Dated: May 22, 1998.

Marcia B. Buchanan,

Assistant Director.

[FR Doc. 98–14133 Filed 5–22–98; 12:49 pm]

BILLING CODE 1610–02–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Public Information Collection Requirement Submitted to the Office of Management and Budget for Clearance

AGENCY: Administration on Aging.

SUMMARY: The Administration on Aging (AoA), Department of Health and Human Services, in compliance with the Paperwork Reduction Act (Pubic Law 95–511), is submitting to the Office of Management and Budget for clearance and approval an information collection instrument, namely Performance (Progress) Reports for Title IV Grantees.

Type of Request: Extension of currently approved collection.

Use: Consistent with 45 CFR Part 74, Subpart J, the AoA requires grantees funded under Title IV of the Older Americans Act to report on the performance of their projects. The report is used by the AoA to review and monitor the grantee's progress in achieving project objectives, provide advice and assistance, and to take corrective action as necessary.

Frequency: Semiannually.

Respondent: Title IV grantees.

Estimated number of respondents: 60

Estimated burden hours: 20 hours for each semiannual report.

Additional Information: Each progress report, typically 5 pages in length, is expected to cover the following subjects: recent major activities and accomplishments; problems encountered; significant findings and events; dissemination activities; and; activities planned for the next 6 months.

OMB Comment: OMB is required to make a decision concerning this collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it as soon as possible after its publication. Written comments and recommendations for the proposed information collection should be sent to the following address within 30 days of the publication of this notice: Office of Information and Regulatory Affairs, Attention: Allison Eydt, OMB Desk Officer, Office of Management and Budget, Washington, DC 20503.

Diane Justice,

Deputy Assistant Secretary for Aging.

[FR Doc. 98–14005 Filed 5–26–98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–98–19]

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. Surveillance for Bloodstream and Vascular Access Infections in Outpatient Hemodialysis Centers—New—National Center for Infectious Diseases (NCID). The Hospital Infections Program, NCID is proposing a study of bloodstream infections, vascular access infections, hospitalizations, and antimicrobial starts at U.S. outpatient hemodialysis centers. Although bloodstream and vascular access infections are common in hemodialysis patients, there is no existing system to record and track these complications. Participation in the proposed project is voluntary; it is estimated that 100 of the approximately 3,000 U.S. outpatient hemodialysis centers will participate. Participating centers may collect data continuously, or may discontinue participation at any time; we estimate that the average center will participate for six months. Each month, participating centers will record the number of hemodialysis patients they treat and maintain a log of all hospitalizations and intravenous (IV) antimicrobial starts. For each hospitalization or IV antimicrobial start, further information (e.g., type of vascular access, clinical symptoms, presence of a vascular access infection, and blood culture results) will be collected. A computer program will be developed to allow dialysis center personnel to enter and analyze their own data; they will also transmit the data to CDC with all patient identifiers removed. CDC will aggregate this data and generate reports which will be sent to participating dialysis centers. Rates of bloodstream infection, vascular access infection, and antimicrobial use per 1000 patient-days will be calculated. Also, the percentage of antimicrobial starts for which a blood culture is performed will be calculated. Through use of these data, dialysis centers will be able to track rates of key infectious complications of hemodialysis. This will facilitate quality control improvements to reduce the incidence of infections, and clinical practice guidelines to improve use of antimicrobials. The total cost to the respondents is $78,000.

Form	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Agreement to Participate	100	1	1	100
Census Form	100	1	1	100
Log	100	[1]10	1	1,000
Incident Form	100	[1]200	0.2	4,000

Form	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Total				5,200

[1] Estimated mean.

2. Pulmonary Function Testing Course Approval Program, 29 CFR 1910.1043 (0920–0138)—Extension—The National Institute for Occupational Safety and Health (NIOSH) has responsibility under the Cotton Dust Standard, 29 CFR 1910.1043, for approving courses to train technicians to perform pulmonary function testing. Successful completion of a NIOSH approved course is mandatory under the Standard. To carry out its responsibility, NIOSH maintains a Pulmonary Function Testing Course Approval Program. The program consists of an application submitted by potential sponsors who seek NIOSH approval to conduct courses, and if approved, notification to NIOSH of any course or faculty changes during the period of approval. The application form and addended materials including agenda, vitae and course materials are reviewed by NIOSH to determine if the applicant has developed a program which adheres to the criteria required in the Standard. The letter seeking approval for subsequent changes is reviewed to assure that changes in faculty or course content continue to meet course requirements. Applications to be a course sponsor and carry out training are submitted voluntarily by institutions and organizations from throughout the country. If an application is not submitted for review, NIOSH is unable to evaluate a course to determine whether it meets the criteria in the Cotton Dust Standard and whether technicians will be adequately trained as mandated under the Standard. The total cost to respondents for the three year period is $1,851.00.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Sponsoring organizations	66	1	.614	40.5
Total				40.5

3. Measurement of Stress and Stressful Life Events in Black Women of Reproductive Age (0920–0356)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion. A review of studies of psycho-social factors and adverse pregnancy outcome supports the hypothesis that high levels of exposure to stressful life experiences put black women at increased risk for adverse reproductive outcome, particularly Preterm Delivery (PTD) and Very Low Birth Weight (VLBW). The purpose of this study is to evaluate the reliability and validity of existing instruments that measure stress and stressful life events in black women of reproductive age. Eligible subjects will be black women who live in the Atlanta metropolitan area. Subjects will be recruited from flyers, newspaper announcements, hospitals and clinics in the metropolitan Atlanta area. Subjects will be screened and selected based on age (18–30 or 31–45 years), years of education (12, 13–15, 16 or more), and pregnancy status (pregnant, not pregnant). A maximum of thirty women will be selected for each combination of age, education and pregnancy status. The minimum age for participation will be 18 to avoid the complications due to requirement of parental consent. Women will be excluded if they use illicit drugs, such as heroin, cocaine and marijuana because these substances may alter the metabolism of cortisol. The contact, timing and spacing of the interviews and laboratory collection are based on the methodology developed and used for conducting reliability and validity tests. Approximately one half of the women will be pregnant at the time of data collection.

