

pressure, high cholesterol, obesity, smoking, drug and alcohol use, physical activity, environmental exposures, and diet. NHANES data are used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time. NHANES continues to collect genetic material on a national probability sample for future genetic research aimed at understanding disease susceptibility in the U.S. population. NCHS collects personal identification information from survey respondents to facilitate linkage of

survey data with health related administrative records. For the 2011–2012 survey, NHANES will add an Asian oversample to the survey design. Beginning in 2012 NHANES will also conduct the NHANES Youth Fitness Study. NHANES will measure children's height and weight and ask them to perform activities such as walking on a treadmill, exercises, and wearing an activity monitor that records body movement during everyday activities. Participation is voluntary. This study will be conducted among children 3–15 years old, who are not participants in the regular NHANES.

NHANES data users include the U.S. Congress; the World Health Organization; numerous Federal

agencies such as the National Institutes of Health, the Environmental Protection Agency, and the United States Department of Agriculture; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and/or evaluate recommended dietary allowances, food fortification policies, environmental exposures, immunization guidelines and health education and disease prevention programs. This submission requests approval for three years.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
NHANES Respondents All ages	18,813	1	2	37,626
NHANES Youth Fitness Study Participants 3–15 years	2,500	1	1.5	3,750
Other Special study/pretest participants	2,750	1	3	8,250
Total	49,626

Dated: April 27, 2011.

Carol Walker,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–0263]

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.

Requirements for a Special Permit to Import Cynomolgus, African Green, or

Rhesus Monkeys into the United States (OMB Control No. 0920–0263 exp. 6/30/2011)—Extension—National Center for Emerging and Zoonotic Infectious Diseases, (NCEZID), Centers for Disease Control and Prevention (CDC).

Proposed Project

Requirements for a Special Permit to Import Cynomolgus, African Green, or Rhesus Monkeys into the United States (OMB Control No. 0920–0263 exp. 6/30/2011)—Extension—National Center for Emerging and Zoonotic Infectious Diseases, (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval to continue its data collection, “Requirements for a Special Permit to Import Cynomolgus, African Green, or Rhesus Monkeys into the United States”, for another three years. This data collection is currently approved under OMB Control No. 0920–0263. There are no revisions proposed to the currently approved information collection request.

A registered importer must request a special permit to import Cynomolgus, African Green, or Rhesus monkeys. To receive a special permit to import nonhuman primates, the importer must submit a written plan to the Director of CDC which specifies steps that will be

taken to prevent exposure of persons and animals during the entire importation and quarantine process for the arriving nonhuman primates.

Under the special permit arrangement, registered importers must submit a plan to CDC for importation and quarantine if they wish to import the specific monkeys covered. The plan must address disease prevention procedures to be carried out in every step of the chain of custody of such monkeys, from embarkation in the country of origin to release from quarantine. Information such as species, origin and intended use for monkeys, transit information, isolation and quarantine procedures, and procedures for testing of quarantined animals is necessary for CDC to make public health decisions. This information enables CDC to evaluate compliance with the standards and to determine whether the measures being taken are adequate to prevent exposure of persons and animals during importation. CDC will monitor at least 2 shipments to be assured that the provisions of a special permit plan are being followed by a new permit holder. CDC will assure that adequate disease control practices are being used by new permit holders before the special permit is extended to cover the receipt of additional shipments under the same plan for a period of 180 days, and may be renewed

upon request. This extension eliminates the burden on importers to repeatedly report identical information, requiring submission only of specific shipment itineraries and information on changes to the plan which require approval.

Respondents are businesses or not-for-profit organizations that import nonhuman primates. The burden represents full disclosure of information and itinerary/change information, respectively. There are no costs to

respondents except for their time to complete the requisition process. The total annualized burden for this information collection request is 21 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Businesses (limited permit)	2	5	30/60
Businesses (extended permit)	3	5	10/60
Organizations (extended permit)	15	5	10/60

Dated: April 27, 2011.

Carol Walker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 76, FR 15984-15985, dated March 22, 2011) is amended to reflect the reorganization of the Center for Global Health, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

After the title and functional statement for the Division of Public Health Systems and Workforce Development (CWF), delete in their entirety the remaining titles and functional statements for the Division of Public Health Systems and Workforce Development (CWF) and insert the following:

Office of the Director (CWF1). (1) Provides leadership, overall direction, and evaluation for the division; (2) formulates and implements CDC's strategy for developing global public health capacity in applied epidemiology, public health systems, laboratory operations and management, and leadership; (3) provides leadership

and guidance on policy, program planning, program management, and operations; (4) plans, allocates, and monitors resources; (5) provides leadership in assisting national ministries of health, international agencies, and non-governmental organizations in the delivery of epidemiologic services and the development of international epidemiologic networks; (6) liaises with other CDC organizations, other Federal agencies, national ministries of health, and international organizations; and (7) provides consultations with partners and stakeholders, including nongovernmental organizations and the private sector, on program development and overall public health systems and sub-systems.

Field and Applied Epidemiology Training Programs Branch (CWFD). (1) Plans, directs, supports, implements, and coordinates field epidemiology and laboratory training programs (FE(L)TP), Data for Decision Making Projects, operational and implementation research projects, and other partnerships with ministries of health; (2) assists partners in assessing their needs for workforce strengthening and development; (3) with partners, designs and conducts evidence-based instruction in public health disciplines needed to strengthen their public health systems, including instructional design, epidemiology, surveillance, laboratory operations and management, communications, and economic evaluation; (4) provides leadership and expertise in assisting national ministries of health to utilize trained public health workers for developing health policy, and implementing and evaluating health programs; (5) assigns and manages expert consultants as long-term, in-country advisors to ministry of health programs; (6) collaborates within CDC and with other Federal agencies, and with national and international

organizations in support of partner programs; (7) provides consultation to ministries of health in the development of surveillance systems (e.g., communicable and non-communicable disease surveillance, injury, chronic diseases, etc.); (8) develops and evaluates competency-based training materials for the FETP and similar programs for use of the division and its partners; (9) collaborates within CDC and with national or international organizations in the development of competency-based training materials, evaluation of training, and design of surveillance systems needed to accomplish the mission; (10) creates and maintains division-wide computer-based and distance-based learning methods, and develops the capacity of partners to create, evaluate, and share their own; (11) works closely and coordinates with the Public Health Systems Strengthening Branch in areas of assessment, workforce development to meet system needs; laboratory systems, etc.; and (12) maintains a divisional training material library and Web site.

Public Health Systems Strengthening Branch (CWFE). (1) Plans, directs, supports, implements, and coordinates public health systems development, operational and implementation research projects, and other partnerships with ministries of health related to systems strengthening; (2) assists partners in assessing their needs for health systems strengthening, focusing on public health systems development issues; (3) supports partner ministries of health's system strengthening efforts through provision of technical assistance, including facilitating provision of assistance from relevant subject matter expert programs across the agency, to ensure that ministries have access to the technical resources they need to fully evaluate critical systems and programs; (4)