By direction of the Commission.

Donald S. Clark,

Secretary.

Concurring Statement of Commissioner Orson Swindle

R.J. Reynolds Tobacco Co., File No. 992–3025

I have voted to accept this consent agreement for public comment because the remedies, including corrective statement in Winston Advertisements for one year, are warranted by the facts of this case. The nationwide advertising campaign for "no additives" Winston cigarettes, launched in August 1997, is unusually extensive. Based on my reading of the record, I am convinced that many consumers interpret ads containing express "no additives" claims to mean that Winstons are not as harmful as other cigarettes, and such health claim is presumably important to consumers in their purchasing decisions. Based on the extent and magnitude of the ongoing ad campaign and the demonstrated strength of the implied health claim, I am willing to infer that the claim will linger in the minds of consumers for one year absent a corrective statement. I am particularly concerned about a lingering effect of the ads because of the well-recognized health risks of smoking. Under these circumstances, I support the corrective advertising remedy contained in the proposed consent order.

[FR Doc. 99–6486 Filed 3–16–99; 8:45 am] BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Meeting of the Advisory Committee on Blood Safety and Availability

AGENCY: Office of the Secretary. **ACTION:** Notice of meeting.

The Advisory Committee on Blood Safety and Availability will meet on Thursday, April 29, 1999 from 8:00 a.m. to 5:00 p.m. and Friday, April 30, 1999, from 8:00 a.m. to 5:00 p.m. The meeting will take place in the Holiday Inn Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland 20814. The meeting will be entirely open to the public.

At its meeting the Committee will examine the extend of the nation's reserves of blood and blood products. The committee will review information presented to it by representatives of consumers, industry and government agencies. At the conclusion of these presentations, the public will be invited

to comment. The committee will then discuss what, if any, recommendations to make to the Department on this matter. It will then consider old and new business as time permits.

Prospective speakers should notify the Executive Secretary of their desire to address the Committee and should plan for no more than 5 minutes of comment.

FOR FURTHER INFORMATION CONTACT:

Stephen D. Nightingale, M.D., Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Science, Department of Health and Human Services, Room 736E, 200 Independence Avenue SW., Washington, DC 20201. Phone (202) 690–5560, FAX (202) 690–6584 e-mail SNIGHTIN@osophs.dhh.gov.

Dated: March 8, 1999.

Stephen D. Nightingale,

Executive Secretary, Advisory Committee on Blood Safety and Availability.

[FR Doc. 99-6414 Filed 3-16-99; 8:45 am]
BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Education

Privacy Act of 1974; Deletion of a System of Records

AGENCY: Office of the Assistant Secretary for Planning and Evaluation (ASPE), Office of the Secretary (OS).

ACTION: Notification of Deletion of Department of Health and Human Services Privacy Act System of Records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, 5 U.S.C. 552a, the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, is deleting form the agency's inventory the system of records entitled "National Long-Term Care Channeling Demonstration, HHS/OS/ASPE, 09–90–0088." This system or records is obsolete and the information is no longer collected or maintained.

EFFECTIVE DATE: March 17, 1999.

FOR FURTHER INFORMATION CONTACT:

Joan Turek, ASPE Privacy Act officer, Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, H.H.H. Building—Room 447D, 200 Independence Ave, SW, Washington, DC 20201, Telephone: (202) 690–5965. Dated: March 8, 1999.

Margaret A. Hamburg,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 99–6415 Filed 3–16–99; 8:45 am] BILLING CODE 4150–05–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[INFO-99-12]

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 the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

1. Management of Occupational Blood Exposures and Antibiotic Prescription Practices Among United States Dentists—NEW—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). In U.S. health care facilities, both occupational transmission of bloodborne pathogens and antimicrobial resistance are important problems with significant morbidity and costs. Several public health initiatives have been undertaken or are being developed to increase compliance with recently published recommendations to reduce

occupational transmission of bloodborne pathogens and to assess current antibiotic use by physicians, hospital and other medical health-care workers. However, to date, there are limited data on dentists' implementation and knowledge of postexposure recommendations or on their antibiotic use. Therefore, the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health, intends to conduct a survey of the management of occupational blood exposures and antibiotic prescription

practices among United States dentists. Information provided by these data are critical to the Division of Oral Health's ongoing efforts to protect dental workers from infection with bloodborne diseases and to target educational efforts aimed at increasing awareness of and compliance with current CDC recommendations. Information on antibiotic prescribing practices will help identify the most effective strategies for promoting appropriate use of antibiotics among dentists, provide an epidemiologic baseline on which to measure future behaviors, and assess the need for comprehensive guidelines.

