

or 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 Project: National Disease Surveillance Program—I. Case Reports (0920–0009)—Extension—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). Formal surveillance of 20 separate reportable diseases has been ongoing to meet the public demand and scientific interest for accurate, consistent, epidemiologic data.

These ongoing diseases include: bacterial meningitis and bacteremia, dengue, hantavirus, HIV/AIDS, Idiopathic CD4+T-lymphocytopenia, Kawasaki syndrome, Legionellosis, leprosy, lyme disease, malaria, Mycobacterium avium Complex Disease, plague, Q Fever, Reye Syndrome, tick-borne Rickettsial Disease, toxic shock syndrome, toxocariasis, trichinosis, typhoid fever, and viral hepatitis. Case report forms enable CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. This information is used to direct

epidemiologic investigations, to identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and to develop guidelines for the prevention of treatment. It is also used to recommend target areas in most need of vaccinations for certain diseases and to determine development of drug resistance.

Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. The total estimated annualized burden is 34,097 hours. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/respondent (in hours)	Total burden (in hours)
Health Care Workers	55	111.10	5.58	34,097
Total				34,097*

*An average of the total estimated burden hours.

Dated: April 19, 2002.
Nancy E. Cheal,
Acting Associate Director for Planning, Policy, and Evaluation Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[60Day–02–46]
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 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed 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) 498–1210.

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

Proposed Project: Examination of HIV Stigmatizing Beliefs and Attitudes in a Nationally Representative Cohort—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention, (CDC).

CDC, National Center for HIV, STD and TB Prevention, Division of HIV/ AIDS Prevention-Intervention, Research, and Support (DHAP–IRS) propose a brief follow-up study of a nationally representative sample of individuals that completed short questionnaires about HIV stigmatizing attitudes in the summer of 2000. The original study relied on a new technology, the Web-enabled television, to collect data from individuals in their homes. This same technique will be used to gather data in the proposed study. The information obtained will contribute to an understanding of stigmatizing attitudes, investigate the effectiveness of a stigma-reduction strategy with the potential to reach broadly into a target audience, and guide future research and intervention efforts in this area.

HIV stigma inhibits HIV testing and positive serostatus disclosure, and thus increases the risk of HIV infection. Although there is evidence that, in the general population, HIV stigmatizing attitudes and beliefs may have decreased somewhat over the last 15 years, there is no information about the stability of HIV stigmatizing attitudes and beliefs over time within the same individuals. Understanding patterns of stigma will make it possible to identify effective strategies for stigma reduction, and these could carry a significant public health benefit.

HIV stigma is a pervasive societal problem, and a meaningful decrease in stigma will require interventions that reach large numbers of people. The electronic mass media reach millions of people, and nationally televised broadcasts have been shown to increase knowledge of health issues, promote attitudes and norms that support prevention, and model prevention behaviors. Serialized daytime television dramas may offer some particular advantages for effective dissemination of anti-stigma messages. A large proportion of their audiences, compared with other demographic groups, report getting their health information from television. In addition, the dramatic presentation of health-relevant messages may make them more noticeable and memorable. The CDC collaborates with writers of television shows to ensure that the health-related information they present is accurate and timely. After collaboration with CDC officials, a long-running, televised, daytime soap opera

introduced a subplot about HIV. The subplot presented information that has the potential to reduce HIV stigmatizing attitudes in viewers. The proposed

study will screen all respondents for exposure to this soap opera broadcast and a similar one without an HIV storyline so that the effects of storyline

exposure on HIV stigma can be assessed. There is no cost to the respondent.

Respondents	Number of respondents	Number of responses/ respondent	Average Burden Response (in hours)	Average burden Per response (in hours)
Adult non-viewers	3200	1	5/60	267
Adult viewers	300	1	10/60	50
Total				317

Dated: April 19, 2002.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 02N-0133]

Novartis Pharmaceuticals Corp. et al.; Withdrawal of Approval of 38 New Drug Applications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is withdrawing approval of 38 new drug applications (NDAs). The holders of the applications notified the agency in writing that the drug products were no longer marketed

and requested that the approval of the applications be withdrawn.

DATES: Effective May 29, 2002.

FOR FURTHER INFORMATION CONTACT: Florine P. Purdie, Center for Drug Evaluation and Research (HFD-7), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-594-2041.

SUPPLEMENTARY INFORMATION: The holders of the applications listed in the table in this document have informed FDA that these drug products are no longer marketed and have requested that FDA withdraw approval of the applications. The applicants have also, by their request, waived their opportunity for a hearing.

NDA No.	Drug	Applicant
740	Ovocyclin Dipropionate Injection and Di-Ovocyclin (Estradiol Dipropionate NF).	Novartis Pharmaceuticals Corp., 59 Route 10, East Hanover, NJ 07936.
3-034	Bismakaolin.	The Vale Chemical Co., Inc., 1201 Liberty St., Allentown, PA 18102.
3-353	Tocopherex (Vitamin E) Capsules.	E. R. Squibb & Sons, One Squibb Dr., P.O. Box 191, New Brunswick, NJ 08903-0191.
3-697	Comin Vitamin Capsules.	Forest Pharmaceuticals, Inc., 150 East 58th St., New York, NY 10155-0015.
3-934	Avitol (Vitamin A) Capsules.	Do.
3-962	Sodium Pentobarbital Injection.	Lakeside Laboratories, Milwaukee, WI 53201.
3-993	Beminal Tablets.	Whitehall Laboratories, 685 Third Ave., New York, NY 10017-4076.
4-016	Tonajuve Liquid.	Merrell-National Laboratories, Cincinnati, OH 45215.
5-070	Privine (Naphazoline Hydrochloride USP).	Novartis Pharmaceuticals Corp.
7-012	Vi-Twel (Cyanocobalamin Injection USP).	Berlex Laboratories, Inc., 300 Fairfield Rd., Wayne, NJ 07470-7358.
8-070	Elkosin (sulfisomidine) Tablets and Suspension.	CIBA-GEIGY Corp.
8-418	Pyribenzamine (Tripeleennamine Hydrochloride USP) with Zirconium.	Novartis Pharmaceuticals Corp.
8-729	Dorsacaine Ophthalmic Solution.	Sandoz Research Institute, Route 10, East Hanover, NJ 07936.
8-908	InfraRUB Cream.	Whitehall Laboratories
11-073	Wampocaps (niacin) Capsules.	Wallace Laboratories, Cranbury, NJ 08512.
11-123	Vesprin (triflupromazine hydrochloride).	Apothecon, P.O. Box 4500, Princeton, NJ 08543-4500.