the burden increase as it exists now is based on current data updating the number of MAS Schedule contractors.

B. Annual Reporting Burden

Number of Respondents: 18,000.
Total Annual Responses: 36,000.
Average hours per response: 2 hours.
Total Burden Hours: 72,000.
Obtaining copies of proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501–4755. Please cite OMB Control No. 3090–0235, Price Reductions Clause, in all correspondence.

Dated: January 12, 2009

Al Matera,

Director, Office of Acquisition Policy.

[FR Doc. E9–868 Filed 1–15–09; 8:45 am]

BILLING CODE 6820–61–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee Vaccine Safety Working Group

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) Vaccine Safety Working Group will hold a meeting. The meeting is open to the public. Pre-registration is required for both public attendance and comment. Audio conferencing will be available for listening only.

DATES: The meeting will be held on February 4, 2009, from 8 a.m. to 12:30 p.m.

ADDRESSES: Department of Health and Human Services; Hubert H. Humphrey Building, Room 800, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Ms. Kirsten Vannice, National Vaccine Program Office, Department of Health and Human Services, Room 443–H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. Phone: (202) 690–5566; Fax: (202) 260–1165; e-mail: *kirsten.vannice@hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. Section 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The National Vaccine Advisory Committee was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program's responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

The NVAC Vaccine Safety Working Group was established to (1) undertake and coordinate a scientific review of the draft Centers for Disease Control and Prevention (CDC) Immunization Safety Office (ISO) Scientific Agenda, and (2) review the current vaccine safety system.

On February 4, 2009, the NVAC Vaccine Safety Working Group will hear and discuss the results of the community activities that occurred to obtain public input on the ISO Scientific Agenda, and a summary of the written comments solicited in a previous **Federal Register** notice from January 2, 2009 (for more information on submitting written comments, please see below). This information will inform the Working Group and the NVAC recommendations on the ISO scientific agenda.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person above at least one week prior to the meeting. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to five minutes per speaker. Pre-registration is required for both public attendance and comment. Individuals who would like to submit written statements to the NVAC Vaccine Safety Working Group should refer to instructions on the **Federal Register** Notice Docket ID fr02ja09–30, January 2, 2009 (Volume 74, Number 1) pages 107–108 (*http://edocket.access.gpo.gov/2009/E8-31196.htm*). Any members of the public who wish to have printed material distributed to NVAC Vaccine Safety Working Group members should submit materials to the Executive Secretary, NVAC, through the contact person listed above prior to close of business January 30, 2009. Audio-conferencing will be available for listening only. The call-in number is as follows: 888–469–2187, Participant Passcode: 2973732.

Dated: January 13, 2009.

Bruce Gellin,

Deputy Assistant Secretary for Health Director, National Vaccine Program Office.

[FR Doc. E9–973 Filed 1–15–09; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day—09–08AX]

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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Sexually Transmitted Disease (STD) Morbidity Surveillance—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is responsible for the reporting and dissemination of nationally notifiable STD morbidity information for prevention and control purposes in collaboration with state and local health departments. Recent changes in sexually transmitted disease (STD) epidemiology in the United States indicate that the existing passive surveillance for STD does not include all the elements needed in order to control and prevent STDs in the U.S. Towards that end, CDC is proposing a new electronic information collection called STD Morbidity Surveillance that will include information on laboratory confirmation of syphilis infection and risk behaviors of persons infected with syphilis and other STDs. Physicians and other providers collect demographic, risk, and clinical (including laboratory) information from persons diagnosed with notifiable STDs during a clinical encounter or counseling session. The

respondents will submit the information electronically, to the state and local public health departments. Clinical specimens obtained from case-patients are submitted to private or public diagnostic laboratories with laboratory requisition forms which includes information on the provider and case-patient. A subset of the information reported to state health departments from health care providers or laboratories is reported electronically as a case report e-record to CDC's Nationally Notifiable Disease Surveillance System on a weekly basis. CDC estimates that 57 respondents spend 20 minutes each week extracting notifiable STD surveillance information from their electronic information system. CDC staff review STD morbidity data at varying frequencies to identify population subgroups at increased risk for STDs. The target evidence-based intervention strategies, evaluate the impact of ongoing control efforts, thus enhancing our understanding of STD transmission. There is no cost to respondents other than their time. The total estimated annual burden hours are 989.

ESTIMATED ANNUALIZED BURDEN HOURS

Types of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	Electronic STD Case report	50	52	20/60
Territorial Health Agencies	Electronic STD Case report	5	52	20/60
City and county health departments	Electronic STD Case report	2	52	20/60

Dated: January 8, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–888 Filed 1–15–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09–09AJ]

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 and 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

Centers for Public Health Preparedness Program Evaluation Instruments,—New—Coordinating Office for Terrorism Preparedness & Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Authority of Sections 301(a) and 317(k)(2) of Public Health Service Act, the Centers for Disease Control and Prevention is responsible for administering and monitoring the Centers for Public Health Preparedness (CPHP) Program. The purpose of the CPHP Program is to strengthen terrorism and emergency preparedness by linking academic expertise to state and local health agency needs. The program brings together colleges and universities with a common focus on public health preparedness to establish a national network of education and training resources. Of these institutions, 27 are accredited Schools of Public Health funded through a five-year Cooperative Agreement for years 2004–2009. This program addresses the public health goals described in ''A National Strategy for Terrorism Preparedness and Response: 2003–2008 Strategic Plan'', specifically Imperative Five, a Competent and Sustainable Workforce. Critical objectives under this Imperative are to: (1) Increase the number and type of professionals that comprise a preparedness and response workforce; (2) deliver certification and competency-based training and education; (3) recruit and retain the highest quality workforce; and (4) evaluate the impact of training to assure learning has occurred.

CDC requests OMB approval for a period of one year to collect information beginning in the summer of 2009. CDC is undertaking a summative evaluation of the CPHP Program encompassing the period of the current Cooperative Agreement. In order to complete this evaluation, CDC is proposing five data collection instruments to gather information describing the program's processes and outcomes. These are: (1) Pre-CPHP Interview Document Collection Protocol; (2) CPHP Interview Instrument; (3) CPHP National Partner Interview Instrument (4) CPHP State and Local Partner/Customer Survey Instrument; and (5) CPHP State and Local Partner/Customer Interview Instrument. Collectively, these instruments are needed in order to receive, process, aggregate, evaluate, and disseminate CPHP program information. The information will be used by CDC to document progress toward meeting established program goals and objectives; to evaluate outcomes generated by the collective work of the 27 Centers; to inform the development of a new public health preparedness education and training cooperative agreement program; and to respond to data inquiries made by CDC and other agencies of the federal government.

The Pre-CPHP Interview Document Collection Protocol will be used by CPHP grantees to guide collection and submission of existing documents. The CPHP National Partner Interview Instrument will be used to guide a