

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-13-99]

**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 Projects**

1. Evaluation of NCIPC Recommendations on Bicycle Helmet Use—Reinstatement—The National Center for Injury Prevention and Control's (NCIPC), Division of Unintentional Injury Prevention (DUIP) intends to continue to conduct a survey of 1,100 persons from its mailing lists and lists of recipients of recommendations on the use of bicycle helmets in preventing head injuries. These recommendations were published in the Morbidity and Mortality Weekly Report of February 17, 1995.

The purpose of this survey is to determine:

- I. The penetration of the recommendations distribution,
- II. The usefulness of the bicycle helmet recommendations,
- III. How to improve the recommendations' content and format,
- IV. Potential future DUIP bicycle helmet promotional activities,
- V. Information needs and access points of DUIP's "customers".

Results from this research will be used to (1) assist DUIP in producing an updated version of the helmet recommendations; (2) identify new helmet promotion programmatic directions; and (3) develop future materials that meet the needs of DUIP "customers." The study will be a telephone survey. The total annual burden hours are 311.

Forms	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)
Section A .....	1,100	1	.01666
Sections B, C .....	550	1	.01333
Sections D, E, F .....	550	1	.01333
Sections G, H, I .....	1,100	1	.01333

2. Children's Longitudinal Development Study—New—Since 1991, surveillance of children aged three to ten years who have one or more select developmental disabilities (cerebral palsy, mental retardation, hearing impairment, and vision impairment) has been conducted in the five-county Atlanta metropolitan area through the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP). Children have been identified primarily through the special education programs of the public schools in those five counties. Recently, surveillance has been expanded to identify children with cerebral palsy at younger ages through a broader array of medical facilities where diagnostic evaluations are performed, and to include autism as one of the developmental disabilities routinely under surveillance. An ongoing case-control study is proposed to yearly (1)

contact parents of all children with any of the five developmental disabilities who are newly identified in the surveillance data base and who were born in the metro Atlanta area (approximately 675 children per year) and contact parents of 250 children used as controls in order to request access to both maternal prenatal and labor and delivery hospital records and infant hospital records prior to newborn discharge (all accessed medical records will be reviewed to obtain detailed information on pre- and perinatal risk factors for developmental disabilities; this type of information typically is lacking or incomplete in school records or childhood medical records) and (2) conduct telephone interviews with mothers of approximately 250 children with cerebral palsy or severe mental retardation selected from the larger pool of approximately 675 children, plus interview mothers of the 250 control

children. The interviews will supply additional risk factor information relating to the mothers' medical and reproductive histories, prenatal behaviors and exposures, and family histories of developmental problems. Initially, to be cases, children in the interview sample would be under seven years of age at the time they were diagnosed as having cerebral palsy or severe mental retardation. A sample of Atlanta-born children of similar age and birth weight to the interview case children would be randomly identified from vital records and used as controls. Additionally, photographs and head circumference measurements of case and control mothers and children included in the interview sample will be taken either in the home or at a centralized location. The total annual burden hours are 1,141.

Respondents	Number of respondents	Number of responses/respondents	Avg. burden/response (in hrs.)
Mothers:			
Contact Calls*—Cases .....	675	1	.333
Contact Calls*—Controls .....	250	1	.333
Scheduling Call** .....	500	1	.166
Telephone Interview .....	500	1	1.5

\* To obtain consent to participate in the study if there is no response to the letter of invitation.

\*\* To schedule telephone interview.

3. Defining Gulf War Illness—New—National Center for Environmental Health (NCEH)—This study will characterize and compare alternative classifications for symptoms and functional disability which remain medically unexplained in Gulf War veterans. This will be accomplished in three phases. Phase I will assess persistence and stability of symptoms over time, as well as compare the performance of data-driven case definitions derived from two samples: (1) The New Jersey Center for

Environmental Hazards Research sample of Gulf War veterans participating in the Department of Veterans Affairs Gulf War Registry; and (2) a cohort of Air Force members from a previous CDC study of Gulf War veterans and Gulf War-era controls from Pennsylvania and Florida. In addition to assessing data-driven case definitions for illness among Gulf War veterans, existing definitions for medically unexplained symptoms, such as chronic fatigue syndrome, multiple chemical sensitivity, and fibromyalgia will be

evaluated. Phase II will attempt to assess the generalizability of both derived and existing case definitions in a random sample of deployed and non-deployed Gulf War era veterans. Phase III will consist of a standardized telephone interview for the assessment of psychiatric conditions. This will be administered to a sample of Phase I and Phase II participants who are identified through their responses to paper-and-pencil questionnaires as having high levels of psychological distress. The total annual burden hours are 4,761.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)
Initial Address Confirmation .....	50	1	.0333
Introductory Script .....	7,000	1	.05
Main Questionnaire .....	5,361	1	.75
Mail Survey .....	387	1	.05
Refusal Conversion .....	150	1	.0333
Address Confirmation .....	200	1	.0333
Third-Party Contact .....	25	1	.0333
Recontact Script .....	25	1	.0333
Follow-up Letter .....	500	1	.083
Follow-up Care .....	804	1	.10
Request for Medical Records (letter) .....	1,340	1	.05
Request for Medical Records Follow-up Call .....	750	1	.0333
Medical Care Providers:			
Request for Medical Records (letter) .....	140	1	1
Request for Medical Records Follow-up Call .....	42	1	0.0333

Dated: May 24, 1999.  
**Nancy Cheal,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*  
 [FR Doc. 99-13739 Filed 5-28-99; 8:45 am]  
 BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 99115]

**Cooperative Agreement for Strategies to Prevent Genital Herpes Infections: Building a National Prevention Program; Notice of Availability of Funds; Amendment**

A notice announcing the availability of fiscal year 1999 funds for the Strategies to Prevent Genital Herpes Infections: Building a National Prevention Program was published in the **Federal Register** on May 18, 1999, (Vol. 64 FR No. 95). The notice is amended as follows:

On page 26983, second column, paragraph G., sub-paragraph titled "Application," replace second sentence: On or before July 26, 1999, submit application to: Sharron Orum, Grants

Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99115, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Rd., Room 3000, Atlanta, GA 30341.

Dated: May 25, 1999.  
**John L. Williams,**  
*Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).*  
 [FR Doc. 99-13741 Filed 5-28-99; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**National Health and Nutrition Examination Survey III (NHANES) DNA Specimens: Guidelines for Proposals To Use Anonymized Samples and Proposed Cost Schedule**

**ACTION:** Notice and request for comments.

**SUMMARY:** The National Health and Nutrition Examination Survey (NHANES) is a program of periodic surveys conducted by the National Center for Health Statistics (NCHS) of

the Centers for Disease Control and Prevention (CDC). Examination surveys conducted since 1960 by NCHS have provided national estimates of health and nutritional status of the United States civilian non-institutionalized population. To add to the large amount of information collected for the purpose of describing the health of the population in the most recent survey, white cells were collected in NHANES III in anticipation of advances in genetic research.

The cells have been stored and maintained at the Division of Environmental Health Laboratory Sciences (DEHLS) at the National Center for Environmental Health (NCEH), CDC. The collection of white cells was begun because of the significant advances in the rapidly evolving field of molecular biology that were occurring during the planning phase of this survey.

Technical advances now make it possible to use these samples for genetic analysis. NCHS and NCEH, CDC are making anonymized DNA samples from these specimens available to the research community for such analyses. No cell lines will be made available.

The purpose of this notice is to request comments on this program and cost schedule. After consideration of comments submitted, CDC plans to