

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers.	SLT Nicotine and Ingredient and Report	13	1	1,713

Kimberly S. Lane,
*Deputy Director, Office of Scientific Integrity,
 Office of the Associate Director for Science,
 Office of the Director, Centers for Disease
 Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-12-12II]

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 (404) 639-7570 or send an email 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

Risk Factors for Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) among Patients Recently Discharged from Acute Care Hospitals through the Active Bacterial Core Surveillance for Invasive MRSA infections (ABCs MRSA)—NEW—National Center for Emerging and

Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Essential steps in reducing the occurrence of healthcare-associated invasive MRSA infections are to quantify the burden and to identify modifiable risk factors associated with invasive MRSA disease. The current CDC's ABCs MRSA surveillance has been essential to quantify the burden of invasive MRSA in the United States. Through this surveillance CDC was able to estimate that 94,360 invasive MRSA infections associated with 18,650 deaths occurred in the United States in 2005. The majority of these invasive infections (58%) had onset in the community or within 3 days of hospital admission and occurred among individuals with recent healthcare exposures (healthcare-associated community-onset [HACO]). More recent data from the CDC's ABCs MRSA system have shown that two thirds of invasive healthcare-associated community-onset MRSA infections occur among persons who are discharged from an acute care hospital in the prior 3 months. Risk factors for invasive MRSA infections post-discharge have not been well evaluated, and effective prevention measures in this population remain uncertain.

For this project, an estimated total of 450 patients (150 patients with HACO MRSA infection post-acute care discharge and 300 patients without HACO MRSA infection) will be contacted for the MRSA interview annually. This estimate is based on the

numbers of MRSA cases reported by the ABCs MRSA sites annually (<http://www.cdc.gov/abcs/reports-findings/survreports/mrsa08.html>) who are 18 years of age or older, had onset of the MRSA infection in the community or within 3 days of hospital admission, and history of hospitalization in the prior 3 months. ABCs MRSA surveillance case report forms will be used to identify HACO MRSA cases to be contacted for a telephone interview. For each HACO MRSA case identified; 2 patients without HACO MRSA infection (control-patients) matched on age with MRSA case will be contacted for a health interview. All 450 patients (both cases and controls) will be screened for eligibility and those considered to be eligible will complete the telephone interview. We anticipate that 350 of the 450 patients screened will complete the telephone interview across all 6 participating ABCs MRSA sites per year. We anticipate the screening questions to take about 5 minutes and the telephone interview 20 minutes per respondent.

Preventing healthcare-associated invasive MRSA infections is one of CDC priorities. The goal of this project is to assess risk factors for invasive healthcare-associated MRSA infections, which will inform the development of targeted prevention measures. This activity supports the HHS Action Plan for elimination of healthcare-associated infections.

There are no costs to respondents. The total response burden for the study is estimated as 155 hours.

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospital Patients	Screening Form	450	1	5/60
	Telephone interview	350	1	20/60

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Office of the Director, Centers for Disease
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of Requirements and Registration for Million Hearts™ Caregiver Video Challenge

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice.

Aware Approving Official: Thomas R.
Frieden, MD, MPH, Director, Centers for
Disease Control and Prevention, and
Administrator, Agency for Toxic
Substances and Disease Registry.

SUMMARY: The Centers for Disease
Control and Prevention (CDC) within
the Department of Health and Human
Services, in partnership with Million
Hearts™ announces the launch of *The
Million Hearts™ Caregiver Video
Challenge*. We invite people who play a
role in helping to prevent or control
high blood pressure or maintain the
heart health of a loved one to share their
stories of caregiving by creating original,
compelling videos that are less than 2
minutes long. The videos should
include a description of how the
caregiver contributes to another person's
heart health and provide helpful tips
related to high blood pressure
prevention or control.

This challenge is necessary to engage
a key audience of the Million Hearts™
initiative and to recognize individuals
who work hard to provide care for their
family members or friends. The goal of
this Challenge is to have caregivers
create inspiring videos that provide
other caregivers helpful tips on heart
healthy practices, particularly on the
prevention and control of high blood
pressure. Through these personalized
videos we intend to promote heart
disease prevention through blood
pressure control, medication adherence,
and lifestyle changes to the public.

