

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics, Subcommittee on Populations.

*Times and Dates:* 9:00 a.m.–5:00 p.m., July 14, 1998; 9:00 a.m.–5:00 p.m., July 15, 1998.

*Place:* Room 705A, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

*Status:* Open.

*Purpose:* The Subcommittee on Populations will hold a two-day public meeting to assess the health data needs in the Pacific insular areas, Puerto Rico, and the Virgin Islands. The Subcommittee will examine the relations between these areas and the Federal government with regard to the current status of health data collection, analysis, and utilization, including the adequacy of available health data and statistics, as well as health information systems for assessing population health needs and health service requirements, examining the results of Federal public health spending, and documenting Healthy People objectives. The Subcommittee intends to examine impediments to improving health data collection and use in Pacific insular areas, Puerto Rico, and the Virgin Islands; learn about any special considerations involving privacy and confidentiality; identify the most critical areas where health data gathering capabilities are undeveloped but essential; and develop recommendations for improving health information systems. Participants are expected to include representatives from the Pacific insular areas, Puerto Rico and the Virgin Islands, as well as representatives from HHS agencies which administer programs in these areas, and other invited federal officials.

*For Further Information Contact:* Substantive information about the Committee as well as a roster of Committee members may be obtained from James Scanlon,

NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 440–D, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201, telephone (202) 690–7100, or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, MD 20782, telephone 301/436–7050. Additional information about the full Committee is available on the NCVHS website, where the tentative agenda for the Subcommittee meeting will also be posted when available: <http://aspe.os.dhhs.gov/ncvhs>

Dated: June 26, 1998.

**James Scanlon,**  
*Director, Division of Data Policy.*  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–17–98]

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 Projects**

1. Project Intensive Care Antimicrobial Resistance Epidemiology (ICARE), Phase 3—Reinstatement—The

Hospital Infections Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention, is proposing a study to investigate the relationship between use of antimicrobial agents and the incidence of antimicrobial resistance at 40 U.S. hospitals. The proposed Phase 3 study of Project ICARE will be very similar to Phase 2 ICARE with minor revisions. We hope to enroll 40 hospitals and address many confounding factors of antimicrobial resistance. In addition, these hospitals will serve as a sentinel surveillance system for different antimicrobial resistant pathogens, such as vancomycin resistant staphylococci. About half of the hospitals have participated in Phase 2 of Project ICARE. Participating hospitals will all be active participants of the CDC's National Nosocomial Infections Surveillance (NNIS) system. Phase 3 of Project ICARE is a refinement of the Phase 2 study and will allow interhospital comparison of data (i.e., sending interim reports back to study hospitals) facilitated by incorporating differences in culturing frequency, case-mix by ICU type and speciality wards (i.e., internal organization), barrier precautions, and prescribing practice policies. Phase 3 will also allow for valid comparison of attempts at reducing antimicrobial resistance in study hospitals (i.e., publish results of interventions to reduce antimicrobials resistance at study hospitals). Also, key parameters of antimicrobial use could be correlated with antimicrobial resistance levels and tracked through the hospital's quality improvement indicator process, pharmacy and therapeutics committee, or medical staff. Unnecessary use of antimicrobials may be reduced by these efforts if the information can be provided to hospitals. The total annual burden hours are 6,160.

Form name	Number of re- spondents	No. responses/re- spondent	Avg. burden/re- sponse (in hrs.)	Total burden (in hrs.)
Primary contact .....	40	12	1	480
Pharmacy .....	40	48 (median)	2.0	3,840
Microbiology .....	40	60 (median)	0.5	1,200
Isolates .....	40	80 (maximum)	0.20	640

2. 1999 and 2001 National School-Based Youth Risk Behavior Surveys—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)—Reinstatement—The purpose of this request is to renew OMB clearance for a biennial, national, youth risk behavior survey. This ongoing

biennial survey is administered to students attending regular public, private, and Catholic schools in grades 9–12. The survey addresses priority health risk behaviors related to the major preventable causes of mortality, morbidity, and social problems among both youth and adults in the U.S.

