

specifications, and certification criteria are needed.

Date and Time: The meeting will be held on November 19, 2010, from 10 a.m. to 4 p.m./Eastern Time.

Location: The OMNI Shoreham Hotel, 2500 Calvert Street, NW., Washington, DC. For up-to-date information, go to the ONC Web site, <http://healthit.hhs.gov>.

Contact Person: Judy Sparrow, Office of the National Coordinator, HHS, 330 C Street, SW., Washington, DC 20201, 202-205-4528, Fax: 202-690-6079, e-mail: judy.sparrow@hhs.gov. Please call the contact person for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The committee will hear reports from its workgroups, including the Meaningful Use Workgroup, the Privacy & Security Tiger Team, the Information Exchange Workgroup, the Enrollment Workgroup, and the Governance Workgroup. ONC intends to make background material available to the public no later than two (2) business days prior to the meeting. If ONC is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posed on ONC's Web site after the meeting, at <http://healthit.hhs.gov>.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before November 12, 2010. Oral comments from the public will be scheduled between approximately 3 p.m. to 4 p.m. Time allotted for each presentation is limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public hearing session, ONC will take written comments after the meeting until close of business.

Persons attending ONC's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

ONC welcomes the attendance of the public at its advisory committee meetings. Seating is limited at the

location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Judy Sparrow at least seven (7) days in advance of the meeting.

ONC is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://healthit.hhs.gov> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App. 2).

Dated: October 18, 2010.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2010-26920 Filed 10-22-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-11-0798]

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) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Health Marketing (OMB No. 0920-0798, exp. 01/31/2011)—Revision—Office of the Associate Director for Communication (OADC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Today, CDC is globally recognized for conducting research and investigations and for its action oriented approach.

CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies.

CDC is committed to achieving true improvements in people's health. To do this, the agency is defining specific *health protection goals* to prioritize and focus its work and investments and measure progress.

It is imperative that CDC provide high-quality timely information and programs in the most effective ways to help people, families, and communities protect their health and safety. Through continuous consumer feedback, prevention research, and public health information technology, we identify and evaluate health needs and interests, translate science into actions to meet those needs, and engage the public in the excitement of discovery and the progress being made to improve the health of the Nation. In our outreach to partners, we build relationships that model shared learning, mutual trust, and diversity in points of view and sectors of society.

OADC is requesting a 3-year extension of OMB 0920-0798, Health Marketing, to provide feedback on the development, implementation and satisfaction regarding public health services, products, communication campaigns and information. The information will be collected using standard qualitative and quantitative methods such as interviews, focus groups, and panels, as well as questionnaires administered in person, by telephone, by mail, by e-mail, and online. More specific types of studies may include: User experience and user-testing; concept/product/package development testing; brand positioning/identity research; customer satisfaction surveying; ethnography/observational studies; and mystery shopping. The data will be used to provide input to the development, delivery and communication of public health services and information at CDC and to address emerging programmatic needs.

Every National Center and Office at CDC will have the opportunity to utilize this generic clearance. There is no cost to the respondents other than their time. The total estimated burden hours are 11,250.

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
CDC Partners, Public Health Professionals, Health Care Professionals, General Public	25,000	1	27/60

Dated: October 19, 2010.

Carol E. Walker,

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

[FR Doc. 2010-26876 Filed 10-22-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-11-0004]

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 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Disease Surveillance Program II. Disease Summaries (0920-0004 Exp. 6/30/2013)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (proposed), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC National Disease Surveillance Program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

CDC and the Council of State and Territorial Epidemiologists (CSTE) collect data on disease and preventable conditions in accordance with jointly approved plans. Changes in the surveillance program and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report (MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: Diarrheal disease surveillance (includes

campylobacter, salmonella, and shigella), foodborne outbreaks, arboviral surveillance (ArboNet), Influenza virus, including the annual survey and influenza-like illness, Respiratory and Enterovirus surveillance, rabies, waterborne diseases, cholera and other vibrio illnesses, Listeria, babesiosis, brucellosis, Harmful Algal Bloom-related Infectious Surveillance System (HABISS) data entry form, and the HABISS monthly reporting form. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for revision of the currently approved data collection for three years. The revisions include minor changes to reporting forms already approved under this OMB Control Number. In addition, new influenza forms and one new rabies form have been added. A new parasitic disease is being included, babesiosis, to help track the increasing cases from transfusions. Furthermore, a brucellosis case report form that has been revised and updated from the 1980 form has been added to this OMB Control number to enhance surveillance and assist with understanding the changing epidemiology of brucellosis in the United States. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time. The total estimated annualized burden hours are 36,126.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents state epidemiologists form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Diarrheal Disease Surveillance: <i>Campylobacter</i> (electronic)	53	52	3/60
Diarrheal Disease Surveillance: <i>Salmonella</i> (electronic)	53	52	3/60
Diarrheal Disease Surveillance: <i>Shigella</i> (electronic)	53	52	3/60
Foodborne Outbreak Form	54	31.5	20/60
Arboviral Surveillance (ArboNet)	57	1,421	5/60
Influenza virus (fax, Oct-May)	5	33	10/60
Influenza virus (fax, year round)	21	52	10/60
Influenza virus (Internet; Oct-May)	3	33	10/60
Influenza virus (Internet; year round)	35	52	10/60
Influenza virus (electronic, year round PHLIP)	5	52	5/60
Influenza virus (electronic, year round PHIN-MS)	17	52	5/60
Influenza Annual Survey	86	1	15/60
Weekly Influenza-like Illness (Oct-May)	540	33	15/60
Weekly Influenza-like Illness (year round)	1,260	52	15/60
Daily Influenza-like Illness (Oct-May)	200	33	15/60
Daily Influenza-like Illness (year round)	75	52	15/60
Influenza-Associated Pediatric Death Case Report Form	57	1	30/60
Novel and Pandemic Influenza A Virus Infection Case Investigation Form	57	1	30/60
Novel and Pandemic Influenza A Virus Infection Contact Trace Back Form	57	1	30/60
Novel and Pandemic Influenza A Virus Infection Contact Trace Forward Form	57	1	30/60
Novel Human Influenza A Virus Infection Case Report Form	57	1	30/60