

884,000 gross square feet in 17 buildings, housing some 1,900 personnel. Approximately 60 percent of gross square footage consists of laboratory space, the remainder being office, administrative, and facility support space. There are approximately 1,800 parking spaces on site.

To meet CDC's known facility replacement needs, and to provide future expansion space, GSA proposes to acquire and develop approximately 17.6 acres bounded by Clifton Road to the north Clifton Way to the east, and Michael Street to the south and west (West Campus). The maximum anticipated development over a twenty year planning horizon is approximately 633,000 additional gross square feet of laboratory, office, and support space, and 1,521 additional parking spaces.

GSA has identified the following alternatives to be examined in the EIS:

- "No Action," that is, undertake no site acquisition and development at all.
- Full Acquisition of 17.6 acres and full development of the proposed West Campus Site, previously described. This is the GSA/CDC preferred alternative and the proposed action.
- Limited Expansion by acquisition of less than the full 17.6 acres and development and expansion on a portion of the 17.6 acres and on the existing campus.
- On site consolidation and no additional site acquisition, with development occurring on the existing government-owned CDC Campus site.

As part of the public scoping process, GSA encourages you to provide comments on the DEIS in writing at the following address: Mr. George Chandler or Mr. Phil Youngberg, GSA/PBS Portfolio Management 4PT, 401 West Peachtree Street, NW, Suite 3010, Atlanta, GA 30365 or, FAX your comments to GSA at 404-331-4540. *Comments should be postmarked no later than October 7, 1996.*

GSA intends to conduct a Public Meeting during the 45-day comment period to solicit comments on the DEIS, and to address general questions and concerns. GSA will place a Notice of this and all subsequent public meetings and document releases concerning the proposed action in the *Atlanta Journal-Constitution* approximately two weeks prior to the event. GSA will notify persons and organizations on our mailing list. Persons who wish to be added to the mailing list should write or FAX GSA as indicated in this Notice.

Dated: August 8, 1996.
Phil Youngberg,
Regional Environmental Officer, 4PT.
[FR Doc. 96-20840 Filed 8-14-96; 8:45 am]
BILLING CODE 6820-34-M

Notice of Availability, Environmental Assessment and Finding of No Significant Impact (FONSI) for the Department of Veterans Affairs Leasing Action in San Diego

Pursuant to the Council of Environmental Quality Regulations (40 CFR 1500-1508) implementing procedures provisions of the National Environmental Policy Act (NEPA), the General Services Administration hereby gives notice that an EA and subsequent FONSI for the leasing action within the City of San Diego has been prepared.

Proposed Action: The proposed project would include a lease of 133,130 rentable square feet of building space and 400 onsite parking spaces. The delineated area is Aero Drive to the north: Interstate 15 to the east; University Avenue from Interstate 15 to Keating Street and Keating Street to Interstate 5 as the southern boundary; and Interstate 5 from Keating Street north to Interstate 8 and Linda Vista Road north from Interstate 8 to Aero Drive as the western boundary.

Public Involvement: The FONSI prepared by GSA addressing this action is on file and may be obtained from the US General Services Administration, Pacific Rim Region, Attn: Rosanne Nieto, 450 Golden Gate Avenue, San Francisco, California 94102.

Dated: August 8, 1996.
Alan Campbell,
Assets Manager, Public Buildings Service, General Services Administration, Pacific Rim Region.
[FR Doc. 96-20839 Filed 8-14-96; 8:45 am]
BILLING CODE 6820-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Agency Information Collection Activities: Proposed Collection Reinstatement; Comment Request

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice.

SUMMARY: This notice announces the Agency for Health Care Policy and Research's (AHCPR) intention to request the Office of Management and Budget

(OMB) to reinstate an expired information collection project. In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), the AHCPR invites the public to comment on this proposed reinstatement of an information collection.

DATES: Comments on this notice must be received by October 15, 1996.

ADDRESSES: Written comments should be submitted to: Carole Dillard, Reports Clearance Officer, AHCPR, 2101 East Jefferson Street, Suite 502, Rockville, MD 20852-4908.

All comments will become a matter of public record. Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection reinstatement.

In accordance with the above cited legislation, comments on the reinstatement of AHCPR information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of 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.

FOR FURTHER INFORMATION CONTACT: Carole Dillard, AHCPR's Reports Clearance Officer, (301) 594-1357, extension 1324.

SUPPLEMENTARY INFORMATION:

Proposed Project

Pretest for 1997 Medical Expenditure Panel Survey—Insurance Component (MEPS-IC). AHCPR intends to conduct a survey of establishments in 1997 to collect information from employers concerning employer-sponsored health insurance. This survey will be an integration of two previous surveys, now components of MEPS-IC. The two surveys, which collected similar information, are: 1.) the 1987 Health Insurance Plans Survey (HIPS) sponsored by AHCPR, and 2.) the National Employer Health Insurance Survey (NEHIS) sponsored by AHCPR, NCHS (National Center for Health Statistics), HCFA (Health Care Financing Administration). Due to the integration of HIPS and NEHIS survey operations into MEPS-IC, updating of

the questionnaire, and proposed changes in collection methodology, AHCPR proposes to test this updated survey collection activity. A sample of potential respondents will be selected and data collection will be attempted. Based upon the results of this test collection effort, AHCPR will develop and refine the survey process of the 1997 MEPS-IC.

