

cancer through screening examination can significantly prevent and/or reduce the burden of mortality, morbidity, and associated costs, rates of participation in screening remain extremely poor. This study, involving investigators at the Imperial Cancer Research Fund (ICRF) of Great Britain, seeks to identify barriers associated with low compliance in a mass, population-based colorectal cancer screening trial utilizing flexible sigmoidoscopy.

The ICRF has a long history of conducting important mass screening trials relative to cancer early detection and their investigators are considered international experts in colorectal cancer screening. Because the ICRF already has an ongoing population-based colorectal screening program, significant project start-up and infrastructure cost savings have been incorporated into this proposal. Subjects will include randomly selected adults age 55–64 with no known history of colorectal cancer in Glasgow.

The study involves assessment of demographic, environmental, and psychosocial factors which may limit screening participation via surveys and interviews. Informed consent will be obtained and a complete explanation of all medical procedures will be given.

Phase I will involve initial identification, survey query, and solicitation for screening. Phase II will involve telephone and personal interviews, and Phase III will involve final data analysis.

Participation in this study is voluntary and subsequent screening, follow-up and treatment, if indicated, will be provided at no cost to participants. Informed consent will be obtained where appropriate and oversight will be provided by federal and local institutional review.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)
Population-based sample of adults aged 55–64	6,000	1	.016
Phase III	400	1	.0330

The total burden hours is 1133.

4. Cholera and Vibrio Illness Investigation Report Form—(0920–0322)—Extension—The purpose of the Cholera and other Vibrio Illness Investigation Report Form is to collect information on illness occurring as a result of infection with *Vibrio* species.

Vibrios are important pathogens in the United States, and primary septicemia, gastroenteritis, and wound infections have been associated with various species. In particular, gastroenteritis and primary septicemia have been associated with the consumption of undercooked shellfish, and particularly with raw Gulf Coast oysters.

Associations have also been linked to wound infections with exposure of broken skin to seawater. Most importantly, *Vibrio cholera* 01 is the organism responsible for cholera, a severe, dehydrating diarrheal illness. Although infections with *Vibrio cholera* 01 are notifiable in all states, an official report form for this illness did not previously exist. The Vibrio Illness Investigation Report Form is used to record information on all *Vibrio*-related illness, as well as more detailed information on cholera illness, which is currently a reportable disease in all states. The form has a separate optional Seafood Investigation section to be completed when applicable. The form provides a consolidated, systematic method by which health departments can report such information, which is then used to gain a better understanding of the incidence, etiology, and epidemiology of all *Vibrio*-related illness occurring in the United States.

Data columns have been added to, and comments space reduced on, the form to facilitate data entry and reduce the burden. No change in the frequency of reporting has occurred or is projected.

Most respondents are epidemiologists or nurses in the local health department, but in some instances infection control nurses or physicians might complete the form.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)
Local health department staff	90	1	0.33
Health care facility staff	45	1	0.33
Physicians ...	15	1	0.33

The total annual burden is 50.

5. Metropolitan Atlanta Birth Defect and Risk Factor Surveillance Program—(0920–0010)—Reinstatement—Birth defects are the leading cause of infant mortality in the United States, and they cause a great deal of lifelong morbidity. One in 33 infants are born with a major birth defect. Occasionally, medications of environmental agents have been recognized as causes of birth defects, an example being the drug thalidomide in

the early 1960s. Unless surveillance of trends and unusual patterns in birth defects is undertaken, new “thalidomide” may be introduced and fail to be recognized in a timely fashion. The Metropolitan Atlanta Congenital Defects Program (MACDP) has conducted such surveillance since 1967 using existing hospital and clinic medical records.

The causes of the majority of birth defects, however, are not known. Birth Defects Risk Factor Surveillance (BDRFS) (which began in January 1993) attempts to find the causes of a selected subset of major anomalies, using an ongoing case-control study approach. BDRFS draws its cases from the data collected by MACDP and conducts in-depth interviews with the parents of affected infants and a comparison set of randomly selected parents of unaffected infants.

The objectives of these two activities are: (1) To conduct surveillance for congenital anomalies in metropolitan Atlanta; (2) to gain new information on causes of birth defects; (3) to further evaluate factors already suspected of influencing the occurrence of birth defects; and (4) to develop and test methods (including the use of biologic markers of exposure and susceptibility) in birth defect surveillance that would be exportable to other birth defects surveillance systems.

Respondents	Number of respondents	Number of responses/respondents	Average burden/response (in hrs.)
Special (ad hoc) studies interview	300	1	1
BDRFS case/control interview	500	1	1
Biologic specimen collection w/wo clinical exam	800	1	0.60

The total annual burden is 1280.

