

advance of acquiring the assets or securities of any firm engaged in the distribution of lead antiknock compounds in the United States, or the manufacture of lead antiknock compounds anywhere in the world. The prior notice obligation would also apply to the sale of lead antiknock compounds to a competing manufacturer, as such a transaction may be used to induce the rival to exit from manufacturing.

The purpose of this analysis is to facilitate public comment on the proposed orders, and it is not intended to constitute an official interpretation of the agreements and proposed orders or to modify in any way their terms.

By direction of the Commission.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-11-98]

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. The Fourth National Health and Nutrition Examination Survey (NHANES IV)—(0920-0237)—Reinstatement—The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically since 1970 by the National Center for Health Statistics, CDC. NHANES IV is planned for 1998-2004 to include 40,000 sample persons. They will receive an interview and a physical examination. A pretest of 400 people and a dress rehearsal of 555 are needed to test the sampling process, data collection procedures, computer-assisted personal interviews (including translations into Spanish), examination protocols, automated computer systems and quality control procedures. Participation in the pretest and the full survey will be completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of

the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as coronary heart disease, arthritis, osteoporosis, pulmonary and infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, environmental exposures, and diet. NHANES data are used to establish the norms for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in the blood. Data from future NHANES can be compared to those from previous NHANES to monitor changes in the health of the U.S. population. NHANES IV will also establish a national probability sample of genetic material for future genetic testing for susceptibility to disease.

Users of NHANES data include Congress; the World Health Organization; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and evaluate recommended dietary allowances, food fortification policies, programs to limit environmental exposures, immunization guidelines and health education and disease prevention programs. The burden hour estimate in this notice is based on the request for OMB approval for the pretest, dress rehearsal and the first 2.25 years of the full survey. Total annual burden hours are 42,411.

	Annualized number of respondents	Number of responses/ respondent	Hours as minutes	Average burden/re-sponse (in hrs.)	Total burden (in hrs.)
Screener only	13467	1	10/60	0.167	2249
Scrn/Fam only	710	1	26/60	0.434	308
Scrn/Fam/HH only	1066	1	366/60	6.101	1604
Scrn/Fam/HH/Prim. Mec exam only (no TB)*	263	1	366/60	6.101	1604
Scrn/Fam/HH/Prim. Mec+TB read at Mec*	2366	1	436/60	7.268	17193
Scrn/Fam/HH/Prim. Mec+TB read at home*	2628	1	371/60	6.184	16254
Full replicate exam at Mec & travel	263	1	300/60	5.000	1314
Replicate dietary recall only (5%) & travel	263	1	105/60	1.750	460
Additional dietary recall option (extra 15%)	789	1	105/60	1.750	1380
Scrn/Fam/HH/Home exam (no TB)	7	1	116/60	1.931	14
Scrn/Fam/HH/Home exam (TB read at home)	64	1	161/60	2.681	171
Telephone followup of elderly-option	1165	1	15/60	0.250	291

* NOTE: Burden hours per response for full participation = 6.6 hrs. including travel time, are based on these three categories only. It would be misleading to tell respondents what the burden is for full participation if other categories were included which would reduce the average burden hours per respondent, such as the 10-minute screener-only or home exam.

Scrn = Screener questionnaire

Fam = Family questionnaire

HH = Household questionnaire

Prim.Mec = Primary Mec exam

TB = Tuberculosis skin test reading.

2. Sentinel Surveillance for Chronic Liver Disease—New—A questionnaire

has been designed to collect information for the Sentinel Surveillance for Chronic

Liver Disease project. The purpose of the project is to determine the incidence

and period prevalence of physician-diagnosed chronic liver disease in a defined geographic area, the contribution of chronic viral hepatitis to the burden of disease, and the influence of etiologic agents(s) and other factors on mortality, and to monitor the incidence of and mortality from chronic liver disease over time. The information gathered will be analyzed, in conjunction with data collected from other sources, to address these questions. The results of the project will assist the Hepatitis Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, in accomplishing the part of its mission related to preparing recommendations for the prevention and control of all types of viral hepatitis and their sequelae. In order to focus prevention efforts and resource allocation, a representative view of the overall burden of chronic liver disease, its natural history, and the relative contribution of viral hepatitis is needed. Total annual burden hours are 150.

Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
300	1	0.5	150

3. Foreign Quarantine Regulations—(0920–0134)—Reinstatement—Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. Legislation and the existing regulations governing quarantine activities (42 CFR Part 71) authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances, persons, and shipments of animals and etiologic agents in order to protect the public health. Currently, with the exception of rodent inspections and the cruise ship

sanitation program, inspections are performed only on those vessels and aircraft which report illness prior to arrival or when illness is discovered upon arrival. Other inspection agencies assist quarantine officers in public health screening of persons, pets, and other importations of public health importance and make referrals to PHS when indicated. These practices and procedures assure protection against the introduction and spread of communicable diseases into the United States with a minimum of recordkeeping and reporting, as well as a minimum of interference with trade and travel.

Respondents would include airplane pilots, ships' captains, importers, and travelers. The nature of the quarantine would dictate which forms are completed by whom. Thus, the "respondents" portion of the information below is replaced by the requisite form title. Total annual burden hours are 122.

Citation	Form No.	Number of respondents	Number of responses/respondent	Total No. of responses	Burden/response	Total burden
Reporting:						
71.21 .....	.....	1450	1	1450	0.016	24
71.33(c) .....	.....	10	1	10	0.5	5
71.35 .....	.....	6	1	6	0.05	0.3
71.51(b)(3) .....	.....	5	1	5	0.05	0.3
71.51(d)	CDC 75.37 ...	350	1	350	0.166	58.3
71.52(d) .....	.....	10	1	10	0.5	5.0
71.53(d)	CDC 75.10A	40	1	40	0.166	6.6
Total Reporting .....	.....	1871	.....	1871	.....	99.2
Recordkeeping 71.53(e) .....	.....	90	1	90	0.25	22.5
Total Recordkeeping .....	.....	90	.....	90	.....	22.5

Dated: March 31, 1998.

Kathy Cahill,

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

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting

Name: First Annual Conference on Genetics and Public Health: Translating Advances in Human Genetics into Disease Prevention and Health Promotion.

Times and Dates: 8:30 a.m.–5 p.m., May 13, 1998; 8:30 a.m.–5 p.m., May 14, 1998; 8:30 a.m.–3 p.m., May 15, 1998.

Place: Holiday Inn Atlanta-Decatur Conference Plaza, 130 Clairemont Avenue, Decatur, Georgia 30030, telephone 404/371–0204.

Status: Open to the public limited only by the space available. The meeting room accommodates approximately 600 people.

Purpose: The purpose of this meeting is to review public health opportunities and challenges in the use of genetic information and technologies that are rapidly becoming available through advances in human genetics research, and provide a forum for exchanging information and ideas among national and state public health agencies. The two major themes will be (1) establish awareness about the scope and process for integrating advances in human genetics into public health programs,

and (2) strengthen partnerships in disease prevention and health promotion efforts. Participants will receive current information that is relevant to public health strategies and policies related to genetics.

Matters to be Discussed: The program will provide an overview of the developments in human genetics and the ethical, legal, and social issues associated with the use of genetic information, with particular emphasis on the major issues and priorities relevant to public health. Researchers, bioethicists, consumers, and industry speakers will join speakers from Federal and State agencies and national organizations to develop an understanding about the partnerships required to prevent inappropriate use of genetic testing and to develop epidemiologic methods for assessing the impact of gene-environment interactions