Women enrolled in the study respond to a series of face-to-face and self-administered demographic and psycho-social questionnaires. Women are also asked to provide a saliva sample so that we can correlate reported levels of stress with biological measures of stress.

Participation in this study is voluntary and participants will receive compensation for their time. A written informed consent will be obtained and oversight will be provided by local institutional review board.

This project should take two years. One hundred fifteen (115) women will participate only in the validity study and thirty-nine (39) women will participate in the validity and reliability study. The validity study requires one interview and one salivary sample. The reliability study requires a second interview and a second salivary specimen, approximately two weeks after the first interview.

During the first three months of the study, the Project Director will set up the office, hire staff and student assistants and provide interviewer and data entry training. The Project Director will also make contacts and explore potential sites for recruiting women for the study. During the next nine months, all of the interviews (approximately 115 validity subjects and 39 reliability subjects remaining) will be conducted and data entry of the quantitative instruments (i.e Demographic Lifestyle Questionnaire, Cohen Perceived Stress Scale, Life Experience Survey (LES), ARIC/BAECKE Questionnaire of Habitual Physical Activity, Center for Epidemiologic Studies Depression Scale (CES–D), Profile of Mood States, Multiple Affect Adjustive Checklist, Speilberger Trait Anxiety Inventory—Self Evaluation Questionnaire) will be completed. Scoring for the qualitative instruments (i.e. Structured Event Probe and Narrative Rating Method (SEPRATE) and Life Events and Difficulties Schedule (LEDS) will be initiated during year 1, but the bulk of the qualitative scoring will be completed during Year 2. The data entry of the qualitative date will be completed during Year 2. Preliminary analyzes will be conducted during Year 2, with the technical assistance of CDC. The total estimated cost to respondents is $6,755.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Reliability Study Group	39	2	3	234
Validity Study Group	115	1	3	345
Total				579

4. The National Death Index (NDI) (0920–0215)—Extension—A service of the National Center for Health Statistics (NCHS), that assists health and medical researchers to determine the vital status of their study subjects. The NDI is a national data base containing *identifying* death record information submitted annually to NCHS by all the state vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the states and dates of death and the death certificate numbers of deceased study subjects. With the recent implementation of the NDI Plus service, researchers now have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the states. The NDI Plus option currently provides the ICD–9 codes for the underlying and multiple causes of death for the years 1979–1996. The five administrative forms are completed by health researchers in government, universities, and private industry in order to apply for NDI services and to submit records of study subjects for computer matching against the NDI file. The total cost to respondents is estimated at $5,685.

Respondents	Number of respondents	Number of responses/respondents	Average burden/response (in hours)	Total burden (in hours)
Government researchers	48	1	1.89	90.8
University researchers	60	1	1.89	113.5
Private industry researchers	12	1	1.89	22.7
Total				227.0

Charles W. Gollmar,

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

[FR Doc. 98–13952 Filed 5–26–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Food Safety Research: Availability of Cooperative Agreements; Request for Applications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA), Center for Food Safety and Applied Nutrition (CFSAN) is announcing the availability of research funds for fiscal year (FY) 1998 to conduct research to support the reduction of the incidence of foodborne illness, specifically to support: The development of sampling methods to enhance the detection, and more specifically the enumeration, of low levels of pathogens in foods; the development of intervention strategies for consumers to improve food safety in the home; and total genome sequence analyses of the pathogen *Escherichia coli* O157:H7, towards a molecular definition of microbial virulence and pathogenicity. Approximately $700,000 will be available in FY 1998. FDA anticipates making three to five awards at $100,000 to $200,000 (direct and indirect costs) per award per year. Support of these agreements may be up to 3 years. The number of agreements funded will depend on the quality of the applications received and the availability of Federal funds to support the project. After the first year, additional years of noncompetitive support are predicated upon performance and the availability of Federal FY funds. FDA is mandated by the President's Food Safety Initiative (FSI) to reduce the incidence of foodborne illness to the greatest extent feasible.

DATES: Submit applications by July 13, 1998. If the closing date falls on a weekend, it will be extended to Monday; if the date falls on a holiday, it will be extended to the following workday.

ADDRESSES: Application forms are available from, and completed applications should be submitted to: Robert L. Robins, Division of Contracts and Procurement Management (HFA–520), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–6170. (Applications hand-carried or commercially delivered should be addressed to 5630 Fishers Lane, rm. 2129, Rockville, MD 20852.)

FOR FURTHER INFORMATION CONTACT:

Regarding the administrative and financial management aspects of this notice: Robert L. Robins (address above).

Regarding the programmatic aspects of this notice: Robert L. Buchanan, Center for Food Safety and Applied Nutrition, Food and Drug Administration (HFS–500), 200 C St. SW., Washington DC 20204, 202–205–5053.

SUPPLEMENTARY INFORMATION: FDA will support the research studies covered by this notice under section 301 of the Public Health Service Act (the PHS Act) (42 U.S.C. 241). FDA's research program is described in the Catalog of Federal Domestic Assistance, No. 93.103.

The Public Health Service (PHS) strongly encourages all award recipients to provide a smoke-free workplace and to discourage the use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

PHS urges applicants to submit work plans that address specific objectives of ''Healthy People 2000.'' Potential applicants may obtain a copy of ''Healthy People 2000 (Full Report, stock No. 017–00100474–0) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, 202–512–1800.