In 1987, the President directed the Department of Health and Human Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) is present in various segments of our population. In response, CDC formed an epidemiological team to summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there is information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: targeting and evaluating prevention programs, planning future health care needs and determining health policy. 

On a national basis, HIV seroprevalence projects in 1987 consisted of monitoring the HIV status of: Civilian applicants for military service; blood donors, including follow-up risk factor evaluation in seropositives; and Job Corps entrants. HIV prevalence was studied in settings of special public health interest including selected colleges and prisons, among health care workers in hospital emergency rooms and among Native Americans and homeless persons. Other national data sources were examined, such as cohort studies of groups at risk, including homosexual and bisexual men and IV drug users, providing information on knowledge of AIDS and risk behaviors, changes in behavior, and incidence of HIV infection. In 1987, OMB approved the Family of HIV Seroprevalence Surveys (0920–0232). These surveys included seven seroprevalence surveys that involved interaction with individuals (non-blinded surveys). One of these surveys was the surveillance and evaluation of blood donors. 

The objectives of this study are to: (1) Estimate the prevalence and incidence of HIV infection among blood donors at participating blood centers; (2) evaluate the characteristics of infected donors to strengthen the effectiveness of the donor screening and deferral processes; (3) analyze the risk behavior characteristics of infected donors to assess distribution and trends of HIV; (4) monitor additional human immunodeficiency viruses, HIV genetic variation, and other infections relevant to the epidemiology of HIV among U.S. blood donors and seroconverted recipients; (5) estimate the risk of HIV transmission from screened blood; (6) evaluate new tests to decrease transmission by window period donors. 

In 1993 and 1996, OMB again approved for 3 years each, the surveillance and evaluation of blood donors who test positive for Human Immunodeficiency Virus (HIV) Antibody and their needle-sharing and sexual partners (0920–0329). This request is for an additional 3-year approval. The CDC anticipates 125 positive donors will enroll annually in this study (based upon previous 3 year enrollment rates and epidemiological progress of the disease). The interview takes approximately 1 hour to complete for those who agree to the interview and 10 minutes to complete for those who refuse to enroll. The Annual Burden is 140.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>No. of respondents</th>
<th>No. of responses/respondent</th>
<th>Avg. burden response (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood donors (interviewed)</td>
<td>125</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Blood donors (refuse interview)</td>
<td>92</td>
<td>1</td>
<td>10/60</td>
</tr>
</tbody>
</table>

Charles W. Gollmar,
Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).
to act as a management tool for grantees and are not information items which to use in their daily operations. Such must be collected and then forwarded to records are maintained by the grantees the Federal government.

Responses: Head Start grantee and delegate agencies.

Annual Burden Estimates:

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Standards</td>
<td>2,472</td>
<td>Once a year</td>
<td>594</td>
<td>1,468,626</td>
</tr>
</tbody>
</table>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. ACF/ACYF/CB FY 2000–01A]

Announcement of the Availability of Financial Assistance and Request for Applications To Support Adoption Opportunities Demonstration Projects, Child Abuse and Neglect Discretionary Activities, Child Welfare Training Projects, and Abandoned Infants Assistance Awards

AGENCY: Children’s Bureau, Administration on Children, Youth and Families, ACF, DHHS.

ACTION: Correction.

SUMMARY: This document contains a correction to the Notice that was published in the Federal Register on Thursday, April 13, 2000 (65 FR 19904). The information in the “Eligible Applicants” sections of the notice is more restrictive than intended. For the correct less restrictive requirements please see the complete announcement package posted on the Children’s Bureau website: http://www.acf.dhhs.gov/programs/cb/policy/cb200001.htm.

FOR FURTHER INFORMATION CONTACT: TheACYF Operations Center at 1–800–351–2293 or send an email to cb@lcgnet.com. You can also contact Sally Flanzer, Children’s Bureau, at 202–215–8914.


James Harrell, Deputy Commissioner, Administration on Children, Youth and Families.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 90N–0056]

Agency Information Collection Activities; Announcement of OMB Approval; Aluminum in Large and Small Volume Parenterals Used in Total Parenteral Nutrition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled “Aluminum in Large and Small Volume Parenterals Used in Total Parenteral Nutrition” has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.


SUPPLEMENTARY INFORMATION: In the Federal Register of January 5, 1998 (63 FR 176), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0439. The approval expires on April 30, 2003. A copy of the supporting statement for this information collection is available on the Internet at http://www.fda.gov/ohrms/dockets.


William K. Hubbard, Senior Associate Commissioner for Policy, Planning, and Legislation.

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