

ESTIMATED ANNUALIZED BURDEN HOURS—NATIONAL SURVEY—Continued

Respondents	Number of respondents	Number of responses/ respondent	Average burden/re-sponse (in hours)
Home Health Aide Sampling (CAPI)	433	1	15/60
Home Health Aide Data Collection (CATI)	2,598	1	40/60

Dated: May 31, 2006.

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

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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

Assessment of Healthcare-associated Adverse Events—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP) disseminates notices and alerts through a voluntary electronic mail subscriber list (*i.e.*, Rapid Notification System) to inform healthcare personnel about healthcare-associated disease outbreaks and clusters or adverse events that may be of national importance and recommendation for preventing infections and antimicrobial resistance.

DHQP is occasionally involved in gathering information to determine if a recognized adverse event (*e.g.*, an infection following the use of a particular product, type of equipment, or with a microorganism that has rarely been reported) has occurred on a

national level in healthcare facilities. The information gained from this assessment will be used to target corrective actions or educational strategies to improve the public's health by preventing future adverse events.

To rapidly determine the scope of adverse events at the time soon after a public health notification or product recall, DHQP seeks to conduct short surveys using OMB approved questions among participants in the Rapid Notification System, National Nosocomial Infection Surveillance (NNIS), and other CDC networks (*e.g.*, partners in healthcare working on innovative infection reduction projects such as the Pittsburgh Healthcare Regional Initiative and the Prevention Epidemiology Centers). The survey will also be posted on the DHQP website to reach additional healthcare professionals. The number of questions in each survey will range from 5 to 10. Data will be collected using a Web-based data collection form.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 67.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden hours
Healthcare professionals	400	1	10/60

Dated: May 15, 2006.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Guide to Community Preventive Services (GCPS) Task Force

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following meeting:

Name: Task Force on Community Preventive Services.

Times and Dates: 8 a.m.–6 p.m., June 14, 2006. 9 a.m.–1:30 p.m., June 15, 2006.

Place: Centers for Disease Control and Prevention, Roybal Campus, Tom Harkin Global Communications Center, Room 232 (Auditorium B), 1600 Clifton Road, Atlanta, Georgia 30333, telephone (404) 639-3311.

Status: Open to the public, limited only by the space available.

Purpose: The mission of the Task Force is to develop and publish the Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health and what works in the delivery of those services.

Matters To Be Discussed: Agenda items include: Seating of five new Task Force members, briefings on administrative information, violence prevention, adolescent sexual behavior, worksite health promotion and the assessment of health risks with