substances on the CEP report, the 25 substances found at the most number of sites in a CEP are presented below.

Substance name	Number of sites with substance in a CEP	
	All sites	NPL sites
LEAD	298	206
TRICHLOROETHYLENE	277	239
ARSENIC	215	147
TETRACHLOROETHYLENE	206	167
BENZENE	149	116
CADMIUM	148	105
CHROMIUM	146	102
POLYCHLORINATED BIPHENYLS	130	96
1,1,1-TRICHLOROETHANE	116	97
ZINC	116	75
MANGANESE	116	73
MERCURY	115	74
COPPER	101	61
VOLATILE ORGANIC COMPOUNDS, UNSPECIFIED	99	73
CHLOROFORM	98	81
1,1-DICHLOROETHENE	94	87
METHYLENE CHLORIDE	93	69
TOLUENE	86	60
NICKEL	84	59
BARIUM	82	52
VINYL CHLORIDE	81	75
1,1-DICHLOROETHANE	80	72
1,2-DICHLOROETHANE	77	66
BENZO(A)PYRENE	77	46
ANTIMONY	74	50

Note: Sorted by the All Sites column.
ALL Sites = all sites with ATSDR activities; NPL Sites = current and former sites on the National Priorities List, as mandated.

Dated: October 15, 1999.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day–00–03]

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 Center 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 Officer on (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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Surveillance and Evaluation of Plasma Donors for the Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV)—New—National Center for HIV, STD, and TB Prevention (NCHSTP). In 1987, the President directed the Department of Health and Human Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) was present in various segments of the population. In response, the CDC formed an epidemiologic team to summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there was information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: Targeting and evaluating prevention programs, planning future health care needs and determining health policy. Research has also indicated that similar studies are needed to determine the incidence and prevalence of hepatitis C (HCV) infection.

A complementary family of surveys and studies, organized by the CDC, provides empirical estimates of the extent of the epidemic of the human immunodeficiency virus (HIV) in the United States. The national surveillance system of HIV infection in the United States includes monitoring incidence and prevalence rates of HIV-infection among first time and repeat whole blood donors. Although this surveillance system has been in place for several years to monitor HIV trends in the United States blood supply, such a system does not exist for the source

plasma industry for either HIV or hepatitis C (HCV).

The source plasma industry collects approximately 14 million of plasma each year. The majority of source plasma is used to produce immune globulins, albumin and other blood products utilized in the United States and in other countries. Donors may donate up to two times per week and are remunerated for each donation. Although the source collection industry plays an important role in the production of blood products, little information regarding HIV or HCV rates within the industry has been published to date.

The objectives of this study of HIV and HCV in plasma donors are to:

1. Analyze the risk behavior characteristics of infected donors to assess distribution and trends of HIV and HCV;

2. Study the motivations and risk factors of HIV and HCV infected deferred donors in order to improve the donor screening and deferral processes;

3. Monitor additional human immunodeficiency and hepatitis viruses, HIV and HCV genetic variation, and other infections relevant to the epidemiology of HIV and HCV among U.S. plasma donors;

4. Evaluate the laboratory characteristics of plasma from infected donors to determine the effectiveness of current and anticipated test modalities; and

5. Evaluate risk factors for transmission of HCV among recently infected individuals.

The above objectives will be attained though a questionnaire designed to evaluate demographic information, knowledge of HIV and HCV, risks for HIV and HCV and motivations for donating plasma. In order to elucidate risks for transmission among this population, a group of HIV and HCV negative persons will also be given the questionnaire. Respondents will be interviewed with the aid of a computer assisted telephone interview (CATI) and respondents will receive a stipend for their time and travel expenses. Participation is voluntary, and all information will be gathered only after written informed consent has been obtained.

The CDC anticipates 430 individuals will be enrolled annually in this study (based upon combined estimates obtained from the plasma companies regarding the number of HIV and HCV positive donors identified per year, plus the number of HIV and HCV negative individuals enrolled as comparisons). It has been estimated that the interview will take approximately 20 minutes to complete; therefore, the response burden will be 143 hours. The approximate hourly wage earned per respondent is $10.00/hour. The total cost to the respondents would be $1430.00.

Form name	Number of respondents	Number of responses/ respondent	Avg. burden per response (in hrs.)	Total Burden (in hrs.)
Questionnaire	430	1	20/60	143

Date: October 14, 1999.

Nancy Cheal,

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

[FR Doc. 99–27467 Filed 10–20–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day–00–02]

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 Center 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 Officer on (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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Surveillance and Evaluation of Blood Donors Positive for Human Immunodeficiency Virus (HIV) Antibody or HIV Antigen Surveillance and Evaluation of Blood Donors Positive for Human Immunodeficiency Virus (HIV) Antibody or HIV Antigen (0920–0329)—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP). In 1987, the President directed the Department of Health and Human Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) is present in various segments of our population. In response, CDC formed an epidemiological team to summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there is information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: Targeting and evaluating prevention programs, planning future health care needs and determining health policy.

On a national basis, HIV seroprevalence projects in 1987 consisted of monitoring the HIV status of: Civilian applicants for military service; blood donors, including follow-up risk factor evaluation in seropositives; and Job Corps entrants. HIV prevalence was studied in settings of special public health interest including selected colleges and prisons, among health care workers in hospital emergency rooms and among Native Americans and homeless persons. Other national data sources were examined, such as cohort studies of groups at risk, including homosexual and bisexual men and IV drug users, providing information on knowledge of AIDS and