on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Surveys to Determine the National Incidence of Healthcare-associated Infections and Hospital Surveillance Methods—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Approximately 2 million hospital patients develop infections acquired while hospitalized (nosocomial infections) each year. The National Nosocomial Infections Surveillance (NNIS) system provides national data for nosocomial infections in the U.S. Currently, NNIS hospitals provide data on infections in surgical patients and patients in intensive care units (ICUs) only. Consequently, national estimates of the incidence and burden of healthcare-associated infections in all hospitalized patients are incomplete. Additionally, only about 300 of the nation's 5000 hospitals report data to NNIS, so surveillance methods at most U.S. hospitals are unknown.

This proposed project consists of two surveys. The objective of the first survey will be to estimate the total number and rate per 100 inpatient discharges of the five most common healthcare-associated infections in U.S. hospitals. The objective of the second survey is to determine surveillance methods routinely used by U.S. hospitals to monitor nosocomial infections.

The first survey (Incidence of Nosocomial Infections) will involve the use of a simplified nosocomial infections data collection instrument that includes questions covering the five most common healthcare associated infections. The survey will cover nosocomial laboratory-confirmed bloodstream infections, urinary tract infections, surgical site infections, Clostridium difficile-associated gastrointestinal infections, and pneumonia. Data will be abstracted by the hospital Infection Control Practitioner (ICP) or designee. The ICP will review the charts of 20 consecutive discharged patients on a designated day and complete a form indicating whether each met specified criteria for nosocomial infections.

The second survey (Surveillance Methods) will also be completed by a hospital ICP or designee. It will include questions on the number of personnel participating in surveillance for nosocomial infections, the types of events under surveillance, the methods used for surveillance, who the data is reported to, and preferences regarding CDC-sponsored healthcare surveillance systems.

Participation in the proposed surveys will be voluntary. A random sample of 400 U.S. hospitals registered with the American Hospital Association (AHA) would be recruited for each survey, so there will be a total of 800 respondents. A deadline for the return of the surveys will be provided, after which non-respondents will be contacted and prompted to complete the surveys. Respondents may provide data on paper forms mailed to CDC or electronically via a secure Web site.

These data will be used to estimate the total number and rate of infections per 100 inpatient discharges at U.S. hospitals as well as the site distribution of these infections. These estimates will be used by CDC and other Federal agencies to allocate resources and potentially to track rates over time. Additionally, the data will be used to better understand the methods that are used for surveillance and to improve CDC-sponsored healthcare surveillance systems.

Form	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs)	Total burden hours
Incidence of Nosocomial Infections	400	20	10/60	1333
Surveillance Methods	400	1	1	400
Total	800			1733

In the above table, the number of respondents reflects the number of institutions, and the number of responses, reflects the number of forms completed per hospital for each survey. The burden per response is the time taken to review records and complete the appropriate form(s). The total burden is the cumulative time that would likely be taken for all respondents.

Dated: May 17, 2004.

Joe E. Salter,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–54–04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498–1210 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of Educational Materials Promoting Informed Decision-Making About Prostate Cancer Screening—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Prostate cancer is the second most commonly diagnosed cancer among men in the United States. In 2003, an estimated 220,900 new cases of prostate cancer was diagnosed, and approximately 28,900 men died from the disease. The effectiveness of prostate cancer screening has not been established. A number of clinical guidelines recommend that the potential

risks and benefits of prostate cancer screening be explained to patients so that they may make an informed decision about screening. The purpose of this project is to evaluate the effectiveness of an informed-decision making booklet about prostate cancer screening developed by CDC.

This is a 3-year project that will be conducted in two phases of which 3 major tasks must be completed. In Task-1, the reliability and validity of a measurement instrument assessing prostate cancer knowledge and related variables will be tested. Two hundred men of all races aged 50 to 70 years and 200 African-American men aged 40 to 70 years will read the CDC booklet and complete the measurement instrument. In Task-2, 150 primary care physicians will complete a survey measuring their prostate cancer screening practices. The survey will be administered once and then again several months later. In Task-3, 400 men aged 50–70 years will take part in a randomized controlled trial. Men in the intervention group will be asked to read the CDC booklet and complete the measurement instrument tested in Task-1, and men in the control group will complete the measurement instrument without reading the CDC booklet. There is no cost to respondent except for their time.

Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Phase I: Replicate Measures Validation Study				
Eligibility Screener	147	1	15/60	37
Pre-visit Instrument 1	133	1	[1]15/60	33
Pre-visit Instrument 2	133	1	[2]30/60	67
After visit Instrument	133	1	20/60	44
Phase II: Randomized Controlled Trial				
Eligibility Screener	160	1	15/60	40
Pre-visit Instrument 1	133	1	15/60	33
Pre-visit Instrument 2	67	1	30/60	34
After visit Instrument	133	1	30/60	67
Provider Practice Screener 1 (Pre-RCT)	50	1	15/60	13
Provider Practice Screener 2 (Pre-RCT)	50	1	15/60	13
Total				381

[1] Includes preparation and returning the survey via mail service.
[2] Includes an estimate of 25 minutes for reviewing the decision aid material.

Dated: May 20, 2004.

Joe E. Salter,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–57]

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. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498–1210.

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 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 clarity 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 automated collection techniques or other forms of information technology. Send comments to Sandra Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

State and Local Area Integrated Telephone Survey (SLAITS), OMB No. 0920–0406—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

The State and Local Area Integrated Telephone Survey (SLAITS) mechanism has been conducted since 1997. This is a request to continue for three years the integrated and coordinated survey system designed to collect needed health and welfare related data at the national, state, and local levels. Using the random-digit-dial sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), the State and Local Area Integrated Telephone Survey (SLAITS) has quickly collected and produced data to monitor many health-related areas including child and family well-being, access to care, program participation, and changes in health care coverage at the national and State levels. The first module will be the National Survey of Children with Special Health Care Needs, which will provide data to be used for program planning and evaluation at the State and national levels.

For some SLAITS modules, questionnaire content is drawn from existing surveys within the Department of Health and Human Services as well as other Federal agencies. Other questionnaire modules were developed specifically for SLAITS. Past modules include General Health, Children's Health, Child Well-Being and Welfare, Children with Special Health Care Needs (CSHCN), Asthma Prevalence and