

Dated: March 5, 2004.

**Alvin Hall,**

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

[FR Doc. 04-5729 Filed 3-12-04; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-04-34]

**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-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Understanding Family-based Detection as a Strategy for

Early Diagnosis of Hemochromatosis—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Hemochromatosis is a disease that occurs as a result of excess iron accumulation in the tissues and organs. The majority of hemochromatosis cases are due to HFE gene mutations. Early hemochromatosis symptoms are nonspecific and are often overlooked by physicians or mistaken for other conditions. Fortunately, hemochromatosis can be detected with simple blood tests. When treatment by therapeutic phlebotomy is instituted early in the course of the disease, the many severe complications associated with hemochromatosis (e.g., cirrhosis of the liver, liver cancer, cardiomyopathy, and heart failure) can be effectively prevented.

Hemochromatosis is a genetic disease, and blood relatives of hemochromatosis patients are at increased risk. The public health strategy for early detection of hereditary hemochromatosis is making patient family members aware of their increased risk and encouraging them to seek voluntary diagnostic testing ("family-based detection"). CDC wants to evaluate family-based detection as a strategy to identify people with hemochromatosis. The proposed research project will examine the effectiveness of and barriers to the use of family-based detection as a public health strategy to reduce morbidity and mortality from genetic diseases, and in particular, hemochromatosis.

To understand the effectiveness of family-based detection for hemochromatosis the following will be evaluated:

- Barriers and motivators to family-based detection as a strategy for early diagnosis of hemochromatosis. (Early detection facilitates early treatment to slow the course of disease.)
- How physicians communicate with patients about the importance of family-based detection and the need for patients to encourage biological siblings to seek testing.

- Factors that foster good communication among biological siblings about the importance of seeking medical testing by those at increased risk of hemochromatosis.

- Factors that affect the willingness of biological siblings to take action to seek out and receive testing for hemochromatosis.

- Information and key messages that motivate patients to advise their biological siblings about their increased risk for hemochromatosis and need for diagnostic testing.

- How physicians use medical histories to identify people who should be tested because they have a relative with hemochromatosis.

The proposed research to be undertaken by CDC will incorporate several types of qualitative data collection: structured one-on-one interviews, triads (small focus groups) and traditional focus groups. Subjects will include hemochromatosis patients, biological siblings of patients, and physicians. Topics to be explored with each of the three subject groups include the knowledge, attitudes, perceptions, and behaviors related to family-based detection.

Patients will be recruited in Boston and Chicago from the following places (where hemochromatosis patients often undergo treatment by therapeutic phlebotomy):

- Blood banks
- Hospital laboratories
- Other health care provider facilities

Siblings will be recruited either through the patients or by self-referral. Health care providers will be recruited through publicly available lists of physicians, or recommendations from project staff, patients, biological siblings, blood banks, hospital laboratories, hemochromatosis organizations, and health care providers knowledgeable about hemochromatosis. Information about the study will be available on the CDC Web site. Hemochromatosis organizations will be invited to notify their members about this research. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average response per respondent (in hours)	Total burden (in hours)
Individual Interviews with Patients and Siblings .....	15	1	2	30
Individual Interviews with Health Care Providers .....	18	1	2	36
Triads .....	30	1	2	60
Focus Groups .....	80	1	2	160
Total .....				286

Dated: March 8, 2004.

**Alvin Hall,**  
 Director, Management Analysis and Services  
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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

[60 Day-04-33]

**Proposed Data Collections Submitted  
 for Public Comment and  
 Recommendations**

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Proposed Project—Community Guide Surveillance and Evaluation Survey—New—Epidemiology Program Office (EPO), Centers for Disease Control and Prevention (CDC).

The Community Guide Surveillance and Evaluation Survey will be used to collect information about the degree to which segments of the target audience for the Guide to Community Preventive Services (Community Guide) is aware of

and using findings in public health planning decisions. Public health practitioners, including state and local health officials and faculty from schools of public health throughout the United States and its territories, will be invited to participate. The Community Guide is based on systematic reviews of published evidence of effectiveness of selected population based interventions across a range of health topics. The data from this survey will be used to assess familiarity with, understanding of use, and dissemination of findings from the Community Guide. The results of this study will be used by the independent Task Force on Community Preventive Services and staff supporting the Task Force from the Centers for Disease Control and Prevention to improve dissemination and use of Community Guide reviews and recommendations. The sample will include 9 people from each of the 56 states and territories, including Puerto Rico, Guam, U.S. Virgin Islands, and the Northern Mariana Islands, for a total sample size of 504 people. The total annual burden estimate is 101 hours. The survey will be administered annually, contingent on availability of funds, through a Web-based format.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Public Health Practitioners .....	504	1	12/60	101
Total .....	.....	.....	.....	101

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**Alvin Hall,**  
 Director, Management Analysis and Services  
 Office, Centers for Disease Control and  
 Prevention.

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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

[Program Announcement 04074]

**Achieve and Sustain Measles, Rubella,  
 and Congenital Rubella Syndrome  
 (CRS) Elimination in the Americas  
 Notice of Intent To Fund Single  
 Eligibility Award**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for

a cooperative agreement program to achieve and sustain measles, rubella, and congenital rubella syndrome (CRS) elimination in the Americas. The Catalog of Federal Domestic Assistance number for this program is 93.185.

**B. Eligible Applicant**

Assistance will be provided only to Pan American Health Organization (PAHO). PAHO is the most appropriate and qualified agency to conduct the activities under this cooperative agreement because:

1. PAHO has the lead responsibility among the United Nations organizations for implementing activities to achieve the Pan American Sanitary Conference resolution of 1994 calling for the regional elimination of measles, and the year 2003 resolution calling for the elimination of rubella and CRS by year 2010. PAHO is the only organization in the Americas with a regional mandate for the control and prevention of vaccine-preventable diseases (VPD).

2. The proposed program is strongly supportive of, and directly related to, the achievement of PAHO and CDC/ National Immunization Program objectives for the control and prevention of VPDs with emphasis on CDC's objectives.

3. PAHO, in collaboration with the Governments of Brazil, Canada, Netherlands, Spain, USAID, March of Dimes, Sabin Institute, American Red Cross and CDC, are partners in an international effort to increase support and visibility for both the measles and rubella elimination initiatives.

**C. Funding**

Approximately \$6,000,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before May 1, 2004, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.