

Dated: August 25, 1999.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-31]

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) 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

Assessment of Exposure to Arsenic through Household Water—New—National Center for Environmental Health (NCEH). Arsenic is a naturally occurring element present in food and water as both inorganic and organic complexes. Epidemiologic evidence shows a strong link between ingestion of water containing inorganic arsenic and an increase in a wide variety of cancers (e.g., bladder cancer). Consumption of contaminated food is the major source of arsenic exposure for the majority of United States citizens. There are some

areas of the United States where elevated levels of arsenic in water occur with appreciable frequency. In such areas, ingestion of water can be the dominant source of arsenic exposure. Currently, the preferred method of treatment of private, domestic well water containing elevated levels of arsenic is point-of-use (POU) devices. The acceptability of bottled water and POU treatment systems as effective means of managing arsenic exposure is based on the assumption that other water exposures such as bathing, brushing of teeth, cooking, and occasional water consumption from other taps contribute relatively minor amounts to a person's total daily intake of arsenic.

We propose to conduct a study to methodically test the validity of the commonly-made assumption that secondary exposures such as bathing will not result in a significant increase in arsenic intake over background dietary levels. Specifically, we are interested in assessing urine arsenic levels among individuals where ingestion of arsenic-containing water is controlled by either POU treatment or use of bottled water, combined with use of short-term diaries to record diet, water consumption, and bathing frequency. The total cost to recipients is \$0.00.

Respondents	Number of Respondents	Number of responses/ respondent	Avg. burden response (in hrs.)	Total burden (in hrs.)
Recruiting telephone interview	580	1	15/60	145
Survey interview (in person)	520	1	30/60	260
Biologic specimen collection	520	1	10/60	88
Total				493

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-32]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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) 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.

1. Proposed Projects

National Disease Surveillance Program—I. Case Reports (0920-0009)—Reinstatement—The National Center for Infectious Disease (NCID)—Formal surveillance of 19 separate reportable diseases has been ongoing to meet the public demand and scientific interest for accurate, consistent, epidemiologic data. These ongoing diseases include: bacterial meningitis, dengue, kawasaki

syndrome, legionellosis, Hansen's Disease, lyme disease, malaria, pertussis, plague, poliomyelitis, psittacosis, Reye Syndrome, Tetanus, Tick-borne Rickettsial Disease, Toxic Shock Syndrome, toxocariasis, trichinosis, typhoid fever, and viral hepatitis. Case report forms enable CDC to collect demographic, clinical, and

laboratory characteristics of cases of these diseases. This information is used to direct epidemiologic investigations, to identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and to develop guidelines for the prevention of treatment. It is also

used to recommend target areas in most need of vaccinations for certain 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. The total cost to respondents is estimated at \$818,184.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Health Care Workers	125,214	1	30/60	62,607
Total	62,607

Dated: August 27, 1999.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-29]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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

Supplement to HIV/AIDS Surveillance (SHAS) Project—Revision—The National Center for HIV, STD and TB Prevention (NCHSTP). NCHSTP is proposing revisions to the currently-approved questionnaire for the Supplement to HIV/AIDS Surveillance (SHAS) project (OMB No.

0920-0262). This questionnaire provides detailed information about persons with HIV infection which continues to be of significant interest to public health, community, minority groups and affected groups. Since 1989, the CDC, in collaboration with 12 state and local health agencies, has collected data through the national Supplemental HIV/AIDS Surveillance project. The objective of this project is to obtain increased descriptive information on persons with newly-reported HIV and AIDS infections, including sociodemographic characteristics, risk behaviors, use of health care services, sexual and substance abuse behaviors, minority issues and adherence to therapy. The revised questionnaire will address important emerging surveillance and prevention issues, particularly those related to the recent advances in therapy for HIV infection. This information supplements routine, national HIV/AIDS surveillance and is used to improve CDC's understanding of minority issues related to the epidemic of HIV, target educational efforts to prevent transmission, and improve services for persons with HIV infection. The total cost to the respondents is 0.

Data for Calendar Year 1998:

Respondents	Number of respondents	Number of responses/respondent	Avg. burden of response (in hrs.)	Total burden (in hrs.)
Georgia	292	1	.75	219
California	301	1	.75	226
Michigan	82	1	.75	62
New Mexico	81	1	.75	61
Arizona	165	1	.75	124
Colorado	139	1	.75	104
Connecticut	229	1	.75	172
Delaware	43	1	.75	32
Florida	430	1	.75	323
S. Carolina	270	1	.75	203
New Jersey	86	1	.75	65
Washington	160	1	.75	120
Total	2,278	1	.75	1,709