burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

FoodNet Non-O157 Shiga Toxin-Producing *E. coli Study:* Assessment of Risk Factors for Laboratory-Confirmed Infections and Characterization of Illnesses by Microbiological Characteristics (OMB No. 0920–0905, expires 11/30/14)—Extension—National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Each year many Shiga toxin-producing *E. coli* (STEC) infections occur in the United States, ranging in severity from mild diarrhea, to hemorrhagic colitis and in some cases, life-threatening hemolytic uremic syndrome (HUS). HUS occurs most frequently following infection with serogroup O157; 6% of patients with this type of STEC infection develop HUS, with highest occurrence in children aged <5 years. HUS has a fatality rate of approximately 5%; up to 25% of HUS survivors are left with chronic kidney damage.

STEC are broadly categorized into two groups by their O antigens, STEC O157 and non-O157 STEC. The serogroup O157 is most frequently isolated and most strongly associated with HUS. Risk factors for STEC O157 infections in the United States and internationally have been intensely studied. Non-O157 STEC is a diverse group that includes all Shiga toxin-producing *E. coli* of serogroups other than O157. Over 50 STEC serogroups are known to have caused human illness. Numerous non-O157 outbreaks have been reported from throughout the world and clinical outcomes in some patients can be as severe as those seen with STEC O157 infections, however, little is known about the specific risk factors for infections due to non-O157 STEC serogroups. More comprehensive understanding of risk factors for sporadic non-O157 STEC infections is needed to inform prevention and control efforts.

The FoodNet case-control study is the first multistate investigation of non-outbreak-associated non-O157 STEC infections in the United States. It investigates risk factors for non-O157 STEC infections, both as a group and individually for the most common non-O157 STEC serogroups. In addition, the study characterizes the major known virulence factors of non-O157 STEC to assess how risk factors and clinical features vary by virulence factor profiles. As the largest, most comprehensive, and most powerful study of its kind, it is making an important contribution towards better understanding of non-O157 STEC infections and will provide science-based recommendations for interventions to prevent these infections.

Study enrollment began between July and September 2012 (sites had staggered start dates) and is scheduled to run for 36 months. Since we have not yet enrolled enough cases to meet the study objectives, we are requesting an extension.

Persons with non-O157 STEC infections who are identified as part of routine public health surveillance and randomly selected healthy persons in the patients' communities (to serve as controls) are contacted and offered enrollment into this study. Participation is completely voluntary and there is no cost for enrollment. The estimated annual burden is 268 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Patients	Case questionnaire	161	1	25/60
Controls	Control questionnaire	483	1	25/60

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–14331 Filed 6–18–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–0666]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666, expires 10/31/2016)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks. The NHSN currently consists of five components: Patient Safety, Healthcare Personnel Safety, Biovigilance, Long-Term Care Facility (LTCF), and Dialysis. Two new components will be added within the next one to two years: Outpatient Procedure and Antimicrobial Use & Resistance.

The Antimicrobial Use and Resistance (AUR) Component will be launched within NHSN that will specifically examine antimicrobial use (AU) and antimicrobial resistance (AR) within healthcare facilities. The goal of the AUR Component is to provide a mechanism for facilities to report and analyze antimicrobial use and/or resistance as part of local or regional efforts to reduce antimicrobial resistant infections through antimicrobial stewardship efforts or interruption of transmission of resistant pathogens at their facility. This revision submission includes one new form specific to the NHSN AUR Component.

Significant additions were made to three NHSN facility surveys. Questions about infection control practices were added to gain a better understanding of current practices and identify areas to target prevention efforts among facilities that have reported a multidrug-resistant organism. Questions about antibiotic stewardship were added to gain a better understanding of current efforts to improve antibiotic use in hospitals and to assess the quality of hospital antibiotic stewardship programs.

Additionally, minor revisions have been made to 31 other forms within the package to clarify and/or update surveillance definitions. Three forms are being removed as patient vaccination monitoring will be removed from NHSN.

