Data	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
Follow-up Interview 1	17,594	1	30/60	8,797
Refusal Questionnaire	4,399	1	5/60	367
Medical Records for Follow-up 1	3,519	1	30/60	1,760
Follow-up Interview 2	14,995	1	30/60	7,498
Refusal Questionnaire	2,639	1	5/60	220
Medical Records for Follow-up 2	2,999	1	30/60	1,500
Follow-up Interview 3	12,712	1	30/60	6,356
Refusal Questionnaire	2,243	1	5/60	187
Medical Records for Follow-up 3	2,542	1	30/60	1,271
Total				57,646

Dated: February 18, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03–4598 Filed 2–26–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–45]

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 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: Congenital Syphilis (CS) Case Investigation and Report Form (CDC73.126) OMB No. 0920–0128—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

CDC proposes to continue data collection for congenital syphilis case investigations under the ''Congenital Syphilis Case Investigation and Report Form'' (CDC73.126 REV 11–98); this form is currently approved under OMB No. 0920–0128. This request is for a 3-year extension of clearance. Reducing congenital syphilis is a national objective in the DHHS Report entitled *Healthy People 2010 (Vol I and II).* Objective 25–9 of this document states the goal: ''Reduce congenital syphilis to 1 new case per 100,000 live births''. In order to meet this national objective, an effective surveillance system for congenital syphilis must be continued to monitor current levels of disease and progress towards the year 2010 objective. This data will also be used to develop intervention strategies and to evaluate ongoing control efforts.

Respondent burden is approximately 15 minutes per reported case. The estimated annual number of cases expected to be reported using the current case definition is 500 or less. Therefore, the total number of hours for congenital syphilis reporting required will be approximately 130 hours per year. There is no cost to respondents except their time.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
State/local health departments	65	8	15/60	130
Total				130

Dated: February 21, 2003.

Thomas Bartenfeld,

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

[60Day–03–44]

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 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 Role of Housing in HIV/AIDS Prevention—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

The Centers for Disease Control and Prevention (CDC) and the Department of Housing and Urban Development (HUD) propose to study the effects of housing for homeless or unstably housed persons on the transmission of HIV and the health of persons living with HIV. Results from the study will be used by policy makers to better understand the types of housing and other affiliated services most likely to reduce HIV transmission and disease progression in the homeless population.

The population to be studied will be drawn from persons living with HIV/AIDS who are seeking housing services from three communities with unmet housing needs as evidenced by a waiting list for services, or other evidence of unmet housing need, through the Housing Opportunities for Persons with AIDS (HOPWA) program. The project will be a longitudinal cohort study, following participants for 18 months. Participants will be randomized into two groups. One group will receive vouchers for housing subsidies plus a 2-session behavioral intervention; the other group will receive referral to housing resources through participating and other agencies plus the 2-session behavioral intervention. No study participants will be denied access to other housing services that are available through participating agencies or other community resources. Since all participants receive the behavioral intervention, the study technically assesses the effects of housing over and above the behavioral intervention.

A cost study will also be conducted to determine the resources needed for this approach and the cost benefits of providing housing for homeless and unstable housed people living with HIV. The purpose of the cost study is to evaluate the effects of housing affordability and the cost-effectiveness (*i.e.* cost-utility ratio) of this strategy relative to other interventions in other public health and other HIV prevention interventions.

The burden for this collection is estimated to be approximately 90 minutes for the survey at baseline and at 6, 12, and 18 months after baseline and 120 minutes for the interview with HUD site service providers. Blood samples for CD4 and viral load counts will also be collected for all participants. These estimates include the time needed to determine if the respondent is eligible to be interviewed, obtain informed consent, and administer the interview.

There are no costs to respondents for participation in the survey other than their time.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
HOPWA Program Participants	1000	4	90/60	6000
HUD Site Service Provider	15	1	2	30
Total				6030

Dated: February 21, 2003.

Thomas Bartenfeld,

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

[60Day–03–46]

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)