Diseases (NCID)—Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed project will focus on travelers visiting friends and relatives (VFR) in Latin America. An estimated 44% of all international travel is VFR related. Although multiple definitions exist, VFR travelers typically refer to those who were born in a resource-poor country, now living in a resource-rich country, and returning to their country of birth to visit friends and relatives. VFR travelers have received particular attention recently for being at higher risk than other travel groups for acquiring communicable diseases during visit to their home countries. However, there are few studies that

characterize and explore this health disparity between VFR and non-VFR travelers.

The proposed study would be the first to focus on travel-related health risks in U.S resident VFR and non-VFR travelers to Latin America. The study objectives are to characterize and understand the health disparities between VFR and non-VFR travelers to Latin America by comparing (1) pre-travel health preparations, (2) perceived susceptibility and severity to travel-related communicable diseases, (3) health-risk behaviors during travel, and (4) compliance with prevention measures during travel.

Knowledge gained from this study will enable CDC to develop targeted,

theory-driven infectious diseases prevention messages, both pre-travel and during travel, that will be specific to subpopulations of travelers (VFR versus non-VFR). Expected outcomes of targeted messaging include reducing

- The burden of illness among travelers,
- the importation of communicable diseases into the U.S., and
- the global spread of infectious diseases.

The proposed study will provide departing airport passengers with a self-administered 35-item questionnaire and a follow-up telephone questionnaire four weeks after their return. There is no cost to the respondent other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses/ respondent	Average bur- den/response (in hours)	Total burden hours
Screener Interview	2800 700 490	1 1 1	5/60 15/60 10/60	233 175 82
Total				490

Dated: November 8, 2006.

Joan F. Karr,

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

[FR Doc. E6–19262 Filed 11–14–06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-07-0009]

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 email 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

National Disease Surveillance Program I—Case Reports—Revision— (OMB No. 0920–0009), National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Formal surveillance of 19 separate reportable diseases has been ongoing to meet the public demand and scientific interest in accurate, consistent, epidemiologic data. These ongoing disease reports include: Active Bacterial Core Surveillance (ABCs), Creutzfeldt-Jakob Disease(CJD), Cyclospora, Dengue, Hantavirus, Idiopathic CD4+T-lymphocytopenia, Kawasaki Syndrome, Legionellosis, Lyme disease, Malaria, Plague, Q Fever, Reye Syndrome, Tickborne Rickettsial Disease, Trichinosis,

Tularemia, Typhoid Fever, and Viral Hepatitis. Tularemia and Methicillin-Resistant Staphylococcus aureaus (MRSA) are new additions to this submission. Case report forms from state and territorial health departments enable CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. This information is used to direct epidemiologic investigations, identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and develop guidelines for prevention and treatment. The data collected will also be used to recommend target areas most in need of vaccinations for selected diseases and to determine development of drug resistance.

Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time. The total annual burden hours are 13,371.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number responses/ respondent	Total responses	Hrs/response
ABCsABCs Invasive MRSA	329	21	6,909	10/60
	18	256	4,608	10/60

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form	Number of respondents	Number responses/ respondent	Total responses	Hrs/response
CJD	20	2	40	20/60
Cyclosporiasis	55	10	550	15/60
Dengue Case Investigation	55	182	10,010	15/60
Hantavirus Pulmonary Syndrome	46	3	138	20/60
Idiopathic CD4+T-lymphocytopenia	10	2	20	10/60
Kawasaki Syndrome	55	8	440	15/60
Legionellosis Case Report	23	11.7	269	20/60
Lyme Disease Report	52	385	20,020	10/60
Malaria Case Surveillance Report	55	20	1,100	15/60
Plague Case Investigation Report	55	0.20	11	20/60
Q Fever	55	1	55	10/60
Reye Syndrome Case Surveillance Report	50	1	50	20/60
Tick-borne Rickettsial Disease Case Report	55	18	990	10/60
Trichinosis Surveillance Case Report	55	.45	25	20/60
Tularemia	55	2.2	121	20/60
Typhoid Fever Surveillance Report	55	6	330	20/60
Viral Hepatitis Case Record	55	200	11,000	25/60

Dated: November 8, 2006.

Joan F. Karr,

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

[FR Doc. E6–19263 Filed 11–14–06; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury
Prevention and Control Special
Emphasis Panel: Assessment of
Proposed Revisions to the Youth
Tobacco Survey: Impact on Measures
of Youth Tobacco Use, Request for
Application Number (RFA) DP07-001

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces a meeting of the aforementioned Special Emphasis Panel.

Time and Date: 2:30 p.m.-5:30 p.m., December 12, 2006 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of research grant applications in response to RFA DP07–001,

"Assessment of Proposed Revisions to

the Youth Tobacco Survey: Impact on Measures of Youth Tobacco Use."

For Further Information Contact: Brenda Colley Gilbert, Acting Director, Office of Extramural Research, National Center for Chronic Disease Prevention and Health Promotion, 4770 Buford Highway, NE., MS K92, Atlanta, GA 30341, telephone 770.488.8390.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: November 8, 2006.

Alvin Hall,

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

[FR Doc. E6–19234 Filed 11–14–06; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Occupational Health and Safety Research, Member Conflict, Program Announcement (PA) 04–038

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces a meeting of the aforementioned Special Emphasis Panel. Time and Date: 1 p.m.–2:30 p.m., November 28, 2006 (Closed).

Place: Teleconference. National Institute for Occupational Safety and Health, CDC, 2400 Century Parkway, NE., Atlanta, GA 30345.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92– 463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of research grant applications in response to "Occupational Health and Safety Research," PA 04–038.

For Further Information Contact: Charles N. Rafferty, Ph.D., Designated Federal Official, 100 Clifton Road, Mailstop E–74, Atlanta, GA 30333, telephone (404) 498–2582.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: November 8, 2006.

Alvin Hall,

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

[FR Doc. E6–19235 Filed 11–14–06; 8:45 am] BILLING CODE 4163–18–P