

Vaccine Advisory Committee was established to provide advice and make recommendations to the Assistant Secretary for Health, as the Director of the National Vaccine Program, on matters related to the program’s responsibilities.

Topics to be discussed at the meeting include seasonal influenza, pandemic vaccine prioritization, vaccine financing, and other Departmental vaccine priorities. Subcommittees meetings will be held on the afternoon of June 7, 2007. A tentative agenda is currently available on the NVAC Web site: www.hhs.gov/nvpo/nvac.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the Humphrey Building. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed material distributed to NVAC members should submit materials to the Executive Secretary, NVAC, through the contact person listed above prior to close of business June 1, 2007. Pre-registration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should e-mail nvpo@hhs.gov or call 202-690-5566.

Dated: May 9, 2007.
Bruce Gellin,
Director, National Vaccine Program Office.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–0650]

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) 371-5960 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

Prevention Research Center Information System—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In spring 2003, CDC published RFA #04003 (FY 2003–2009) for the Prevention Research Centers Program. The RFA introduced a set of performance indicators developed collaboratively with the PRCs and other stakeholders and are consistent with federal requirements that all agencies, in response to the Government Performance and Results Act of 1993, prepare performance plans and collect program-specific performance measures. Currently, CDC provides funding to 33 PRCs selected through competitive peer review process and managed as CDC cooperative agreements. Awards are made for five (5) years and may be

renewed through a competitive RFA process. PRCs are housed in a school of public health, medicine, or osteopathy and conduct health promotion and disease prevention research using a community-based participatory approach.

The Centers for Disease Control and Prevention (CDC) is seeking a 3 year Office of Management and Budget (OMB) approval for an extension of a reporting system for the Prevention Research Centers Program Information System. In accordance with the original OMB approval (0920-0650), the modification approved September 2005 (to add work plans and progress reports and to increase burden from 28 PRCs to 33 PRCs), and the modification approved November 2006 (to delete, modify, and add questions related to the performance indicators with no change in burden), this requested 3 year extension will continue the data collection as approved. The Information System (IS) is a web-based, password protected technical reporting system that allows the accurate, uniform, and complete collection of PRC information using the Internet. The IS allows CDC to monitor and report on PRC activities efficiently and effectively. Data reported to CDC through the PRC IS are used to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate the progress made in achieving center-specific goals and objectives, and obtain information needed to describe the impact and effectiveness of the overall program as needed to respond to Congressional and other inquiries regarding the PRC Program. The annual report and record keeping burden is the same as the modification approved September 2005.

There are no costs to respondents except their time to participate in the survey. The total estimated annualized burden hours are 279.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Clerical	33	2	2.73
Directors	33	2	1.5

Dated: May 7, 2007.

Maryam Daneshvar,

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

[FR Doc. E7-9269 Filed 5-14-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-07-05DA]

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

Surveillance of HIV/AIDS Related Events Among Persons Not Receiving Care-New-National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

A committee from the Institute of Medicine (IOM) recently reviewed, at the request of Congress, the status of HIV/AIDS surveillance in the U.S. In the

resulting report, three populations of interest were outlined, including persons infected with HIV, who have a diagnosis of HIV but are not receiving care.

There are approximately 1 million HIV-infected persons in the United States. Of these, an estimated 75 percent know they are infected, but approximately half of those who know they are infected do not have evidence of having received any medical care for their HIV infection. Existing HIV/AIDS surveillance systems provide little information about HIV-infected persons who are not receiving care, especially those who have never entered care. In addition, an estimate of the size and immunologic status of the latter group is critically important for estimating resources needed to support linkage to care. Furthermore, identifying factors related to not being linked to care will be important in designing effective interventions.

Based on the IOM recommendations and to address the needs described above, CDC is working with state and local health departments in five project areas to pilot a population-based supplemental surveillance system, "Surveillance of HIV/AIDS Related Events Among Persons Not Receiving Care," also called the Never In Care (NIC) Project. The NIC Project is designed to describe HIV-infected persons who are at least 90 days post diagnosis and have never received HIV care. The project will be conducted over a three-year period and will obtain data on a total of 1,000 persons (approximately 500 per year) with HIV/AIDS. The data collection will include interview-based data only.

The methods were developed in light of recommendations from the IOM, an

earlier population-based survey of persons receiving care for HIV infection, and earlier CDC pilots of population-based methods.

For this proposed data collection, participating public health jurisdictions will conduct structured interviews with HIV-infected persons identified using their HIV/AIDS surveillance and supplemental laboratory databases or through HIV diagnostic and case management service providers. The target number of structured interviews is 1,000 over 2 years of data collection. Qualitative interviews will be conducted with the first 75 persons who agree to a second interview. The information to be collected includes demographic data, HIV testing history, high-risk drug use and sexual behaviors, reasons for not using health care and treatment, and unmet needs.

Results from this project will be used to develop estimates of the medical services and resources needed for persons who are infected with HIV, but who have not received medical care and treatment. Additionally, new data related to those not receiving care may be used to design effective interventions for linking persons to care. The data will have implications for policy, program development, and resource allocation at the state/local and national levels.

Users of NIC data include, but are not limited to, Federal agencies, state and local health departments, clinicians, researchers, and HIV prevention and care planning groups. Participation in the data collection is voluntary and there is no cost to respondents to participate in the survey other than their time. The total estimated annualized burden hours is 325.

ESTIMATED ANNUALIZED BURDEN HOURS

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Structured Interview	500	1	30/60
Qualitative Interview	75	1	1