summer and generally produces reports in the spring, while members now begin and end their service in the fall. Terms that begin May 1 and end April 30 would coincide more closely with the Commission's work schedule and thus make Commission operations more efficient and effective.

In order to achieve this, the terms of all current members are hereby extended for 7 months. The following members' terms will expire on April 30, 1999: P. William Curreri, Anne B. Jackson, Spencer Johnson, Donald T. Lewers, and Janet G. Newport. The following members' terms will expire on April 30, 2000: Peter Kemper, Judith R. Lave, Hugh W. Long, William A. MacBain, and Gerald M. Shea. The following members' terms will expire on April 30, 2001: Gail R. Wilensky, Joseph P. Newhouse, Woodrow A. Myers, Alice F. Rosenblatt, and John W. Rowe.

Subsequent appointments will be for 3 years.

James F. Hinchman,

Acting Comptroller General of the United States.

[FR Doc. 98–20101 Filed 7–27–98; 8:45 am]

BILLING CODE 1610–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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

AGENCY: Administration on Aging.

The Administration on Aging, Department of Health and Human Services, is submitting the following proposal for the collection of information in compliance with the Paperwork Reduction Act (Pub. L. 96–511): Certification of Maintenance of Effort Form Title III of the Older Americans Act, Grants for State and Community Programs on Aging.

Type of Request: ''Reinstatement, without change''.

Use: To continue an existing information collection, Supplemental Form to the Financial Status Report, from Title III grantees to use in reporting information on programs funded by Title III as required under Section 309(c) of the Older Americans Act, as amended;

Frequency: Annually.

SUPPLEMENTARY INFORMATION:

Title: Certification of Maintenance of Effort.

Description: The Certification of Maintenance of Effort form will be used by the Administration on Aging to verify the amount of State expenditures and make comparisons with the three previous years' expenditures to assure that the States are in compliance with 45 CFR 1321.49. This information will be used for federal oversight of the Title III Program.

Respondents: State Agencies on Aging.

Number of Respondents: 57.

Average Number of Responses per Respondent: 1.

Average Burden Hours: ½ hour per State Agency.

Additional Information: 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 Regulatory Affairs, ATTN: Allison Herron Eydt, OMB Desk Officer, Room 10325 Washington, DC.

Jeanette C. Takamura,

Assistant Secretary for Aging.

[FR Doc. 98–20074 Filed 7–27–98; 8:45 am]

BILLING CODE 4150–04–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–18–98]

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. An Epidemiologic Study of the Relation Between Maternal and Paternal Preconception Exposure to Ionizing Radiation and Childhood Leukemia (0920–0364), Revision.

The National Center for Environmental Health proposes an extension of a case-control study of the relation between maternal and paternal preconception exposure to ionizing radiation and childhood leukemia. The study is designed to determine whether preconception gonadal doses from ionizing radiation are higher in the parents of children with leukemia than in parents of healthy children. This hypothesis is based on previous study findings that, compared with control groups, children with leukemia were more likely to have fathers who worked at the Sellafield nuclear facility in Great Britain and to have received higher doses of ionizing radiation prior to the conception of the child. Funding for the study is being provided to the University of Colorado Health Sciences Center by the National Center for Environmental Health of the Centers for Disease Control and Prevention.

The study is designed as a multi center case-control study. Cases will be children with leukemia and controls will be children without leukemia selected at random from the same population as the cases. In addition, the next older sibling will be used in a second control group. The main exposure of interest, paternal and maternal gonadal absorbed doses from ionizing radiation during the six-month time period before conception, will be quantified by taking detailed histories from the parents about medical, occupational, and environmental exposures that they had during the time period of interest. Gonadal doses will be estimated from the documentation of each exposure. By calculating the doses of ionizing radiation each parent received, we can compute odds ratios and confidence intervals for paternal and maternal doses separately and combined. These findings will clarify whether the previously determined risks can be detected in other populations with similar exposures. Consistency in the results of this study with those of a similar study in Great Britain would have a major impact on current medical practice and occupational exposure standards. If this study does not detect an elevated risk for leukemia, it will be unlikely that preconception gonadal doses from ionizing radiation that are received by the general public are related to childhood leukemia. Total annual burden hours are 1,125.

