Respondents	Number of respondent	Number of responses/ respondent	Avg. burden per response	Total burden
Electrical teachers	80	1	1.00	80
Electrical students:				
Baseline data	1600	1	.50	800
Early video	800	4	.25	800
Late video	800	4	.25	800
Cosmetology teachers	80	1	1.00	80
Baseline data	1600	1	.50	800
All discussion groups	1600	3	.33	1,584
Total				4,944

Nancy Cheal,

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

[FR Doc. 99–722 Filed 1–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–05–99]

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 Project

1. Evaluating an Alert to Firefighters—New—National Institute of Occupational Safety and Health (NIOSH)—The mission of the National Institute of Occupational Safety and Health is to promote ''safety and health at work for all people through research and prevention.'' NIOSH not only investigates and identifies occupational safety and health hazards, the Institute also develops recommendations for controlling those hazards and in some cases, distributes those recommendations directly to affected workplaces.

One way that NIOSH accomplishes this kind of intervention is through the Alert. The Alert is usually a six to ten page document that outlines the nature of the hazard, the risks to workers, and the recommendations for controlling the hazard. Again, the Alert is mailed to workplaces potentially affected by the hazard.

It is unclear, however, whether the Alert is effective in communicating the need for and methods for adopting NIOSH's recommendations for controlling the hazard. To-date, none of the Alerts have been rigorously evaluated, but preliminary research indicates that the Alert could be more effective at encouraging safer workplace practices.

The Alert has traditionally followed a standard format that does not reflect current ''best practices'' in applied communications. In this study, NIOSH proposes incorporating several alternative communication strategies into an Alert and evaluating the effectiveness of these alternatives.

The Alert chosen for this study is concerned with firefighters and the injuries and fatalities that result from structural collapse. In 1998, Congress appropriated funds for NIOSH to conduct research and proceed with interventions that will reduce the number of fatalities among firefighters. Congress further instructed NIOSH to evaluate the effectiveness of any interventions. This Alert is intended to be directed at the 36,000 fire stations and 1.2 million career and volunteer firefighters across the country.

NIOSH will vary the content of the Alert and add channels of information to inform, educate, and help fire stations adopt safer work practices. The goals of the study are twofold: 1) to reduce the risks of injury and fatality among firefighters, 2) identify the more effective ways to deliver vital health and s afety information in NIOSH Alerts. The study design will allow NIOSH to minimize costs while identifying the most effective strategies. The total annual burden hours are 320.

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden per response (in hrs.)
Fire Chiefs	960	1	20/60

2. 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 annual burden hours are 5,200.

Form	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)
Agreement to Participate	100	1	1
Census Form	100	12	.083
Log	100	[1] 10	1
Incident Form	100	[1] 200	0.2

[1] Estimated Mean.

3. 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 (NCHSTP) 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. The total annual burden hours are 3,380.

TABLE 1.—PILOT TESTING (MARCH–APRIL 1999)

	Number of respondents	Number responses per respondent	Hrs/response	Response burden
Identify venues for sampling frames using Eligibility Screener (BSI)	2,340	1	1/60	39
Eligibility Screener (BSI)	858	1	1/60	15
Respondent informed consent	390	1	3/60	20
Full interview (QTI)	390	1	20/60	130

TABLE 2.—PRE-INTERVENTION ROUND OF DATA COLLECTION (MAY–AUGUST 1999)

	Number of respondents	Number responses per respondent	Hrs/response	Response burden
Eligibility Screener (BSI)	7,143	1	1/60	119
Respondent informed consent	3,250	1	3/60	163
Full interview (QTI)	3,250	1	20/60	1,084

TABLE 3.—MONITORING ROUND OF DATA COLLECTION (MAY–AUGUST 2000)

	Number of respondents	Number responses per respondent	Hrs/ response	Response burden
Eligibility Screener (BSI)	7,143	1	1/60	119
Respondent informed consent	3,250	1	3/60	163
Full interview (QTI)	3,250	1	20/60	1,084

TABLE 4.—MONITORING ROUND OF DATA COLLECTION (MAY–AUGUST 2001)

	Number of respondents	Number responses per respondent	Hrs/response	Response burden
Eligibility Screener (BSI)	7,143	1	1/60	119
Respondent informed consent	3,250	1	3/60	163
Full interview (QTI)	3,250	1	20/60	1,084

TABLE 5.—POST-INTERVENTION ROUND OF DATA COLLECTION (MAY–AUGUST 2002)

	Number of respondents	Number responses per respondent	Hrs/response	Response burden
Eligibility Screener (BSI)	7,143	1	1/60	119
Respondent informed consent	3,250	1	3/60	163
Full interview (QTI)	3,250	1	20/60	1,084

The State and Local Area Integrated Telephone Survey (SLAITS) (0920–0406)—Extension—The National Center for Health Statistics, (NCHS) is planning to expand from the short term pilot study phase to a long term integrated and coordinated survey system designed to collect needed health and welfare data at the state and local levels. Using the random-digit-dialing sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), the State and Local Area Integrated Telephone Survey (SLAITS) can quickly collect and produce data to monitor health status, child and family well-being, health care utilization, access to care, program participation, and changes in health care coverage at the state and local levels. These efforts are conducted in cooperation with state and local officials. SLAITS offers a centrally administered data collection mechanism with standardized questionnaires and quality control measures which allow comparability of estimates between states, over time, and with national data. As demonstrated in the pilot study phase, SLAITS is designed to allow for oversampling of population subdomains and to meet federal, state and local needs for subnational estimates which are compatible with national data.

Questionnaire content is drawn from existing surveys such as the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), the National Household Education Survey, and the National Survey of America's Families, as well as the three questionnaire modules that were developed for SLAITS during the pilot study phase. These modules include Health, Child Well-Being and Welfare, and Children's Health Insurance and Health Care Utilization.

The strategy of building on established survey systems provides several advantages. It is less costly than establishing a new system; the proposed questions have been thoroughly tested; and implementation can occur rapidly. Basing SLAITS on questions from the NHIS, CPS, and other national in-person surveys will allow for comparisons with national data. In addition, the quality of the estimates developed from the telephone survey can be improved with adjustments for households without telephones using health and socio-demographic information from telephone and non telephone households from the NHIS and other in-person surveys.

Funding for SLAITS is being sought through a variety of mechanisms including Foundation grants, State collaborations, and federal appropriation and evaluation monies. The level of implementation will depend on the amount of funding received and can be expanded as funding permits. Questionnaire modules will be compiled to address the data needs of interest to the federal, state or local funding agency or organization. The total annual burden hours are 30,870.

Respondents	Number of respondents	Number of responses/ respondents	Average burden/response (in hrs.)
Noninstitutionalized household population in 50 States and D.C.	102,000	1	0.30
Pretest modules	900	1	0.30

Nancy Cheal,

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

[FR Doc. 99–724 Filed 1–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Vaccines and Related Biological Products Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Vaccines and Related Biological Products Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on January 29, 1999, 8:30 a.m. to 6:30 p.m.

Location: Holiday Inn, Versailles Ballrooms III and IV, 8120 Wisconsin Ave., Bethesda, MD.

Contact Person: Nancy T. Cherry or Denise H. Royster, Center for Biologics Evaluation and Research (HFM–71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301–827–0314, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12391. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will: (1) Discuss the influenza virus vaccine formulation for 1999 and 2000, and (2) hear an update on the status of influenza A H5N1 viruses.

Procedure: On January 29, 1999, from 8:30 a.m. to 5:30 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by January 22, 1999. Oral