

*Reporting Burden:* 1822 hours—  
*Disclosure Burden Information—*  
*Number of Respondents:* 3550; *Number of Annual Responses:* 3,610; *Average Burden per Response:* .5 hours; *Total Disclosure Burden:* 1,805 hours—  
*Recordkeeping Burden Information—*  
*Number of Respondents:* 40; *Number of Annual Responses:* 160; *Average Burden per Response:* 6.175 hours; *Total Recordkeeping Burden:* 988 hours—  
*Total Burden—*4,615 hours. OMB Desk Officer: Allison Eyd.

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690-6207. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue S.W., Washington DC, 20201. Written comments should be received within 30 days of this notice.

Dated: September 7, 1999.

**Dennis P. Williams,**  
*Deputy Assistant Secretary, Budget.*  
 [FR Doc. 99-24550 Filed 9-20-99; 8:45 am]  
 BILLING CODE 4150-04-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[INFO-99-40]

#### 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

Coal Mine Dust Personal Sampling Systems—(0920-0148)—Extension—National Institute for Occupational Safety and Health (NIOSH)—Under the Federal Coal Mine Health & Safety Act of 1977, PL91-173 (amended the Federal Coal Mine & Safety Act of 1969), mine operators must periodically sample mine atmospheres and submit the samples to the Mine Safety and Health Administration (MSHA). The Act states that sampling equipment used must be approved by the Secretaries of the Department of Health and Human Services (DHHS) and the Department of Labor (DOL). Concurrent permissibility approval for electrical intrinsic safety is provided by MSHA while NIOSH certifies the performance under Title 30

CFR Part 74. Under this regulation, certification applicants are required to submit detailed parts lists, drawings, and inspection instructions, along with the personal sampler unit to be tested. These materials are provided to NIOSH along with a letter from the applicant requesting certification. After NIOSH has tested the unit and certifies the performance of the equipment, a certificate of approval is issued to the manufacturer. Should the equipment be disapproved, a letter is sent to the manufacturer outlining the details of the defects resulting in disapproval, with suggestions for possible corrections to the unit. Certificates of approval are accompanied by photographs of designs for approval labels to be affixed to each coal mine dust personal sampler unit. Use of the approval label is authorized only on sampler units which conform strictly with the drawings and specifications upon which the certificate of approval is based. Changes or modifications in the unit after certification will result in the manufacturer requesting extensions of approval through the original certification process.

The information is used by NIOSH to fulfill its legislatively-mandated responsibilities to evaluate and approve coal mine dust personal sampler units (CMDPSU) submitted for certification and approval actions (30 U.S.C. 957 and 961). Before NIOSH grants a certification, it must have sufficient evidence of safety and adequate performance. The parts listing, engineering drawings, and inspection instructions submitted are used by NIOSH to assure that descriptions of tested units are fully detailed and that future units produced are equivalent to those currently certified. Without the information specified in 30 CFR Part 74, NIOSH will be unable to adequately evaluate CMDPSU safety and efficacy, and to determine if functional changes were made in the manufacture of certified products. The total cost to respondents is estimated at \$2,200.

Data Collection

Respondents	No. of respondents	No. of responses/respondent	Avg. burden of response (in hrs.)	Total burden (in hrs.)
Manufacturer .....	1	1	44	44
Total .....				44

Dated: September 15, 1999.

**Nancy Cheal,**

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

[FR Doc. 99-24531 Filed 9-20-99; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Diseases Transmitted Through the Food Supply**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice of annual update of list of infectious and communicable diseases that are transmitted through handling the food supply and the methods by which such diseases are transmitted.

**SUMMARY:** Section 103(d) of the Americans with Disabilities Act of 1990, Public Law 101-336, requires the Secretary to publish a list of infectious and communicable diseases that are transmitted through handling the food supply and to review and update the list annually. The Centers for Disease Control and Prevention (CDC) published a final list on August 16, 1991 (56 FR 40897) and updates on September 8, 1992 (57 FR 40917); January 13, 1994 (59 FR 1949); August 15, 1996 (61 FR 42426); and September 22, 1997 (62 FR 49518); and September 15, 1998 (63 FR 49359). No new information that would warrant additional changes has been received; therefore the list, as set forth in the last update and below, remains unchanged.