DATES: Contestants can submit videos
July 16, 2012 through August 31, 2012.
Judging will take place September 10–
28, 2012. Winners will be announced on
October 8, 2012.

FOR FURTHER INFORMATION CONTACT:
Megan Steinbauer, Officer of the

Associate Director for Communication,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE.,
Mailstop G-21, Atlanta, Georgia 30329,
phone (404) 639-3245, email
weo6@cdc.gov.

SUPPLEMENTARY INFORMATION:

Subject of Challenge Competition

*“The Million Hearts™ Caregiver
Video Challenge”* will engage the
caregiver community. We ask caregivers
to create and submit videos that
describe their role in caring for the heart
health, particularly by helping to
prevent or control high blood pressure,
of loved ones. In the videos caregivers
should describe how they help family
members remember to take medications
as directed (medication adherence),
offer tips for monitoring blood pressure
at home to improve blood pressure
control, or show how to encourage
lifestyle changes that benefit blood
pressure control. Lifestyle changes
include increasing physical activity or
reducing sodium in the diet.

Eligibility Rules for Participating in the Competition

The Challenge is open to any
Contestant, defined as an individual or
team of U.S. citizens or permanent
residents of the United States who are
18 years of age or older. All individual
members of a team must meet the
eligibility requirements. “Team
members” do not include people whose
only contribution is appearing in the
video. Minors can appear in the video,
as long as the necessary consent is
provided.

To be eligible to win a prize under
this challenge, an individual or entity—
(1) Shall have registered to participate
in the competition under the rules
promulgated by Centers for Disease
Control and Prevention;

(2) Shall have complied with all the
requirements under this section;

(3) In the case of a private entity, shall
be incorporated in and maintain a
primary place of business in the United
States, and in the case of an individual,
whether participating singly or in a
group, shall be a citizen or permanent
resident of the United States; and

(4) May not be a Federal entity or
Federal employee acting within the
scope of their employment. Federal
employees seeking to participate in this
contest outside the scope of their
employment should consult their ethics
official prior to developing their
submission.

(5) May not be employees of the HHS,
judges of the Challenge, or any other
party involved with the design,

production, execution, or distribution of
the Challenge or their immediate family
(spouse, parents or step-parents, siblings
and step-siblings, and children and
step-children).

(6) Shall not be an HHS employee, not
otherwise associated with the challenge
within the scope of their employment,
working on their applications or
submissions during assigned duty
hours.

(7) Federal grantees may not use
Federal funds to develop COMPETES
Act challenge applications unless
consistent with the purpose of their
grant award.

(8) Federal contractors may not use
Federal funds from a contract to develop
COMPETES Act challenge applications
or to fund efforts in support of a
COMPETES Act challenge submission.

An individual or entity shall not be
deemed ineligible because the
individual or entity used Federal
facilities or consulted with Federal
employees during a competition if the
facilities and employees are made
available to all individuals and entities
participating in the competition on an
equitable basis.

By entering, each Contestant agrees to:
(a) Comply with, and be bound by, these
Official Rules and the decisions of the
Challenge and judges which are binding
and final in all matters relating to this
Challenge; (b) Assume any and all risks
and waive claims against the Federal
Government and its related entities,
except in the case of willful misconduct,
for any injury, death, damage, or loss of
property (including any damage that
may result from a virus, malware, etc. to
CDC systems utilized to play the video),
revenue, or profits, whether direct,
indirect, or consequential, arising from
the Contestant's participation in the
Challenge, whether the injury, death,
damage, or loss arises through
negligence or otherwise. The
Contestant/Submitter shall be liable for,
and shall indemnify and hold harmless
the Government against, all actions or
claims for any claim, demand,
judgment, or other allegation arising
from alleged violation of an individual's
trademark, copyright, or other legally
protected interest in video's submitted
to CDC.

Provided, however, that Contestants
are not required to waive claims arising
out of the unauthorized use or
disclosure by the Sponsor and/or
Administrator of the intellectual
property, trade secrets, or confidential
business information of the Contestant.
(c) Be responsible for obtaining their
own liability insurance to cover claims
by any third party for death, bodily
injury, or property damage, or loss