ended questions intended to elicit a full range of responses concerning the participants' cultural beliefs and attitudes toward TB. Interviews will last no longer than one hour. Analysis of data will be performed with Atlas.ti, a qualitative analysis computer program.

The ultimate project outcomes will include a cultural competency resource manual with profiles of TB beliefs and behaviors from the studied cultural groups. The manual will assist local and state health departments in developing customized interventions tailored to the local context. Culturally appropriate interventions will increase tuberculin skin testing and patient adherence to treatment for active TB disease and latent TB infection. In addition, the results can be used to develop targeted outreach, as well as customized communication protocols, patient education materials, incentives, and enablers. Finally, the study will produce a valid interview instrument that TB clinics can adopt for their own assessments of TB beliefs and attitudes among the local communities they serve. The annual burden for this data collection is 100 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Foreign Born Persons (interviewed)	100	1	1

Dated: September 5, 2002.

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–28–02]

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

National AIDS and STD Hotline Survey of Callers (OMB No. 0920–0295)—Revision—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). The purpose of this request is to continue active and passive data collection from people who call the CDC National AIDS and Sexually Transmitted Disease (STD) Hotlines. The mission of the CDC National AIDS and STD Hotlines is to provide the general population of the United States, its territories, and Puerto Rico with highly visible and readily accessible resources for accurate and timely information on HIV/AIDS and other STDs. The CDC is seeking OMB approval for renewal of the data collection with one proposed change and one proposed system enhancement, both aimed at improving the management and evaluation of collected information.

The change is the ability of CDC to survey every 15th caller, instead of every 30th caller, to the hotlines. The information gathered will assist CDC in the improvement of HIV and STD services, particularly to high-risk populations. Before the integration of the National AIDS and STD Hotlines in 1998, every 15th caller was surveyed in the AIDS hotline, and every 30th caller was surveyed in the STD hotline.

The National AIDS Hotline responded to a maximum of 1.6 million calls per year during the 1980s and early 1990s. Throughout the period, the calls have decreased to approximately 650,000 calls per year due to changes such as treatment advances, a more knowledgeable audience, and access to information on the Internet. However, the number of callers selected for the survey has increased to assure that a substantial amount of data can be submitted to CDC regarding information about the callers who contact the hotline. Respondents (callers) will be the general public, and only the callers to the hotlines will be affected.

The enhancement to the data collection is the employment of a partially integrated system that will allow CDC Information Specialists to answer calls about HIV/AIDS and STDs using the same toll free telephone system. The telephone system will be designed to display telephone numbers for both the AIDS Hotline and the STD Hotline. Thus, when a caller contacts the hotline for AIDS information, the phone for the AIDS Hotline will appear on the caller ID. If the caller wants additional information about STDs, the same Information Specialist can respond to the call rather than requesting that the caller place a separate call to the STD Hotline. This process will also allow for an integrated data collection system for AIDS and STD caller information and service evaluation, as well as allow CDC to provide a more efficient and effective means of addressing the needs of its constituents.

In addition, since both hotlines will still retain their separate telephone numbers, the call volume can be monitored separately with distinct extrapolation of data. This integrated system began in August 2000. The integrated system also supports strategies in the *CDC HIV Prevention Strategic Plan Through 2005,* which also states that HIV prevention must be integrated with STD prevention.

Data will be collected on an active and passive basis for both hotlines. The active data collection method occurs while the caller is on the phone. It allows the Information Specialist to gather information about caller demographics such as age, race, ethnicity and education through a short survey administered at the conclusion of the call. The passive data collection instrument allows the Information Specialist to capture more specific information about the characteristics of the caller such as the callers primary topic for discussion, gender, level of concern of caller. The Information Specialist enters this information into a database once the call is completed.

To assist in completing the surveys and providing accurate data responses, the hotlines will be using the CDC Federal Telecommunications Service (FTS) 2001 telephone systems; call length data from the Integrated Information Program (IIP), which is a computer interface. The hotlines will also be using the Automated Call Distribution (ACD) program which allows the calls to be distributed to the

correct numbers (AIDS or STD) and Symposium software which can assist the hotlines in several areas, including quickly (1) determining what happened to a call that may be in the queue, (2) compiling a geographic distribution table of all calls throughout the United States, including ages of callers, and (3) routing calls to the English, Spanish or TTY service.

