

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Hispanic Adolescents Primary Caregivers	Recruitment Phone Script	400	1	9/60
Hispanic Adolescents and Primary Caregivers	Caregiver and Adolescent Screening Form ...	800	1	3/60
Primary Caregivers of Hispanic Adolescents	Parent Assessment Battery	240	2	45/60
Hispanic Adolescents	Adolescent Assessment Battery	240	2	1

Dated: July 20, 2010.
Maryam I. Daneshvar,
Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 2010-18274 Filed 7-26-10; 8:45 am]
BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-0457]

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.

Proposed Project

Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920-

0457 exp. 5/30/2010) — Reinstatement with change —National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC, NCHHSTP, Division of Tuberculosis Elimination (DTBE) proposes to reinstate with change the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920-0457. This request is for a 3-year clearance. There are no revisions to the report forms, data definitions, or reporting instructions. Changes within this information collection request (ICR) reflect an increase in the annual cost to the government. The increased cost is due to increases in salaries of personnel conducting data collection and analysis since the last ICR approval.

DTBE is the lead agency for tuberculosis elimination in the United States. To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-

up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920-0457). The respondents for these reports are the 68 State and local tuberculosis control programs receiving Federal cooperative agreement funding through DTBE. These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry, which will be transitioned to the National Tuberculosis Indicators Project (NTIP), a secure Web-based system for program evaluation data, in 2010. No other Federal agency collects this type of national tuberculosis data, and the Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the preparation and utilization of these reports at the local and State levels of public health jurisdiction. CDC also provides respondents with technical support for NTIP access (Electronic—100%, Use of Electronic Signatures—No). The annual burden to respondents is estimated to be 226 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Data clerks	Follow-up and Treatment of Contacts to Tuberculosis Cases.	50	1 (electronic)	30/60
		18	1 (manual)	3
Program Managers	Follow-up and Treatment of Contacts to Tuberculosis Cases.	50	1 (electronic)	30/60
		18	1 (manual)	30/60
Data clerks	Targeted Testing and Treatment for Latent Tuberculosis Infection.	50	1 (electronic)	30/60
		18	1 (manual)	3
Program Managers	Targeted Testing and Treatment for Latent Tuberculosis Infection.	50	1 (electronic)	30/60
		18	1 (manual)	30/60
Total				226

Dated: July 20, 2010.
Maryam I. Daneshvar,
Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 2010-18290 Filed 7-26-10; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-10CM]

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Proposed Project

HIV/AIDS Risk Reduction Interventions for African American Heterosexual Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP),

Centers for Disease Control and Prevention (CDC).

Background and Brief Description

African Americans continue to be disproportionately affected by HIV/AIDS. Although they account for approximately 13 percent of the U.S. population, surveillance data indicate that in 2007, African Americans accounted for the majority (51 percent) of HIV/AIDS diagnoses in 34 states (CDC, 2009). When compared to other racial and ethnic groups, rates of heterosexually transmitted HIV are substantially higher among African Americans.

Presently, there is insufficient knowledge regarding African American heterosexual men's sexual risk behaviors and the context in which they occur. Increasing the number of evidence-based prevention interventions is a necessary requisite to decreasing HIV/AIDS among this target population. Thorough examinations of sexual risk behaviors and the context in which they occur is essential for developing effective HIV/AIDS prevention interventions and for informing policies and programs that will more effectively protect African American men and their partners from infection.

This research is being conducted by three sites to pilot test three unique HIV risk reduction interventions for feasibility, acceptability, and to provide preliminary evidence of intervention

efficacy in reducing HIV risk behaviors. Findings from this research will also contribute knowledge on how to design culturally appropriate interventions for this target population.

The intervention evaluations are a pre-post test design (*i.e.* baseline assessment and 3-month follow-up assessment) with three convenience samples of African American heterosexual men, ages 18 to 45 living in New York and North Carolina.

Three sites will participate in this project. Each site will use a screener form to determine participant eligibility for inclusion in the study. Additionally, each site will use a locator form to collect contact information from participants so that staff can follow up to schedule future appointments. A baseline and three-month follow-up assessment will also be administered to participants enrolled at each site. The baseline and follow-up assessments will contain questions about the participants' socio-demographic background, sexual health, substance use, history of incarceration, HIV testing history, self-efficacy, perceptions of sex roles, HIV communication, access to healthcare, and intervention acceptability and feasibility. The pilot intervention evaluation will be conducted with 50 to 80 African American heterosexual men at each site. There is no cost to respondents other than their time. The total estimated burden hours are 335.

Estimated Annualized Burden Hours:

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Potential Participants—Site A	Screener	200	1	10/60
	Locator Form	80	1	5/60
Enrolled Participants—Site A	Baseline Assessment	80	1	20/60
	Follow-up Assessment	80	1	20/60
Potential Participants—Site B	Screener	214	1	10/60
Enrolled Participants—Site B	Locator Form	80	1	5/60
	Baseline Assessment	80	1	45/60
	Follow-up Assessment	80	1	45/60
Potential Participants—Site C	Screener	200	1	5/60
Enrolled Participants—Site C	Locator (Keep in Touch) Form	80	1	5/60
	Baseline Assessment	80	1	20/60
	Follow-up Assessment	80	1	20/60