

children and/or adults; (2) experience in critical evaluation of research and evidence-based methods; (3) expertise in disease prevention and health promotion; (4) expertise in counseling and behavioral interventions, (5) national recognition for scientific leadership within their field of expertise; (6) ability to work collaboratively with peers; and, (7) no substantial conflicts of interest that would impair the scientific integrity of the work of the Task Force. Some Task Force members without primary health care clinical experience may be selected based on their expertise in methodological issues such as medical decision making, clinical epidemiology, and health economics.

Dated: March 10, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04-6342 Filed 3-19-04; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-33-04]

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: Severe Acute Respiratory Syndrome (SARS) Investigation (OMB No. 0920-0596)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). The purpose of this project is to prepare for a response to another possible outbreak

of Severe Acute Respiratory Syndrome (SARS) in the United States and abroad. In late February 2003, CDC began supporting the World Health Organization (WHO) in the investigation of a multi-country outbreak of atypical pneumonia of unknown etiology. The illness was subsequently named SARS. By March 2003, cases of SARS were reported in the U.S. among travelers with a travel history to one or more of the three provinces in Asia where the SARS outbreak was first reported.

In order to prepare for another potential outbreak SARS in the U.S. in the upcoming respiratory season, CDC plans to collect data for the purpose of surveillance, case reporting, contact tracing and clinical and epidemiological investigations. Currently, CDC is collecting this information under an emergency clearance. To preserve continuity in the surveillance information collected by public health investigators, CDC is requesting a 3-year extension on the current surveillance forms. The information collected includes contact information from travelers on a flight with a person or persons suspected of having SARS, health care workers exposure, and case report forms. The estimated annualized burden is 2,213.

Form	Respondent	No. of respondents	No. of responses per respondent*	Avg. burden per response (in hours)
1. Transmission Protocol: Follow-up Questionnaire.	SARS cases and contacts	500	5	10/60
2. Transmission Protocol: Contact Baseline Questionnaire.	Health Departments	300	1	15/60
3. Transmission Protocol: Household Information Questionnaire.	Health Departments	300	1	10/60
4. Transmission Protocol: Household Contact Baseline Questionnaire.	Health Departments Clinicians	300	1	15/60
5. HCW Severe Pneumonia Surveillance Form.	State/Local Health Departments	300	1	40/60
6. Pregnancy Protocol Data Collections Forms.	Health Departments Clinicians	50	1	15/60
7. Transmission Protocol: Airline Contact Baseline Questionnaire.	Quarantine Officers, Health Department	1,000	1	30/60
8. Transmission Protocol: HCW Baseline Questionnaire.	Health Departments Clinicians	300	1	15/60
9. SARS Case Report Forms, Paper-based/ Web-based Format.	State/Local Health Departments	300	1	40/60
10. Passenger Locator Card	Airline Passengers	3,000	1	5/60
11. Clinical Baseline Questionnaire for SARS Cases.	Health Department Clinicians	100	1	1
12. International SARS Case Reports Form ..	Caseworker	100	1	20/60
13. HCW Facility Encounter Forms	Healthcare Facility, State or Local Health Departments.	300	1	30/60
14. SARS Screening Form	Healthcare Facility, State or Local Health Departments.	300	1	15/60

* The number of responses will be determined by the extent of a SARS outbreak.

Dated: March 15, 2004.

Alvin Hall,

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

[FR Doc. 04-6329 Filed 3-19-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Infrastructure Development Initiatives Related to Oral Disease Prevention and Oral Health Promotion

Announcement Type: New.

Funding Opportunity Number: PA 04135.

Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates:

Letter of Intent Deadline: April 12, 2004.

Application Deadline: May 6, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under section 317(k)(2) of the Public Health Service Act, [42 U.S.C. section 247b(k)(2)], as amended.