The previously approved NSHN package included 56 individual collection forms; the current revision request adds one new form and removes three forms for a total of 54 forms. The reporting burden will increase by 172,943 hours, for a total of 4,277,716 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Registered Nurse (Infection Preventionist).	NHSN Registration Form	2,000	1	5/60	167
Registered Nurse (Infection Preventionist).	Facility Contact Information	2,000	1	10/60	333
Registered Nurse (Infection Preventionist).	Patient Safety Component—Annual Hospital Survey.	6,000	1	50/60	5,000
Registered Nurse (Infection Preventionist).	Group Contact Information	1,000	1	5/60	83
Registered Nurse (Infection Preventionist).	Patient Safety Monthly Reporting Plan.	6,000	12	15/60	18,000
Registered Nurse (Infection Preventionist).	Primary Bloodstream Infection (BSI)	6,000	44	30/60	132,000
Registered Nurse (Infection Preventionist).	Pneumonia (PNEU)	6,000	72	30/60	216,000
Registered Nurse (Infection Preventionist).	Ventilator-Associated Event	6,000	144	25/60	360,000
Registered Nurse (Infection Preventionist).	Urinary Tract Infection (UTI)	6,000	40	30/60	120,000
Staff RN	Denominators for Neonatal Intensive Care Unit (NICU).	6,000	9	3	162,000
Staff RN	Denominators for Specialty Care Area (SCA)/Oncology (ONC).	6,000	9	5	270,000

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Staff RN	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	6,000	54	5	1,620,000
Registered Nurse (Infection Preventionist).	Surgical Site Infection (SSI)	6,000	36	35/60	126,000
Staff RN	Denominator for Procedure	6,000	540	5/60	270,000
Laboratory Technician	Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables.	6,000	12	5/60	6,000
Pharmacy Technician	Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables.	6,000	12	5/60	6,000
Registered Nurse (Infection Preventionist).	Central Line Insertion Practices Adherence Monitoring.	1,000	100	5/60	8,333
Registered Nurse (Infection Preventionist).	MDRO or CDI Infection Form	6,000	72	30/60	216,000
Registered Nurse (Infection Preventionist).	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	6,000	24	15/60	36,000
Registered Nurse (Infection Preventionist).	Laboratory-identified MDRO or CDI Event.	6,000	240	15/60	360,000
Registered Nurse (Infection Preventionist).	Long-Term Care Facility Component—Annual Facility Survey.	250	1	1	250
Registered Nurse (Infection Preventionist).	Laboratory-identified MDRO or CDI Event for LTCF.	250	8	15/60	500
Registered Nurse (Infection Preventionist).	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	250	12	5/60	250
Registered Nurse (Infection Preventionist).	Urinary Tract Infection (UTI) for LTCF.	250	9	30/60	1,125
Registered Nurse (Infection Preventionist).	Monthly Reporting Plan for LTCF	250	12	5/60	250
Registered Nurse (Infection Preventionist).	Denominators for LTCF Locations	250	12	3.25	9,750
Registered Nurse (Infection Preventionist).	Prevention Process Measures Monthly Monitoring for LTCF.	250	12	5/60	250
Registered Nurse (Infection Preventionist).	LTAC Annual Survey	400	1	50/60	333
Registered Nurse (Infection Preventionist).	Rehab Annual Survey	1,000	1	50/60	833
Registered Nurse (Infection Preventionist).	Antimicrobial Use & Resistance Component—Monthly Reporting Plan.	100	12	5/60	100
Occupational Health RN/Specialist	Healthcare Personnel Safety Component Annual Facility Survey.	50	1	8	400
Occupational Health RN/Specialist	Healthcare Personnel Safety Monthly Reporting Plan.	11,000	1	5/60	917
Occupational Health RN/Specialist	Healthcare Worker Demographic Data.	50	200	20/60	3,333
Occupational Health RN/Specialist	Exposure to Blood/Body Fluids	50	50	1	2,500
Occupational Health RN/Specialist	Healthcare Worker Prophylaxis/ Treatment.	50	30	15/60	375
Laboratory Technician	Follow-Up Laboratory Testing	50	50	15/60	625
Occupational Health RN/Specialist	Healthcare Worker Prophylaxis/ Treatment-Influenza.	50	50	10/60	417
Medical/Clinical Laboratory Technologist.	Hemovigilance Module Annual Survey.	500	1	2	1,000
Medical/Clinical Laboratory Technologist.	Hemovigilance Module Monthly Reporting Plan.	500	12	1/60	100
Medical/Clinical Laboratory Technologist.	Hemovigilance Module Monthly Reporting Denominators.	500	12	1	6,000
Medical/Clinical Laboratory Technologist.	Hemovigilance Adverse Reaction	500	48	15/60	6,000
Medical/Clinical Laboratory Technologist.	Hemovigilance Incident	500	10	10/60	833
Staff RN	Outpatient Procedure Component—Annual Facility Survey.	5,000	1	5/60	417
Staff RN	Outpatient Procedure Component—Monthly Reporting Plan.	5,000	12	15/60	15,000