Form name or activity	Number of respondents	Number of responses/ respondents	Average burden/response (in hours)	Total burden (in hours)*
Pediatric Oncologist Introduction of Study to Parent(s) (99%)	5	122	0.083	51
Request for Patient Information from Other Physicians (1%) (Atch 3)	6	1	0.166	1
Request for Participation (parents) (Atch 5)	2,508	1	0.166	418
Record Gathering in Home (parents)	1,968	1	0.5	984
Exposure Questionnaire (parents)(Atch 11, 12, and 13)	1,968	1	1.666	3,280
Re-interview 10% (parents)	197	1	1.666	328

*5,062 ÷ 4.5 yrs = 1,125 annual burden hrs.

2. 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 recommendation's 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 total annual burden hours are 441.

Form name	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
Section A	1,500	1	0.0166	25
Sections B, C	500	1	.1666	83
Sections D, E, F	500	1	.1666	83
Sections G, H, I	1,500	1	.1666	250

3. Multistate Case-Control Study of Childhood Brain Cancers; 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. Scientific knowledge is lacking concerning the reasons for the apparent rise in childhood brain cancer incidence during the last two decades in the U.S. and for explanations of childhood brain cancer in general. To date, most epidemiologic studies exploring the causes of childhood brain cancer have suffered from lack of statistical power due to the small numbers of cases available for the study. By combining recent childhood brain cancer data from multiple states, this study will help to better understand what environmental factors may be associated with childhood brain cancer, and therefore, to possibly develop well-focused prevention measures.

This study will examine the association between environmental exposures and risk of childhood brain cancers by employing a population based case-control study of childhood brain cancer. Information to be collected includes proximity of parental residence to hazardous waste sites and other known or suspected risk factors. Other known or purported risk factors identified from the literature, will include both environmental and host factors during the prenatal as well as postnatal periods: parental occupation, parents' and child's dietary habits, parental history of smoking and drinking, mother's and child's exposure to radiation through medical care, residential use of pesticides or herbicides, mother's and child's history of viral infection, and family history of cancer and neurological disorders. This request is for a three-year OMB approval. Total annual burden hours are 603.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)*
Screener for controls	16,000	1	.05	800
Mothers of children with childhood brain cancers and controls (interview)	1,200	1	.75	900
Mothers of children with early childhood brain cancers and controls (biological testing)	100	1	1.083	108

*1,808 ÷ 3 years = 603 annualized burden hours.

4. Exposure to Volatile Organic Compounds and Childhood Leukemia Incidence at United States Marine Corps Base, 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. Total annual burden hours are 1,750.

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	.15	1,447.50
Pregnancy at Camp Lejeune, delivery elsewhere; 1968–1985	3,350	1	.15	502.50

5. A Survey of Influenza A Outbreak Control Measured in U.S. Nursing Homes; New

The Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention—Outbreaks of influenza A in nursing homes (NH) 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.

The purpose of this survey is to determine how often rapid testing and antivirals are used to control influenza A outbreaks in NH's. A sample of NH's 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 NH's. The results will be used to identify where educational efforts should be directed to lessen the impact of influenza A on elderly institutionalized persons. Total annual burden hours are 170.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/responses (in hours)	Total burden (in hours)
NH Medical Director	1017	1	0.16	170

6. Case Control Study of Tuberculosis Infection in Young Children, San Diego and New York City Tuberculosis Statistics and Program Evaluation; (0920–0400) Extension;

National Center for HIV, STP, and TB Prevention (NCHSTP)—As a result of the rise of tuberculosis among children, CDC sponsored a Workshop on TB in Children a few years ago. Recommendations from the workshop included the need for further research concerning the epidemiology of TB in children, including children co-infected with HIV, improved diagnostic technologies, and the infectiousness of TB in children in health care settings. A contract with Columbia University (to study children in New York City) and with the University of California, San Diego, (to study children in San Diego) was approved in December, 1996. The contract consisted of three Modules. Module II, Studies of the Diagnosis of TB in Children, was canceled in December, 1997, due to a lack of participant response. Module III, Reducing the Risk of Nosocomial Transmission of Tuberculosis in Pediatric Settings, has completed data collection and the results are being analyzed. Data collection for Module I, Epidemiology, Magnitude and Risk Factors for TB in children, including HIV-infected children, was not completed within the original OMB time frame. This is mainly due to the recent decline in TB incidence in children experienced in the last year in the two study areas.

