

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers.	SLT Nicotine and Ingredient and Report .....	13	1	1,713

**Kimberly S. Lane,**  
*Deputy Director, Office of Scientific Integrity,  
 Office of the Associate Director for Science,  
 Office of the Director, Centers for Disease  
 Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30-Day-12-12II]

**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 (404) 639-7570 or send an email to [omb@cdc.gov](mailto: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**

Risk Factors for Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) among Patients Recently Discharged from Acute Care Hospitals through the Active Bacterial Core Surveillance for Invasive MRSA infections (ABCs MRSA)—NEW—National Center for Emerging and

Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Essential steps in reducing the occurrence of healthcare-associated invasive MRSA infections are to quantify the burden and to identify modifiable risk factors associated with invasive MRSA disease. The current CDC's ABCs MRSA surveillance has been essential to quantify the burden of invasive MRSA in the United States. Through this surveillance CDC was able to estimate that 94,360 invasive MRSA infections associated with 18,650 deaths occurred in the United States in 2005. The majority of these invasive infections (58%) had onset in the community or within 3 days of hospital admission and occurred among individuals with recent healthcare exposures (healthcare-associated community-onset [HACO]). More recent data from the CDC's ABCs MRSA system have shown that two thirds of invasive healthcare-associated community-onset MRSA infections occur among persons who are discharged from an acute care hospital in the prior 3 months. Risk factors for invasive MRSA infections post-discharge have not been well evaluated, and effective prevention measures in this population remain uncertain.

For this project, an estimated total of 450 patients (150 patients with HACO MRSA infection post-acute care discharge and 300 patients without HACO MRSA infection) will be contacted for the MRSA interview annually. This estimate is based on the

numbers of MRSA cases reported by the ABCs MRSA sites annually (<http://www.cdc.gov/abcs/reports-findings/survreports/mrsa08.html>) who are 18 years of age or older, had onset of the MRSA infection in the community or within 3 days of hospital admission, and history of hospitalization in the prior 3 months. ABCs MRSA surveillance case report forms will be used to identify HACO MRSA cases to be contacted for a telephone interview. For each HACO MRSA case identified; 2 patients without HACO MRSA infection (control-patients) matched on age with MRSA case will be contacted for a health interview. All 450 patients (both cases and controls) will be screened for eligibility and those considered to be eligible will complete the telephone interview. We anticipate that 350 of the 450 patients screened will complete the telephone interview across all 6 participating ABCs MRSA sites per year. We anticipate the screening questions to take about 5 minutes and the telephone interview 20 minutes per respondent.

Preventing healthcare-associated invasive MRSA infections is one of CDC priorities. The goal of this project is to assess risk factors for invasive healthcare-associated MRSA infections, which will inform the development of targeted prevention measures. This activity supports the HHS Action Plan for elimination of healthcare-associated infections.

There are no costs to respondents. The total response burden for the study is estimated as 155 hours.

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospital Patients .....	Screening Form .....	450	1	5/60
	Telephone interview .....	350	1	20/60

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Announcement of Requirements and Registration for Million Hearts™ Caregiver Video Challenge

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice.

*Aware Approving Official:* Thomas R.  
Frieden, MD, MPH, Director, Centers for  
Disease Control and Prevention, and  
Administrator, Agency for Toxic  
Substances and Disease Registry.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC) within  
the Department of Health and Human  
Services, in partnership with Million  
Hearts™ announces the launch of *The  
Million Hearts™ Caregiver Video  
Challenge*. We invite people who play a  
role in helping to prevent or control  
high blood pressure or maintain the  
heart health of a loved one to share their  
stories of caregiving by creating original,  
compelling videos that are less than 2  
minutes long. The videos should  
include a description of how the  
caregiver contributes to another person's  
heart health and provide helpful tips  
related to high blood pressure  
prevention or control.

This challenge is necessary to engage  
a key audience of the Million Hearts™  
initiative and to recognize individuals  
who work hard to provide care for their  
family members or friends. The goal of  
this Challenge is to have caregivers  
create inspiring videos that provide  
other caregivers helpful tips on heart  
healthy practices, particularly on the  
prevention and control of high blood  
pressure. Through these personalized  
videos we intend to promote heart  
disease prevention through blood  
pressure control, medication adherence,  
and lifestyle changes to the public.

