

information, to the Administrator of EPA, State officials, and local officials. A public health consultation provides advice on a specific public health issue related to real or possible human exposure to toxic material and is a way for ATSDR to respond rapidly to requests for assistance.

ATSDR has prepared this document titled "Hazardous Substance Exposures and Autism" in response to a request from U.S. Representative Christopher Smith and residents of Brick Township, New Jersey who are concerned that hazardous substances may be present in the environment of Brick Township and that an increase in the number of children with autism may be attributable to exposure to these substances. This document was placed in a repository in Brick, New Jersey and released to the public via a mail-out on December 18, 1998.

Dated: January 26, 1999.

Georgi Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-08]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written

comments should be received within 60 days of this notice.

Proposed Project

1. An Evaluation Study Of An HIV/STD Prevention Curriculum For Youth Attending Alternative Schools To Be Conducted From 1999 To 2002—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Division of Adolescent and School Health. The purpose of this request is to obtain OMB clearance to conduct a randomized trial of a curriculum to reduce behaviors related to HIV/STD transmission among 14 to 18 year old students in 30 court and community schools in Northern California. Participants will respond to surveys of attitudes, knowledge, and behavior related to HIV/STD transmission and prevention at baseline and at 6, 12, and 18 month post-tests. Reduction of behaviors among adolescents related to HIV and STD transmission, and reduction of the prevalence of STDs is the focus of at least seven objectives in *Healthy People 2000: Midcourse Review and 1995 Revisions*. There have been few studies assessing the effectiveness of curricula to reduce HIV/STD related risk behaviors in this high-risk adolescent population. Data gathered from this study will provide information about how HIV/STD risk behavior may be effectively reduced among alternative school students.

The total cost to respondents is estimated at \$50,400 assuming a minimum wage for students of \$5.25 in the study period.

Respondents	Number of respondents	Number of responses per respondent	Burden per response	Total burden hours
Alternative school students	2400	4	1.0	9600
Total	9600

2. Use of Laboratory Information Systems (LIS) to Transmit Infectious Diseases Test Results (HL7 Messages) to Public Health Agencies—New—Public Health Program Office (PHPO), Division of Laboratory Systems. CDC proposes to gather data through the use of a mail/telephone survey of all United States vendors of LIS used for recording and processing microbiology data. The use of a mail/telephone-assisted survey instrument will be an efficient, cost-effective approach for performing the data collection. No computerized data collection systems have been developed for this survey because the number of

respondents is small. Instead, trained telephone interviewers knowledgeable about LIS and about the specific messages that CDC is interested in transmitting will gather data. The interviewers will have the flexibility to answer technical questions, probe for further information and provide explanations of coding vocabularies, security needs and other issues that may not be readily understood by the LIS vendors.

The data will provide the government, LIS vendors, laboratory practitioners, committees that make recommendations regarding messaging and other

stakeholders with information about the projected costs to vendors and laboratories and about the time frames required for and the barriers to implementation.

CDC will use the survey to gauge the technological readiness and the cost factors affecting secure electronic transmission of infectious disease data to government agencies. These transmissions will act as part of an early warning system leading to more timely response to infectious disease outbreaks. This survey responds to President Clinton's request for the increased use of modern technology to identify and

prevent outbreaks of food-borne illness. The total cost to respondents is estimated at \$0.

Respondents	Number of respondents	Average number of responses/respondent	Average burden/response (in hrs.)	Average total burden (in hrs.)
Mail survey (including initial contact)	56	2	0.50	1
Telephone follow-up	56	2	0.50	1
Total				112

Nancy Cheal,

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

[Program Announcement 99032]

Epidemiology and Laboratory Capacity for Infectious Diseases; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program to promote adequate capacity of local, State, and national efforts for epidemiologic and laboratory surveillance and response for infectious diseases. This program addresses the "Healthy People 2000" priority area of Immunization and Infectious Diseases.

The purpose of the Epidemiology and Laboratory Capacity in Infectious Diseases (ELC) program is to assist State and eligible local public health agencies in strengthening basic epidemiologic and laboratory capacity to address infectious disease threats with a focus on notifiable diseases, food-, water-, and vector-borne diseases, vaccine-preventable diseases, and drug-resistant infections. Awards are intended to support activities that enhance the ability of a program to identify and monitor the occurrence of infectious diseases of public health importance in a community, characterize disease determinants, identify and respond to disease outbreaks and other infectious disease emergencies, use public health data for priority setting and policy development, and assess the effectiveness of activities. Strengthening collaboration between laboratory and epidemiology practice is seen as a crucial component of this program.

B. Eligible Applicants

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In addition, official public health agencies of city governments with jurisdictional populations greater than 1,500,000 or county governments with jurisdictional populations greater than 8,000,000 (based on 1990 census data) are eligible to apply.

The ELC program was initiated in 1995 with Program Announcement 543 and expanded in 1997 with Program Announcement 720. A total of 30 grantees has been funded to date. This announcement is a further expansion of the ELC program and is intended to add new States, counties, and/or cities not already funded in the program and to competitively renew those current grantees with project periods expiring in 1999. Thus, the following current ELC grantees, which do not have project periods expiring in 1999, are ineligible to apply for funds under this announcement: Illinois, Indiana, Kentucky, Michigan, Montana, Nebraska, New Mexico, Ohio, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, and Wisconsin.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$4,600,000 is available in FY 1999 to fund approximately fifteen competing continuation and three new awards. Although only three new awards are currently projected for FY 1999, should additional funding become available, CDC may fund additional new awards from this

competition. All eligible applicants are, therefore, encouraged to submit an application. It is expected that the average award (total direct and indirect costs) will be \$255,000, ranging from \$100,000 to \$300,000. It is expected that the awards will begin on or about July 1, 1999, and will be made for a 12-month budget period within a project period of up to four years. The funding estimate may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Funding Preferences

Funding preference will be given to competing continuation applications over new applications. Current grantees have implemented important capacity-building activities and continued cooperative agreement support is required to continue building and for maintaining these capacities.

Recipient Financial Participation

Although a requirement for matching funds is not a condition for receiving an award under this cooperative agreement program, applicants must document the non-Federal human and fiscal resources that will be available to conduct activities outlined in the proposal. Federal funds cannot be used to replace or supplant existing State and local support. See Evaluation Criteria (paragraph 6: Budget) for additional information.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities under Recipient Activities and CDC shall be responsible for the activities under CDC Activities below:

Recipient Activities

1. Enhance local capacity for gathering and evaluating infectious disease surveillance data, detecting and investigating outbreaks, and using surveillance data for public health practice and clinical follow-up.