Dated: July 31, 1996.

Wilma G. Johnson,

Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–20070 Filed 8–6–96; 8:45 am]

BILLING CODE 4163–18–P

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Occupational Radiation and Energy-Related Health Research Grants, Program Announcement 617: Meeting

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 the following committee meeting.

Name: Disease, Disability, and Injury Prevention and Control SEP: Occupational Radiation and Energy-Related Health Research Grants, Program Announcement 617.

Time and Date: 8 a.m.-5 p.m., September 4, 1996.

Place: Drawbridge Inn, Meeting Room-Bedford, I-75 at Buttermilk Pike, Ft. Mitchell, Kentucky 41017.

Status: Closed.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcement 617.

The meeting will be closed to the public in accordance with provisions set forth in 5 U.S.C. Section 552b(c) (4) and (6), and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92-463.

Contact Person for More Information: Walter M. Haag, MPH, Health Science Administrator, Division of Physical Sciences and Engineering, National Institute for Occupational Safety and Health, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841-4433.

Dated: July 31, 1996.

Carolyn J. Russell,

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

[FR Doc. 96-20071 Filed 8-6-96; 8:45 am]

BILLING CODE 4163-18-M

Health Resources and Services Administration

Notice of Filing of Annual Report of Federal Advisory Committee

Notice is hereby given that pursuant to section 13 of Public Law 92-463, the Annual Report for the following Health Resources and Services Administration's Federal Advisory Committees have been filed with the Library of Congress: Health Professions and Nurse Education, Special Emphasis Panel.

Copies are available to the public for inspection at the Library of Congress Newspaper and Current Periodical Reading Room, Room 1026, Thomas Jefferson Building, Second Street and Independence Avenue, S.E., Washington, D. C. Copies may be

obtained from: Ms. Sherry Whipple, Program Analyst, Peer Review Branch, Bureau of Health Professions, Room 9A-27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-6874.

Dated: August 1, 1996.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 96-20021 Filed 8-6-96; 8:45 am]

BILLING CODE 4160-15-P

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting of the National Heart, Lung, and Blood Advisory Council

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the National Heart, Lung, and Blood Advisory Council, National Heart, Lung, and Blood Institute, September 5, 1996, National Institutes of Health, 9000 Rockville Pike, Building 31, Conference Room 10, Bethesda, Maryland 20892.

The Council meeting will be open to the public on September 5, from 8:30 a.m. to approximately 12:00 p.m. for discussion of program policies and issues. Attendance by the public is limited to space available.

In accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., sec. 10(d) of Pub. L. 92-463, the Council meeting will be closed to the public from approximately 1:00 p.m. to adjournment for the review, discussion and evaluation of individual grant applications. These applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the Executive Secretary in advance of the meeting.

Dr. Ronald G. Geller, Executive Secretary, National Heart, Lung, and Blood Advisory Council, Rockledge Building (RKL2), Room 7100, National Institutes of Health, Bethesda, Maryland 20892, (301) 435-0260, will furnish substantive program information.

(Catalog of Federal Domestic Assistance Program Nos. 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; and 93.839, Blood Diseases and

Resources Research, National Institutes of Health)

Dated: July 31, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96-20062 Filed 8-6-96; 8:45 am]

BILLING CODE 4140-01-M

National Heart, Lung, and Blood Institute; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Heart, Lung, and Blood Special Emphasis Panel (SEP) meetings:

Name of SEP: HERITAGE: Genetics,

Response to Exercise and Risk Factors

Date: August 28-29, 1996.

Time: 7:30 p.m.

Place: Holiday Inn Bethesda, 8120 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Anthony M. Coelho, Jr., Ph.D., Two Rockledge Center, Room 7182, MSC 7924, 6701 Rockledge Drive, Bethesda, MD 20892-7924, (301) 435-0277.

Purpose/Agenda: To review and evaluate grant applications.

This notice is being published less than fifteen days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

Name of SEP: Simulated Microgravity and Cardiovascular, Pulmonary, and Hematologic Research.

Date: October 11, 1996.

Time: 8:00 a.m.

Place: Holiday Inn Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

Contact Person: Jeffrey H. Hurst, Ph.D., Two Rockledge Center, Room 7208, 6701 Rockledge Drive, Bethesda, MD 20892-7924, (301) 435-0303.

Purpose/Agenda: To review and evaluate grant applications.

These meetings will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Programs Nos. 93-837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; and 93.839, Blood Diseases and Resources Research, National Institutes of Health)

Dated: August 1, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96-20144 Filed 8-6-96; 8:45 am]

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