TABLE 1—ANNUALIZED ESTIMATE OF HOUR BURDEN—Continued

Type of respondents	Number of respondents	Frequency of response	Average time for response (hr)	Total hour burden*
Total	83	1	2.14	177.83

Total Burden = N Respondents *Response Frequency *(minutes to complete/60).

TABLE 2—ANNUALIZED COST TO RESPONDENTS

Type of respondents	Number of respondents	Response frequency	Approx. hourly wage rate	Total respondent cost**
Awardees	22	1	$64.72	$1,423.84
Finalists	20	1	64.72	215.52
Pioneer Lab Members	25	1	46.23	577.88
Focus Group Panel	14	1	64.72	9,060.80
Total	83	1	63.59	11,308.21

** Total Respondent Cost = Total Hour Burden * Hourly Wage Rate.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact G. Stephane Philogene, Ph.D., Assistant Director for Policy and Planning, Office of Behavioral and Social Sciences Research, National Institutes of Health, 31 Center Drive. Building 31, Room B2–B37, Bethesda, MD 20892, or call non-toll-free number 301–402–3902 or e-mail your request, including your address to: *philoges@od.nih.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: April 8, 2009.

G. Stephane Philogene,

Assistant Director for Policy and Planning, OBSSR, National Institutes of Health.

[FR Doc. E9–8470 Filed 4–14–09; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–09–09BI]

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 or send comments to Maryam Daneshvar, CDC 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

Minority HIV/AIDS Research Initiative (MARI) Project-Family and Cultural Influences on Talking Strategies (New 60-day FRN); National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval to conduct an assessment of the determinants of factors associated with parent-adolescent communication about sex among African-American and Hispanic mothers and their children in the southwestern United States. In the United States, non-Hispanic Black and Hispanic adolescents have been disproportionately impacted by HIV/AIDS. In 2006, based on CDC data from the 50 states and the District of Columbia, non-Hispanic Blacks and Hispanics made up 16% and 17%, respectively (34% total), of the 13–19 year-old population, but 69% and 19% respectively (88% total) of AIDS diagnoses among that age group. In addition, current trends suggest that a large number of persons with HIV/AIDS are infected in their adolescent years, and there may be a long latency period before signs of infection present in later years. Individuals may develop patterns of sexual behavior in adolescence that put them at risk for infection with HIV.

Data suggest that parent-adolescent communication about sex is an important determinant of adolescent sexual risk behavior.

The purpose of the proposed study is to identify effective strategies African American and Latino parents use to communicate with their children about sex. Families will be enrolled at a local community Boys and Girls Club that has ongoing activities for youth and their parents. In phase 1 (sample=48), African American and Hispanic mothers will complete a 90 minute focus group. In phase 2 (sample=800), mothers and their children (ages 12–15) will complete a 100 minute self-administered survey on a lap-top computer using Audio-computer Assisted Interviewing (ACASI). Findings will be used to provide recommendations for behavioral interventions and educational materials for parent-adolescent sexual health communications for minority families. The survey will take approximately 100 minutes to complete. The total response burden for the two-year period is estimated to be 1406 hours (703 annualized burden hours). There is no cost to respondents except for their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Focus Group	48	1	2	96
ACASI (Computer) Survey—Mothers	400	1	2	800
ACASI (Computer) Survey—Children	400	1	2	800
Total burden hours				1696

Dated: April 8, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–8540 Filed 4–14–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Strategic Plan of the Chronic Fatigue Syndrome Research Program

The Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) announces an open meeting concerning chronic fatigue syndrome.

Name: Strategic Plan of CDC's Chronic Fatigue Syndrome (CFS) Research Program.

Times and Date: 1 p.m.–5 p.m., April 27, 2009.

Place: Centers for Disease Control and Prevention, Global Communications Center, Building 19, Auditorium B2, 1600 Clifton Road NE., Atlanta, Georgia 30333.

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

Purpose: The purpose of the public meeting is to solicit input from interested parties on issues that CDC will consider as it develops a five-year strategic plan for its chronic fatigue syndrome research program. Input is sought only on the CFS strategic research plan, not on CDC's overall CFS program. As CDC is one of many institutions conducting research on chronic fatigue syndrome, the strategic plan will only address research that is within CDC's purview.

Topics Include: The objective of the five-year strategic plan is to conduct public health research leading to the control and prevention of medically unexplained chronically fatiguing illnesses, in particular CFS. The agenda will focus on the goals and objectives of CDC's chronic fatigue syndrome research program in five major categories:

1. Studies of Defined populations.
2. Provider-based Patient Registries.
3. In-hospital Clinical Studies.
4. Laboratory Studies.
5. Provider and Public Educational Intervention Research.

The agenda does not include development of consensus positions, guidelines, or discussions or endorsements of specific commercial products. Agenda items are subject to change as priorities dictate. Members of the public wishing to make an oral statement during the meeting should limit their remarks to 5 minutes and should address the research agenda. Written comments and suggestions from the public on the research agenda are encouraged and may be submitted to the e-mail address listed below by April 22, 2009. While CDC will carefully consider the individual comments and opinions it receives, it will retain discretion in its decision-making process. A draft strategic plan will also be presented to the Chronic Fatigue Syndrome Advisory Committee meeting held May 27–28, 2009.

Background: CDC recently solicited and considered recommendations from an external review panel that evaluated the research and professional education components of the CFS research program. The panel's report summarizing the findings of the peer review has been published on the CDC CFS Web site at *www.cdc.gov/cfs/pdf/cdc_cfs_research_program-external_review.pdf*. In brief, the panel noted that: (1) The CDC team currently leads the world in both the breadth and depth of their research into CFS; (2) the efforts of CDC have highlighted the public health importance of CFS; (3) all current research projects address important issues; (4) CDC is uniquely positioned to conduct a broadly based research program derived from the population, a large-scale educational outreach program, particularly to healthcare professionals, and to provide expert Web-based resources for patients, their families and non-healthcare professionals; and (5) CDC is the best-placed institution to lead the establishment of research and educational networks, both nationally and internationally.

The report included several valuable recommendations which CDC has begun to implement, starting with the development of a strategic plan to drive the program's research, prevention, and control activities for the next five years. This meeting will provide input to that strategic plan.

Persons anticipating attending the meeting are requested to send written notification by April 22, 2009, including name, organization (if applicable), address, phone, fax, and e-mail addresses to the contact below.

FOR FURTHER INFORMATION CONTACT: *CFSResearchPlan@cdc.gov.*