Dated: July 11, 2003.

Thomas A. 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

[30Day–54–03]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: Importation and Transport of Etiologic Agents (42 CFR 71.54 and Part 72) (OMB Control No. 0920–0199)—Revision—Office of the Director (OD), Centers for Disease Control and Prevention (CDC). The importation of etiological agents, hosts, and vectors of human disease are regulated by 42 CFR 71.54 and requires that the importation of such materials must be accompanied by a permit issued by the CDC. To carry out this provision, CDC has developed two forms for application for permit. One form is used to apply for a permit to import or distribute after importation, etiologic agents. A second form is used to apply for a permit to import or distribute after import, live bats. The second form is a new form for this information collection.

Interstate transportation of etiologic agents are regulated by 42 CFR Part 72. This regulation establishes minimal packaging requirements for all viable micro-organisms, illustrates the appropriate shipping label, and provides reporting instructions regarding damaged packages and failure to receive a shipment.

This request is for the information collection requirements contained in 42 CFR 71.54, 72.3(e), 72.3(f), and 72.4 which relate to the importation and transportation of etiologic agents. Respondents include laboratory facilities such as those operated by government agencies, universities, research institutions, and commercial entities. The only cost to respondents is their time to complete the application for permit to import form and report problems with shipment of etiologic agents.

CFR section	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
72.54 Application Permit for Etiologic Agents	2,340	1	20/60
72.54 Application Permit for Live Bats	60	1	20/60
72.3(e) Damaged Package	50	1	6/60
72.3(f) Shipping Requirement	200	10	12/60
72.4 Failure to Receive	2	1	12/60

Dated: July 11, 2003.

Thomas A. 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–03–98]

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

Evaluation of an intervention to increase colorectal cancer screening in primary care clinics—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and brief description of the proposed project: Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Routine colorectal cancer screening is recommended for all men and women age 50 years and older. Many screening tests are widely available (*e.g.*, fecal occult blood test, flexible sigmoidoscopy, colonoscopy), and all have been shown to be effective in reducing colorectal cancer mortality. Despite their effectiveness, colorectal cancer screening by any modality remains low. Some reasons attributed to the low screening rates include limited public awareness of colorectal cancer and the benefits of screening, failure of health care providers to recommend screening to patients, and inefficient surveillance and support systems in many health care settings. The purpose of this project is to evaluate a multi-component intervention to increase colorectal cancer screening among average-risk men and women in primary care clinics.

The proposed study will consist of three tasks. In Task 1, 196 primary care

clinicians will complete a survey assessing demographics; opinions about preventive services; colorectal cancer screening training and practices; colorectal cancer screening beliefs, facilitators, and barriers; and satisfaction with colorectal cancer screening. The survey will be administered to clinicians pre- and post-intervention. In Task 2, 196 clinic support staff will complete a survey assessing demographics; work-related duties; opinions about preventive services; colorectal cancer screening training and practices; colorectal cancer screening beliefs, facilitators, and barriers; and satisfaction with colorectal cancer screening. The survey will be administered to clinic support staff pre- and post-intervention. In Task 3, clinic patients will complete a survey assessing demographics; health status; previous colorectal cancer screening and other preventive services received; colorectal cancer knowledge and opinions about colorectal cancer and colorectal cancer screening; and social support.

The survey will be administered to 4,396 patients pre-intervention (consisting of 3,276 patients surveyed only at baseline and 1,120 patients surveyed at baseline and follow-up) and 4,200 patients post-intervention (consisting of 1,120 patients surveyed at baseline and follow-up and 3,080 patients surveyed only at follow-up). There are no costs to the respondents.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Clinicians	196	2	30/60	196
Clinic support staff	196	2	25/60	163
Patients surveyed only at baseline	3276	1	20/60	1,092
Patients surveyed at baseline and follow-up	1120	2	20/60	747
Patients surveyed only at follow-up	3080	1	20/60	1,027
Total				3,225

Dated: July 14, 2003.

Thomas A. 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–03–97]

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

Exposure to Volatile Organic Compounds in Drinking Water and Specific Birth Defects and Childhood Cancers at United States Marine Corps Base Camp Lejeune, North Carolina—New—The Agency for Toxic Substances and Disease Registry (ATSDR).

ATSDR is mandated pursuant to the 1980 Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from exposure to hazardous substances in the environment. ATSDR plans activities to address these issues which include conducting health studies at sites on the Environmental Protection Agency's (EPA) National Priorities List (NPL) to determine whether and to what degree exposure to hazardous substances at these sites are harmful to human health.

The United States Marine Corps Base Camp Lejeune, North Carolina, is one of the federal facilities on EPA's National Priorities List. In 1982, periodic sampling of drinking water sources began at Camp Lejeune to comply with regulations of the national Safe Drinking Water Act. The sample results showed that the drinking water supplied to some of the base housing units was contaminated with volatile organic compounds (VOCs). The specific chemicals of concern were trichloroethylene (TCE), tetrachloroethylene (or perchloroethylene) (PCE), dichloroethylene, and methylene chloride. These chemicals are used as solvents to clean machinery and weapons and in dry cleaning operations. A 1997 ATSDR public health assessment (PHA) of the base recommended that an epidemiological study be considered to determine if mothers exposed to VOCs in drinking water during their pregnancies were at higher risk of giving birth to a child with health problems such as a birth defect or a childhood cancer. ATSDR's initial response to the PHA recommendation was to conduct a study at Camp Lejeune to evaluate whether mothers who were exposed to the contaminated drinking water during pregnancy were at higher risk of having a child which was ''small for gestational age'' (*i.e.*, an infant weighing less than the 10th percentile based on published sex-specific growth curves). This study was completed in 1998 and found an association between mothers' exposures to the contaminated drinking water during pregnancy and small for gestational age infants. The association between birth defects and drinking