Data collection will need to be completed for Module I. The data collected to date is not useful, because the numbers are too small to be statistically significant to meet the study objectives.

Clinicians will interview parents of pediatric TB cases and controls. Total annual burden hours are 49.

Respondents (form name)	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
Positive Tuberculin Skin Tests (TST's) Form	15	1	0.333	3
Negative TST's Form	46	1	0.333	46

Dated: July 22, 1998

Charles Gollmar,

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

[FR Doc. 98–20082 Filed 7–27–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 98102]

Asthma Surveillance With an Emphasis on Children; Notice of Availability of Funds for Fiscal Year 1998

A. Purpose

The Centers for Disease Control and Prevention (CDC) and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) announce the availability of fiscal year (FY) 1998 funds for cooperative agreements for asthma surveillance activities.

The purpose of this project is to build a model framework for asthma surveillance with a particular focus on asthma in children. The specific objectives are:

1. To further develop, refine, and document asthma surveillance activities focused on (but not exclusive to) children;

2. To document and evaluate surveillance activities as to the source of data, effort needed to access the data, accuracy, cost, use of the data, and value of the data to contribute to development of a model asthma surveillance plan; and

3. To prepare reports, visuals, and examples of use of previously collected data to be used within the State and as models for other health agencies.

This announcement is related to the priority area of Environmental Health.

B. Eligible Applicants

Eligible applicants are State health agencies or major local health agencies with a population base greater than 1,000,000 persons with asthma surveillance and multiple data sources analyzed that address the population of the entire State or jurisdiction. This eligibility includes health agencies or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

Eligible applicants may enter into contracts and consortia agreements and understandings as necessary to meet the requirements of the program and strengthen the overall application. The intent to use the above mechanisms must be stated in the application and the nature and scope of work of these mechanisms requires the approval of CDC and NHLBI.

C. Availability of Funds

Approximately $400,000 will be available in FY 1998 to support this program with an average award of $65,000. It is expected that up to 6 awards will begin on or about September 30, 1998, and will be made for a 12-month budget and project period. Funding estimates may change.

D. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. Recipient Activities, and CDC and NHLBI will be responsible for the activities under 2. CDC and NHLBI Activities.

1. Recipient Activities:

a. Using existing data from previously analyzed data sources, prepare presentations of the asthma-related data (e.g. as reports, visuals, press releases) focusing primarily on children with asthma for use within the State and as examples for all States;

b. Demonstrate the usefulness of data collected for the purpose of planning and evaluating intervention program activities and for educating persons affected by asthma, the media, and the general public;

c. Document the source, effort, cost, use, sensitivity and other measures of data accuracy, representativeness, timeliness of the data; and the contribution of the data source to the State's total asthma surveillance effort;

d. Document lessons learned in the conduct of asthma surveillance activities; and

e. Participate through workshops, conference calls, and correspondence with other grantees in the development of (1) a model asthma surveillance strategy for States and (2) an asthma prevalence questionnaire.

2. CDC and NHLBI Activities:

a. Collaborate with the recipient in all stages of the project and coordinate joint activities among all grantees;

b. Provide programmatic technical assistance as appropriate;

c. Convene meetings of all grantees and facilitate documentation of an asthma surveillance model and an asthma prevalence questionnaire; and

d. Work with participants to prepare reports summarizing the project.

E. Application Content

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The narrative should be no more than 20 double-spaced pages, printed on one side, with one inch margins, and unreduced 12 point or 12 pitch font.

All graphics, maps overlays, etc., should be in black and white and meet the above criteria. Include each of the following sections:

1. Description of Problem

Describe what is known of the asthma problem in the State or jurisdiction, focusing primarily, but not exclusively, on children; the challenges experienced to date, specific to asthma surveillance in your State, experiences with similar problems related to surveillance of other diseases/conditions, and a brief description of success in addressing them.

2. Program Purpose

For each of the elements cited in the program purpose, provide specific objectives that are realistic, time-phased, measurable.

3. Program Plan

Submit a plan that describes how the project objectives will be achieved. The plan must address the following topics:

a. Briefly describe what state-wide data are currently available; what have already been analyzed, and how those