

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden/response	Total burden (in hrs.)
Questionnaire	6000	1	0.25	750

2. Preventive Health and Health Services Block, Annual applications and reports—(0920–0106)—Extension—In 1994, OMB approved the collection of information provided in the grant applications and annual reports for the Preventive Health and Health Services Block Grant (OMB #0920–0106). This approval expires on September 30, 1997. CDC is requesting extension of OMB clearance for this legislatively mandated information collection.

The information collected through the applications from the official State health agencies is required from section 1905 of the Public Health Service Act. This is no change in the proposed information collection from previous years. The information collected from the annual reports is required by section 1906, specifically the requirement for uniform data sets matching the uses of funds. Minor modifications to some individual uniform data sets for chronic

diseases, as well as some other program areas, have been made to maintain consistency with performance measures developed as a result of the Government Performance and Results Act. Overall, this request reflects a 25% reduction in the collection burden to the grantees (States). The total cost to all respondents is \$137,250, estimated at \$25/burden hour.

Respondents	Number of respondents	Number of responses/re-spondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Annual Applications	61	1	30	1830
Annual Reports	61	1	30	1830
Total				5490

Dated: June 25, 1997.

Wilma G. Johnson,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–13–97]

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 Office on (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 7 days of this notice.

Proposed Project

1. The National Home and Hospice Care Mail Survey (NHHCMS)—(0920–0298)—Revision—The National Home and Hospice Care Survey (NHHCS) was conducted in 1992, 1993, 1994 and 1996. It is part of the Long-Term Care component of the National Health Care Survey. Section 306 of the Public Health Service Act states that the National Center for Health Statistics “shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions.”—NCHS data are used to examine this most rapidly expanding sector of the health care industry. Data from the NHHCS are widely used by the health care industry and policy makers for such diverse analyses as the need for various medical supplies; minority

access to health care; and planning for the health care needs of the elderly. The NHHCS also reveals detailed information on utilization patterns, as needed to make accurate assessments of the need for and costs associated with such care. Data from earlier NHHCS collections have been used by the Congressional Budget Office, the Bureau of Health Professions, the Maryland Health Resources Planning Commission, the National Association for Home Care, and by several newspapers and journals. Additional uses are expected to be similar to the uses of the National Nursing Home Survey. The mail survey version is an abbreviated form used to collect basic trend data in years in which the full NHHCS is not in the field. NHHCMS data cover: baseline data on the characteristics of home health agencies and hospices including number of patients served, ownership, Medicare and Medicaid certification, and services provided. Data collection is planned for the period October 1997–January 1998. Survey design is in process now. The total annual burden hours are 200.

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden/response (in hrs.)
Hospices and Home Health Care Agencies	1,200	1	0.166

Dated: June 24, 1997.

Wilma G. Johnson,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-14-97]

Agency Forms Undergoing Paperwork Reduction Act Review

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comments should be received within 30 days of this notice.

Proposed Project

1. Prospective Evaluation of Health-Care Workers Exposed to Blood From Patients Infected with HIV—(0920-0131)—Reinstatement—The HIV Infections Branch, Hospital Infections Program (HIP), Centers for Disease Control and Prevention (CDC) plans to continue surveillance of health-care workers (HCWs) exposed to the blood of persons infected with human immunodeficiency virus (HIV). This prospective evaluation, initiated in August 1983, provides essential scientific information on the risk of HIV transmission in the health care setting. The objectives of the project are to: (1) estimate the risk of HIV infection in HCWs exposed via the percutaneous, mucous-membrane, or skin route to HIV infected blood, according to type of exposure; (2) describe the type of devices and circumstances of the exposures sustained by HCWs; (3) describe the clinical natural history and development of laboratory markers of HIV infection in HCWs enrolled in this project who seroconvert to HIV; and, (4)

describe the use of post-exposure chemoprophylaxis by HCWs exposed to HIV infected blood.

The design of this voluntary surveillance includes enrollment of participating institutions (respondents) throughout the United States. In the event that an HCW employed at the facility sustains an eligible exposure to HIV infected blood, the HCW is enrolled and followed prospectively. Epidemiologic data and serum for HIV antibody testing are collected within 30 days after the exposure with follow-up visits and serum samples collected at 6 weeks, 3, 6, and 12 months from the date of the exposure.

The number of respondents is the expected number of institutions participating in the project annually. The number of responses is based on the average number of forms which will be completed during each year. The 250 HCWs enrolled each year will each need three Follow-up forms completed. The number of Reports of Antiviral Prophylaxis is based on the proportion of HCWs expected to be prescribed antiviral prophylaxis (approximately 50%). The total annual burden hours are 198.

Respondent	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Initial Case Report Form	250	1	0.25	63
Follow-up Form	250	3	0.1666	125
Antiviral Prophylaxis Rpt	125	1	0.083	10

2. 1998 Alternative School Youth Risk Behavior Survey (0920-0258)—New—The Division of Adolescent and School Health, in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC) requests OMB Clearance to conduct a survey among alternative secondary school students of priority health risk behaviors related to the major preventable causes of mortality, morbidity, and social problems among both youth and adults in the U.S. The OMB clearance currently in effect for Youth Risk Behaviors Survey (YRBS)

(0920-0258, expiration 10/97) is a national survey done biennially among students attending regular public, private, and Catholic schools in grades 9-12. This request is to conduct a YRBS in 1998 among a nationally representative sample of students in alternative schools, which have been excluded from the national school-based YRBS in the past. Alternative schools, which represent about 5% of U.S. high schools, serve students primarily who are at risk of not progressing in regular high schools and, as a result, not graduating, as well as students who have already gotten into disciplinary

trouble, usually related to drug use or violence. Data on the health risk behaviors of adolescents is the focus of at least 26 national health objectives in *Healthy People 2000: Midcourse Review and 1995 Revisions*. This survey will provide data to help measure these objectives among alternative school students. No other national source of data exists for this population. The data also will have significant implications for policy and program development in alternative schools. The total annual burden hours are 7,628.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Alternative school students	10,000	1	0.75	7,500
Education Officials	256	1	0.5	128