No scientific publications were required to be corrected as part of this Agreement.

FOR FURTHER INFORMATION CONTACT: Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852.

Chris B. Pascal, J.D.,

Acting Director, Office of Research Integrity.

[FR Doc. 96–12263 Filed 5–15–96; 8:45 am]

BILLING CODE 4160–17–P

Agency for Health Care Policy and Research

Notice of Advisory Committee Meetings

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2) announcement is made of the following advisory committees scheduled to meet during the month of June 1996:

Name: Health Services Research Review Subcommittee.

Date and Time: June 6–7, 1996, 8:30 a.m.

Place: Ramada Inn, 1775 Rockville Pike, Conference Room TBA, Rockville, Maryland 20852. Open June 6, 1996, 8:30 a.m. to 9:00 a.m. Closed for remainder of meeting.

Purpose: The Subcommittee is charged with the initial review of grant applications proposing analytical and theoretical research on costs, quality, access, and efficiency of the delivery of health services for the research grant program administered by the Agency for Health Care Policy and Research (AHCPR).

Agenda: The open session of the meeting on June 6, from 8:30 a.m. to 9:00 a.m., will be devoted to a business meeting covering administrative matters and reports. During the closed session, the Subcommittee will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, AHCPR, has made a formal determination that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members, minutes of the meeting, or other relevant information should contact Patricia G. Thompson, Ph.D., Scientific Review Administrator, Office of Scientific Affairs, Agency for Health Care Policy and Research, Suite 400, Executive Office Center, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594–1437x1607.

Name: Health Services Research Dissemination Study Section.

Date and Time: June 27, 1996, 7:30 a.m.

Place: Doubletree Hotel, 1750 Rockville Pike, Conference Room TBA, Rockville, Maryland 20852. Open June 27, 1996, 7:30 a.m. to 8:00 a.m. Closed for remainder of meeting.

Purpose: The Study Section is charged with the review of and making recommendations on grant applications for Federal support of conferences, workshops, meetings, or projects related to dissemination and utilization of research findings, and AHCPR liaison with health care policy makers, providers, and consumers.

Agenda: The open session of the meeting on June 27, from 7:30 a.m. to 8:00 a.m., will be devoted to a business meeting covering administrative matters and reports. During the closed session, the Subcommittee will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, AHCPR, has made a formal determination that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members, minutes of the meeting, or other relevant information should contact Linda Blankenbaker, Scientific Review Administrator, Office of Scientific Affairs, Agency for Health Care Policy and Research, Suite 400, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594–1437x1603.

Agenda items for all meetings are subject to change as priorities dictate.

Dated: May 8, 1996.

Clifton R. Gaus,

Administrator.

[FR Doc. 96–12361 Filed 5–15–96; 8:45 am]

BILLING CODE 4160–90–M

Centers for Disease Control and Prevention

[30 DAY–11]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review, 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 Office on (404) 639–7090.

The following requests have been submitted for review since the last publication date on May 9, 1996.

Proposed Project

1. Intensive-Care Antimicrobial Resistance Epidemiology (Project ICARE), Phase II—NEW—Antibiotic resistance is estimated to cost as much as 4 billion dollars a year to the health care system in the United States and the number of resistant microorganisms is increasing. For example, data reported to the National Nosocomial Infections Surveillance (NNIS) system demonstrated a 20-fold increase, between January 1989 and March 1993, in the percentage of enterococci associated with nosocomial infections that are resistant to vancomycin (VRE). Additional analysis of NNIS data has demonstrated that other antibiotic resistant nosocomial pathogens have also increased in recent years. One of the major factors limiting the understanding of antibiotic resistance among nosocomial pathogens is the lack of information on the relationship between the amount and kind of antibiotic used in hospitals and the emergence of resistance.

This proposed one year study, called Project ICARE, will collect data on the amount of antibiotics used in 50 NNIS hospitals and the antibiotic susceptibility patterns found in certain bacterial pathogens isolated in these hospitals' microbiology laboratories between June 1996 and June 1997. Further, new mechanisms of resistance will be studied on specific antibiotic-resistant isolates that will be sent to CDC from these laboratories. A successful pilot study involving eight NNIS hospitals was conducted between August 1994 and January 1995 to study the feasibility of collecting such information.

