

0600)—Extension—National Center for Health Marketing (NCHM), Coordinating Center for Health Information and Service (COCHIS), Centers for Disease Control and Prevention.

*Background and Brief Description*

While the overall number of cases of TB in the U.S. has decreased, rates still remain high among foreign-born persons, prisoners, homeless populations, and individuals infected with HIV in major metropolitan areas. The rate of TB cases detected in foreign-born persons has been reported to be almost nine times higher than the rate among the U.S. born population. CDC's goal to eliminate TB will be virtually impossible without considerable effort in assisting heavy disease burden countries in the reduction of tuberculosis. As part of the continuing effort to support both domestic and global public health objectives for treatment of tuberculosis (TB),

prevention of multi-drug resistance and surveillance programs, the National Center for Health Marketing, Division of Laboratory Systems (DLS) seeks to continue to collect information from domestic private clinical and public health laboratories twice per year. Participation and information collections from international laboratories are limited to those which have public health responsibilities for tuberculosis drug susceptibility testing and approval by their national tuberculosis program. The *M. tuberculosis*/NTM program supports this role by monitoring the level of performance and practices among laboratories performing *M. tuberculosis* susceptibility within the U.S. as well as internationally to promote high-quality laboratory testing, resulting in accurate and reliable results.

Information collected in this program includes the susceptibility test results of

primary and secondary drugs, concentrations, and test methods performed by laboratories on a set of challenge isolates sent twice yearly. A portion of the response instrument collects demographic data such as laboratory type and the number of tests performed annually. By providing an evaluation program to assess the ability of the laboratories to test for drug resistant *M. tuberculosis* and selected strains of NTM, laboratories have a self-assessment tool to aid in maximizing their skills in susceptibility testing. Information obtained from laboratories on susceptibility testing practices and procedures assists with determining variables related to good performance, with assessing areas for training and with developing practice standards.

There are no costs to respondents other than their time. The estimated annualized burden hours are 165.332.

*Estimate of Annualized Burden Hours*

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Laboratories U.S. and foreign .....	Enrollment .....	2	1	(5/60) 0.0833
	Information change .....	2	1	(5/60) 0.0833
	Results Form .....	165	2	(30/60) 0.5

Dated: November 29, 2006.

**Deborah Holtzman,**

*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**

[30Day-07-0670]

**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](mailto: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**

Evaluation of Efficacy of Household Water Filtration/Treatment Devices in Households with Private Wells—Revision (OMB No. 0920-0670)—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Approximately 42.4 million people in the United States are served by private wells. Unlike community water systems, private wells are not regulated by the U.S. Environmental Protection Agency's (EPA) Safe Drinking Water Act (SDWA). Under the SDWA, EPA sets maximum contaminant levels (MCLs) for contaminants in drinking water. A 1997 U.S. General Accounting Office (GAO) report on drinking water concluded that users of private wells may face higher exposure levels to groundwater contaminants than users of community water systems. Increasingly, the public is concerned about drinking water quality, and the public's use of water treatment devices rose from 27% in 1995 to 41% in 2001 (*Water Quality Association, 2001 National Consumer Water Quality Survey*). Studies evaluating the efficacy of water treatment devices on removal of pathogens and other contaminants have

assessed the efficacy of different treatment technologies.

The purpose of the proposed study is to evaluate how water treatment device efficacy is affected by user behaviors such as maintenance and selection of appropriate technologies. Working with public health authorities in Colorado, Maine, Missouri, Nebraska, North Carolina, and Wisconsin, NCEH will recruit 600 households to participate in a study to determine whether people using water treatment devices are protected from exposure to contaminants found in their well water. We plan to recruit households on private well water that use water filtration/treatment devices to treat tap water for drinking and cooking. Study participants will be selected from geographical areas of each state where groundwater is known or suspected to contain contaminants of public health concern. We will administer a questionnaire at each household to obtain information on selection of water treatment type, adherence to suggested maintenance, and reasons for use of treatment device. We will also obtain samples of treated water and untreated well water at each household to analyze for contaminants of public health concern. There is no cost to respondents

other than their time. The total estimated annual burden hours are 300.

*Estimated Annualized Burden Hours*

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participant Solicitation Telephone Screening Questionnaire .....	1200	1	5/60
Household Survey Questionnaire .....	600	1	20/60

Dated: November 28, 2006.  
**Joan F. Karr,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E6-20539 Filed 12-4-06; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**Joint Meeting of the Anti-Infective Drugs Advisory Committee and the Drug Safety and Risk Management Advisory Committee; Amendment of Notice**

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

The Food and Drug Administration (FDA) is announcing an amendment to the notice of joint meeting of the Anti-Infective Drugs Advisory Committee and the Drug Safety and Risk Management Advisory Committee. This meeting was announced in the **Federal Register** of November 15, 2006 (71 FR 66545). The amendment is being made to reflect a change in the *Location* portion of the document. There are no other changes.

**FOR FURTHER INFORMATION CONTACT:** Sohail Mosaddegh, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301-827-7001, fax: 301-827-6776, e-mail: [sohail.mosaddegh@fda.hhs.gov](mailto:sohail.mosaddegh@fda.hhs.gov), or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington DC area), codes 301-451-2530 or 301-451-2535. Please call the Information Line for up-to-date information on this meeting.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of November 15, 2006,

FDA announced that a joint meeting of Anti-Infective Drugs Advisory Committee and the Drug Safety and Risk Management Advisory Committee would be held on December 14 and 15, 2006. On page 66545, in the first column, the *Location* portion of document is amended to read as follows:

*Location:* Hilton, Maryland Ballrooms, 8727 Colesville Road, Silver Spring, MD. The hotel phone number is 301-589-5200.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to the advisory committees.

Dated: November 29, 2006.  
**Randall W. Lutter,**  
*Associate Commissioner for Policy and Planning.*  
 [FR Doc. E6-20538 Filed 12-5-06; 8:45 am]  
**BILLING CODE 4160-01-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: Advanced Education Nursing Traineeship (AENT) and Nurse Anesthetist Traineeship (NAT): In Use Without Approval**

The Health Resources and Services and Administration (HRSA) provides training grants to educational institutions to increase the numbers of advanced education nurses through the Advanced Education Nursing Traineeship (AENT) program and the Nurse Anesthetist Traineeship (NAT) program.

HRSA developed the AENT and NAT tables for the guidance applications for the two nursing traineeship programs. The AENT and NAT tables are used annually by grant applicants that are applying for AENT and NAT funding. The funds appropriated for the AENT and NAT programs are distributed among eligible institutions based on a formula. Award amounts are based on enrollment and graduate data reported on the tables and two funding factors (Statutory Funding Preference and Statutory Special Consideration) to those institutions which the criteria for one or both of the funding factors.

The AENT/NAT tables include information on program participants such as the number of enrollees, number of graduates and the types of programs they are enrolling into and/or from which they are graduating. These tables will be available electronically through Grants.gov. AENT and NAT applicants will have a single access point to submit their grant applications and AENT/NAT Traineeship tables.

Data from the tables will be used in the award determination and validation process. Additionally, the data will be used to ensure programmatic compliance, report to Congress and policymakers on the program accomplishments, and formulate and justify future budgets for these activities submitted to OMB and Congress.

The burden estimate for this project is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
AENT .....	500	1	500	1	500