

the blood. Data from NHANES can be compared to those from previous surveys to monitor changes in the health of the U.S. population. NHANES will also establish a national probability sample of genetic material for future genetic research for susceptibility to disease.

Users of NHANES data include: Congress; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and

administrators. NHANES data are used to establish, monitor, and/or evaluate dietary guidelines, food fortification policies, environmental exposures, immunization guidelines and health education and disease prevention programs. The current submission requests approval through March 2007.

CDC, National Center for Health Statistics has conducted the National Health and Nutrition Examination Survey (NHANES) periodically since 1970, and continuously since 1999. Approximately 5,000 participants are

examined annually. Participants will receive an interview, a physical examination, a telephone dietary interview and a home allergen dust collection. This survey is completely voluntary and confidential. Respondents are reimbursed for any out-of-pocket costs such as transportation to and from the examination center. There is no cost to respondents other than their time. The annualized burden is estimated to be 62,957 hours.

Respondent category	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hrs.)
1. Screening interview only	13,333	1	10/60
2. Screener, family, and sample person interviews only	300	1	1.17
3. Screener, family, and sample person interviews and MEC examination (including pilot studies)	5,180	1	5.9
4. Household dust collection	2,328	1	36/60
5. Food propensity questionnaire	3,350	1	30/60
6. Physical activity monitor	4,000	1	15/60
7. Second dietary recall interview	4,300	1	30/60
8. Follow-up and Special studies	4,000	1	5.9

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Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0636]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498-1210 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

State-based Evaluation of the Alert Notification Component of CDC's

Epidemic Information Exchange (Epi-X) Secure Public Health Communications Network (OMB No. 0920-0636)—Extension—Epidemiology Program Office (EPO), Centers for Disease Control and Prevention (CDC).

Great attention has been focused on improving secure public health communications networks for the dissemination of critical disease outbreak and/or bioterrorism-related events, which may have multi-jurisdictional involvement and cause disease and death within a short time-frame. A central component of the mission of the CDC's Epidemiology Program Office (EPO) is to strengthen the nation's public health infrastructure by coordinating public health surveillance at CDC and providing domestic and international support through scientific communications and terrorism preparedness and emergency response. The Office of Scientific and Health Communication's Epidemic Information Exchange (Epi-X) provides CDC and its state and local partners and collaborators with a secure public health communications network intended for routine and emergent information exchange in a secure environment.

The purpose of the information gathered during this notification proficiency testing exercise is to evaluate the extent to which new registrants and currently authorized users of the Epidemic Information Exchange (Epi-X) are able to utilize alert

notification functionality to minimize or prevent unnecessary injury or disease-related morbidity and mortality through the use of secure communications and rapid notification systems. In this case, notification alerts would be sent to targeted public health professionals through a "barrage" of office cell phone, home telephone, and pager calls to rapidly inform key health authorities from multidisciplinary backgrounds and multiple jurisdictions of evolving and critical public health information, and assist with the decision-making process. Presently, the necessity of this evaluation process is timely because of ongoing terrorism threats and acts perpetrated worldwide.

The survey information will be gathered through an online questionnaire format. The survey will help evaluate user comprehension solely with the targeted notification and rapid alerting functionalities of Epi-X. The questionnaire will consist of both closed- and open-ended items and will be administered through Zoomerang, an online questionnaire program, or as a last resort, by telephone. Approximately 6,000 Epi-X users from every state of the union will be asked to volunteer input (in a 5-10 question format) about their experiences using the alert notification functionalities of the Epi-X communications system. The estimated annualized burden is 167 hours.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs)
States	1000	1	10/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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[30Day-04-0406]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project

State and Local Area Integrated Telephone Survey (SLAITS), OMB No. 0920-0406—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

The State and Local Area Integrated Telephone Survey (SLAITS) mechanism has been conducted since 1997. This is a request to continue the integrated and coordinated survey system for three years. This system is designed to collect needed health and welfare-related data at the national, state, and local levels. Using the random-digit-dial sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), the State and Local Area Integrated Telephone Survey (SLAITS) has quickly collected and produced data to monitor many health-related areas including child and family well-being, access to care, program participation, and changes in health care coverage at the national and state levels. The first component of the next three-year period will be the National Survey of Children with Special Health Care Needs, which will provide data to be used for program planning and evaluation at the state and national levels.

For some SLAITS modules, questionnaire content is drawn from

existing surveys within the Department of Health and Human Services as well as other Federal agencies. Other questionnaire modules were developed specifically for SLAITS. Past modules include General Health, Children's Health, Child Well-Being and Welfare, Children with Special Health Care Needs (CSHCN), Asthma Prevalence and Treatment, Knowledge of Medicaid and the State Children's Health Insurance Program (SCHIP), Survey of Early Childhood Health, and HIV/STD Related Risk Behavior.

SLAITS has provided policy analysts, program planners, and researchers with high quality data for decision making and program assessment. For example, the module on Medicaid and SCHIP was prominently featured in a report to Congress on insuring children. The CSHCN module has been used by federal and state Maternal and Child Health Bureau Directors to evaluate programs and service needs. The American Academy of Pediatrics is using the module on early childhood health to advise pediatricians on patient care standards and to inform parents about the health and well-being of young children. There are no costs to respondents other than their time to participate. The estimated annualized burden is 52,734 hours.

Survey/questionnaire—children with special health care needs	Number of respondents	Number of responses per respondent	Average burden per response
2005 Burden Estimates			
Screener (child in HH)	592,126	1	.5/60
Screener (CSHCN)	129,487	1	5/60
Survey (CSHCN)	25,500	1	25/60
Survey—state Augmentation (CSHCN)	5,000	1	35/60
Survey (Referent sample)	3,000	1	25/60
Developmental work for future module:			
Screener	10,000	1	5/60
Survey	2,000	1	30/60
SLAITS website—button or permanent website submission link:			
Survey	100	1	3/60
2006 Burden Estimates			
Screener (child in HH)	592,126	1	.5/60
Screener (CSHCN)	129,487	1	5/60
Survey (CSHCN)	25,500	1	25/60
Survey—state Augmentation (CSHCN)	5,000	1	35/60
Survey (Referent sample)	3,000	1	25/60