

Board of Governors of the Federal Reserve System, August 23, 2000.
Robert deV. Frierson,
Associate Secretary of the Board.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–00–46]

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, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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 Office at (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 Anne O’Connor, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

National Sexually Transmitted Disease Morbidity Surveillance System—Extension—(0920–0011)—The National Center for HIV, STD, and TB Prevention (NCHSTP). The reports used

for this surveillance system provide ongoing surveillance data on national sexually transmitted disease morbidity. The data are used by health care planners at the national, state, and local (including selected metropolitan and territorial health departments) levels to develop and evaluate STD prevention and control programs. In addition, there are many other users of the data including scientists, researchers, educators, and the media. Sexually transmitted disease (STD) data gathered in these reports are used to produce national statistics published in the annual STD Surveillance Report, MMWR articles, and serve as a progress report to meet objectives in Healthy People 2000: Mid-course Review and 1995 Revisions. It is important to note that these reporting forms are in the process of being phased out and replaced by electronic, line-listed STD data collected in the National Electronic Telecommunications System for Surveillance (NETSS). The annual cost to respondents is estimated at \$12,627 based on an estimated hourly salary of \$15.25 for health department personnel responsible for completing these forms:

Forms	Number of respondents	Number of responses/ respondent	Average burden (in hours)	Total burden (in hours)
CDC 73.688 *	36	4	1	144
CDC 73.688 **	27	4	1	108
CDC 73.998	36	12	35/60	252
CDC 73.2638	36	3	324
Total	828

* State-level reporting: Respondents for the state-specific CDC 73.688 forms now include 26 state health departments (originally, respondents included 50 states, but 24 states have now discontinued hardcopy reporting and send all STD data as electronic line-listed records through NETSS), seven large city health departments and three outlying areas.
** City-level reporting: The health departments for the 26 states and one of the outlying regions (Puerto Rico) also prepare and submit reports for additional large cities within their jurisdictions.

Dated: August 23, 2000.
Nancy Cheal,
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

[60Day–00–47]

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, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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 Office at (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 or other forms of information technology. Send comments to Anne O’Connor, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

National Survey of STD Services Provided to U.S. College Students

—New—The National Center for HIV, STD, and TB Prevention (NCHSTP) proposes clearance to conduct a survey of a sample of U.S. colleges asking about health services available to students with focus on sexually transmitted disease (STD) testing and management. The sample shall include a broad range of colleges including 2 and 4 year,

public and private, and rural and urban colleges to determine under what conditions, for which STDs, and how colleges educate about STDs, conduct testing and provide partner management.

STDs have a large economic and health impact throughout the United States. Most college students are within the age range with the highest rates for STDs (15–24 year olds). Chlamydia trachomatis is the most frequently reported infectious disease in the United States with prevalence rates of 4% to 18% in 16–24 year old women. Infections with Chlamydia trachomatis can result in pelvic inflammatory disease and infertility. Many STDs

increase the risk of HIV transmission and acquisition. Genital infections with herpes simplex virus, human papillomavirus, and Trichomonas vaginalis have been reported at increasing rates over the last 10 years.

This national survey will provide data that will broaden the scientific knowledge related to STD services and management available to students at U.S. colleges. The survey is intended to (a) describe health insurance policies of colleges; (b) describe preventive services such as health education and condom availability at colleges; (c) identify characteristics of student health centers including staffing, type of care, and number of students seen; (d) identify

possible obstacles to accessing STD services; (e) describe which STDs are being tested for and what testing criteria are applied; and (f) describe current partner services including partner notification practices and use of partner-delivered therapy.

The CDC estimates that 900 respondents will complete and submit the survey questionnaire on one single occasion. The questionnaire is estimated to take approximately 30 minutes to complete.

Therefore, the total response burden is estimated at 450 hours for an average cost to the respondents of \$14,503.*

Respondents	Number of respondents	Number of response per respondent	Average burden per response (in hours)	Total burden (in hours)
ACHA Member of Health Center Contact or Chief Executive Administrator ..	900	1	5	450

Average income combined per hour = \$32.23 x 450 hours = \$14,503 Health Service Managers—\$44,700 yearly average—\$21.49 per hour. (US Department of Labor, Bureau of Labor Statistics)

Chief Administrative Officer, Academe—\$89, 376 yearly average—\$42.97 per hour. (Wall Street Journal Careernet)

Dated: August 23, 2000.

Nancy Cheal,

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

[30DAY–63–00]

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

Evaluation of Public Care Providers' Training, Screening, and Referral Practices for Pregnancy-Related Violence—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Two questionnaires have been designed to collect information for the project entitled: "Evaluation of Public Care Providers' Training, Screening, and Referral Practices for Pregnancy-Related Violence." The purpose of the project is to develop and implement an evaluation to provide the Centers for Disease Control and Prevention (CDC) with the capacity to investigate the role of clinical guidelines in detecting and intervening in intimate violence in publicly-funded family planning settings. This evaluation will encompass: (1) The administrative level at which guidelines operate; (2) the

contents of guidelines; (3) the format of guidelines; (4) the use of guidelines; and (5) barriers to the adoption of guidelines for programs that do not have any in place. The information gathered will be analyzed in conjunction with existing data from other sources. The information obtained from the evaluation will be used by CDC to develop recommendations for guidelines to address screening and referral practices and provider training. Healthy People 2000 calls for a reduction of physical, sexual and emotional abuse towards women, and for the use of protocols in emergency room settings to identify and treat victims of violence. As the nation's prevention agency, CDC has been charged with finding ways to prevent violence against women. Little is known about how widely guidelines have been instituted in publicly-funded family planning settings. This evaluation will provide the first clear understanding of the barriers to implementing and using appropriate protocols. The estimated annualized burden hours are 285.

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)
Clinicians	600	1	.25
Clinic Administrators	540	1	.25