

2010 objectives for travelers. In addition, it will enable CDC to develop appropriate educational interventions for high-risk travelers and to gain a

better understanding of the role of travel in emerging infectious diseases. The survey tool will take approximately 15 to 20 minutes to complete. Delta

Airlines has agreed to cover all costs for printing the surveys. The estimated annualized burden is 1,400 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)
Travelers (Delta Airline International Flight Passengers)	5,600	1	15/60

Dated: April 16, 2004.
Bill J. Atkinson,
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 Disease Control and Prevention

[30Day-36-04]

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: Thyroid Disease in Persons Exposed to Radioactive Fallout from Atomic Weapons Testing at the Nevada Test Site: Phase III (OMB No. 0920-0504)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

In 1997, the National Cancer Institute (NCI) released a report entitled,

“Estimated Exposures and Thyroid Doses Received by the American People from I-131 in Fallout Following Nevada Nuclear Bomb Test.” This report provided county-level estimates of the potential radiation doses to the thyroid gland of American citizens resulting from atmospheric nuclear weapons testing at the Nevada Test Site (NTS) in the 1950s and 1960s. The Institute of Medicine (IOM) conducted a formal peer review of the report at the request of the Department of Health and Human Services. In the review, IOM noted that the public might desire an assessment of the potential health impact of nuclear weapons testing on American populations. The IOM also suggested that further studies of the Utah residents who have participated in previous studies of radiation exposure and thyroid disease might provide this information.

CDC, National Center for Environmental Health proposes to conduct a study of the relation between exposure to radioactive fallout from atomic weapons testing and the occurrence of thyroid disease on an extension of a cohort study previously conducted by the University of Utah, Salt Lake City, Utah. This study is designed as a follow-up to a retrospective cohort study begun in 1965. This is the third examination (hence Phase III) of a cohort of individuals comprised of persons who were children living in Washington County, Utah, and Lincoln County, Nevada, in 1965 (Phase I) and who were presumably exposed to fallout from above-ground nuclear weapons testing at the Nevada Test Site in the 1950s. The cohort also includes a control group comprised of persons who were

children living in Graham County, Arizona, in 1966 and presumably unexposed to fallout.

The study headquarters will be at the University of Utah in Salt Lake City, Utah. The field teams will spend the majority of their time in the urban areas nearest the original counties if the same pattern of migration holds same as that was found in Phase II. These urban areas include: St. George, Utah; the Wasatch Front in Utah; Las Vegas, Nevada; Phoenix/Tucson, Arizona; and Denver, Colorado. In addition, some time will be spent in California as a number of subjects were relocated there during the time of Phase II. The purpose of Phase III is three-fold. First, the participants in Phase II will be re-examined for occurrence of thyroid neoplasia and other diseases since 1986, and residents of the three counties who moved before they could be included in the original cohort will be located and examined. Second, disease incidence will be analyzed in addition to period prevalence as used in the Phase II analysis, and incidence analysis will allow for greater power to detect increased risk of disease in the exposed population through the use of person-time. Third, disease specific mortality rates for Washington County, Utah, and a control county, Cache County, Utah, will be compared to people who lived in these two counties during the time of above-ground testing. This comparison will determine if the risk of mortality in Washington County (the exposed group) is significantly greater than Cache County (the control group). CDC, NCEH is requesting a three-year clearance. The estimated annualized burden is 3,368 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Telephone Location Script	1,200	1	5/60
Telephone Location Script (return letter)	67	1	5/60
Refusal Telephone Script	50	1	5/60
Recruitment Next of Kin Telephone Script	75	1	5/60
Recruitment & Appointment Script	960	1	5/60
Broken Appointment Telephone Script	40	1	5/60
Exposure Questionnaire	167	1	90/60

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Questionnaire Preparation Booklet	960	1	30/60
Group Member Information	960	1	5/60
Consent Forms	960	1	5/60
Interview Booklet	167	1	30/60
Medical History Questionnaire (male)	520	1	2
Medical History Questionnaire (female)	520	1	2
Medical Records Release Telephone Script	40	1	5/60
Thyroid Exam	520	1	1
Travel Form	80	1	20/60
Residence History	167	1	5/60
Refusal Questionnaire	8	1	5/60

Dated: April 16, 2004.

Bill J. Atkinson,

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 Disease Control and Prevention

[Program Announcement 04084]

Development and Testing of New Antimalarial Drugs; 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 support research projects to develop and test new antimalarial drugs. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to the University of Mississippi. The FY 2000 United States Senate Labor-Health and Human Services Appropriations Report: Report 106-166 (S 1650), recognized the unique qualifications of the consortium headed by the University of Mississippi School of Pharmacy, that includes the Department of Medicinal Chemistry the Laboratory for Applied Drug Design and Synthesis, the Thad Cochran Center for Natural Products, the Tulane University Center for Infectious Diseases and the Tulane National Primate Research Center for carrying out the activities specified in this cooperative agreement and directed CDC to provide research funding to the consortium. These organizations in the past three years have worked in a unique partnership through a CDC

cooperative agreement to analyze and use natural products as antimalarial agents, set-up state of the art chemical synthesis and organic product laboratories, refine lead drug candidates and target molecules, conduct and organize phase I and II clinical trials, and conduct *in-vitro* and *in-vivo* therapeutic evaluations of drug activities and efficacies. No other consortia of this type or identity as headed by the University of Mississippi School of Pharmacy exists at this time in the public/academic realm that has all these elements working together as a unit, which is necessary to conduct rationale drug development. House Report 108-401 directed the continuation of this work in FY 2004. The project supports the ongoing activities of CDC in the global control and prevention of malaria and the goals to protect Americans from infectious diseases and reduce the spread of antimicrobial resistance.

C. Funding

Approximately \$5,000,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before August 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.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, telephone: 770-488-2700.

For technical questions about this program, contact: John W. Barnwell, Ph.D., MPH, Project Officer, 4770 Buford Highway, Atlanta, GA 30341, telephone: 770-488-4528, e-mail: wzb3@cdc.gov.

Dated: April 19, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Steps to a HealthierUS: National Organization Partnerships; Notice of Availability of Funds

Announcement Type: New.
Funding Opportunity Number: 04134.
Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates:

Letter of Intent Deadline: May 14, 2004.

Application Deadline: June 8, 2004.

Executive Summary: In June 2002, the President of the United States launched his HealthierUS initiative, which highlights the influence that healthy lifestyles and behaviors—such as making healthful nutritional choices, being physically active, and avoiding tobacco use and exposure—have in achieving and maintaining good health for persons of all ages. In response, the Secretary of the Department of Health and Human Services created the Steps to a HealthierUS Initiative (hereafter referred to as the Steps Initiative). Steps Initiative activities include national roundtables, conferences, publications, and public-private partnership opportunities.

The centerpiece of the Steps Initiative is a five-year cooperative agreement program (hereafter referred to as the Steps Community Program or Steps Communities). This program funds communities to improve the lives of Americans through innovative and effective community-based health