

distributed by the Hepatitis Branch, CDC. Annually, 125,000–200,000 Americans are infected with hepatitis A virus (HAV) and results in approximately 100 deaths. The estimated cost associated with HAV infections is estimated at \$200 million a year in medical care and lost work days. An estimated 1 million to 1.25

million Americans are chronically infected with hepatitis B virus (HBV) and 4,000 to 5,000 die each year due to resultant cirrhosis and liver cancer. The estimated cost associated with HBV infections is estimated at \$700 million a year in medical care and lost work days. It is estimated that 3.9 million Americans have been infected with

hepatitis C virus (HCV), 2.7 million of which are chronically infected. Not including the cost of liver transplantation, the estimated cost associated with HCV infections is \$600 million a year in medical care and lost work days.

There are no costs to respondents other than their time to participate.

Form name	Number of respondents	Number of responses/re-spondent	Avg. burden per responses (in hours)	Total burden (in hours)
Phone	200	1	0.33	66
Written	2400	1	0.33	792
Total				858

Date: October 28, 1999.

Nancy Cheal,

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

[FR Doc. 99-28844 Filed 11-3-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day-00-07]

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 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. Telephone Survey Measuring HIV/STD Risk Behavior Using Standard Methodology—New—The Behavioral Surveillance Working Group, coordinated by the National Center for HIV, STD and Tuberculosis Prevention (NCHSTP). Proposes to conduct testing of a set of survey questions intended to obtain measures of risk behaviors for Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs). Knowledge about the level of HIV risk behaviors in populations is essential for effective HIV prevention programs. Currently, survey-based assessment of these behaviors depends on a range of survey questions that differ across survey, and that are difficult to compare and to reconcile. Therefore, CDC has developed a draft set of items to be proposed as standard survey questions on the topics of sexual behavior, HIV testing, drug use, and other behaviors related to risk of contracting HIV and/or STDs. As part of this effort, CDC will sponsor a telephone-based pretest of 150 households, selected randomly from

within an urban area, in order to test these questions.

Further, because some of the survey questions are private and potentially sensitive, the project will entail the testing of a survey administration mode: Telephone-based audio computer-assisted self-interview (T-ACASI), in which a computer will be used to administer the most sensitive questions, and in which the surveyed individual enters responses directly onto the telephone keypad. This procedure eliminates the need for communication of sensitive questions from the interviewer to the respondent, as well as the need for respondents to answer the questions verbally. In order to test the effectiveness of this procedures, half of the interviews will be conducted using the T-ACASI procedure for the most sensitive questions, and half using standard, interviewer-based administration of all questions. Data analysis will rely on an assessment of the response rate under each mode, and on the nature of the data obtained to the sensitive questions.

Information and data obtained from this evaluation will help direct future surveys by determining whether it is feasible to attempt to administer these standard risk questions using a telephone survey and whether a T-ACASI-based procedure represents a technological innovation that will positively contribute to such an effort, through improvements in data quality.

The total cost to respondents is \$505.60.

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden per response (in hours)	Total burden (in hours)
Screening	660	1	0.02	13.2
Interview	150	1	0.33	50.0

Respondents	Number of respondents	Number of responses/respondent	Avg. burden per response (in hours)	Total burden (in hours)
Total	63.2

Dated: October 28, 1999.

Nancy Cheal,

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

[FR Doc. 99-28845 Filed 11-3-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00009]

Availability of Funds for Fiscal Year 2000; Cooperative Agreement for a National Immunization Coalition and Information Network

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for a National Immunization Coalition and Information Network. This program addresses the "Healthy People 2000" priority area of Immunization and Infectious Diseases.

The purpose of this program is to create a national coalition and information network to improve the effectiveness of efforts to reduce vaccine preventable disease among children, adolescents, and adults. This program will be accomplished through fostering collaboration among public and private nonprofit organizations, Federal government agencies, State and local governments, National Immunization Program partners and grantees, and others.

This program will improve knowledge and awareness of health care providers, public and private health organizations, and other public health groups about immunization recommendations, practices, programs, and benefits by:

1. Fostering the creation of new partnerships and working to build new and effective coalitions to identify and address educational needs regarding immunization issues.

2. Developing materials which translate technical immunization guidelines, recommendations, and information into formats which are appropriate, understandable, and useful to targeted audience(s).

3. Identifying successful interventions among immunization programs by networking with private providers and public health organizations to identify successful programs and effective immunization strategies and tactics, including case examples, educational materials, media and partner relationship strategies, and public relations practices.

4. Distributing appropriate, understandable, and useful technical immunization guidelines, educational materials, and information regarding successful immunization programs to national, State, and local health care providers, advocacy groups, private providers, and public health organizations, including State and local health departments and other National Immunization Program partners.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations. Tax-exempt status may be confirmed by either providing a copy of the pages from the Internal Revenue Service's (IRS) most recent list of 501(c)(3) tax-exempt organizations or a copy of the current IRS Determination Letter. Proof of tax-exempt status must be provided in the application.

C. Availability of Funds

Approximately \$500,000 will be available to fund one cooperative agreement. It is expected that this award will begin on or about February 1, 2000, and will be made for a 12-month budget period within a project period of up to three years. The funding estimate may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

Funds cannot be used for construction or renovation, to purchase or lease vehicles or vans, to purchase a facility to house project staff or carry out project activities, or to supplant existing support.

D. Cooperative Activities

To achieve the purpose of this cooperative agreement, the recipient will be responsible for the activities under "Recipient Activities" below. CDC will be responsible for activities under "CDC Activities" below.

Recipient Activities

1. Convene 1-2 meetings per year of public and private health care providers, volunteer groups, community-based organizations, members of the corporate sector, and other public health organizations to inform them of the most current immunization issues, identify and address education needs regarding immunizations in an effort to gain support in reaching national immunization goals.

2. Utilize recommendations by the National Immunization Program, Advisory Committee on Immunization Practice (ACIP), American College of Physicians (ACP), American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) to create new materials which facilitate the understanding, adoption, and use of those recommendations by the targeted audience(s).

3. Identify major immunization issues, promotional literature and activities, educational materials, and immunization statistics on the national, State, and local levels that involves, or affects, efforts to reduce vaccine preventable disease among children, adolescents, and adults.

4. Establish and implement mechanisms for promoting effective immunization practices and programs and distributing collected materials and information to health care organizations and interest groups around the country. For example, promote current programs such as the CDC National Immunization Information Hotline.

5. Actively participate in conferences and meetings on the National and State level that focus on highlighting model programs and strategies, information exchange, addressing immunization issues, and maintaining or increasing child, adolescent, and adult immunization coverage levels.

6. Establish and implement mechanisms for evaluating the reach of the program and effectiveness of the materials produced.