

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Physicians .....	15	1	20/60	5
Total .....				50

Dated: October 10, 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**

**Centers for Disease Control and Prevention**

[30DAY-04-03]

**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 Surveillance of Dialysis-Associated Diseases (0920-0033)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). The Division of Healthcare Quality Promotion (DHQP, formerly CDC Hospital Infections Program), is proposing an extension of a yearly survey of dialysis practices and dialysis-associated diseases at U.S. outpatient hemodialysis centers.

The rehabilitation of individuals in the United States who suffer from chronic renal failure has been identified as an important national priority, the Federal Government made a provision in 1973 to provide financial support for chronic hemodialysis patients. CDC, DHQP and Division of Viral Hepatitis have the responsibility of formulating strategies for the control of hepatitis, bacteremia, and other hemodialysis-associated diseases. In order to devise

such control measures, it is necessary to determine the extent to which the incidence of these dialysis-associated diseases changes over time. This request is to continue surveillance activities among chronic hemodialysis centers nationwide.

In addition, once control measures are recommended it is essential that such measures be monitored to determine their effectiveness. The survey is conducted once a year by a mailing to all chronic hemodialysis centers licensed by the Health Care Financing Administration. The types of dialysis practices surveyed include the use of hepatitis B vaccine in patients and staff members, the types of vascular access and dialyzers used, whether certain dialysis items are disinfected for reuse, and whether the dialysis center has any policy for insuring judicious use of antimicrobial agents. Among dialysis-associated diseases, the survey includes hepatitis B virus infection, antibody to hepatitis C virus, antibody to human immunodeficiency virus, and vancomycin-resistant enterococci. The estimated annualized burden is 3800 hours.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)
Chronic Hemodialysis Centers .....	3,800	1	1

Dated: October 10, 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**

**Centers for Disease Control and Prevention**

[Program Announcement Number 02164]

**Laboratory Strengthening for Infectious Disease, Surveillance Control and Response in East Africa; Notice of Award of Funds**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement for Laboratory Strengthening for Infectious Disease Surveillance Control and Response in East Africa.

The purpose of the program is to strengthen the delivery of field support and programming to the CDC and the United States Agency for International Development (USAID) Missions in East Africa. This will be accomplished through the development of new approaches and technologies in response to near and long-term field needs. These needs were established in accordance with the Infectious Disease Interagency Agreement (IAA) between USAID and CDC. This cooperative agreement will support activities in laboratory confirmation of suspected outbreaks, control and prevention of infectious diseases, and system strengthening activities represented by quality assurance and quality control of laboratory confirmation of priority diseases. Measurable outcomes of the