

is to demonstrate that adequately funded community-based programs which are designed and led by the communities they serve can reduce health disparities in infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular diseases, diabetes, HIV/AIDS, and deficits in childhood and adult immunizations. The communities served by REACH 2010 include: African American, American Indian, Hispanic American, Asian American, and Pacific

Islander. Thirty-two communities were funded in Phase I to construct Community Action Plans (CAP). In Phase II, 17 of those communities will receive continued funding to implement their CAP.

As part of the President's Race Initiative, it is imperative that REACH 2010 demonstrate success in reducing health disparities among racial and ethnic minority populations. Toward that end, it is of critical importance that CDC collect uniform survey data from each of the 17 communities funded for

the Phase II REACH 2010 Demonstration Program. The same survey will be conducted in each community; it will contain questions that are standard public health performance measures for each health priority area. Surveys will be administered by either telephone or household interview. These surveys will be administered annually for four years using a different sample from each community.

The total annualized burden hours for this project is 4080 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden of response (in hours)	Total burden (in hours)
Adults ages 18 and older who live in communities participating in the REACH 2010 Program	16,320	1	15/60	4080
Total				4080

Dated: May 11, 2000.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-32-00]

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 Project

1. Emergency Epidemic Investigations—(0920-0008)—Extension—Epidemiology Program Office (EPO)—One of the objectives of CDC's epidemic services is to provide for the prevention and control of epidemics and protect the population from public health crises such as man

made or natural biological disasters and chemical emergencies. This is carried out, in part, by training investigators, maintaining laboratory capabilities for identifying potential problems, collecting and analyzing data, and recommending appropriate actions to protect the public's health. When state, local, or foreign health authorities request help in controlling an epidemic or solving other health problems, CDC dispatches skilled epidemiologists from the Epidemic Intelligence Service (EIS) to investigate and resolve the problem. Resolving public health problems rapidly ensures costs effective health care and enhances health promotion and disease prevention. Annually, the EIS Program coordinates 400 Epidemic Assistance Investigations (Epi-Aids) and state-based field investigations. Epidemics are prevented and controlled by mobilizing and deploying CDC staff, primarily EIS officers to respond rapidly to disease outbreaks and disaster situations. At the request of public health officials—at the state, national, or international level—CDC provides assistance by participating in epidemiologic field investigations. The purpose of the Emergency Epidemic Investigation surveillance is to collect data on the conditions surrounding and preceding the onset of a problem. The data must be collected in a timely fashion so that information can be used to develop prevention and control techniques, to interrupt disease transmission and to help identify the cause of an outbreak. Since the events necessitating the collections of information are of an emergency nature, most data collection is done by direct

interview or written questionnaire and are one-time efforts related to a specific outbreak or circumstance. If during the emergency investigation, the need for further study is recognized, a project is designed and separate OMB clearance is required. Interviews are conducted to be as unobtrusive as possible and only the minimal information necessary is collected. The Emergency Epidemic Investigations is the principal source of data on outbreaks of infectious and noninfectious diseases, injuries, nutrition, environmental health and occupational problems.

Each investigation does contribute to the general knowledge about a particular type of problem or emergency, so that data collections are designed taking into account similar situations in the past. Some questionnaires have been standardized, such as investigations of outbreaks aboard aircraft or cruise vessels.

The Emergency Epidemic Investigations provides a range of data on the characteristics of outbreaks and those affected by them. Data collected include demographic characteristics, exposure to the causative agent(s), transmission patterns and severity of the outbreak on the affected population. These data, together with trend data, may be used to monitor the effects of change in the health care system, planning of health services, improving the availability of medical services and assessing the health status of the population.

Users of the Emergency Epidemic Investigations data include, but are not limited to EIS Officers in investigating the patterns of disease or injury, investigating the level of risky

behaviors, identifying the causative agent and identifying the transmission

of the condition and the impact of interventions.

It is difficult to predict the number of epidemic investigations which might

occur in any given year. The annual burden hours are estimated to be 3,000.

Respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Total Respondents	12,000	1	15/60	3,000

Dated: May 11, 2000.

Nancy Cheal,

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

[Program Announcement Number 00057]

Longitudinal Studies of Rodent Reservoirs of Hantaviruses in the Northwestern United States; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program with the Montana Tech University (MTU) for longitudinal studies of rodent reservoirs of hantaviruses in the northwestern United States (U.S.). CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010", a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus areas of Immunization and Infectious Diseases. For the conference copy of "Healthy People 2010" visit the internet site <http://www.health.gov/healthypeople>.

The purpose of this cooperative agreement is to continue studies of hantavirus reservoir populations at previously established sites in Cutbank, Polson, Cascade, Gold Creek, Wisdom, and CM Russell Reserve, Montana. The goal of the research is to conduct longitudinal mark-recapture studies to identify and determine the distribution and dynamics of populations of rodents that are confirmed or potential reservoirs of hantaviruses. Preliminary studies have documented the effects of weather fluctuation and other ecological variables on the rodent populations at

the designated study sites. The major objective of this cooperative agreement is to support research that appropriately builds upon the ecological information developed at the established sites.

B. Eligible Applicants

Assistance will be provided only to MTU. No other applications are solicited.

MTU was the only applicant that applied under the original Program Announcement 96044 and was subsequently awarded. In previous studies, MTU developed an extensive database on population dynamics and hantavirus infection in rodents and associated environmental conditions at six trapping sites from 1994 to 2000. This unique dataset is the baseline data for the proposed longitudinal studies which will compare newly collected information with the 1994-2000 data. In order to provide for the continuity of long-term data, it is crucial that the proposed study be conducted at the identical sites using the same methodology as the previous studies.

C. Availability of Funds

Approximately \$135,000 is available in FY 2000 to fund one award. It is expected that the award will begin on or about September 30, 2000, and will be made for a 12-month budget period within a project period of up to 5 years. The funding estimate may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities) and CDC will be responsible for conducting activities under 2. (CDC Activities).

1. Recipient Activities

a. Design and conduct longitudinal mark recapture studies of rodents on existing established grids in the northwestern U.S., to identify and determine the distribution and dynamics of populations of rodents that

are confirmed or potential reservoirs of hantaviruses.

b. Use ecological techniques that provide continuity of rodent sampling and processing so that data can be appropriately analyzed and correlated with previously collected ecological data from the established sites. Ecological techniques should include capture-mark-release and bleeding of captured animals.

c. Collect and submit blood samples on all captured animals to appropriate laboratories for further analysis and storage.

d. Identify captured rodents and perform morphological measurements and other observations necessary for characterization of rodents.

e. Analyze and publish study results from the individual study sites.

2. CDC Activities

a. Provide consultation and scientific and technical assistance in the design, conduct, and evaluation of the project.

b. Perform appropriate laboratory testing and analysis of blood samples from captured animals, upon request.

c. Analyze study results in collaboration with the recipient.

E. Application Content

Application

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. The application will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The narrative should be no more than 10 double-spaced pages, printed on one side, with one-inch margins, and un-reduced font.

F. Submission and Deadline

Application

Submit the original and two copies of PHS 5161-1 (OMB Number 0348-0043). Forms are available at the following Internet Address: www.cdc.gov/ ...Forms, or in the application kit. On or before July 1, 2000, submit the application to the Grants Management Specialist identified in the "Where to