

- Developed the capacity to provide technical assistance to AAPI community groups on organizational and communication infrastructure development and how to access health and health services programs.

- Developed a strategy to raise awareness in AAPI communities for assuring AAPI representation in clinical trials and research activities.

- A network of community health centers that provides a foundation upon which it develops, promotes, and manages health intervention, education, and training programs which are aimed at preventing and reducing morbidity and mortality among AAPIs.

- An extensive knowledge-base of essential health services, health care accessibility issues, and professional development initiatives that deal exclusively with AAPI populations, attributes that are necessary for effective intervention with this population group.

**Where To Obtain Additional Information**

If you are interested in obtaining additional information regarding this cooperative agreement, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

Dated: September 12, 2000.

**Nathan Stinson Jr.,**  
Deputy Assistant Secretary for Minority Health.

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BILLING CODE 4160-17-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-00-51]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506 (c) (2) (A) of the

Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) is providing an opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Assistant Reports Clearance Officer at 404-639-7090.

Comments are invited on: (i) Whether the proposed collection of information is necessary for the proper performance of the functions of the CDC, including whether the information shall have a practical utility; (ii) the accuracy of the agency's estimate of the burden of the proposed collection of information; (iii) ways to enhance the quality, utility, and clarity of the information to be collected; and (iv) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. Send comments to Seleda M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, Georgia 30333. Written comments should be received within 60 days of this notice.

**Proposed Project**

Travelers' Health Survey—New—National Center for Infectious Diseases (NCID). Approximately 50 million Americans travel abroad each year and more than 25 million of these travel to rural areas or developing countries where the risk is greater for contracting infectious diseases. Many of these diseases are preventable through vaccines, drugs, and other preventive measures. According to surveillance data from the CDC, over 99 percent of malaria, 72 percent of typhoid, and 7 percent of hepatitis A cases in the U.S. are acquired abroad. Information on preventing illness during travel is available free or at little cost through public health departments, a CDC toll-free fax system, and the Internet. However, many travelers may be

unaware of the health risks they face when traveling because they either lack access to pretravel health services or do not understand the measures necessary to avoid health risks. Evidence shows first-and second-generation U.S. immigrant travelers, when traveling to their countries of origin to visit friends and relatives, may be at greater risk than the general public, for contracting infectious diseases.

The objectives of this project are to determine (i) whether travelers seek pretravel health information, (ii) where they access this information, (iii) travelers' baseline knowledge of prevention measures for diseases commonly associated with travel, and (iv) whether specific groups of travelers (*i.e.* first-and second-generation immigrants) lack information on or access to pretravel health recommendations and services. To accomplish these objectives, in partnership with Delta Airlines, CDC proposes to conduct voluntary, self-administered, anonymous, in-flight surveys of U.S. citizens and residents traveling abroad to areas where malaria, typhoid fever, and hepatitis A are endemic.

This preliminary project will focus on first-and second-generation U.S. immigrants from India visiting friends and relatives in India, where all three diseases are endemic. A study period of 2 to 3 months is estimated. Data from this project will fulfill Healthy People 2010 objectives for travelers. In addition, it will enable CDC to develop appropriate educational interventions for high-risk travelers and to gain a better understanding of the role of travel in emerging infectious diseases. The survey tool will take approximately 15 minutes to complete.

There are no costs to respondents, only the time it takes to complete the survey.

Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden hours
5,600 .....	1	16/16	1,400

Dated: September 19, 2000.

**Nancy Cheal,**

*Acting Associate Director for Policy Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 00-24531 Filed 9-22-00; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30DAY-72-00]**

**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**

Exposure to Aerosolized Brevetoxins During Red Tide Events—New—National Center for Environmental Health (NCEH). *Gymnodinium breve* is the marine dinoflagellate responsible for extensive blooms (called red tides) that form in the Gulf of Mexico. *G. breve* produces potent toxins, called brevetoxins, that have been responsible for killing millions of fish and other marine organisms. The biochemical activity of brevetoxins is not completely understood and there is very little information regarding human health effects from environmental exposures, such as inhaling brevetoxin that has been aerosolized and swept onto the coast by offshore winds. The National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC) is planning to recruit 100 people who work along the coast of Florida and who potentially will be occupationally exposed to aerosolized red tide toxins some time during the year following recruitment.

NCEH plans on administering a base line respiratory health questionnaire

and conducting pre- and post-shift pulmonary function tests during a time when there is no red tide reported near the area. When a red tide develops, we plan to administer a symptom survey and conduct pulmonary function testing (PFT) on a group of study participants who are working in the area where the red tide is near shore, and on a control group of study participants who are not working in an area where the red tide is near shore (*i.e.*, are not exposed to the red tide). We will then compare (1) symptom reports before and during the red tide and (2) the changes in baseline PFT values during the work shift (differences between pre- and post-shift PFT results without exposure to red tide) with the changes in PFT values during the work shift when individuals are exposed to red tide. In addition, we plan to assist in collecting biological specimens (inflammatory cells from nose and throat swabs) to assess whether they can be used to verify exposure and to demonstrate a biological effect (*i.e.*, inflammatory response) from exposure to red tide. There are no costs to respondents. The total burden is estimated to be 201 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Pulmonary History Questionnaire .....	100	1	20/60
Symptom Questionnaire .....	100	20	5/60

Dated: September 19, 2000.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 00-24530 Filed 9-22-00; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Committee on Immunization Practices: Meeting**

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

*Name:* Advisory Committee on Immunization Practices (ACIP) Teleconference.

*Time and Date:* 3:15 p.m.–5 p.m., September 28, 2000.

*Place:* Teleconference call will originate at the Centers for Disease Control and Prevention in Atlanta, Georgia. Please see “Supplementary Information” for details on accessing the teleconference.

*Status:* Open to the public, teleconference access limited only by availability of telephone ports.

*Purpose:* The Committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. § 1396s, the Committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

*Matters to be Discussed:* The teleconference agenda will include a discussion of influenza vaccine recommendations for the 2000–2001 influenza season. Discussion will include priority groups for vaccination, implementation measures, and strategies for promoting vaccine delivery later in the influenza season.

Agenda items are subject to change as priorities dictate.

**SUPPLEMENTARY INFORMATION:** This conference call is scheduled for 3:15 p.m. Eastern Standard Time. To access the teleconference you must dial 1/888/381-5770 and enter conference code 53651. You will then be automatically connected to the call. It is necessary to meet on an expedited basis, to refine vaccine recommendations prior to the influenza season. Therefore, notice is published less than 15 days prior to the teleconference.

**CONTACT PERSON FOR MORE INFORMATION:** Gloria A. Kovach, Program Analyst, Epidemiology and Surveillance Division, National Immunization Program, CDC, 1600 Clifton Road, NE, m/s E61, Atlanta, Georgia 30333. Telephone 404/639-8096. The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the