After initially setting up the project with information on the different intensive care units (ICUs) and wards, the hospital will provide three different types of data each month: (1) Summary of the amount of parenteral and oral antibiotics, by generic group, reported by the pharmacy, (2) summary of the number of isolates, by species, susceptible, intermediate or resistant to various antibiotics reported by the microbiology laboratory, and (3) actual isolates of resistant pathogens to be sent to by the microbiology laboratory to CDC. For antibiotics used and number of isolates in each of the susceptibility categories, separate data are to be reported for each ICU, all other inpatients, and outpatients (antibiotic use among outpatients is not collected). Data collection forms for summary data from the microbiology laboratory and pharmacy have been created to assist in recording the data; however, the data will be entered into a computer software created by CDC specifically for Project ICARE. The software will be provided to the hospitals at no cost. Data will be transmitted to CDC by floppy disk or by electronic transfer when it become available in the NNIS system in 1996.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs)
Primary Contact	50	12	1
Pharmacist	50	60	1.8
Microbiologist	50	60	0.35
Total	.....	.....	.....

The total burden hours is 7050. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

4. National Nosocomial Infections Surveillance (NNIS) System—(0920–0012)—Extension—The National Nosocomial Infections Surveillance (NNIS) system is currently the only source for national data on nosocomial (hospital-associated) infections in the United States. It first began collecting data in 1970. It is a collaborative project between the Hospital Infections Program of the Centers for Disease Control and Prevention (CDC) and voluntarily participating hospitals in the United States. The goals of the system are to: (1) develop comparative nosocomial infection rates that can be used by hospitals to assess quality of care, (2) describe the scope and magnitude, including trends, of the nosocomial infection problem in the U.S., (3) identify risk factors associated with these infections, (4) assist hospitals in the effective use of surveillance data to improve the quality of patient care, and (5) conduct collaborative research studies. Data are collected using protocols developed by CDC that define the specific populations of patients at risk, risk factors, and outcomes. The decision about which component(s) to use is made by each hospital depending on its own needs for surveillance data. The data are collected by trained surveillance personnel, assisted by hospital personnel, and are entered into IDEAS, a surveillance software which makes the data available for analysis at the hospital's convenience. The data are currently transmitted to CDC by floppy disk, then aggregated into a national database. During 1996, it will become possible for some hospitals to transmit the data to CDC through the NNIS telecommunications system. This system is expected to be used by all participating hospitals by 1997, resulting in reduced response time. NNIS methodology, which has been published, is the standard nosocomial infection surveillance methodology and is used at least in part by most U.S. hospitals.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Hospitals	251	12	0.16

The total burden hours is 481. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Dated: May 10, 1996.

[FR Doc. 96–12329 Filed 5–15–96; 8:45 am]

BILLING CODE 4163–18–P

[Announcement Number 631]

National Institute for Occupational Safety and Health; Research and Demonstration Grants

Introduction

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) is soliciting grant applications for research and demonstration projects related to occupational safety and health (see the section ''Availability of Funds'').

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of ''Healthy People 2000,'' see the section ''Where to Obtain Additional Information''.)

Authority

This program is authorized under the Public Health Service Act, as amended, Section 301 (42 U.S.C. 241); the Occupational Safety and Health Act of 1970, Section 20(a) (29 U.S.C. 669); and the Federal Mine Safety and Health Amendments Act of 1977, as amended, Section 501 (30 U.S.C. 951). The applicable program regulations are in 42 CFR Part 52.

Eligible Applicants

Eligible applicants include domestic and foreign non-profit and for-profit organizations, universities, colleges, research institutions, and other public and private organizations, including State and local governments and small, minority and/or woman-owned businesses. Exceptions: Applicants for the Special Emphasis Research Career Award (SERCA) Grant and Small Grant programs must be citizens or persons lawfully admitted to the United States for permanent residence (resident alien) at the time of application and must be employed by a domestic institution.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive federal funds and in which education, library, day care, health care, and early childhood development services are provided to children.

Availability of Funds

For fiscal year (FY) 1996, the budget is projected to be $10,000,000. Of that amount, $7,000,000 is committed to support 47 non-competing continuing awards. Therefore, $3,000,000 is available for new and competing renewal awards. The overall budget includes $400,000 for Small Business Innovation Research grant awards, of which $237,000 is already committed to a non-competing continuation award. In addition, this overall budget includes funds for a special emphasis on construction health and safety research.