Dated: June 3, 1998.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

[FR Doc. 98–15255 Filed 6–8–98; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–15–98]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Projects

1. *Prostate and Colorectal Cancer Screening in the Managed Care Environment—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).* Prostate and colorectal cancer are among the leading causes of cancer deaths in the U.S. Prostate cancer screening has increased rapidly during the past few years; however, little is known about actual rates of screening, or the proportion of men screened who present with symptoms or who are at high risk for prostate cancer. Evidence suggests that colorectal cancer screening can save lives and efforts are under way to increase participation in screening. However, little information is available to monitor screening rates. It is also unknown how well self-reported prostate and colorectal cancer screening rates, which are often used in population surveys, compare to actual screening rates. Therefore, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, intends to conduct a survey of prostate and colorectal cancer screening test utilization. As an increasing number of people are served by managed care organizations where they may receive cancer screening tests, the proposed study population are members of managed care organizations.

A sample of members (men aged 40 years and older and women 50 years and older) of 3 managed care organizations will be interviewed over the telephone, and the medical charts of the participants will be abstracted. The information collected will include demographic information, prostate and colorectal cancer screening tests received within the past 5 years, and the reasons and outcomes of the tests. The total annual burden hours are 530.

Respondents	No. of respondents	No. of responses/respondent	Average burden of response (in hrs.)	Total burden (in hrs.)
Survey	2120	1	0.25	530

2. *Weekly and Annual Morbidity and Mortality Reports—(0920–0007)—Extension—Epidemiology Program Office*—In 1878, Congress authorized the U.S. Marine Hospital Service (later re-named the U.S. Public Health Service) to collect morbidity reports on cholera, smallpox, plague, and yellow fever from U.S. consuls overseas. This information was to be used for instituting quarantine measures to prevent the introduction and spread of these diseases in the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. The authority for weekly reporting and publication was expanded by Congress in 1893 to include data from state and municipal authorities throughout the U.S. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General of the Public Health Service to provide forms for the collection and compilation of data and for the publication of reports at the national level.

In 1961, responsibility for the collection of data on nationally notifiable diseases and deaths in 121 U.S. cities was transferred from the National Office of Vital Statistics to CDC. For 37 years, the MMWR has consistently served as CDC's main communication mode for disease outbreaks and trends in health and health behavior. In collaboration with the Council of State and Territorial Epidemiologists (CSTE), CDC has demonstrated the efficiency and effectiveness of computer transmission of data.

The data collected electronically for publication in the MMWR provides information which CDC and State epidemiologists use to detail and more effectively interrupt outbreaks. Reporting also provides the timely information needed to measure and demonstrate the impact of changed immunization laws or a new therapeutic measure. Users of data include, but are not limited to, congressional offices, state and local health agencies, health care providers, and other health related groups.

The dissemination of public health information is accomplished through the MMWR series of publications. The publications consist of the MMWR, the CDC Surveillance Summaries, the Recommendations and Reports, and the Annual Summary of Notifiable Diseases. The total annual burden hours are 4,927.

A.12.—ESTIMATES OF ANNUALIZED BURDEN HOUR

Type of respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Weekly Morbidity Report				
States	50	52	1	2600
Territories	5	52	1 @ 1 4 @ 0.5*	156
Cities	2	52	1	104
CDC 43.5 Weekly Mortality Report				
City Health Officers or Vital Statistics Registrars	122	52	0.2	1269
Annual Summary				
States	50	1	14	700
Territories	5	1	1 4	70
Cities	2	1	14	28

*Reports from respondents replying via FAX are more consolidated than those replying via NETSS. Attachment F is an example of a table routinely produced by a territorial health department. Since this table provides information needed for the weekly notifiable diseases report, a copy is sent by FAX to CDC.

3. *Surveillance of Hazardous Substances Emergency Event—(0923–0008)—Extension—the Agency for Toxic Substances and Disease Registry (ATSDR)* is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. The primary purpose of this activity, which ATSDR has supported since 1992, is to develop, implement, and maintain a state-based surveillance system for hazardous substances emergency events which can be used to (1) describe the distribution of the hazardous substance releases; (2) describe the public health consequences (morbidity, mortality, and evacuations) associated with the events; (3) identify risk factors associated with the public health consequences; and (4) propose strategies to reduce future public health consequences. The study population will consist of all hazardous substance nonpermitted acute releases within the 13 states (Alabama, Colorado, Iowa, Minnesota, Mississippi, Missouri, New York, North Carolina, Oregon, Rhode Island, Texas, Washington, Wisconsin) participating in the surveillance system.

Until this system was developed and implemented, there was no national public health-based surveillance system to coordinate the collation, analysis, and distribution of health data to public health practitioners. It was necessary to establish this national surveillance system which describes the impact of hazardous substances emergencies on the health of the population of the United States. The data collection form will be completed by the state health department HSEES coordinator using information provided by a variety of sources including environmental protection agencies, police, firefighters, emergency response personnel; or researched by the HSEES coordinator including census data, material safety data sheets, and chemical handbooks. The total annual burden hours are 4,316.

Respondents	No. of respondents	No. of responses/respondent	Avg burden/response (in hrs.)	Total burden (in hrs.)
First	13	332	1	4,316
Second	13	332	1	4,316
Third	13	332	1	4,316

Dated: June 2, 1998.

Charles W. Gollmar,

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

[FR Doc. 98–15123 Filed 6–8–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry

Notice of Availability of Funds Program Announcement 99006; Public Health Conference Support Grant Program

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 1999 funds for the Public Health Conference Support Grant Program. This program addresses the ''Healthy People 2000'' priority area(s) for CDC and ATSDR, (1) Physical Activity and Fitness; (2) Nutrition; (3) Educational and Community-Based Programs; (4) Unintentional Injuries; (5) Violent and Abusive Behavior; (6) Occupational Safety and Health; (7) Environmental Health; (8) Oral Health; (9) Maternal and Infant Health; (10) Heart Disease and Stroke; (11) Cancer; (12) Diabetes and Chronic Disabling Conditions; (13) Sexually Transmitted Diseases; (14) Immunization and Infectious Disease; (15) Clinical Preventive Services; (16) Prevention Research in Program and Policy Development in Managed Care; (17) Surveillance and Data Systems;