

activities. Subsequent agenda topics will be added as priorities dictate.

**Availability of Materials:** The meeting agenda and materials will be posted on the NBSB Web site at <http://www.phe.gov/Preparedness/legal/boards/nbsb/Pages/default.aspx> prior to the meeting.

**Procedures for Providing Public Input:** Any member of the public providing oral comments at the meeting must sign in at the registration desk and provide his/her name, address, and affiliation. All written comments must be received prior to September 21, and should be sent by e-mail to [NBSB@HHS.GOV](mailto:NBSB@HHS.GOV) with "NBSB Public Comment" as the subject line. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should e-mail [NBSB@HHS.GOV](mailto:NBSB@HHS.GOV).

Dated: August 10, 2010.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response.*

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**BILLING CODE 4150-37-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Understanding Patients' Knowledge and Use of Acetaminophen—Phase 2." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by October 29, 2010.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov). Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*Understanding Patients' Knowledge and Use of Acetaminophen—Phase 2*

AHRQ proposes a cross-sectional prospective survey to identify issues that relate to the misuse and overdosing of over-the-counter (OTC) acetaminophen. The survey was developed based on results from a previous data collection (OMB control number 0935-0154, approved on 10/13/2009). Acetaminophen is the most widely used analgesic and antipyretic drug in the U.S. When appropriately used, it is a very safe agent. However, a single large overdose, or several supratherapeutic dosages in a short period of time, has been associated with acute liver failure, which can occur with dosages over 250 mg/kg over a 24-hour period, or > 12 g in an adult. Toxicity from acetaminophen has been on the rise in the past 3 decades, and is now the most common cause of acute liver failure in the U.S., surpassing viral hepatitis.

This project has the following aims:

- (1) To estimate frequency of use, knowledge, and practices regarding use of OTC acetaminophen, and
  - (2) To evaluate potential determinants of misuse in community-based samples.
- This information will be useful for policy makers to consider and to evaluate regulations and legislation with respect to the distribution, dispensing and sales of OTC acetaminophen.

This study is being conducted by AHRQ through its contractor, the University of Texas. This project

supports AHRQ's Centers for Education and Research on Therapeutics initiative to promote the safe and effective use of therapeutics. See 42 U.S.C. 299b-1(b). It also supports AHRQ's mandate for the inclusion of priority populations. See 42 U.S.C. 299(c).

**Method of Collection**

To achieve the projects' aims the following data collections will be implemented:

- (1) Surveys with parents of young children (age < 8 years). The purpose of this survey is to learn how parents administer acetaminophen to their children and to identify determinants of misuse of acetaminophen;
- (2) Surveys with adolescents (ages 13 to 20). The purpose of this survey is to learn how adolescents use acetaminophen and to identify determinants of misuse of acetaminophen;
- (3) Surveys with adults (21 to 65 years of age). The purpose of this survey is to learn how adults use acetaminophen and to identify determinants of misuse of acetaminophen;
- (4) Surveys with adults (greater than 65 years of age). The purpose of this survey is to learn how older adults use acetaminophen and to identify determinants of misuse of acetaminophen, particularly in regards to age-related factors.

Data will be collected in person using paper questionnaires administered by the project personnel.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in this project. Each of the four questionnaires used in the planned face-to-face surveys will require approximately 30 minutes to complete. The total annualized burden for all participants is estimated to be 400 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondent's time to participate in the project. The total annualized cost burden is estimated to be \$8,361.

**EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS**

| Data collection mode                                    | Number of respondents | Number of responses per respondent | Hours per response | Total burden hours |
|---|-----------------------|------------------------------------|--------------------|--------------------|
| Surveys with Parents of Children < 8 years of age ..... | 300                   | 1                                  | 30/60              | 150                |
| Surveys with Adolescents (13 to 20 years of age) .....  | 200                   | 1                                  | 30/60              | 100                |
| Surveys with Adults (20 to 65 years) .....              | 150                   | 1                                  | 30/60              | 75                 |
| Surveys with Adults (greater than 65 years) .....       | 150                   | 1                                  | 30/60              | 75                 |

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Data collection mode | Number of respondents | Number of responses per respondent | Hours per response | Total burden hours |
|----------------------|-----------------------|------------------------------------|--------------------|--------------------|
| Total .....          | 800                   | na                                 | na                 | 400                |

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

| Data collection mode                                    | Number of respondents | Total burden hours | Average hourly wage rate* | Total cost burden |
|---|-----------------------|--------------------|---------------------------|-------------------|
| Surveys with Parents of Children < 8 years of age ..... | 300                   | 150                | \$20.90                   | \$3,135           |
| Surveys with Adolescents (13 to 20 years of age) .....  | 200                   | 100                | 20.90                     | 2,090             |
| Surveys with Adults (20 to 65 years) .....              | 150                   | 75                 | 20.90                     | 1,568             |
| Surveys with Adults (greater than 65 years) .....       | 150                   | 75                 | 20.90                     | 1,568             |
| Total .....   | 800                   | 400                | na                        | 8,361             |

\* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States, May 2009, "U.S. Department of Labor, Bureau of Labor Statistics.

**Estimated Annual Costs to the Federal Government**

Exhibit 3 shows the estimated annualized cost to the Federal government for this six-month project. The total cost is \$280,269. This amount includes all direct and indirect costs of the design, data collection, analysis, and reporting phase of the study.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

| Cost component                     | Total cost |
|------------------------------------|------------|
| Project Development .....          | \$33,590   |
| Data Collection Activities .....   | 85,760     |
| Data Processing and Analysis ..... | 30,800     |
| Publication of Results .....       | 750        |
| Project Management .....           | 31,093     |
| Overhead .....                     | 98,276     |
| Total .....                        | 280,269    |

**Request for Comments**

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of

automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: August 23, 2010.

**Carolyn M. Clancy,**  
*Director.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-10-09BV]

**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](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Workload Management Study of Central Cancer Registries—New—National Center for Chronic Disease

Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC currently supports the National Program of Cancer Registries (NPCR), a group of central cancer registries in 45 states, the District of Columbia, and 2 territories. The central cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. NPCR-funded central cancer registries submit population-based cancer incidence data to CDC on an annual basis (OMB No. 0920-0469, exp. 11/30/2012).

Central cancer registries report that they are chronically understaffed, and many registries are concerned about the impact of staff shortages on data quality. Staffing patterns are known to vary widely from registry to registry, and registries differ in the volume of cases that they process as well as their use of information technology. Cancer registries have asked for clear staffing guidelines based on registry characteristics such as size, degree of automation, and reporting procedures.

CDC proposes to conduct a one-time Workload and Time Management (WLM) Survey to inform the development of staffing guidelines for central cancer registries. Respondents will be 46 cancer registrars in the NPCR-funded central cancer registries in 45 states and the District of Columbia. Participation will be requested by e-mail. Non-responders will receive follow-up telephone calls to encourage participation.

The WLM survey includes basic questions about registry characteristics such as organizational affiliation and number of staff. The WLM also includes