

Dated: October 28, 2005.

Betsy Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06-0607]

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 404-639-4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

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 or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

The National Violent Death Reporting System-Revision-National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Violence is an important public health problem. In the United States, homicide and suicide are the second and third leading causes of death, respectively, in the 1-34 year old age group. Unfortunately, public health agencies do not know much more about the problem than the numbers and the sex, race, and age of the victims—all information obtainable from the standard death certificate. Death certificates, however, carry no information about key factors necessary for prevention such as the victim-suspect relationship or the circumstances of the deaths. This makes it impossible to discern anything but the gross contours of the problem. Furthermore, death certificates are typically not available until 20 months after the completion of a calendar year. Official publications of national violent death rates, e.g., those in the Morbidity and Mortality Weekly Report, rarely use data that are more than two years old. Public health interventions aimed at a moving target last seen two years ago may well miss the mark.

Local and Federal criminal justice agencies such as the Federal Bureau of Investigation (FBI) provide slightly more information about homicides, but they do not routinely collect standardized data about suicides, which are much more common within all age groups than homicides. The FBI's Supplemental Homicide Report System (SHRS) does collect basic information about the victim-suspect relationship and circumstances. But, as with death certificates, SHRS does not link violent deaths that are part of one incident such as homicides-suicides. Because it is a voluntary system, approximately 10-20 percent of police departments nationwide do not participate. The FBI's National Incident Based Reporting

System (NIBRS) addresses some of these deficiencies, but covers less of the country than SHRS, includes only homicides, and collects only police information. Also, the Bureau of Justice Statistics Reports do not use data that are more than two years old.

CDC therefore proposes to continue a state-based surveillance system for violent deaths that will provide more detailed and timely information. It taps into the case records held by medical examiners/coroners, police, and crime labs. Data are collected centrally by each state in the system, stripped of identifiers, and then sent to the CDC. Information is collected from these records about the characteristics of the victims and suspects, the circumstances of the deaths, and the weapons involved. States use standardized data elements and software designed by CDC. Ultimately, this information is intended to guide states in designing programs that reduce multiple forms of violence.

Neither victim families nor suspects are contacted to collect information for The National Violent Death Reporting System. Data come from existing records and are collected by state health department staff or their subcontractors. Health departments incur an average of 2.5 hours per death in identifying the deaths from death certificates, contacting the police and medical examiners to get copies of or to view the relevant records, abstracting the records, various data processing tasks, various administrative tasks, etc.

The number of state health departments to be funded may be as high as 22 by 2009. Seventeen states are currently funded. NCIPC hopes to eventually fund all 50 states. Violent deaths include all homicides, suicides, legal interventions, deaths from undetermined causes, and unintentional firearm deaths. There are 50,000 such deaths annually among U.S. residents; thus the average state will experience approximately 1,000 such deaths each year.

ESTIMATE OF ANNUALIZED BURDEN TABLE

| Respondents | Number of respondents | Number of responses/respondent | Average burden/response (in hours) | Total burden (in hours) |
|--------------------------------|-----------------------|--------------------------------|------------------------------------|-------------------------|
| State Health Departments | 22 | 1,000 | 2.5 | |
| Total | | | | 55,000 |

Dated: October 28, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Epi-Centers for Prevention of Healthcare-Associated Infections, Request for Application CI06-001

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Epi-Centers for Prevention of Healthcare-Associated Infections, Request for Application CI06-001.

Times and Dates: 9 a.m.–4:30 p.m., December 9, 2005 (Closed).

Place: Renaissance Concourse Hotel, One Hartsfield Centre Parkway, Atlanta, GA 30354, Telephone Number (404) 209-9999.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to: Epi-Centers for Prevention of Healthcare-Associated Infections, Request for Application CI06-001.

Contact Person for more Information: Trudy Messmer, PhD, Scientific Review Administrator, National Center for Infectious Diseases, CDC, 1600 Clifton Road, NE., Mailstop C-19, Atlanta, GA 30333, Telephone Number (404) 639-3770.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: October 28, 2005.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Centers for Excellence to Promote a Healthier Workforce, Request for Application OH-05-006

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Centers for Excellence to Promote a Healthier Workforce, Request for Application OH-05-006.

Times and Dates: 8:30 a.m.–5 p.m., December 15, 2005 (Closed). 8:30 a.m.–5 p.m., December 16, 2005 (Closed).

Place: The Ritz Carlton Philadelphia, 10 Avenue of the Arts, Philadelphia, PA 19102, Telephone (215) 523-8000.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Centers for Excellence to Promote a Healthier Workforce, Request for Application OH-05-006.

Contact Person For More Information: Pamela J. Wilkerson, MPA, Scientific Review Administrator, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road, NE., MS E-74, Atlanta, GA 30333, Telephone 404-498-2556.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: October 28, 2005.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HOMELAND SECURITY

Office of the Secretary

National Infrastructure Protection Plan

AGENCY: Office of the Assistant Secretary for Infrastructure Protection, Department of Homeland Security.

ACTION: Notice of availability.

SUMMARY: The purpose of this notice is to inform the public and interested security partners that the draft National Infrastructure Protection Plan (NIPP) Base Plan is available for review and comment. The Department of Homeland Security (DHS) is responsible for developing this comprehensive, integrated national plan for the protection of the Nation's critical infrastructure and key resources under the authority of Homeland Security Presidential Directive-7 (HSPD-7), *Critical Infrastructure Identification, Prioritization, and Protection*.

ADDRESSES: If you would like to review the draft NIPP Base Plan and provide comments, please submit a request to DHS via one of the following methods:

- E-mail to: NIPP@dhs.gov.
- Mail: NIPP Program Management Office, Department of Homeland Security, Preparedness Directorate/IP/IPD, Mail Stop 8560, Washington, DC 20528-8560.

Please include your name, organization, mailing address, and e-mail address when submitting your request.

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FOR FURTHER INFORMATION CONTACT:

National Infrastructure Protection Plan: Charles Davis, NIPP Program Management Office, Preparedness Directorate/IP/IPD, Department of Homeland Security, Washington, DC 20528, 703-235-5338 or Charles.H.Davis@dhs.gov.

DATES: The draft National Infrastructure Protection Plan will become available on November 2, 2005. All requests for copies must be made within 15 days of this notice. Comments on the document should be submitted to DHS by December 5, 2005.

SUPPLEMENTARY INFORMATION: Protecting critical infrastructures and key resources from attack is vital to the Nation. Through HSPD-7, the President directed the Secretary of Homeland Security to produce a comprehensive, integrated national plan for the protection of critical infrastructures and key resources. On February 9, 2005, DHS released an interim version of the NIPP Base Plan. Since that time, DHS has been working to revise the NIPP