ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form	Number of respondents	Number of responses	Avg. burden
—Salmonella (electronic)	53	52	3/60
—Shigella (electronic)	53	52	3/60
Foodborne Outbreak Form	54	25	15/60
Arboviral Surveillance (ArboNet)	57	1421	4/60
Influenza:			
—Influenza virus (fax, Oct–May)	8	33	10/60
—Influenza virus (fax, year round)	15	52	10/60
*** Influenza virus (Internet; Oct–May)	13	33	10/60
*** Influenza virus (Internet; year round)	24	52	10/60
—Influenza virus (electronic, Oct–May)	9	33	5/60
—Influenza virus (electronic, year round)	14	52	5/60
Influenza Annual Survey	83	1	15/60
Influenza-like Illness (Oct–May)	824	33	15/60
Influenza-like Illness (year round)	496	52	15/60
Monthly Respiratory & Enterovirus Surveillance Report:			
—Excel format (electronic)	25	12	15/60
National Respiratory & Enteric Virus Surveillance System (NREVSS)	90	52	10/60
Rabies (electronic)	50	12	8/60
Rabies (paper)	3	12	15/60
Waterborne Diseases Outbreak Form	57	1	20/60
Cholera and other Vibrio illnesses	450	1	20/60
Calicivirus surveillance (CaliciNet)	20	5	5/60
Listeria Case Form	53	1	30/60

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

[60Day–07–07AG]

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 404–639–5960 and send comments to Joan F. Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an 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 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

National HIV Behavioral Surveillance System (NHBS)—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to monitor behaviors related to Human Immunodeficiency Virus (HIV) infection among persons at high risk for infection in the United States. The primary objectives of the system are to obtain data from samples of persons at risk to: (a) Describe the prevalence and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing and HIV infection; (c) describe the prevalence of and trends in use of HIV prevention services; (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community based organizations, community planning groups and other stakeholders. This project addresses the goals of CDC's HIV prevention strategic plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

Data are collected through in-person interviews conducted with persons systematically selected from 25 Metropolitan Statistical Areas (MSAs) throughout the United States; these 25 MSAs were chosen based on having high AIDS prevalence. Persons at risk for HIV infection to be interviewed for NHBS include men who have sex with men (MSM), injecting drug users (IDU), and heterosexual persons living in census tracts that have high HIV/AIDS prevalence (HET). A brief screening interview will be used to determine eligibility for participation in the full survey. The data from the full survey will provide estimates of behavior related to the risk of HIV and other sexually transmitted diseases, prior testing for HIV, and use of HIV prevention services. All persons interviewed will also be offered an HIV test, and will participate in a pre-test counseling session. No other federal agency systematically collects this type of information from persons at risk for HIV infection. This data will have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that NHBS will involve, per year in each of the 25 MSAs, eligibility screening for 50 to 200 persons and eligibility screening plus the survey and HIV testing with 500 eligible respondents, resulting in a total of 37,500 eligible survey respondents

and 7,500 ineligible screened persons during a 3-year period. Data collection will rotate such that interviews will be conducted among one group per year: MSM in year 1, IDU in year 2, and HET in year 3. The type of data collected for each group will vary slightly due to different sampling methods and risk characteristics of the group. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
MSM:				
Screener only	5,000	1	5/60	417
Screener, survey, and testing	12,500	1	65/60	13,542
IDU:				
Screener only	1,250	1	5/60	104
Screener, survey, and testing	12,500	1	90/60	18,750
HET:				
Screener only	1,250	1	5/60	104
Screener, survey, and testing	12,500	1	75/60	15,625
Total				48,542

Dated: January 12, 2007.

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

Breast and Cervical Cancer Early Detection and Control Advisory Committee

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) announces the aforementioned committee meeting:

Times and Dates: 8:30 a.m.–5 p.m., February 6, 2007; 8:30 a.m.–3 p.m., February 7, 2007.

Place: Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Tom Harkin Global Community Center, Building 19, Atlanta, Georgia 30333, Telephone: 404–639–1717.

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

Purpose: The committee is charged with advising the Secretary, Department of Health and Human Services, and the Director, CDC, regarding the early detection and control of breast and cervical cancer. The committee makes recommendations regarding national program goals and objectives; implementation strategies; and program priorities including surveillance, epidemiologic investigations, education and training, information dissemination, professional interactions and collaborations, and policy.

Matters to be Discussed: The agenda will include a review and discussion of the National Breast and Cervical Cancer Early Detection Program components; and discussion and review of related policies and emerging issues.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Debra Younginer, Executive Secretary, BCCEDCAC, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, Mailstop K–57, Chamblee, Georgia 30316, Telephone: 770–488–1074.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and NCEH/ATSDR.

Dated: January 12, 2007.

Edward Schultz,

Acting Director, Management Analysis and Services Office, Center for Disease Control and Prevention.

[FR Doc. E7–721 Filed 1–18–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee

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) announces the following committee meeting.

Name: Clinical Laboratory Improvement Advisory Committee (CLIAC). Web site: *http://www.phppo.cdc.gov/CLIAC/default.aspx.*

Times and Dates: 8:30 a.m.–5 p.m., February 14, 2007; 8:30 a.m.–3 p.m., February 15, 2007.

Place: Omni Hotel at CNN Center, 100 CNN Center, Atlanta, Georgia 30303; Phone: (404) 659–0000, Fax: (404) 525–5050 (*http://www.omnihotels.com/FindAHotel/AtlantaCNNCenter.aspx*).

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: This committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated, the impact on medical and laboratory practice of proposed revisions to the standards, and the modification of the standards to accommodate technological advances.

Matters to be Discussed: The agenda will include updates from the CDC, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration; discussion of the status of the ''Notice of Proposed Rulemaking'' for genetic testing; presentations and discussion concerning the future of health laboratory practice specifically focusing on simple testing in diverse sites; reports and discussions addressing the impact of the Morbidity and Mortality Weekly Report (MMWR) Publication of ''Good Laboratory Practices for Waived Testing Sites''; a report from the CLIAC Workgroup on ''The Impact of Rapid and Molecular Tests for Infectious Disease Agents on Public Health'' and discussion of the workgroup's proposals related to such; and presentations and discussion concerning rapid HIV testing. Agenda items are subject to change as priorities dictate.

Providing Oral or Written Comments: It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments whenever possible.