Purpose: The purpose of the program is to develop initiatives related to oral disease prevention and related chronic disease and health promotion capacity; and, to coordinate the dissemination of comprehensive oral disease prevention information and health promotion programmatic expertise among state and local agencies, and public and private sector organizations in the United States. The purpose of this program includes conducting projects that promote the development of leadership and infrastructure to establish sustainable oral health programs at the state level, promote progress on the action steps identified in "A National Call to Action to Promote Oral Health" (See section "VIII. Other Information" of this announcement for Internet links to all cited publications), advance underutilized, evidence-based oral disease and oral injury prevention efforts, develop and promote policies to address oral disease prevention for high-risk adults. This program addresses the "Healthy People 2010" focus area(s) of Oral Health and seeks to enhance the effectiveness of state health department programs to prevent and control oral diseases in accordance with "Oral Health in America: A Report of the Surgeon General" and "A National Call to Action to Promote Oral Health".

Measurable outcomes of the program will be in alignment with one (or more)

of the following performance goal(s) for the Centers for Disease Control and Prevention (CDC): Improve the lives of racial and ethnic populations who suffer disproportionately from the burden of disease and disability, and develop tools and strategies that will enable the nation to eliminate these health disparities by 2010.

Activities:

Awardee activities for this program are as follows:

- Collaborate with and provide technical assistance to state health agencies and state coalitions to develop and expand activities to improve and strengthen state oral health infrastructure. Performance will be measured by documentation of an annual summary of requests for collaboration and technical assistance and responses to such requests; provision of technical assistance for at least five states or all states requesting assistance if fewer than five requests are received during a project year; for each request receiving assistance; the nature of assistance provided and results (products, skills, etc.).

- Develop and implement a plan to promote progress on the action steps identified in "A National Call to Action to Promote Oral Health," in particular to change perceptions of oral health and its relation to general health, to overcome barriers by replicating effective preventive programs and proven efforts, and to increase collaborations on the national and state levels related to population-based preventive measures. Performance will be measured by documentation including adherence to the proposed timeline for plan development; identification of participants in the plan development and review process; progress on implementation of the plan; rationale for and descriptions of deviations from plan; and measurable outputs of promotional efforts.

- Initiate and conduct projects to increase utilization of evidence-based, population-based, oral disease and oral injury prevention measures (e.g., water fluoridation and school-based or school-linked dental sealant programs). Performance will be measured by documentation of adherence to the proposed timeline; measurable outputs; and methods of dissemination that demonstrate the extent the intended audience has been reached.

- Coordinate activities with other relevant state or national agencies and organizations to facilitate the development, implementation, and evaluation of oral disease prevention and health promotion programs, either as stand-alone programs or integrated

within broader chronic disease prevention and health promotion programs. Performance will be measured by documentation of adherence to the proposed timeline; identification of participants in the collaborative activities; progress on implementation of the planned activities; rationale for and descriptions of deviations from timeline; and measurable outputs of collaborative associations.

- Develop and promote policies to address oral disease prevention for high-risk adults, such as those with diabetes, users of tobacco products, or those with xerostomia. Performance will be measured by documentation of identification of sample policies or policy approaches and dissemination efforts.

- Monitor and evaluate program performance under this agreement and share program performance information through appropriate channels (conferences, reports, publications, etc.), including an annual meeting with CDC staff. Performance will be measured by documentation that evaluation has been completed; evaluation capacity and activities have become institutionalized; program accomplishments have been collected and shared with stakeholders; and evaluation results are used to improve program performance.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

- Participate in planning, implementing, and evaluating strategies and programs.

- Assist in the analysis and interpretation of the evaluation phase of projects or programs.

- Provide programmatic consultation and guidance in support of the program.

- Provide continuing updates on scientific and operational developments in the areas of oral disease prevention and control, related risk factors, and impacts on other chronic health conditions.

- Assist in the planning and implementation of linkages with State agencies.

- Assist in the technological and methodological dissemination of successful prevention and intervention models among targeted groups such as State health agencies and national health professional organizations.

II. Award Information

Type of Award: Cooperative Agreement. CDC involvement in this