

FEDERAL TRADE COMMISSION**Sunshine Act Meeting**

FEDERAL REGISTER CITATION OF PREVIOUS ANNOUNCEMENT: 63 FR, Tuesday, March 17, 1998, Page No. 13049.

PREVIOUSLY ANNOUNCED TIME AND DATE OF THE MEETING: 2:00 p.m., Monday, April 6, 1998.

CHANGES IN THE AGENDA: The Federal Trade Commission has cancelled its previously scheduled Oral Argument meeting for April 6, 1998, at 2:00 p.m. [FR Doc. 98-9635 Filed 4-8-98; 11:22 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[INFO-98-16]

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 Projects

*1. Exposure to Volatile Organic Compounds and Childhood Leukemia Incidence at Camp Lejeune, North Carolina—New—*The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from exposure to hazardous substances in the environment. There is limited evidence

that in utero exposure to volatile organic compounds (VOCs) such as trichloroethylene and tetrachloroethylene (PCE) in drinking water may be strongly associated with childhood leukemia (CL). In 1982, VOC contamination was identified in certain groundwater supply wells which supplied drinking water to housing units at U.S. Marine Corps Base Camp Lejeune in Jacksonville, North Carolina. During this phase of the proposed study, an attempt will be made to locate as many of the children born to base residents between 1968 and 1985 as well as offspring from pregnancies that occurred during this time period but were not delivered at Camp Lejeune.

The purpose of the proposed nested case-control study is to investigate the potential relationship between exposure to VOCs in drinking water and incidence of CL at Camp Lejeune. A secondary objective of the proposed study is to investigate the potential relationship between VOCs in drinking water and birth defects in this population. A brief screening questionnaire will be interviewer-administered to identify potential cancer and birth defect cases. Some of the data to be collected by the questionnaire includes: confirmation of the name(s) of children and date(s) of birth; dates and location of residence on base during the pregnancy and/or at the time of delivery; current vital status of each child; the determination of diagnosis with cancer or birth defects before age 20. This request is for a 3-year OMB approval.

| Respondents | Number of respondents | Number of responses/respondent | Average burden/response (in hours) | Total burden (in hours) |
|--|-----------------------|--------------------------------|------------------------------------|-------------------------|
| Parent/Child born at Camp Lejeune; 1968-1985 | 9,650 | 1 | 0.15 | 1,447.50 |
| Pregnancy at Camp Lejeune, delivery elsewhere; 1968-1985 | 3,350 | 1 | 0.15 | 502.50 |
| Total | | | | 1,750 |

*2. Prevention of HIV Infection in Youth at Risk: Developing Community-Level Intervention Strategies that Work—New—*The National Center for HIV, STD, and TB Prevention purpose of this survey is to evaluate the effectiveness of an intervention to reduce risk behaviors associated with HIV infection or transmission among young men of various race/ethnic groups. Across 10 cities, data will be collected in the intervention and comparison areas, and it will be used to assess risk behaviors associated with HIV acquisition and transmission, determinants of those behaviors, and to monitor awareness and contact with the intervention. It is hoped that this intervention study will result in lowering HIV risk behaviors among young men in the target audiences, and strengthening HIV prevention programs in these local communities.

| Respondents | Number of respondents | Number of responses/respondent | Average burden/response (in hours) | Total burden (in hours) |
|---|-----------------------|--------------------------------|------------------------------------|-------------------------|
| Young men aged 15-25 who are in the target population and surveyed before or at end of intervention | 6,000 | 1 | 0.5 | 3,000 |

| Respondents | Number of respondents | Number of responses/ respondent | Average burden/response (in hours) | Total burden (in hours) |
|--|-----------------------|---------------------------------|------------------------------------|-------------------------|
| Young men aged 15–25 who are in the target population and surveyed during the intervention | 2,400 | 1 | 0.167 | 400 |
| Total | | | | 3,400 |

3. Antivirals Usage in Nursing Homes. The Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, is proposing a study to determine how often rapid testing and antivirals are used to control influenza A outbreaks in nursing homes. Outbreaks of influenza A in nursing homes may result in the hospitalization of up to 25% of ill residents and the death of up to 30% of those who are hospitalized. The rapid diagnosis of influenza A and the timely administration of currently available antiviral medications, amantadine and rimantadine, can lessen the impact of these outbreaks. However, it is unknown how often laboratory tests for the rapid diagnosis of influenza A are utilized and how frequently antivirals are used to control nursing home outbreaks of influenza A.

For this study, a sample of nursing homes will be selected randomly from one state within each of nine influenza surveillance regions. The survey will be mailed to infection control personnel in the randomly selected nursing homes. The results will be used to identify where educational efforts should be directed to lessen the impact of influenza A on elderly institutionalized persons.

4. Evaluation of NCIPC recommendations on bicycle helmet use—New—The National Center for Injury Prevention and Control's (NCIPC) Division of Unintentional Injury Prevention (DUIP) intends to conduct a survey of 1,300 persons from its mailing lists and lists of recipients of recommendations on the use of bicycle helmets in preventing head injuries that was published in the Morbidity and Mortality Weekly Report of February 17, 1995.

The purpose of this survey is to determine:

- I. The penetration of the recommendations distribution,
- II. The usefulness of the bicycle helmet recommendations,
- III. How to improve the recommendation's content and format,
- IV. Potential future DUIP bicycle helmet promotional activities,
- V. Information needs and access points of DUIP's "customers"

Results from this research will be used to (1) assist DUIP in producing an updated version of the helmet recommendations; (2) identify new helmet promotion programmatic directions; and (3) develop future materials that meet the needs of DUIP "customers."

The study will be done by telephone. The estimate of burden is as follows: The total cost to respondents is \$0.00.

| Respondent | Number of respondents | Number of responses/ respondent | Average burden/response (in hours) | Total burden (in hours) |
|------------------|-----------------------|---------------------------------|------------------------------------|-------------------------|
| Individual | 1,300 | 1 | .33 | 429 |

Dated: April 6, 1998.

Kathy Cahill,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Summary Data Component (SDC) of the National Child Abuse and Neglect Data System (NCANDS).

OMB No.: 0980–0229.

Description: This information collection implements the provision of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 *et seq.*), as amended by Public Law 104–235, requiring that State agencies receiving the State child abuse and neglect grant

annually provide, elements include the number of children reported for child abuse and substantiated, unsubstantiated or determined to be false; the number of deaths resulting from child abuse or neglect; the number of children responsible for child protective service (CPS) functions. The new voluntary Summary Data Component of the National Child Abuse and Neglect Data System. The information collect will be used to understand better the experiences of children and families served by CPS agencies, and to help guide policy and program development at the National, State and local levels. etc.

Respondents: State, Local or Tribal Govt.