

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response
Reference Group Veterinarians	3	1	30/60

Dated: January 30, 2008.
Maryam Daneshvar,
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

[30Day-08-0026]

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 email 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

Report of Verified Case of Tuberculosis (RVCT), (OMB No. 0920-0026)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, an estimated 10 to 15 million people are infected with *Mycobacterium tuberculosis* and about 10% of these persons will develop tuberculosis (TB) disease at some point in their lives. TB is a reportable disease in every state. National TB surveillance has been conducted and maintained by the U.S. Public Health Service and CDC through the cooperation of the states since 1953.

Data are collected by 60 reporting areas (the 50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean). CDC's Division of Tuberculosis Elimination (DTBE) has revised the Report of Verified Case of Tuberculosis (RVCT) data collection instrument, which has been in use since 1993. The increase in burden hours is due to the addition of information on new clinical diagnostic tests and factors

to identify high-risk patients. The revision captures changes in the diagnosis and treatment of TB, and improves the monitoring of trends in TB epidemiology and outbreaks and support CDC in developing strategies to meet the national goal of TB elimination.

In 2001, DTBE initiated a comprehensive review of the RVCT with stakeholders and partner organizations. This review resulted in the revision of the data collection form in 2007.

The reporting areas use and analyze their RVCT data to monitor local TB trends, evaluate program success, and focus resources to eliminate TB. CDC uses the RVCT data to monitor national trends by demographics, risk, and region. These summaries are published annually in CDC-sponsored publications, journals, and are submitted as Agency reports to the Congress.

CDC is requesting approval for approximately 8050 burden hours, an estimated increase of 490 hours. There is no cost to respondents other than their time. The total estimated annualized burden hours are 8050.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Types of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Local, state, and territorial health departments	60	230	35/60

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Maryam I. Daneshvar,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Descriptive Study of Early Head Start (DSEHS).

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), requests clearance to recruit Early Head Start (EHS) programs for participation in the Descriptive

Study of Early Head Start (DSEHS) and to conduct a pilot test of potential measures.

DSEHS is a longitudinal study of a representative sample of programs and children in three age cohorts, which will collect information about programs, families, and services. When completed, data will be collected on a sample of approximately 2,100 children and families from 60 EHS programs. Data will be collected in four waves: Fall 2008, Fall 2009, Fall 2010, and Fall 2011. Children and families will be followed until children are three years old and exit EHS programs.