adverse health effects and latency periods.

The NER is currently composed of four sub-registries of persons known to have been exposed to specific chemicals: 1,1,1,-Trichloroethane (TCA), Trichloroethylene (TCE), 2,3,7,8-tetrachlorodibenzo-p-dioxin (dioxin), and benzene. In 2001, the NER will establish a new asbestos subregistry.

Participants in each subregistry are interviewed initially with a baseline questionnaire. An identical follow-up telephone questionnaire is administered to participants every three years until the criteria for terminating a specific subregistry have been met. The annual number of participants varies greatly from year to year. Two factors influencing the number of respondents per year are the number of subregistry updates that are scheduled and whether a new subregistry will be established. The addition of the new asbestos subregistry is expected to add approximately 6,000 persons to the NER. This increase is reflected in the following estimated burden table.

The following table is annualized to reflect one new subregistry (asbestos) and five updates for the requested three-year extension of OMB No. 0923–0006. The estimated annualized burden is 3,053 hours.

Respondents	Number of responses	Responses per respondent	Avg. burden per response (in hours)
One New Subregistry	2,000	1	30/60
Five Updates	4,927	1	25/60

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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

[30DAY–40–01]

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

Model Performance Evaluation Program for Retroviral and AIDS-Related Testing—Revision—OMB No. 0920–0274 Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC). The Centers for Disease Control and Prevention Model Performance Evaluation Program (MPEP) currently assesses the performance of laboratories that test for human immunodeficiency virus type 1 (HIV–1) antibody, human T-lymphotropic virus types I and II (HTLV–I/II) antibody, perform CD4 T-cell testing or T-lymphocyte immunophenotyping (TLI) by flow cytometry or alternate methods, perform HIV–1 ribonucleic acid (RNA) determinations (viral load), and test for HIV–1 p24 antigen through the use of mailed sample panels. The CDC MPEP is proposing to use annual data collection documents to gain updated information on the characteristics of testing laboratories and their testing practices.

Two data collection instruments, or survey questionnaires will be used. The first data collection instrument will be concerned with laboratories that perform HIV–1 antibody (Ab) testing, HTLV–I/II Ab testing, HIV–1 viral RNA determinations, and HIV–1 p24 antigen (Ag) testing. Laboratories enrolled in the MPEP will be mailed a survey questionnaire and be asked to complete the sections pertinent to their laboratory's testing. The survey instrument will collect demographic information related to laboratory type, primary purpose for testing, types of specimens tested, minimum education requirements of testing personnel, laboratory director, and laboratory supervisor, and training required of testing personnel. The demographic section will be followed by more specific sections related directly to HIV–1 Ab testing, HTLV–I/II Ab testing, HIV–1 RNA, and HIV–1 p24 Ag testing. Included in the latter sections will be questions related to the types of tests performed, the algorithm of testing, how test results are interpreted, how results are reported, how specimens may be rejected for testing, if some testing is referred to other laboratories, and what quality control and quality assurance procedures are conducted by the laboratory. Similarly, the TLI survey questionnaire will also collect demographic information about each laboratory, as well as, the type(s) of flow cytometer used, educational and training requirements of testing personnel, the types of monoclonal antibodies used in testing, how specimens are received, prepared, and stored, how test results are recorded and reported to the test requestor, and what quality control and quality assurance procedures are practiced.

Information collected through the use of these instruments will enable CDC to determine if laboratories are conforming to published recommendations and guidelines, whether education and training requirements of testing personnel are conforming to current legislative requirements, and whether problems in testing can be identified through the collection of information. Information collected through the survey instruments will then be compared statistically with the performance evaluation results reported by the enrolled laboratories to determine if characteristics of laboratories that perform well can be distinguished from laboratories not performing as well. Upon enrolling in the MPEP, participants are assigned an MPEP number used to report testing results and survey questionnaire responses allowing the individual responses of each laboratory participant to be treated in confidence. When participants respond to the surveys by sending CDC completed questionnaires, the collected information is developed into aggregate reports. A copy of the completed report is provided to each participating laboratory. Total annual burden for this data collection is 941 hours.

Respondents	No. of respondents	No. of respondents per response	Average burden per response (in hrs)
MPEP Enrollment Form	100	1	6/60
Retroviral Survey	1,000	1	30/60
TLI Survey	325	1	30/60
HIV–1 Ab PE Results Form	900	2	10/60
HIV–1 p24 Ag PE Results Form	175	2	10/60
HIV–1 RNA PE Results Form	210	2	10/60
HTLV I/II Ab PE Results Form	225	2	10/60
TLI PE Results Form	300	2	10/60

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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

SAFE—Know Now—Media Campaign Evaluation—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease and Prevention (CDC) proposes a media campaign to promote knowledge of HIV status, using marketing clusters to target media messages. The purpose of this campaign is to increase the number of HIV positive people who are aware of their status and are receiving appropriate medical treatment. It is believed that knowledge of infection will reduce risk behavior and medical treatment will reduce infectiousness. The Safe—Know Now—campaign has identified segments or 'clusters' of potential audience members based on geographic and demographic information. By targeting communications at these specific clusters, messages can be more effectively and efficiently conveyed to the proper audiences. CDC has utilized this approach to design media communications for target audiences as defined by Claritas PRIZM clusters. Beyond the immediate effectiveness of the campaign, the evaluation also seeks to determine if PRIZM targeting has proven to be an effective tool for communicating health messages.

CDC will conduct an evaluation of this campaign which will target five Claritas PRIZM clusters that currently have the highest incidences of AIDS cases. This clusters include Bohemian Mix (cluster 10), Single City Blues (cluster 45), Hispanic Mix (cluster 46), Inner Cities (cluster 47), and Southside City (cluster 51). The primary method for data collection will be a 15-minute campaign tracking survey administered via telephone in three markets, including two test markets and one control market. The test markets will be exposed to the campaign materials, while the control market will not. Pre- and post-exposure telephone surveys will be collected in each of the three markets, allowing comparison before and after effects of the campaign. Both the pre- and post-exposure market readings will be conducted with different samples, not with the same individuals across both waves. The total response burden for this data collection is 1,800 hours.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Telephone Survey—Pre	3,600	1	15/60.
Telephone Survey—Post	3,600	1	15/60.