Previous OMB clearance for these surveys expired in October of 1997 (OMB No. 1920–0258, expiration 10/97). OMB clearance for a similar survey conducted among alternative school students will expire in December of 1998 (OMB No. 0920–0416, expiration 12/31/98). Data on the health risk

behaviors of adolescents is the focus of at least 26 national health objectives in *Healthy People 2000: Midcourse Review and 1995 Revisions*. This survey will provide end-of-decade data to help measure these objectives, as well as

baseline data to measure many new national health objectives proposed for 2010. No other national source of data exists for most of the proposed 2010 objectives that address behaviors of adolescents. The data also will have

significant implications for policy and program development for school health programs nationwide. The total annual burden hours are 9,173.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Alternative school students .....	12,000	1	0.75	9,000
Educating officials .....	345	1	0.50	173

Dated: June 26, 1998.

**Charles Gollmar,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Subcommittee for Community Affairs of the Advisory Committee for Energy-Related Epidemiologic Research: Meeting

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 subcommittee meeting.

*Name:* Subcommittee for Community Affairs of the Advisory Committee for Energy-Related Epidemiologic Research.

*Times and Dates:* 8:30 a.m.-4:45 p.m., July 23, 1998; 8:15 a.m.-12 noon, July 24, 1998.

*Place:* The Grove Hotel, 245 South Capitol Boulevard, Boise, Idaho 83702, telephone 208/333-8000, FAX 208/333-8800.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

*Purpose:* This subcommittee will advise the Advisory Committee for Energy-Related Epidemiologic Research (ACERER) on matters related to community needs and will report back to the agency through ACERER.

*Matters to be Discussed:* Agenda items include: discussions on the status of current federal health agencies' responses to the National Cancer Institute (NCI) I-131 fallout study and the feasibility of additional responses that include, but not limited to, notification, education, screening, medical monitoring, additional dose assessment (other radionuclides), and epidemiology; and the history and progress of the Idaho National Engineering and Environmental Laboratory (INEEL) dose reconstruction project with a focus on the process of discovering, accessing, and assembling documentation on the emissions of

radionuclides and chemicals from INEEL facilities.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Mr. Steven Adams, Public Health Advisor, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F-35, Atlanta, Georgia 30341-3724, telephone 770/488-7040, FAX 770/488-7044.

Dated: June 29, 1998.

**Carolyn J. Russell,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Vaccine Advisory Committee; Notice of Meeting

*Name:* National Vaccine Advisory Committee (NVAC) Immunization Registries Workgroup on Privacy and Confidentiality.

*Time and Date:* 8:30 a.m.-12:30 p.m., July 16, 1998.

*Name:* NVAC Immunization Registries Workgroup on Technical and Operational Challenges.

*Time and Date:* 1:30 p.m.-5:30 p.m., July 16, 1998.

*Name:* NVAC Immunization Registries Workgroup on Ensuring Provider Participation.

*Time and Date:* 8:30 a.m.-12:30 p.m., July 17, 1998.

*Name:* NVAC Immunization Registries Workgroup on Resource Issues.

*Time and Date:* 1:30 p.m.-5:30 p.m., July 17, 1998.

*Place:* Marriott Marquis, 265 Peachtree Center, Atlanta, Georgia, telephone (404) 521-0000.

*Status:* Open to the public, limited only by space availability. The meeting

room accommodates approximately 200 people.

*Purpose:* During a White House Ceremony on July 23, 1997, the President directed the Secretary of Health and Human Services (HHS) to work with the States on integrated immunization registries. As a result, NVAC has formed a Workgroup, staffed by the National Immunization Program (NIP), that will gather information for development of a National Immunization Registry Plan of Action.

To assist in the formulation of a work plan, a series of public meetings relating to (1) privacy and confidentiality; (2) resource issues; (3) technical and operational challenges; and (4) ensuring provider participation, will be held throughout the Nation. These meetings will provide an opportunity for input from all partners which include state and local public health agencies, professional organizations of private health agencies, managed care organizations (MCOs), employer-funded health care plans, vaccine manufacturers and developers, vendors and developers of medical information systems, information standards development organizations, parents, social welfare agencies, legislators, privacy and consumer interest groups, and other representatives of the public at large.

For each meeting, the Workgroup is inviting experts to address the four specific issues outlined above. Expert speakers are being asked to respond to the questions outlined below in writing, make brief oral presentations, and to respond to additional questions from the Workgroup.

Members of the public who wish to provide comments may do so in the form of written statements, to be received by the completion of the last meeting, addressed as follows: NIP/CDC, Data Management Division, 1600 Clifton Road, NE, M/S E-62, Atlanta, Georgia 30333.

There will be a period of time during the agenda for members of the public to make oral statements, not exceeding 3