Dated: June 24, 1997.

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[FR Doc. 97–17126 Filed 6–30–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–14–97]

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. Prospective Evaluation of Health-Care Workers Exposed to Blood From Patients Infected with HIV—(0920–0131)—Reinstatement—The HIV Infections Branch, Hospital Infections Program (HIP), Centers for Disease Control and Prevention (CDC) plans to continue surveillance of health-care workers (HCWs) exposed to the blood of persons infected with human immunodeficiency virus (HIV). This prospective evaluation, initiated in August 1983, provides essential scientific information on the risk of HIV transmission in the health care setting. The objectives of the project are to: (1)estimate the risk of HIV infection in HCWs exposed via the percutaneous, mucous-membrane, or skin route to HIV infected blood, according to type of exposure; (2) describe the type of devices and circumstances of the exposures sustained by HCWs; (3) describe the clinical natural history and development of laboratory markers of HIV infection in HCWs enrolled in this project who seroconvert to HIV; and, (4) describe the use of post-exposure chemoprophylaxis by HCWs exposed to HIV infected blood.

The design of this voluntary surveillance includes enrollment of participating institutions (respondents) throughout the United States. In the event that an HCW employed at the facility sustains an eligible exposure to HIV infected blood, the HCW is enrolled and followed prospectively. Epidemiologic data and serum for HIV antibody testing are collected within 30 days after the exposure with follow-up visits and serum samples collected at 6 weeks, 3, 6, and 12 months from the date of the exposure.

The number of respondents is the expected number of institutions participating in the project annually. The number of responses is based on the average number of forms which will be completed during each year. The 250 HCWs enrolled each year will each need three Follow-up forms completed. The number of Reports of Antiviral Prophylaxis is based on the proportion of HCWs expected to be prescribed antiviral prophylaxis (approximately 50%). The total annual burden hours are 198.

Respondent	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Initial Case Report Form	250	1	0.25	63
Follow-up Form	250	3	0.1666	125
Antiviral Prophylaxis Rpt	125	1	0.083	10

2. 1998 Alternative School Youth Risk Behavior Survey (0920–0258)—New—The Division of Adolescent and School Health, in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC) requests OMB Clearance to conduct a survey among alternative secondary school students of priority health risk behaviors related to the major preventable causes of mortality, morbidity, and social problems among both youth and adults in the U.S. The OMB clearance currently in effect for Youth Risk Behaviors Survey (YRBS) (0920–0258, expiration 10/97) is a national survey done biennially among students attending regular public, private, and Catholic schools in grades 9–12. This request is to conduct a YRBS in 1998 among a nationally representative sample of students in alternative schools, which have been excluded from the national school-based YRBS in the past. Alternative schools, which represent about 5% of U.S. high schools, serve students primarily who are at risk of not progressing in regular high schools and, as a result, not graduating, as well as students who have already gotten into disciplinary trouble, usually related to drug use or violence. Data on the health risk behaviors of adolescents is the focus of at least 26 national health objectives in *Healthy People 2000: Midcourse Review and 1995 Revisions.* This survey will provide data to help measure these objectives among alternative school students. No other national source of data exists for this population. The data also will have significant implications for policy and program development in alternative schools. The total annual burden hours are 7,628.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Alternative school students	10,000	1	0.75	7,500
Education Officials	256	1	0.5	128

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[FR Doc. 97–17127 Filed 6–30–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 792]

Cooperative Agreement for American Indian/Alaska Native Infectious Disease Programs

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement to establish Infectious Disease Programs (IDPs) to assist Native American Federally Recognized Tribes (NAFRTs), tribal groups, and Alaska Native Corporations (ANCs) in enhancing their capacity to address emerging and reemerging infectious diseases within their communities. Specifically, this program will assist them in the areas of disease prevention, health promotion, research, and education and training.

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 area of 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 Sections 301, 317(k)(1) and 317(k)(2) of the Public Health Service Act, as amended (42 U.S.C. 241, 247b(k)(1) and 247b(k)(2).

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

The only organizations eligible to apply are all recognized NAFRTs, tribal groups, and ANCs, in accordance with the 1976 Indian Health Care Improvement Act, Pub. L. 94–43. No other applications will be accepted.

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities will not be eligible for the receipt of Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

Availability of Funds

Approximately $150,000 is available in FY 1997 to fund up to two awards. Approximately 50 percent of the funds is allocated for one award to an eligible applicant representing American Indians in the contiguous 48 United States and approximately 50 percent of the funds is allocated for one award to an eligible applicant representing Alaska Natives. It is expected that the average annual award (direct plus indirect) will be approximately $75,000, ranging from $50,000 to 100,000. It is expected that the awards will begin on or about September 29, 1997, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of Department of Health and Human Services (HHS) funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 Departments of Labor, HHS, and Education, and Related Agencies Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. Section 503 of this new law, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104–208 (September 30, 1996), provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

Sec. 503(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Background

Infectious diseases remain the leading cause of illness and death worldwide. In the United States, infectious diseases increasingly threaten public health and contribute significantly to morbidity, mortality and the cost of health care. Because of multiple sociocultural characteristics, access to adequate health care, and other factors, infectious diseases are particularly important causes of morbidity and mortality among minority group members in the United States. Incidence of tuberculosis, HIV infection, hepatitis A and B, and *Hemophilus influenzae* type b and pneumococcal invasive diseases are much higher among members of minority groups than in the White population. American Indians and Alaska Natives (AI/AN), the smallest and most linguistically and culturally diverse U.S. ethnic groups, have some of the highest rates of certain infectious diseases, notably respiratory syncytial virus infection, tuberculosis, pneumococcal and *Hemophilus influenzae* type b invasive disease.

Emerging infectious diseases, including those which are new or previously unrecognized, whose incidence in humans has increased within the past two decades or threatens to increase in the near future, and those which are reemerging pose a particular threat to native populations. In 1993, an outbreak of severe respiratory illness