support electronic submission, hard-copy survey instruments will be available. Local jurisdictions using hard-copy survey instruments will receive assistance from State or local level field coordinators for web-based data entry.

Local health departments will respond to the survey on behalf of the collective body of representatives from

the local public health system. An estimated 33 percent of local health departments will complete the local instrument in year one, 30 percent in year two and 25 percent in year three. The total burden hours are estimated to be 67,200.

Data collection period	Respondents	Re-sponses per respondent	Average burden response (in hrs.)
Year 1 ...	875	1	24
Year 2 ...	1167	1	24
Year 3 ...	875	1	24

Dated: May 29, 2002.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. 02N-0055]

**Agency Information Collection Activities; Submission for OMB Review; Comment Request; Infant Formula Recall Regulations**

**AGENCY:** Food and Drug Administration, HHS.