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).

Nancy Cheal,

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

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

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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

Dated: December 1, 1999.

Nancy Cheal,

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

[FR Doc. 99–31745 Filed 12–7–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Federal Allotments to States for Social Services Expenditures, Pursuant to Title XX, Block Grants to States for Social Services; Promulgation for Fiscal Year 2001

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notification of allocation of title XX—social services block grant allotments for Fiscal Year 2001.

SUMMARY: The allotments to States for Fiscal Year 2001 are based upon the authorization set forth in section 2003(c) of the Act anda are contingent upon Congressional appropriations for the fiscal year. If Congress enacts and the President approves an amount different from the authorization, the allotments will be adjusted proportionately. The individual allotments will be available December 15, 1999 on the ACF homepage on the internet: http://www.acf.dhhs.gov/programs/ocs/ssbg.

Future notification of allotments for SSBG will no longer be published in the **Federal Register**, but will be available on the internet address given above by December 1st of each succeeding year.

FOR FURTHER INFORMATION CONTACT: Margaret Washnitzer, (202) 401–2333.

SUPPLEMENTARY INFORMATION: The allotments For Fiscal Year 2001 are based upon the Bureau of Census population statistics contained in its report ''Estimates of the Population of States. Annual Time Series, July 1, 1990 to July 1, 1998'' (Press Release CB98–242, December 31, 1998), and ''1990 Census of Population and Housing'' (CPH–6–AS and CPH–6–CNMI) published April 1992, which are the most recent data available from the Department of Commerce at this time as to the population of each State and each Territory.

EFFECTIVE DATE: The allotments shall be effective October 1, 2000.

Dated: December 1, 1999.

Donald Sykes,

Director, Office of Community Services.

[FR Doc. 99–31820 Filed 12–7–99; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket Nos. 99M–1521, 99M–1980, 99M–1696, 99M–1981, 99M–2028, 99M–1520, 99M–1982, 99M–0150, 99M–0255, 99M–2016, 99M–2015, 99M–0871, 99M–0870, 99M–1851]

Medical Devices; Availability of Safety and Effectiveness Summaries for PMA

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is publishing a list of premarket application (PMA) approvals. This list is intended to inform the public of the availability of safety and effectiveness summaries of approved PMA's through the Internet and the agency's Dockets Management Branch.

ADDRESSES: Summaries of safety and effectiveness are available on the Internet at http://www.fda.gov/cdrh/pmapage.html. Copies of summaries of safety and effectiveness are also available by submitting a written request to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Please cite the appropriate docket number as listed in Table 1 in the **SUPPLEMENTARY INFORMATION** section of this document when submitting a written request.

FOR FURTHER INFORMATION CONTACT: Kathy M. Poneleit, Center for Devices and Radiological Health (HFZ–402), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–594–2186.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of January 30, 1998 (63 FR 4571), FDA published a final rule to revise §§ 814.44(d) and 814.45(d) (21 CFR 814.44(d) and 814.45(d)) to discontinue publication of individual PMA approvals and denials in the **Federal Register**. Revised §§ 814.44(d) and 814.45(d) state that FDA will notify the public of PMA approvals and denials by posting them on FDA's home page on the Internet at http://www.fda.gov; by placing the summaries of safety and effectiveness on the Internet and in FDA's Dockets Management Branch; and by publishing in the **Federal Register** after each quarter a list of available safety and effectiveness summaries of approved PMA's and denials announced in that quarter.

FDA believes that this procedure expedites public notification of these actions because announcements can be placed on the Internet more quickly than they can be published in the **Federal Register**, and FDA believes that the Internet is accessible to more people than the **Federal Register**.

In accordance with section 515(d)(3) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360e(d)(3)), notification of an order approving, denying, or withdrawing approval of a PMA will continue to include a notice of opportunity to request review of the order under section 515(g) of the act. The 30-day period for requesting reconsideration of an FDA action under § 10.33(b) (21 CFR 10.33(b)) for notices announcing approval of a PMA begins on the day the notice is placed on the Internet. Section 10.33(b) provides that FDA may, for good cause, extend this 30-day period. Reconsideration of a denial or withdrawal of approval of a PMA may be sought only by the applicant; in these cases, the 30-day period will begin when the applicant is notified by FDA in writing of its decision.

The following is a list of approved PMA's for which summaries of safety and effectiveness were placed on the Internet in accordance with the procedure explained previously from April 1, 1999, through June 30, 1999. There were no denial actions during this period. The list provides the manufacturer's name, the generic name or the trade name, and the approval date.