

Forms	Number of respondents	No. of responses/re-spondents	Avg. burden/re-sponse (in hrs.)
NBDPS case/control interview	400	1	1
Biologic specimen collection	1,200	2	.1666

2. Case-Control Study of Lifetime Exposure to Drinking Water Disinfection By-products (DBPs) and Bladder Cancer in Pet Dogs—New—National Center for Environmental Health (NCEH). Current drinking water treatment practices in the U.S. typically include disinfection to control the pathogenic organisms responsible for waterborne diseases. Chlorine is the most commonly used chemical for drinking water disinfection; however, chlorine reacts with other drinking water contaminants

to generate compounds that may cause cancer (e.g., bladder cancer) in people. The long latency period for the development of bladder cancer and the difficulty in reconstructing water consumption and exposure history make it difficult to verify the association between DBPs exposure and bladder cancer occurrence that has been reported in human epidemiologic studies. It would be useful to have an alternative method to examine this association. We propose to conduct a

case-control study of pet dogs to test the hypothesis that consumption of water containing chlorination DBPs increases the dogs' risk for canine bladder cancer in a dose-dependent manner. Specifically, we are interested in examining the type of water disinfection treatment (chlorination, chloramination, or no disinfection) of the tap water consumed by dogs with and without bladder cancer. The total annual burden hours are 309.

Respondents	Number of respondents	Responses/re-spondents	Avg. burden per respondent (in hrs.)
Recruiting Project Participants	430	1	.26666
Telephone Interview	400	1	.08333

Dated: September 9, 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

[30 DAY-24-99]

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 Office on (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.

Proposed Project

1. National Hospital Discharge Survey—(0920-0212)—Extension—National Center for Health Statistics (NCHS)—The National Hospital Discharge Survey (NHDS), which has been conducted continuously by the National Center for Health Statistics, CDC, since 1965, is the principal source of data on inpatient utilization of short-stay, non-Federal hospitals and is the only annual source of nationally representative estimates on the characteristics of discharges, the lengths of stay, diagnoses, surgical and non-surgical procedures, and the patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are compared. Data collected through the NHDS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field.

NHDS data have been used extensively in the production of goals for the Year 2000 Health Objectives and the subsequent monitoring of these goals. In addition, NHDS data provide annual updates for numerous tables in the Congressionally-mandated NCHS report, Health, United States. Data for the NHDS are collected annually on approximately 300,000 discharges from a nationally representative sample of noninstitutional hospitals, exclusive of Federal, military and Veterans' Administration hospitals. The data items collected are the basic core of variables contained in the Uniform Hospital Discharge Data Set (UHDDS). Data for approximately fifty-five percent of the responding hospitals are abstracted from medical records while the remainder of the hospitals supply data through commercial abstract service organizations, state data systems, in-house tapes or printouts. There is no actual cost to respondents since hospital staff who actively participate in the data collection effort are compensated by the government for their time. The total annual burden hours are 2,465.

Respondents (hospitals)	Number of respondents	Number of responses/re-spondent	Avg. burden/re-sponse (in hrs)
Medical Record Abstracts:			
Primary Procedure Hospitals	73	250	.08333
Alternate Procedure Hospitals	189	250	.01667

Respondents (hospitals)	Number of re- spondents	Number of re- sponses/re- spondent	Avg. burden/re- sponse (in hrs)
In-House Tape or Printout Hospitals	37	12	.18333
Update Form (Abstract Service Hospitals)	175	2	.03333
Quality Control Forms	50	40	.01667
Induction Forms	15	1	2

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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

[30 DAY-25-99]

Agency Forms Undergoing Paperwork Reduction Act Review

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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.

Proposed Project

1. National Sexually Transmitted Disease Morbidity Surveillance System—Extension—(0920-0011)—The National Center for HIV, STD, and TB Prevention (NCHSTP)—The reports used for this surveillance system provide ongoing surveillance data on national sexually transmitted disease morbidity. The data are used by health care planners at the national, state, and local (including selected metropolitan and territorial health departments)

levels to develop and evaluate STD prevention and control programs. In addition, there are many other users of the data including scientists, researchers, educators, and the media. STD data gathered in these reports are used to produce national statistics published in the annual STD Surveillance Report, MMWR articles, and serve as a progress report to meet objectives in *Healthy People 2000: Midcourse Review and 1995 Revisions*. It is important to note that these reporting forms are in the process of being phased out and replaced by electronic, line-listed STD data collected in the *National Electronic Telecommunications System for Surveillance* (NETSS).

Costs are covered by way of cooperative agreements to the project areas. The total annual burden hours are 828.

Forms	No. of respondents	No. of responses/re-spondent	Avg. burden (in hrs.)
CDC 73.688*	36	4	1
CDC 73.688**	27	4	1
CDC 73.998	36	12	0.5833
CDC 73.2638	36	3	3

* *State-level reporting:* Respondents for the state-specific CDC 73.688 forms now include 26 state health departments (Originally, respondents included 50 states, but 24 states have now discontinued hardcopy reporting and send all STD data as electronic line-listed records through NETSS), seven large city health departments and three outlying areas.

** *City-level reporting:* The health departments for the 26 states and one of the outlying regions (Puerto Rico) also prepare and submit reports for additional large cities within their jurisdictions.

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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

[30 DAY-26-99]

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.

Proposed Project

Training Intervention Effectiveness Research of Vocational Education Safety and Health Instructional Materials—New—The National Institute for Occupational Safety and Health (NIOSH) is proposing to study the

effectiveness of safety and health curricula to be made available for secondary vocational schools. Studies conducted by NIOSH suggest that over half of all young workers injured on-the-job believe that they did not receive adequate safety and health training in school or from their employers. The National Safety Council estimates that nearly one-half (48.1%) of all occupational injuries are sustained by employees with less than one year of work experience. Further-more, feedback from end-users of past NIOSH vocational education materials indicates that these materials do not adequately meet the needs of vocational teachers and students. Given these considerations, further training intervention effectiveness research is