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Staff RN	Outpatient Procedure Component Event.	5,000	25	40/60	83,333
Staff RN	Outpatient Procedure Component—Monthly Denominators and Summary.	5,000	12	40/60	40,000
Registered Nurse (Infection Preventionist).	Outpatient Dialysis Center Practices Survey.	6,500	1	1.75	11,375
Staff RN	Dialysis Monthly Reporting Plan	6,500	12	5/60	6,500
Staff RN	Dialysis Event	6,500	60	20/60	130,000
Staff RN	Denominators for Dialysis Event Surveillance.	6,500	12	6/60	7,800
Staff RN	Prevention Process Measures Monthly Monitoring for Dialysis.	1,500	12	30/60	9,000
Staff RN	Dialysis Patient Influenza Vaccination.	325	75	10/60	4,063
Staff RN	Dialysis Patient Influenza Vaccination Denominator.	325	5	10/60	271
Epidemiologist	State Health Department Validation Record.	152	50	15/60	1,900
Total					4,277,716

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–14339 Filed 6–18–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; OAA Title III–E Evaluation

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (formerly the Administration on Aging (AoA)) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by July 21, 2014.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for ACL, Office of Information and Regulatory Affairs, OMB.

FOR FURTHER INFORMATION CONTACT: Alice-Lynn Ryssman, 202.357.3491.

SUPPLEMENTARY INFORMATION: In compliance with *PRA (44 U.S.C. 3501–3520)*, the Administration for Community Living (ACL, formerly the Administration for Aging) has submitted the following proposed collection of information to the Office of Management and Budget (OMB) for review and clearance. The process evaluation data collection associated with the Title III–E National Family Caregiver Support Program (NFCSP) is necessary to meet three broad objectives of ACL: (1) To provide information to support program planning, including an analysis of program processes, (2) to develop information about program efficiency and costs, and (3) gauge program effectiveness in assessing community and client needs, targeting and prioritizing, and providing services to family caregivers. The process evaluation will examine the strategies, activities, and resources of the program at each level of the Aging Network—State Unit on Aging (SUA), Area Agency on Aging (AAA), and Local Service Provider (LSP)—to meet the needs of NFCSP clients/caregivers.

In response to the 60-day **Federal Register** Notice related to this proposed data collection and published on November 20, 2013, comments from six individuals and/or organizations were received. Many of the suggestions, such as to add ''Dementia training'' to the list of options under the types of training provided to state and local workers/volunteers, were implemented into the appropriate surveys. Suggested changes at odds with the program definitions or operations, such as the suggestion to replace the term ''Dementia'' with ''Neurocognitive Disorder'' were not adopted. In response to comments about the length of the surveys, a few additional questions were removed from the State Unit on Aging (SUA) and Area Unit on Aging (AAA) surveys. Comments concerning the caregiver surveys in the original 60-day notice will be covered in a later NFCSP outcome evaluation notice.

The process study will administer online surveys to all 56 SUAs, all of the 618 AAAs and a sample of 1,000 LSPs. ACL estimates the burden of this collection of information as follows 1,566 hours for local agencies (AAAs and LSPs) and 84 hours for the State Units on Aging (SUAs) for a Total Burden for Study of 1,650 hours.

The proposed data collection tools may be found on the ACL Web site at *http://www.aoa.gov/AoARoot/Program_Results/Program_survey.aspx.*

Dated: June 16, 2014.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2014–14353 Filed 6–18–14; 8:45 am]

BILLING CODE 4154–01–P