

No. of respondents	No. of responses per respondent	Hrs/response	Response burden
100	30	30/60	50

Dated: December 1, 1999.

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[FR Doc. 99-31743 Filed 12-7-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day-00-09]

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, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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.

1. Proposed Projects

National Surveillance System for Hospital Health Care Workers (NaSH)—Reinstatement—National Center for Infectious Diseases (NCID)—has developed a surveillance system called the National Surveillance System for

Hospital Health Care Workers (NaSH) that focuses on surveillance of exposures and infections among hospital-based health care workers (HCWs). NaSH (OMB 0920-0417) includes standardized methodology for various occupational health issues. It is a collaborative effort of the Hospital Infections Program, National Center for Infectious Diseases (NCID); the Hepatitis Branch, Division of Viral and Rickettsial Diseases, NCID; the Division of Tuberculosis (TB) Elimination, National Center for HIV, STD, and TB Prevention; the National Immunization Program (NIP), and the National Institute for Occupational Safety and Health (NIOSH).

NaSH consists of modules for collection of data about various occupational issues. Baseline information about each HCW such as demographics, immune-status for vaccine-preventable diseases, and TB status is collected when the HCW is enrolled in the system. Results of routine tuberculin skin test (TST) are collected and entered in the system every time a TST is placed and read; follow-up information is collected for HCWs with a positive TST. When an HCW is exposed to blood/bloodborne pathogen, to a vaccine-preventable disease (VPD), or to an infectious TB patient/HCW, epidemiologic data are collected about the exposure. For HCWs exposed to a bloodborne pathogen (i.e., HIV, HCV, or HBC) and for susceptible HCWs exposed to VPDs, additional data are collected during follow-up visits. Once a year, hospitals complete a survey to provide denominator data and every 2-5 years, the hospitals perform a survey to assess the level of underreporting of needlesticks (HCW Survey). Optionally, hospitals may collect information about HCW noninfectious occupational injuries such as acute musculoskeletal injuries. Data are entered into the software and transmitted on diskette to CDC. No HCW identifiers are sent to CDC. This system is protected by the Assurance of Confidentiality (308d).

Data collected in NaSH will assist hospitals, HCWs, health care organizations, and public health agencies. This system will allow CDC to monitor national trends, to identify newly emerging hazards for HCWs, to

assess the risk of occupational infection, and to evaluate preventive measures, including engineering controls, work practices, protective equipment, and postexposure prophylaxis to prevent occupationally acquired infections. Hospitals that volunteer to participate in this system benefit by receiving technical support and standardized methodologies, including software, for conducting surveillance activities on occupational health.

This system was developed and piloted in large teaching hospitals (RFP-200-94-0834(P) and RFP-200-96-0524(P)). The first pilot included four hospitals and the second, five. After the refinement pilot in an additional 13 hospitals (PA-786 and interagency agreements), participation in NaSH became voluntary. The system is being made available to all acute-care hospitals in the United States wishing to participate voluntarily in the project. We anticipate no more than 100 hospitals participating by the end of fiscal 2000 and potentially 150 by fiscal 2002. To participate in NaSH, hospitals are required to provide information on all exposures to infectious agents, baseline information on the exposed HCWs, as well as the underreporting and hospital surveys.

A new component of NaSH will be a web-based surveillance for occupational exposures to blood that can be used by any health care facility and will meet OSHA requirements and needs mandated by national and state legislation. Referred to as "NaSH Lite", this module is an abbreviated version of the bloodborne pathogen exposure module. Data collected through NaSH Lite will help create a national database for benchmarking and for tracking trends in sharps-injuries as well as help health care facilities to record and prevent exposures. This module will be developed with OSHA input and in conjunction with state health departments. In addition, data collected through NaSH Lite will assist health care facilities to select, implement, and evaluate strategies (including safety devices) to prevent percutaneous exposures.

Form	No. of respondents (hospitals)	No. of responses/ Respondent	Avg. burden/ response (in hrs.)	Total (in hrs.)
Baseline Information	150	1,000	20/60	50,000
TST.				
TST Result	50	1,000	10/60	8,333
Positive TST	50	100	10/60	833
Exposure to Blood.				
Exposure	150	125	25/60	7,813
Exposure (NaSH Lite/abbreviated/form)	1,000	10	10/60	66
Exposure to VPD.				
Summary	150	3	20/60	150
HCW	150	10	20/60	500
Exposure to TB	150	3	30/60	225
Noninfectious Injury	60	1,000	10/60	10,000
HCW Survey	75	500	10/60	6,250
Hospital Survey	150	1	2	300
TOTAL				86,720

Dated: December 1, 1999.

A different number of hospitals will be completing each of the separate forms listed above. The number of respondents is the number of hospitals. The number of responses per respondent varies with the form.

The maximum total burden hours may reach 86,720. (The total estimated maximum cost to respondents may be \$1,300,800 [\$15 an hour for hospital personnel who will collect/input the data].)

Since all of the data collection activities except the HCW survey, outlined in the modules are currently routinely done by infection control practitioners and employee health, personnel health, and/or occupational medicine personnel in hospitals with existing well established surveillance programs, the only additional burden for some hospitals participating in the NaSH system is the time needed for data entry and transmission of data to CDC. Thus, the real burden hours and burden cost could be significantly less. The only activity that may not be routinely performed by the hospitals is the survey to assess underreporting of needlesticks (HCW survey).

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[FR Doc. 99-31744 Filed 12-7-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-06-00]

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 Project

National Disease Surveillance Program—I. Case Reports (0920-0009)—Reinstatement—The National Center for Infectious Disease (NCID)—Formal surveillance of 19 separate reportable diseases has been ongoing to meet the public demand and scientific interest for accurate, consistent, epidemiologic data. These ongoing diseases include: bacterial meningitis, dengue, kawasaki

syndrome, legionellosis, Hansen's Disease, lyme disease, malaria, pertussis, plague, poliomyelitis, psittacosis, Reye Syndrome, Tetanus, Tick-borne Rickettsial Disease, Toxic Shock Syndrome, toxocariasis, trichinosis, typhoid fever, and viral hepatitis. Case report forms enable CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. This information is used to direct epidemiologic investigations, to identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and to develop guidelines for the prevention of treatment. It is also used to recommend target areas in most need of vaccinations for certain diseases and to determine development of drug resistance.

Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. The total annual burden hours are 27,075.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs.)
Health Care Workers	125,214	1	30/60