Burden Estimates Follow

<i>Number of Respondents</i>	350
<i>Number of Surveys per Respondent</i>	1
<i>Average Burden/Response</i>	75
<i>Estimated Total Burden</i>	263

Copies of these proposed information collection plans and instruments can be obtained from AHCPR Reports Clearance Officer (see above for details).

Dated: August 8, 1996.

Clifton R. Gaus,
Administrator.

[FR Doc. 96-20819 Filed 8-14-96; 8:45 am]

BILLING CODE 4160-90-M

Centers for Disease Control and Prevention

Diseases Transmitted Through the Food Supply

AGENCY: Centers for Disease Control and Prevention (CDC), HHS.

ACTION: Notice of annual update of list of infectious and communicable diseases that are transmitted through handling the food supply and the methods by which such diseases are transmitted.

SUMMARY: Section 103 (d) of the Americans with Disabilities Act of 1990, Public Law 101-336, requires the Secretary to publish a list of infectious and communicable diseases that are transmitted through handling the food supply and to review and update the list annually. The Centers for Disease Control and Prevention (CDC) published a final list on August 16, 1991 (56 FR 40897) and an update on January 13, 1994 (59 FR 1949). No new information that would warrant additional changes has been received; therefore the list, as set forth in the first update and below, remains unchanged.

EFFECTIVE DATE: August 15, 1996.

FOR FURTHER INFORMATION CONTACT: Dr. Morris E. Potter, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop A-38, Atlanta, Georgia 30333, telephone (404) 639-2213.

SUPPLEMENTARY INFORMATION: Section 103 (d) of the Americans with

Disabilities Act of 1990, 42 U.S.C. 12113 (d), requires the Secretary of Health and Human Services to:

1. Review all infectious and communicable diseases which may be transmitted through handling the food supply;
2. Publish a list of infectious and communicable diseases which are transmitted through handling the food supply;
3. Publish the methods by which such diseases are transmitted; and,
4. Widely disseminate such information regarding the list of diseases and their modes of transmissibility to the general public.

Additionally, the list is to be updated annually. Since the publication of the list on January 13, 1994 (59 FR 1949), CDC has received no information to indicate that additional unlisted diseases are transmitted through handling the food supply. Therefore, the list set forth below is unchanged from the list published in the Federal Register on January 13, 1994.

I. Pathogens Often Transmitted by Food Contaminated by Infected Persons Who Handle Food, and Modes of Transmission of Such Pathogens

The contamination of raw ingredients from infected food-producing animals and cross-contamination during processing are more prevalent causes of foodborne disease than is contamination of foods by persons with infectious or contagious diseases. However, some pathogens are frequently transmitted by food contaminated by infected persons. The presence of any one of the following signs or symptoms in persons who handle food may indicate infection by a pathogen that could be transmitted to others through handling the food supply: diarrhea, vomiting, open skin sores, boils, fever, dark urine, or jaundice. The failure of food-handlers to wash hands (in situations such as after using the toilet, handling raw meat, cleaning spills, or carrying garbage, for example), wear clean gloves, or use clean utensils is responsible for the foodborne transmission of these pathogens. Non-foodborne routes of transmission, such as from one person to another, are also major contributors in the spread of these pathogens. Pathogens that can cause diseases after an infected person handles food are the following:

Hepatitis A virus
Norwalk and Norwalk-like viruses
Salmonella typhi
Shigella species
Staphylococcus aureus
Streptococcus pyogenes

II. Pathogens Occasionally Transmitted by Food Contaminated by Infected Persons Who Handle Food, but Usually Transmitted by Contamination at the Source or in Food Processing or by Non-foodborne Routes

Other pathogens are occasionally transmitted by infected persons who handle food, but usually cause disease when food is intrinsically contaminated or cross-contaminated during processing or preparation. Bacterial pathogens in this category often require a period of temperature abuse to permit their multiplication to an infectious dose before they will cause disease in consumers. Preventing food contact by persons who have an acute diarrheal illness will decrease the risk of transmitting the following pathogens:

Campylobacter jejuni
Entamoeba histolytica
Enterohemorrhagic Escherichia coli
Enterotoxigenic Escherichia coli
Giardia lamblia
Nontyphoidal Salmonella
Rotavirus
Taenia solium
Vibrio cholerae 01
Yersinia enterocolitica

References

1. World Health Organization. Health surveillance and management procedures for food-handling personnel: report of a WHO consultation. World Health Organization technical report series; 785. Geneva: World Health Organization, 1989.
2. Frank JF, Barnhart HM. Food and dairy sanitation. In: Last JM, ed. Maxcy-Rosenau public health and preventive medicine, 12th edition. New York: Appleton-Century-Crofts, 1986:765-806.
3. Bennett JV, Holmberg SD, Rogers MF, Solomon SL. Infectious and parasitic diseases. In: Amler RW, Dull HB, eds. Closing the gap: the burden of unnecessary illness. New York: Oxford University Press, 1987:102-114.
4. Centers for Disease Control. Locally acquired neurocysticercosis—North Carolina, Massachusetts, and South Carolina, 1989-1991. MMWR 1992; 41:1-4.

Dated: August 7, 1996.

Claire V. Broome,
Deputy Director, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-20814 Filed 8-14-96; 8:45 am]

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