**EFFECTIVE DATE:** September 21, 1999.

**FOR FURTHER INFORMATION CONTACT:** Dr. Arthur P. Liang, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop G-24, Atlanta, Georgia 30333, telephone (404) 639-2213.

**SUPPLEMENTARY INFORMATION:** Section 103(d) of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12113(d), requires the Secretary of Health and Human Services to:

1. Review all infectious and communicable diseases which may be transmitted through handling the food supply;
2. Publish a list of infectious and communicable diseases which are transmitted through handling the food supply;

3. Publish the methods by which such diseases are transmitted; and,

4. Widely disseminate such information regarding the list of diseases and their modes of transmissibility to the general public.

Additionally, the list is to be updated annually.

Since the last publication of the list on September 15, 1998 (63 FR 49359), CDC has received no information to indicate that additional unlisted diseases are transmitted through handling the food supply. Therefore, the list set forth below is unchanged from the list published in the **Federal Register** on September 15, 1998.

**I. Pathogens Often Transmitted by Food Contaminated by Infected Persons Who Handle Food, and Modes of Transmission of Such Pathogens**

The contamination of raw ingredients from infected food-producing animals and cross-contamination during processing are more prevalent causes of foodborne disease than is contamination of foods by persons with infectious or contagious diseases. However, some pathogens are frequently transmitted by food contaminated by infected persons. The presence of any one of the following signs or symptoms in persons who handle food may indicate infection by a pathogen that could be transmitted to others through handling the food supply: diarrhea, vomiting, open skin sores, boils, fever, dark urine, or jaundice. The failure of food-handlers to wash hands (in situations such as after using the toilet, handling raw meat, cleaning spills, or carrying garbage, for example), wear clean gloves, or use clean utensils is responsible for the foodborne transmission of these pathogens. Non-foodborne routes of transmission, such as from one person to another, are also major contributors in the spread of these pathogens. Pathogens that can cause diseases after an infected person handles food are the following:

*Caliciviruses* (Norwalk and Norwalk-like viruses)  
*Hepatitis A virus*  
*Salmonella typhi*  
*Shigella species*  
*Staphylococcus aureus*  
*Streptococcus pyogenes*

**II. Pathogens Occasionally Transmitted by Food Contaminated by Infected Persons Who Handle Food, but Usually Transmitted by Contamination at the Source or in Food Processing or by Non-Foodborne Routes**

Other pathogens are occasionally transmitted by infected persons who handle food, but usually cause disease

when food is intrinsically contaminated or cross-contaminated during processing or preparation. Bacterial pathogens in this category often require a period of temperature abuse to permit their multiplication to an infectious dose before they will cause disease in consumers.

Preventing food contact by persons who have an acute diarrheal illness will decrease the risk of transmitting the following pathogens:

*Campylobacter jejuni*  
*Cryptosporidium parvum*  
*Entamoeba histolytica*  
*Enterohemorrhagic Escherichia coli*  
*Enterotoxigenic Escherichia coli*  
*Giardia lamblia*  
*Nontyphoidal Salmonella*  
*Rotavirus*  
*Taenia solium*  
*Vibrio cholerae 01*  
*Yersinia enterocolitica*

**References**

1. World Health Organization. Health surveillance and management procedures for food-handling personnel: report of a WHO consultation. World Health Organization technical report series; 785. Geneva: World Health Organization, 1989.
2. Frank JF, Barnhart HM. Food and dairy sanitation. In: Last JM, ed. Maxcy-Rosenau public health and preventive medicine, 12th edition. New York: Appleton-Century-Crofts, 1986:765-806.
3. Bennett JV, Holmberg SD, Rogers MF, Solomon SL. Infectious and parasitic diseases. In: Amler RW, Dull HB, eds. Closing the gap: the burden of unnecessary illness. New York: Oxford University Press, 1987:102-114.
4. Centers for Disease Control and Prevention. Locally acquired neurocysticercosis—North Carolina, Massachusetts, and South Carolina, 1989-1991. MMWR 1992; 41:1-4.
5. Centers for Disease Control and Prevention. Foodborne Outbreak of Cryptosporidiosis—Spokane, Washington, 1997. MMWR 1998; 47:27.

Dated: September 15, 1999.

**Joseph R. Carter,**

Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

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