Respondents	No. of responses	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Induction	40	1	1.5	60
Out-of-scope Verification	140	1	0.066	9
Sample Listing Sheet:				
ASC Personnel	224	12	0.5	1,344
Census Personnel	267	12	0	0
Medical Abstract:				
ASC Personnel	324	250	0.2	16,200
Census Personnel	167	250	0.03333	1,392
Annual Update	491	1	0.083	41
Quality Control	245	200	.0333	163
Total	.....	.....	.....	19,209

Dated: April 24, 1996.

Wilma G. Johnson,

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

[FR Doc. 96–10627 Filed 4–29–96; 8:45 am]

BILLING CODE 4163–18–P

National Center for Health Statistics; ICD–9–CM E Code Revisions

AGENCY: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), DHHS.

ACTION: Notice.

SUMMARY: The National Center for Health Statistics has approved the following expansion to the External Cause Codes in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM). These ICD–9–CM E-Code revisions will become effective October 1, 1996. The official guidelines for the application of E-codes for morbidity purposes will also be updated at that time. The official government version of the ICD–9–CM which will include all the revisions effective October 1, 1996, will be found on the ICD–9–CM CD–ROM which will be available through the Government Printing Office.

E967 Child and adult battering and other maltreatment
- E967.0 By father or stepfather
- E967.2 By mother or stepmother
- E967.3 By spouse or partner
- E967.4 By child
- E967.5 By sibling
- E967.6 By grandparent
- E967.7 By other relative
- E967.8 By non-related caregiver

FOR FURTHER INFORMATION CONTACT: Donna Pickett, R.R.A., Co-chair, ICD–9–CM Coordination and Maintenance Committee, National Center for Health Statistics, CDC, telephone (301) 436–7050.

Dated: April 24, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

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BILLING CODE 4163–18–P

[Announcement 619]

HIV-Related Tuberculosis Preventive Therapy Regimen Demonstration Cooperative Agreements

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds to continue the cooperative agreement program started in FY 1992 through announcement number 261 entitled ''Human Immunodeficiency Virus (HIV) Related Tuberculosis (TB) Preventive Therapy Regimen (PTR) Demonstration Cooperative Agreements.'' Current recipients will compete to extend the project period for an additional three years to allow sufficient time to actively monitor and ensure compliance with drug therapy, assess toxicity, and appropriately evaluate patients for up to two years after completion of preventive therapy. All applicants, however, who meet the eligibility criteria will be considered. See the section entitled *Eligible Applicants.*

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of HIV Infection and Immunization and Infectious Diseases. (For ordering a copy of ''Healthy People 2000,'' see the section *Where To Obtain Additional Information.*)

Authority

This program is authorized under Section 317E of the Public Health Service Act, [42 U.S.C. 247b–6], as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke- free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, and colleges; and research institutions, hospitals, other public and private organizations, State and local governments or their bonafide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply. Applicants must have the ability to (1) identify, obtain informed consent, and enroll a minimum of 25 dually-infected (TB/HIV-infected) persons and start them on one of two TB preventive regimens according to the randomization schedule provided by CDC and (2) conduct patient follow-up according to accepted clinical study practices. A copy of the prescribed regimens is included in the application kit. Applicants must be able to complete all phases of the project within the proposed three year project period.

Preference will be given to competing continuation applications submitted by the current cooperative agreement recipients funded in FY 1992 through competitive announcement number 261 entitled ''Human Immunodeficiency