

Respondent	Number of respondents	Number of responses respondent	Average burden response (in hours)	Total burden (in hours)
Farmers	400	1	20/60	133
Total				133

Dated: November 4, 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

[60 Day-03-12]

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) 498-1210.

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 Seleda Perryman, 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: National Disease Surveillance Program—II. Disease Summaries (0920-0004)—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention. Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC Surveillance Program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

CDC and the Council of State and Territorial Epidemiologists (CSTE) collect data on disease and preventable

conditions in accordance with jointly approved plans. Changes in the surveillance program and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report (MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: influenza, respiratory and enterovirus, arboviral encephalitis, rabies, Salmonella, Campylobacter, Shigella, foodborne outbreaks, waterborne outbreaks, and enteric virus. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for extension of the data collection for three years. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each.

The total estimated annualized burden is 6,048 hours. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden in Hours
State and local health officials in 50 states/territories	864	28	15/60	6,048
Total				6,048

Dated: November 1, 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 (CDC)

Advisory Committee for Injury Prevention and Control, Centers for Disease Control and Prevention: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the charter for the Advisory Committee for Injury Prevention and Control of the Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period, through October 28, 2004.

For further information, contact Louise Galaska, Executive Secretary, Advisory Committee for Injury Prevention and Control, Centers for Disease Control and Prevention, of the Department of Health and Human Services, 4770 Buford Highway, NE., M/ S K02, Atlanta, Georgia 30341, telephone 770/488-4694 or fax 770/488-1670.

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 Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: October 31, 2002.

John Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 02-28451 Filed 11-7-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Public Meetings/Opportunity for Public Comment: Interagency Committee on Smoking and Health (ICSH) Cessation Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act

(Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following Subcommittee Meeting.

Agency: Department of Health and Human Services, Centers for Disease Control and Prevention's Office on Smoking and Health.

Date and Time: November 14, 2002, 8:30 a.m.-1 p.m.

Place: The Westin Westminster, 10600 Westminster Boulevard, Westminster, Colorado, 80020, Telephone 303/410-5000.

Date and Time: December 3, 2002, 8:30 a.m.-1:00 p.m.

Place: Hyatt Regency O'Hare at O'Hare International Airport, 9300 West Bryn Mawr Avenue, Rosemont, Illinois 60018, Telephone (847) 696-1234.

Purpose: The ICSH Cessation Subcommittee is convening two public meetings and soliciting comments to obtain input from key audiences who must work in a coordinated manner to successfully promote tobacco use cessation. Input should be focused on (1) opportunities to promote tobacco use cessation, (2) the strategies to overcome barriers and challenges faced by each group to ensure these objectives are implemented, and (3) the types of support DHHS could provide. Individuals and organizations are encouraged to comment in one or both of the following ways: (1) In writing, by submission through the mail, or e-mail; (2) in person, at two public meetings that will be convened in Denver, CO, and Chicago, IL. Comments will also be accepted during the public meetings.

Status: Open to the public, limited only by the space and time available. If you would like to attend the public meetings, you are encouraged to register by providing your name, title, organization name, address, and telephone number to Ms. Jessica Porras, (address below). If you would like to speak at the meetings, please notify Ms. Porras when you register. Written comments may be submitted until December 20, 2002.

To submit electronic comments, send via e-mail to jporras@cdc.gov. To submit comments by mail, send to: ICSH Cessation Subcommittee Public Comments (Attn: Ms. Jessica Porras), Office on Smoking and Health, 200 Independence Avenue, SW., Room 317B, Washington, DC 20201.

Matter to be Discussed: The ICSH Cessation Subcommittee is charged with making recommendations on how best to promote tobacco use cessation. The Subcommittee will develop a report, to be submitted by the Chair of the ICSH to the Secretary of HHS, which contains action steps for both a Secretary's initiative and public-private partnerships to achieve this outcome. Background documents on the ICSH and the ICSH Cessation Subcommittee are available at <http://www.cdc.gov/tobacco/ICSH/index.htm>. Submitted comments will be posted on the Internet at <http://www.cdc.gov/tobacco/ICSH/index.htm>.

For Further Information Contact: Ms. Jessica Porras, Office on Smoking and Health, 200 Independence Avenue, SW., Suite 317B, Washington, DC 20201, Telephone 202/205-8500 or facsimile 202/205-8313 or e-mail: jporras@cdc.gov.

The November 14, 2002 meeting notice is being published less than 15 days prior to the meeting due to difficulty of coordinating the attendance of members because of conflicting schedules.

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 Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: November 4, 2002.

John Burckhardt,

Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS-29/30, CMS-317, CMS-319, CMS-2746, and CMS-R-293]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection.

Title of Information Collection: Request for Certification as Rural Health Clinic and Rural Health Clinic Survey Report Form and Supporting Regulations in 42 CFR 491.1-491.11.