

evaluations in workplaces. The total annual burden is 80.

Respondents	No. of respondents	No. of responses/re-spondent (in hrs.)	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Employees and Representatives	260	1	.2	52
Employers	140	1	.2	28

2. 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 annual burden hours are 227.

Respondents	No. of respondents	No. of responses/re-spondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
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

Charles W. 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

[30 DAY-20-98]

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. 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 annual burden hours are 40.5.

Respondents	No. of respondents	No. of responses/re-spondent	Avg. burden/response (in hrs.)
Sponsoring organizations	66	1	.614

2. Audience-Derived Input Regarding Campaign Development To Promote Colorectal Cancer Screening

New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control is requesting clearance to gather information about colorectal cancer screening. Colorectal cancer is the second leading cause of cancer-related deaths in the United States. In 1997, approximately 131, 200 new cases of colorectal cancer will have been diagnosed, and an estimated 54,900 deaths will be caused by the disease. When colorectal cancer is detected early, chances for survival are greatly enhanced: current studies

indicate that deaths from colorectal cancer could be reduced by approximately 33 percent through screening and by providing special attention to individuals at increased risk for this disease. As a result, in 1997 several major health organizations, including the Centers for Disease Control and Prevention, recommended routine screening be conducted for colorectal cancer among all Americans over 50 years of age in good health. Recent documented usage of colorectal cancer screening by the U.S. population, however, lags far behind screening for other cancers, such as breast and cervical cancers. Finding ways to promote the new recommendation for routine colorectal cancer screening

among the target population, therefore, is a necessity in combating the disease.

The Division of Cancer Prevention and Control is planning to obtain input from the target audience of all adults within the U.S. who are in good health and age 50 and older. Information collected from the target audience will assist in the design and implementation of a national campaign intended to promote screening for colorectal cancer. Such information will include knowledge and attitudes regarding colorectal screening as well as responses to draft messages promoting screening, and will be gathered using focus groups, interviews, and the purchase of omnibus survey questions. The total annual burden hours are 225.

Respondents	No. of respondents	No. of responses/ respondents	Avg. burden/ response (in hrs.)
Focus Groups	50	1	1.5
Intercept Interviews	100	1	0.5
Questions included in omnibus surveys	1000	1	0.10

Charles W. 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

Office of the Director; Meeting

Office of the Director, Centers for Disease Control and Prevention (CDC), announces the following meeting:

Name: Guide to Community Preventive Services (GCPS) Task Force Meeting.

Times and Dates: 9 a.m.-5:15 p.m., September 14, 1998; 8 a.m.-3:30 p.m., September 15, 1998.

Place: The Radisson Hotel Atlanta, Courtland and International Boulevard, Atlanta, Georgia 30303, telephone 404/659-6500.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 40 people.

Purpose: The mission of the Task Force is to develop and publish a Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health services and what works in the delivery of those services.

Matters To Be Discussed: Agenda items include: an update on Health People 2010; a discussion on the results of field testing for the Vaccine Preventable Diseases (VPD) Chapter, a discussion of the VPD

Epidemiologic Reviews Manuscript, a discussion on the dissemination, publication and evaluation of the Guide, a review of the draft chapter on Motor Vehicle Occupant Injuries (MVOI) and a review of evidence on interventions for seat belt use for the MVOI Chapter, reports on the progress of the Tobacco, Oral Health and Physical Activity Chapters, and a progress report on the Methods Development.

Agenda items are subject to change as priorities dictate.

Contact Person for Additional Information: Marguerite Pappaioanou, Chief, GCPS Development Activity, Division of Prevention Research and Analytic Methods, Epidemiology Program Office, CDC, 1600 Clifton Road, NE, M/S D-01, Atlanta, Georgia 30333, telephone 404/639-4301.

Persons interested in reserving a space for this meeting should call 404/639-4301 by close of business on September 9, 1998.

Dated: August 25, 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 Immunization Program; Meeting

The National Immunization Program (NIP), Centers for Disease Control and

Prevention (CDC) announces the following meeting:

Name: The National Immunization Program Techniques for Enabling Immunization Record Exchange.

Times and dates: 9 a.m.-4:30 p.m., September 10, 1998; 9 a.m.-4 p.m., September 11, 1998.

Place: Holiday Inn, 130 Clairemont Avenue, Decatur, Georgia 30030, 404/371-0204.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 30 people.

Purpose: To explore techniques to enable record exchange amongst State- and community-based registries and to identify CDC/NIP's role in the development of strategies to facilitate the process.

Matters To Be Discussed: Agenda items will include a discussion of NIP's Health Level Seven (HL7) Immunization Registry Record Exchange Standard, a description of six Registry Projects' HL7 implementation and needs, and a proposal for solutions.

Contact Person For More Information: Robb Linkins, Ph.D., M.P.H., Chief, Systems Development Branch, Data Management Division, NIP, CDC, 1600 Clifton Road, NE, M/S E-62, Atlanta, Georgia 30333, telephone 404/639-8728, e-mail rxl3@cdc.gov.

Dated: August 26, 1998.

John C. Burckhardt,

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

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