developed within 120 days of enactment and to be conducted within one year of enactment.

Additionally, in 2005, a panel of independent scientists convened by ATSDR to explore opportunities for conducting additional health studies at Camp Lejeune recommended that the agency:

• Identify cohorts of individuals with potential exposure, including adults who lived on base; adults who resided off base, but worked on base; children who lived on base; and those who may have been exposed while in utero; and

• Conduct a feasibility assessment to address the issues involved in planning future studies of mortality, cancer incidence, and other health outcomes of interest at the base.

In response, ATSDR prepared a report on the feasibility of conducting future epidemiological studies at the base. ATSDR determined that available databases could be used to identify adults who lived at the base or civilians who worked at the base during the period when drinking water was contaminated with volatile organic compounds (VOCs).

In addition to questions on cancers, the health survey instrument will include questions on non-fatal diseases that can be confirmed by medical records and are known or suspected of being associated with VOCs.

This project proposes to examine the relationship between medically confirmed cancers and drinking water contaminated with VOCs including trichloroethylene (TCE), perchloroethylene, (PCE), and BTEX (benzene, toluene, ethylbenzene and xylenes) compounds by mathematically modeling the exposure to contaminated drinking water while living or working at Camp Lejeune.

The relationship between the following non-fatal diseases that can be confirmed by medical records and VOC-contaminated drinking water will also be examined: Parkinson's disease, kidney failure and other severe kidney diseases, severe liver diseases, lupus, aplastic anemia, TCE-related skin disorders, scleroderma, multiple sclerosis, motor neuron disease/ amyotrophic lateral sclerosis, and infertility. In addition, the health survey instrument will include questions on miscarriages occurring to women who were pregnant while residing or working on base.

The health survey instrument will request information about the type of cancer or non-fatal, non-cancer disease, date of diagnosis, hospital of diagnosis, and doctor who diagnosed the disease to facilitate the acquisition of medical record confirmation. Because medical records are usually unavailable for miscarriages, the survey will not request information to facilitate medical record confirmation of this adverse outcome. For cancers, state of diagnosis will also be obtained to facilitate acquisition of cancer registry data. Self-reported cancers and other diseases will be confirmed by medical records or cancer registrations. To facilitate medical record confirmation, the participant will be asked to provide a copy of the medical record to ATSDR or to sign a medical records release form allowing ATSDR to gain access to the medical record. The survey will also collect information on residential history on base, occupational history, and information on several risk factors (e.g., socio-economic status, demographics, smoking, alcohol consumption, etc.). A space will also be provided so that the respondent can report other disease conditions. The collected information will be used to assign exposure status and to assess potential confounding.

To improve the credibility of the study, it is necessary to include an external, unexposed comparison group, similar in all respects to the Marines and civilian workers at Camp Lejeune except for exposure to VOC-contaminated drinking water. Camp Pendleton is that comparison group.

As required by law, health surveys will also be mailed to those who registered with the United States Marine Corps. Health surveys completed by those who were identified solely because they registered with the USMC will be analyzed separately ("registered" group).

There are no costs to the respondents other than their time. The estimated annualized burden hours are 58,013.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Former active duty marines and navy personnel stationed at Camp Lejeune during 1975–1985	45,500	1	45/60
Former civilian workers employed at Camp Lejeune during 1972–1985	1,733	1	45/60
Former dependents (now all adults) and former Marines who were stationed at Camp Lejeune prior to 1975—Camp Lejeune	6,284	1	45/60
Former active duty marines and navy personnel stationed at Camp Pendleton during 1975–1985 (comparison group)	10,833	1	45/60
Former civilian workers employed at Camp Pendleton during 1972–1985 (comparison group)	2,167	1	45/60
"Registered" group	10,833	1	45/60

Dated: May 4, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–11037 Filed 5–7–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–10BA]

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) 395–3806. Written

comments should be received within 30 days of this notice.

Proposed Project

Development and Testing of an HIV Prevention Intervention Targeting Black Bisexually-Active Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

African Americans continue to be disproportionately affected by HIV/AIDS. Results from the National HIV Behavioral Surveillance Project showed that during 2001–2004 African-Americans accounted for the majority of HIV/AIDS diagnoses in 33 states. Black men who have sex with men (MSM) have been identified as the population with the highest rates of HIV infection in the U.S. and as a population in need of new HIV prevention interventions. Previous research indicates that 20% to 40% of Black MSM also have female sex partners. Interventions developed for gay men may not be relevant or appropriate for men who have sex with men and women (MSMW), many of whom do not self-identify as gay and who may need different prevention strategies for their male and female partners. There are no effective HIV risk reduction interventions for African-American MSMW.

The purpose of the proposed study is to develop and pilot-test three novel behavioral interventions to reduce sexual risk for HIV infection and transmission among African-American MSMW who do not inject drugs. Eligible respondents will be recruited using chain referral sampling techniques. Three study sites (Public Health Management Corporation (PHMC), Nova Southeastern University (NOVA), and California State University (CSU) at Dominguez Hills) will use a randomized controlled trial to evaluate the effectiveness of the intervention. Depending on the site, respondents will be reimbursed up to a total of $305 for their time and effort over the course of the study. If these interventions are found to be effective, organizations that implement risk-reduction interventions will be able to use the curricula to intervene with this population more successfully. Ultimately, the beneficiary of this data collection will be African-American MSMW. There is no cost to respondents other than their time. The total estimated annual burden hours are 2,250.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Responses per respondents	Average burden per response (in hours)
Prospective Participant	Screener	1,250	1	5/60
Enrolled Participant	Locator Form	750	1	10/60
Enrolled Participant—PHMC	Baseline Assessment	250	1	1
Enrolled Participant—Nova	Baseline Assessment	240	1	1
Enrolled Participant—CSU	Baseline Assessment	260	1	1
Enrolled Participant—PHMC	Acceptability/Feasibility Survey	250	6	10/60
Enrolled Participant—Nova	Acceptability/Feasibility Survey	240	1	10/60
Enrolled Participant—CSU	Acceptability/Feasibility Survey	260	1	10/60
Enrolled Participant—PHMC	Immediate Follow-Up Assessment	225	1	30/60
Enrolled Participant—Nova	Immediate Follow-Up Assessment	216	1	30/60
Enrolled Participant—CSU	Immediate Follow-Up Assessment	234	1	30/60
Enrolled Participant—PHMC	3 month Follow-Up Assessment	200	1	1
Enrolled Participant—Nova	3 month Follow-Up Assessment	192	1	1
Enrolled Participant—CSU	3 month Follow-Up Assessment	208	1	1

Dated: May 4, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–11058 Filed 5–7–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–10–10CW]

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 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

Translation and Dissemination of Promising Community Interventions for Preventing Obesity—New—Division of Nutrition, Physical Activity and Obesity (DNPAO), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The need for prevention and reduction of overweight and obesity is compelling. In the U.S., 65% of adults are overweight or obese (obesity is defined as having a body mass index of 30 or more). Obesity contributes to chronic conditions such as