A random sample of currently practicing U.S. dentists will be mailed questionnaires with two follow-up mailings to non-respondents. The information collected will include demographic information, office policies for management of occupational blood exposures and training of dental staff, the weekly number of antibiotic prescriptions, the most commonly prescribed antibiotics, and the most common oral conditions for which antibiotics are prescribed. The total cost to respondents is \$24,000.00.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Practicing U.S. Dentists	3,600	1	0.25	900

2. An Evaluation of Targeted Health Communication Messages: Folic Acid and Neural Tube Defects—NEW—National Center for Environmental Health (NCEH). The Division of Birth Defects and Pediatric Genetics, National Center for Environmental Health, CDC, launched a national education campaign in January 1999 to increase women's knowledge about neural tube birth defects (NTDs) and the beneficial role folic acid, a B vitamin, plays in the prevention of NTDs. Studies show that a 50 to 70 percent reduction in the risk of neural tube birth defects is possible

if all women capable of becoming pregnant consume 400 micrograms of folic acid daily both prior to and during early pregnancy.

CDC and the March of Dimes Birth Defects Foundation developed health communication media messages and educational materials targeted to health care providers, as well as to English and Spanish-speaking women. These media messages and educational materials consist of television and radio public service announcements (PSA), brochures and resource manuals.

Information about women's exposure to media messages and educational

materials on folic acid information will be collected and measured to determine whether these exposures influenced the women's knowledge and usage of folic acid. Data will be collected via telephone interviews. The number and frequency of women's exposures to the media messages such as television and radio PSAs will be collected from media channels and compared to information collected from survey data, National Council on Folic Acid organizations and the National Clearinghouse on Folic Acid activities. The total cost to respondents is \$0.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Targeted Market for the Folic Acid Messages	2,000	1	.33	666

3. Health Assessment of Persian Gulf War Veterans From Iowa: Follow-up on Asthma (0920–0425)—EXTENSION—National Center for Environmental Health (NCEH). The purpose of this proposed study is to collect additional data to validate health outcomes reported by participants in the Health Assessment of Persian Gulf War Veterans From Iowa. The original data

collection consisted of a telephone survey of 3,695 military personnel who served during the time of the Persian Gulf War and listed Iowa as their home of residence. Data will be collected from subjects who participated in the telephone survey to validate the self-report of asthma. Lung function assessment, tests of airways hyperactivity, and standard respiratory

health questionnaires will be administered. Review of medical records, standard physical examination, and laboratory evaluation will be conducted to validate multi systemic conditions, including chronic fatigue syndrome and fibromyalgia. The total cost to respondents is \$0.00.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs)	Total burden (in hours)
PGW Exposed and Non-PGW Veterans self-reporting asthma. Question- naire (ATS and Adult Respiratory Health); Pulmonary Function Tests (spirometry, DLCO, lung volumes); Histamine Challenge	100	1	2.25	225

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs)	Total burden (in hours)
Normal Controls. (PGW/Non-PGW Vets denying symptoms of asthma). Questionnaire (ATS and Adult Respiratory Health); Pulmonary Function Tests (spirometry, DLCO, lung volumes); Histamine Challenge TOTAL	50	1	2.25	112.5 337.5

Dated: March 11, 1999.

Nancy Cheal,

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

[FR Doc. 99–6435 Filed 3–16–99; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[INFO-99-13]

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 the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24. Atlanta. GA 30333. Written comments should be received with 10 days of this notice.

Proposed Project

1. PHS Supplements to the Application for Federal Assistance SF 424 (0920–0428)—Reinstatement—The Centers for Disease Control and Prevention (CDC) is requesting an emergency clearance for the three-year extension and revision of OMB approval for continued use of the Supplements to the Request for Federal Assistance Application (SF–424). We also plan on modifying the SF 424 form. The Checklist, Program Narrative, and the Public Health System Impact Statement (third party notification) (PHSIS) are a

part of the standard application for State and local governments and for private non-profit and for-profit organizations when applying for financial assistance from PHS grant programs. The Checklist assists applicants to ensure that they have included all required information necessary to process the application. The Checklist data helps to reduce the time required to process and review grant applications, expediting the issuance of grant awards. The PHSIS Third Party Notification Form is used to inform State and local health agencies of community-based proposals submitted by non-governmental applicants for Federal funding. In addition, we are adding two new supplements to the information collection request. One form will be used by CDC and the other by SAMHSA.

The current OMB approval for the supplements was previously submitted by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary of Health (OASH) under OMB number 0937–0189. This submission is time-sensitive and requests emergency approval because these supplements will be utilized by several agencies within DHHS immediately after clearance is granted. The total annual cost to the respondents is estimated to be \$1,184,452.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs.)	Total burden (in hrs.)
State and local health departments; non-profit and for-profit organizations	7,643	1	4.215	32,215
Total				32,215

Dated: March 11, 1999.

Nancy Cheal,

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

[FR Doc. 99–6434 Filed 3–16–99; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-09-99]

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) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.