For the AIDS and STD integrated English service, the estimated number of persons surveyed for the active survey is 34,520, and the average active survey length is 72 seconds with a yearly burden of 691 hours. It is estimated that passive surveys are completed on 29,420 calls, and the average passive survey length for completion is 179 seconds, with a yearly burden of 1,463 hours.

Active surveys for the Spanish service for the AIDS Hotline are estimated to be about 5,040 calls with an average active survey length of 88 seconds. The average number of passive surveys estimated for the Spanish service is 5,000. All callers are surveyed from the TTY service and one out of three callers are surveyed from the Spanish service.

The special events survey will be used to provide information for special promotional campaigns for HIV/AIDS and STDs. The campaigns will generally include the hotline number in any public service announcements (PSAs), advertisements, or tag lines for television shows. On occasion, specific questions will be added to address the content of the special event or PSA. CDC anticipates that it conduct up to 5 special events in the next 3 years. The total estimated annualized burden for this data collection is 1,342 hours.

Survey	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
NAH (English)	21,760	1	1.5/60
NSTDH (English)	12,760	1	1.5/60
NAH (Spanish)	5,040	1	2/60
NSTDH (Spanish)	3,780	1	2/60
NAH (TTY)	200	1	7/60
NSTDH (TTY)	150	1	7/60
Customer Service (English)	150	1	1/60
Customer Service (Spanish)	60	1	7/60
Special Events:			
NAH (English)	2,700	1	2/60
NAH (Spanish)	300	1	2/60
NSTDH (English)	1,000	1	2/60
NSTDH (Spanish)	200	1	2/60

Dated: September 3, 2002.

Nancy E. 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

Food and Drug Administration

[Docket No. 98D–1146]

Discussion of ''Draft Guidance for Industry: Evaluating the Safety of Antimicrobial New Animal Drugs with Regard to Their Microbiological Effects on Bacteria of Human Health Concern;'' Notice of Public Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Food and Drug Administration (FDA) is announcing the following meeting: ''Discussion of Draft Guidance for Industry: Evaluating the Safety of Antimicrobial New Animal Drugs with Regard to Their Microbiological Effects on Bacteria of Human Health Concern.'' The topic to be discussed is this draft guidance document that describes an approach for implementing concepts previously considered in the FDA framework document on antimicrobial resistance (64 FR 887, January 6, 1999). The draft guidance outlines a method for assessing the safety of antimicrobial new animal drugs intended for use in food-producing animals.

Date and Time: The public meeting will be held on Wednesday, October 2, 2002, from 9 a.m. to 5 p.m. Interested persons, who wish their comments to be considered during the meeting, may submit written or electronic comments by September 25, 2002, to the Dockets Management Branch (see *Comments and Electronic Access*).

Location: The meeting will be held at the DoubleTree Hotel, 1750 Rockville Pike, Rockville, MD, 20852, 301–468–1100.

Comments and Electronic Access. Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Two copies of written comments are to be submitted, except that individuals may submit one copy. Submit electronic comments to http://www.fda.gov/dockets/ecomments. Comments should be identified with the full title and Docket No. 98D–1146 found in brackets in the heading of this document. A copy of the received comments is available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Oral comments regarding the draft guidance may be provided during the public comment sessions. Since time for public comments is limited, prior notification of your intent to comment is encouraged. Please register and submit a short summary of your comments by September 25, 2002; faxed copies of comments are permissible. We encourage consolidation of like-minded presentations to provide sufficient opportunity for public comment.

For General Information Contact: Aleta Sindelar, Center for Veterinary Medicine (HFV–3), Food and Drug Administration, 7519 Standish Pl., Rockville, MD 20855, 301–827–4515; FAX 301–827–4335 or e-mail: asindela@cvm.fda.gov.

For Information About Registration/Oral Comments Contact: Anna Roy, Center for Veterinary Medicine (HFV–6), Food and Drug Administration, 7519 Standish Pl., Rockville, MD 20855, 301–827–2947; FAX 301–827–4335 or e-mail: aroy@cvm.fda.gov.

Registration: Registration is required. There is no registration fee for the