

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-24-02]

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) 498-1210. 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: Childhood Lead Poisoning Prevention Programs OMB

No. 0920-0282—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Lead poisoning is the most common and societally devastating environmental disease of young children in the United States. The adverse health effects of lead on young children can be profound. Severe lead exposure can cause coma, convulsions, and even death. Lower levels of lead, which rarely cause symptoms, can result in decreased intelligence, developmental disabilities, behavioral disturbances, and disorders of blood production.

In 1992, CDC National Center for Environmental Health (NCEH) began the National Childhood Lead Surveillance Program. The goals of the childhood lead surveillance program are to (1) establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels among children; (3) assess the follow-up

of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poisoning prevention activities. In 2001, CDC awarded 60 grants and cooperative agreements to fund childhood lead poisoning prevention programs. The quarterly report is designed to collect blood lead screening and test confirmation data from CDC-funded programs. The quarterly report consists of four data tables requiring the following information: (1) The number of children screened by age and Medicaid enrollment status; (2) the number of children screened and confirmed by blood lead level; (3) the number of children screened by ethnicity; and (4) the number of children screened by race. OMB approval for this package will expire on 31 January 2002. This request is for a 3-year revision with a change in the burden hours. The estimated annualized burden is 480 hours.

Type of respondents	Number of respondents	Number of responses/respondent	Average burden (in hrs.)
State and Local Grant and Cooperative Agreement Programs	60	4	2

Dated: March 26, 2002.

Nancy E. Cheal,

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

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Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210. 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: Survey to Assess Hepatitis B Vaccination Coverage Among U.S. Health-Care Workers—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Since 1982, CDC has recommended hepatitis B vaccination of health-care workers who perform tasks that place them at risk for exposure to blood or other potentially infectious materials that may contain hepatitis B virus. Data from 1997 indicated that approximately 65% of U.S. health-care workers had received the hepatitis B vaccine.

Increasing national hepatitis B vaccination coverage among health-care workers to 98% has been included as a goal in the Healthy People 2010 initiative published by the National Center for Health Statistics. A cross-sectional survey has been developed to assess hepatitis B vaccination coverage levels among health-care workers in the United States. The proposed survey will provide data that can be used to assess progress towards achieving the 2010 goal. This survey will also provide data on facility-based hepatitis B vaccination policies and procedures that may affect vaccine coverage levels. The results of the project will assist the Division of Viral Hepatitis, National Center for Infectious Diseases, in the prevention and control of hepatitis B among health-care workers. There are no costs to respondents. The total annualized estimated burden is 2,656 hours.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-21-02]

Agency Forms Undergoing Paperwork Reduction Act Review

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Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Facility survey form	425	1	30/60
Medical record abstraction form	425	25	15/60

Dated: April 10, 2002.

Nancy E. Cheal,

Acting Deputy 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-22-02]

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) 498-1210. 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: Statement in Support of Application For Waiver of Inadmissibility OMB No. 0920-0006—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Section 212(a)(1) of the Immigration and Nationality Act states that aliens

with specific health-related conditions are ineligible to receive visas and ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the consular office considering the application for a visa. The Division of Migration and Quarantine, NCID uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the Immigration and Naturalization Service when terms, conditions and controls imposed by waiver are not met. NCID is requesting the extension of this data for 3 years. There total estimated annualize burden is 167 hours.

Respondents or each section	Number respondents	Number of responses/respondents	Avg. burden/response (in hours)
Physicians Form CDC 4.422-1	200	1	10/60
Physicians Form CDC 4.422-1a	200	1	20/60
Physicians Form CDC 4.422.1b	200	1	20/60

Dated: April 10, 2002.

Nancy E. Cheal,

Acting Deputy 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

[60Day-02-41]

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 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

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

Proposed Project

The Canada/U.S. Joint Health Survey (CUJHS)—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). CUJHS is a one-time collaborative effort of Statistics Canada and the U.S. National Center for Health Statistics to conduct a telephone survey in both countries using the same questionnaire. Approximately 3,000 adults will be interviewed in Canada and 5,000 adults

in the U.S. The questionnaire will cover chronic health conditions, functional status and limitations, smoking, height and weight, cancer screening, access to health care, and demographics. The project will be jointly funded with each agency covering the costs of data collection of their own sample and the sharing of all other costs.

The purpose of the survey is to move the national health surveys of both countries toward closer comparability so the health status among residents of countries can be compared in a more concrete manner. This will allow researchers to study the effect of variations in health systems on health care, health status and functional status. This effort can also serve as a model for improving comparability among national health studies generally.

A need for such comparability has been noted by the World Health Organization, the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation who is funding the study in part.

The specific data from the CUJHS may well contribute toward meeting some of the research needs directly. Its longer term impact will be to demonstrate best practices for use in bi-national and multi-national health surveys. There are no costs to respondents.