

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. Childhood Lead Poisoning Prevention Program Quarterly Report (0902-0282)—Extension—Lead poisoning is the most common and societal devastating environmental disease of young children in the United States. Severe lead exposure can cause coma, convulsions, and even death. Lower levels of lead, which rarely cause symptoms, can result in decreased intelligence, developmental disabilities, and behavioral disturbances. State and community health agencies are the principal delivery points for childhood lead screening and related medical and environmental management activities. In FY 1996, CDC awarded 40 grants to fund childhood lead poisoning prevention programs. The primary purpose of these grants is for the initiation or expansion of state- and community-based childhood lead poisoning prevention programs that do the following: (1) Screen infants and children for elevated blood lead levels, (2) assure referral for treatment of, and environmental intervention for, infants and children with elevated blood lead levels, and (3) to provide education about childhood lead poisoning. The purpose of the quarterly report is to report data collected by CDC's grantees. The report consists of narrative and data sections. The purpose of the narrative section is to provide the following: (1) Highlights of quarterly activities, (2) discuss issues and activities that have significant impact on the program, (3) list objectives and discuss progress towards meeting those objectives. The purpose of the data section is to provide the following: (1) Screening and case confirmation activities, (2) environmental inspection and hazard remediation activities, and (3) medical case management activities. The total annual burden hours are 320.

Respondents	Number of respondents	Avg. burden/response (in hrs.)	No. of responses/respondent
Grantees	40	2	4

Dated: May 5, 1997.
Wilma G. Johnson,
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

Hospital Infection Control Practices Advisory Committee; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Hospital Infection Control Practices Advisory Committee (HICPAC).
Times and Dates: 8:30 a.m.-5 p.m., June 2, 1997; 8:30 a.m.-1:30 p.m., June 3, 1997.

Place: CDC, Building 16, Room 1111/1111A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The Committee is charged with providing advice and guidance to the Secretary; the Assistant Secretary for Health; the Director, CDC; and the Director, National Center for Infectious Diseases (NCID), regarding (1) The practice of hospital infection control; (2) strategies for surveillance, prevention, and control of nosocomial infections in U.S. hospitals; and (3) updating guidelines and other policy statements regarding prevention of nosocomial infections.

Matters to be Discussed: Agenda items will include recommendations for healthcare workers infected with bloodborne pathogens; a review of the fourth draft of the Guideline for Infection Control in Hospital Personnel; review of the first draft of the Guideline for Prevention of Surgical Site Infections; and a review of CDC activities of interest to the Committee.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION:
 Michele S. Pearson, M.D., Medical Epidemiologist, Investigation and Prevention Branch, Hospital Infections Program, NCID, CDC, 1600 Clifton Road, NE, M/S E-69, Atlanta, Georgia 30333, telephone 404/639-6413.

Dated: May 6, 1997.
Joseph E. Salter,
Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

ICD-9-CM Coordination and Maintenance Committee Meeting

National Center for Health Statistics (NCHS), of the Centers for Disease Control and Prevention (CDC), announces the following meeting.

Name: ICD-9-CM Coordination and Maintenance Committee meeting.

Time and Date: 9 a.m.-5 p.m., June 5, 1997.

Place: The Health Care Financing Administration Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

Status: Open to the public. (In the interest of security, non-government employees must show a photo I.D., and sign-in to gain entrance to the building.)

Purpose: The NCHS Data Policy and Standards Staff will hold the first of two meetings of the 1997 cycle for the ICD-9-CM Coordination and Maintenance (C&M) Committee. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

Matters to be Discussed: Agenda items will include:

- ICD-10-CM overview
- Autonomic Dysreflexia
- Injury aftercare
- Neurogenic Bowel
- Malignant Hypertension
- Complications of peritoneal dialysis
- Testing update on ICD-10 Procedure Coding System
- Transmural revascularization
- Minimally invasive coronary artery bypass graft
- Addenda.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR ADDITIONAL INFORMATION: Amy L. Blum, NCHS, CDC, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, e-mail, alb8@nch11a.em.cdc.gov, telephone, 301/436-7050.

Dated: May 6, 1997.
Joseph E. Salter,
Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).
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