

related to the prevention research projects, products resulting from those projects, trainings related to those projects, and partnerships.

CDC will request OMB approval to continue collecting progress and performance information from PRCs for three years, with changes. The current IS will be phased out and replaced with two restructured information collections. The first information collection will be conducted utilizing a simplified, more user-friendly Web-based survey system. The second information collection will consist of telephone interview involving a key contact person for each PRC grantee. CDC proposes to amend the title of the

OMB approval to reflect the change in data collection methodology.

In the next approval period, information collection will be restructured around a revised set of performance indicators that are based on a review of fiscal year 2007 data and input from the PRCs from 2008–2009. During that time, the CDC PRC Program office and grantees concluded that performance could be adequately monitored using a subset of the previously approved questions, implementing minor changes to some questions, instituting a brief telephone interview, and reducing the frequency of data collection.

CDC will continue to use the information reported by PRCs to

identify training and technical assistance needs, respond to requests for information from Congress and other sources, monitor grantees' compliance with cooperative agreement requirements, evaluate progress made in achieving goals and objectives, and describe the impact and effectiveness of the PRC program.

PRCs will report the required information to CDC once per year. Although the number of respondent PRCs will increase to 35, the overall estimated burden is expected to decrease due to a reduction in the estimated burden per respondent. There are no costs to respondents other than their time.

**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 (in hours)
PRC Program .....	Survey .....	35	1	6	210
	Telephone Interview .....	35	1	1	35
Total .....	.....	.....	.....	.....	245

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**Maryam Daneshvar,**

*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**

[60Day-10-09AM]

**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. Alternatively, to obtain a copy of the data collection plans and instrument, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30333; comments may also be sent by e-mail to [omb@cdc.gov](mailto: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 a 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 clarify 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 information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Prevalence Survey of Healthcare Associated Infections (HAIs) and Antimicrobial Use in U.S. Acute Care Hospitals—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (proposed), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is requesting OMB approval to conduct two surveys to obtain national estimates of Healthcare Associated Infections (HAIs) prevalence and antimicrobial use in the United States. Preventing HAIs is a CDC priority, and an essential step in reducing the occurrence of HAIs is to accurately estimate the burden of these infections in U.S. hospitals and to describe the types of HAIs and their causative

organisms, including antimicrobial-resistant pathogens.

The scope and magnitude of HAIs in the U.S. were last directly estimated in the 1970s and 1980s by CDC's Study on the Efficacy of Nosocomial Infection Control (SENIC), in which comprehensive data were collected from a sample of 338 hospitals; 5% of hospitalized patients acquired an infection not present at the time of admission. CDC's current HAI surveillance system, the National Healthcare Safety Network (NHSN) (OMB Control No. 0920-0666, expiration date 9/30/2012), focuses instead on device-associated and procedure-associated infections in a variety of patient locations, and does not receive data on all types of HAIs to make hospital-wide burden estimates. The purpose of this information collection request is to assess the magnitude and types of HAIs and antimicrobial use occurring in all patient populations within acute care hospitals in order to inform decisions made by local and national policy makers and hospital infection control personnel regarding appropriate targets and strategies for preventing HAIs and the emergence of antimicrobial-resistant pathogens and encouraging appropriate antimicrobial use. Such assessments can be obtained in periodic national prevalence studies, such as

those that have been conducted in several European countries.

CDC proposes to conduct two surveys to collect this data. The first survey will be a limited roll-out survey and will be conducted in 30 facilities across 10 States in collaboration with State public health authorities and CDC's Emerging Infections Program (EIP). The survey will be conducted on a single day in participating facilities. Infection Control Practitioners in participating facilities, such as infection control personnel, will collect limited demographic and clinical information on a sample of eligible

inpatients and, on the same day, EIP site personnel will collect information on HAIs and antimicrobial use for surveyed patients who are on antimicrobial therapy at the time of the survey. The second survey will involve 500 facilities across the same 10 States and use the same methodology. As with the first survey, CDC will collaborate with State public health authorities and EIP sites.

CDC will use the data provided to estimate the prevalence of HAIs and antimicrobial use across this sample of U.S. hospitals as well as to estimate the distribution of infection types, causative

organisms, and nature of and rationale for antimicrobial use.

This proposed project supports CDC's Strategic Goal of "Healthy Healthcare Settings," specifically the objectives to "Promote compliance with evidence-based guidelines for preventing, identifying, and managing disease in healthcare settings" and "Prevent adverse events in patients and healthcare workers in healthcare settings." There are no costs to respondents, other than their time to complete the survey.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Infection Control Practitioners—Survey #1 .....	30	83	5/60	208
EIP personnel—Survey #1 .....	10	99	15/60	248
Infection Control Practitioners—Survey #2 .....	500	83	5/60	3,458
EIP personnel—Survey #2 .....	10	1650	15/60	4,125
Total .....				8,039

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**Maryam I. Daneshvar,**  
*Reports Clearance Officer, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Project: Addiction Technology Transfer Centers (ATTC) Network Program Monitoring (OMB No. 0930-0216)—Revision**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) will continue to monitor program performance of its Addiction Technology Transfer Centers (ATTCs). The ATTCs disseminate current health services research from

the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Healthcare Research and Quality, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the ATTCs develop and update state-of-the-art, research-based curricula and professional development training.

Each of the forms is described below. SAMHSA/CSAT is proposing to revise the Event Description and Post-Event forms currently used by the ATTCs. The Follow-Up forms will not be changed. The Pre-Events forms currently in use will be eliminated.

Sixty percent of the forms are administered in person to participants at educational and training events, who complete the forms by paper and pencil. Ten percent of the training courses are online, and thus, those forms are administered online. The remaining thirty percent is made up of 30-day follow-up forms that are distributed to consenting participants via electronic mail using an online survey tool.

(1) The Event Description Form will be revised. The form collects event information. It includes questions regarding the SAMHSA priority areas and cross-cutting principles covered by the content of the event. SAMHSA's priority areas and cross-cutting principles have been revised since this form was approved, so the form will be revised to match the updated priorities

and principles. In addition, the Event Description Form asks which of SAMHSA's Technical Assistance Publications (TAPs) and Treatment Improvement Protocols (TIPs) were used during the event. New TIPs and TAPs have been published since the form was approved. Those new TIPs and TAPs will be added to the form.

(2) The Pre-Event Form for meetings, technical assistance events, and training events will be eliminated. The demographic information that was collected on this form will be added to the Post-Event Forms. By incorporating this demographic information on the Post-Event Forms, the Pre-Event Form can be eliminated, thereby reducing the response burden for participants.

(3) The Post-Event Form for all events will be revised. The five current demographic questions will be revised to reflect a more current understanding of the field, and five additional demographic questions will be included.

(4) The Follow-Up Form for all events will remain the same as the ones currently in use by the ATTCs.

*Event Description:* The event description form asks approximately 10 questions of the ATTC faculty/staff for each of the ATTC events. The approved form asks the event focus, format, and publications to be used in the event. As noted above, it will be revised to reflect updates to SAMHSA's priority areas and cross-cutting principles and the publication of new TIPs and TAPs.