**DATES:** Contestants can submit videos  
July 16, 2012 through August 31, 2012.  
Judging will take place September 10–  
28, 2012. Winners will be announced on  
October 8, 2012.

**FOR FURTHER INFORMATION CONTACT:**  
Megan Steinbauer, Officer of the

Associate Director for Communication,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE.,  
Mailstop G–21, Atlanta, Georgia 30329,  
phone (404) 639–3245, email  
weo6@cdc.gov.

#### SUPPLEMENTARY INFORMATION:

##### Subject of Challenge Competition

“*The Million Hearts™ Caregiver  
Video Challenge*” will engage the  
caregiver community. We ask caregivers  
to create and submit videos that  
describe their role in caring for the heart  
health, particularly by helping to  
prevent or control high blood pressure,  
of loved ones. In the videos caregivers  
should describe how they help family  
members remember to take medications  
as directed (medication adherence),  
offer tips for monitoring blood pressure  
at home to improve blood pressure  
control, or show how to encourage  
lifestyle changes that benefit blood  
pressure control. Lifestyle changes  
include increasing physical activity or  
reducing sodium in the diet.

##### Eligibility Rules for Participating in the Competition

The Challenge is open to any  
Contestant, defined as an individual or  
team of U.S. citizens or permanent  
residents of the United States who are  
18 years of age or older. All individual  
members of a team must meet the  
eligibility requirements. “Team  
members” do not include people whose  
only contribution is appearing in the  
video. Minors can appear in the video,  
as long as the necessary consent is  
provided.

To be eligible to win a prize under  
this challenge, an individual or entity—  
(1) Shall have registered to participate  
in the competition under the rules  
promulgated by Centers for Disease  
Control and Prevention;

(2) Shall have complied with all the  
requirements under this section;

(3) In the case of a private entity, shall  
be incorporated in and maintain a  
primary place of business in the United  
States, and in the case of an individual,  
whether participating singly or in a  
group, shall be a citizen or permanent  
resident of the United States; and

(4) May not be a Federal entity or  
Federal employee acting within the  
scope of their employment. Federal  
employees seeking to participate in this  
contest outside the scope of their  
employment should consult their ethics  
official prior to developing their  
submission.

(5) May not be employees of the HHS,  
judges of the Challenge, or any other  
party involved with the design,

production, execution, or distribution of  
the Challenge or their immediate family  
(spouse, parents or step-parents, siblings  
and step-siblings, and children and  
step-children).

(6) Shall not be an HHS employee, not  
otherwise associated with the challenge  
within the scope of their employment,  
working on their applications or  
submissions during assigned duty  
hours.

(7) Federal grantees may not use  
Federal funds to develop COMPETES  
Act challenge applications unless  
consistent with the purpose of their  
grant award.

(8) Federal contractors may not use  
Federal funds from a contract to develop  
COMPETES Act challenge applications  
or to fund efforts in support of a  
COMPETES Act challenge submission.

An individual or entity shall not be  
deemed ineligible because the  
individual or entity used Federal  
facilities or consulted with Federal  
employees during a competition if the  
facilities and employees are made  
available to all individuals and entities  
participating in the competition on an  
equitable basis.

By entering, each Contestant agrees to:  
(a) Comply with, and be bound by, these  
Official Rules and the decisions of the  
Challenge and judges which are binding  
and final in all matters relating to this  
Challenge; (b) Assume any and all risks  
and waive claims against the Federal  
Government and its related entities,  
except in the case of willful misconduct,  
for any injury, death, damage, or loss of  
property (including any damage that  
may result from a virus, malware, etc. to  
CDC systems utilized to play the video),  
revenue, or profits, whether direct,  
indirect, or consequential, arising from  
the Contestant's participation in the  
Challenge, whether the injury, death,  
damage, or loss arises through  
negligence or otherwise. The  
Contestant/Submitter shall be liable for,  
and shall indemnify and hold harmless  
the Government against, all actions or  
claims for any claim, demand,  
judgment, or other allegation arising  
from alleged violation of an individual's  
trademark, copyright, or other legally  
protected interest in video's submitted  
to CDC.

Provided, however, that Contestants  
are not required to waive claims arising  
out of the unauthorized use or  
disclosure by the Sponsor and/or  
Administrator of the intellectual  
property, trade secrets, or confidential  
business information of the Contestant.  
(c) Be responsible for obtaining their  
own liability insurance to cover claims  
by any third party for death, bodily  
injury, or property damage, or loss