

teachers. The table below reports the combined total number of respondents

for the 2009 and 2011 NYTS annualized over the 3-year project period.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Administrators	State-level Recruitment Script for the National Youth Tobacco Survey.	17	1	30/60	9
District Administrators	District-level Recruitment Script for the National Youth Tobacco Survey.	80	1	30/60	40.0
School Administrators	School-level Recruitment Script for the National Youth Tobacco Survey.	133	1	30/60	67
Teachers	Data Collection Checklist for the National Youth Tobacco Survey.	595	1	15/60	149
Students	National Youth Tobacco Survey	12,659	1	45/60	9,494
Total	9,759

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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

[30 Day-08-08AB]

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

All Age Influenza Hospitalization Surveillance (Flu Hosp)—New—National Center for Immunization and Respiratory Diseases (NCIRD) Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The data collection network is an established CDC-state-academic

institution collaborative network, the Emerging Infections Program (EIP) which includes defined catchment areas in the states of California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon, and Tennessee. From October 1 through April 30 (flu season), Flu Hosp sites will collect data in selected catchment areas using case report forms. Participating sites will also complete discharge audit forms following flu season.

A standardized case report form will be completed for all persons meeting the case definition and inclusion criteria in the selected catchment areas. Most of the case report forms can be completed using data obtained from the laboratory and medical chart review. If the medical chart is not available, or the necessary information is not included in the medical record, the patient or their proxy may be interviewed.

To address any limitation in completeness of case identification, a retrospective discharge audit will be conducted by each participating site following flu season. Based on a range of discharge diagnoses, persons aged 18 years or older who are residents of a geographically-defined area and who were admitted to hospitals during October 1, 2007 through April 30, 2008, will have their medical chart examined to identify whether they had an influenza positive test result at the beginning of their hospitalization. The discharge audit will determine if cases were missed by usual case ascertainment methods. The completeness evaluation is a matching (or linking) project, followed by chart abstraction of missed cases.

The need for the information and proposed use(s) of the information are necessary because currently there is no national surveillance system in place that is able to estimate the burden of laboratory-confirmed adult hospitalizations during seasonal or pandemic influenza within a given season. Additionally, because influenza is often underreported, including a retrospective discharge audit in addition to conducting prospective surveillance is needed to identify limitations in current surveillance efforts.

The respondents for each of the forms are the 10 state health departments who submit biweekly case report forms for pediatric and adult influenza surveillance, and who submit discharge audit forms to CDC. Responses for the case report forms indicate the number of cases that are identified. The number of responses for all case report forms must be estimated as we do not know before hand how many cases will occur. Respondents are required to submit data for the Adult Flu Hosp project and the Pediatric Influenza Project to the CDC bi-weekly during flu season. Responses for Discharge Audit forms A-D indicate the number of times each site is required to fill out the respective form. Data for the Discharge audit will be a one-time data collection for each case. Although 10 states participate in Flu Hosp, because New York includes two functionally and geographically different catchment areas, those two areas will submit individual discharge audit data, to make a total of 11 respondents.

There are no costs to respondents other than their time. The total estimated annualized burden is 508 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pediatric Influenza Hospitalization Surveillance Project Case Report Form.	Health Department	10	75	15/60
Adult Influenza Hospitalization Surveillance Project Case Report Form.	Health Department	10	120	15/60
Adult Discharge Audit Case Report Form	Health Department	11	3	15/60
Adult Discharge Audit Form A: Description of Matching Method ..	Health Department	11	1	15/60
Adult Discharge Audit Form B: Sampling Strategy	Health Department	11	1	15/60
Adult Discharge Audit Form C: Summary	Health Department	11	1	15/60
Adult Discharge Audit Form D: Future	Health Department	11	1	15/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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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 Maryam I. Daneshvar, 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

Health Message Testing System, 0920-0572—Revision—National Center for Health Marketing (NCHM), Coordinating Center for Health Information and Service (CCHIS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for Health Marketing (NCHM) was established as part of the Centers for Disease Control and Prevention's Futures Initiative to help ensure that health information, interventions, and programs at CDC are based on sound science, objectivity, and continuous customer input.

Before CDC disseminates a health message to the public, the message always undergoes scientific review. However, reflecting the current state of scientific knowledge accurately provides no guarantee that the public will understand a health message or that the message will move people to take recommended action. Communication theorists and researchers agree that for health messages to be as clear and influential as possible, target audience members or representatives must be involved in developing the messages and provisional versions of the messages must be tested with members of the target audience.

However, increasingly there are circumstances when CDC must move swiftly to protect life, prevent disease, or calm public anxiety. Health message testing is even more important in these instances, because of the critical nature of the information need. Consider the following situations:

CDC must communicate about a hazard, outbreak, or other emergency that presents an urgent threat to one or more segments of the public. The national crisis in which anthrax spores contaminated mail, postal facilities, and

congressional buildings is a striking example.

CDC receives a mandate from Congress with a tight deadline for communicating with the public about a specific topic. For example, in 1998 Congress gave CDC 120 days to develop and test messages for a public information campaign about *Helicobacter pylori*, a bacterium that can cause stomach ulcers and increase cancer risk if an infected individual is not treated with antibiotics.

Emerging lifestyle or technological trends create an ephemeral opportunity to leverage the attention or behavior of the public to increase the reach and/or salience of prevention messages. For example, media monitoring reveals a partnership between Napster, a music-based web site, and the Pennsylvania State University. This partnership creates an ample opportunity for CDC to join in the collaboration to reach students with a salient health promotion message. For instance, a ticker found on the top of the Napster homepage screen might contain an informational URL followed by a message encouraging students, especially those residing in dormitories, to receive the meningitis inoculation series at their campus health center. This message would be tailored prior to the beginning of each academic year and would need to be posted in a timely manner before the arrival of the incoming freshman class.

Of equal importance, this communication mechanism can be effectively used in emergency "rapid response" situations such as the campus shooting incidents at Virginia Tech and North Illinois University.

In the interest of timely health message dissemination, many programs forgo the important step of testing messages on dimensions such as clarity, salience, appeal, and persuasiveness (i.e., the ability to influence behavioral intention). Skipping this step avoids the delay involved in the standard OMB review process, but at a high potential