

Dated: April 16, 2004.

Bill J. Atkinson,

Acting Director, Management Analysis and Services Office Centers for Disease Control And Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-45-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project: Coal Workers' X-ray Surveillance Program (CWXSP), OMB No. 0920-0020—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

The CWXSP is a federally mandated program under the Federal Mine Safety and Health Act of 1977, PL-95-164. The Act provides the regulatory authority for the administration of the CWXSP, a surveillance program to protect the health and safety of underground coal miners. This Program requires the gathering of information from coal mine operators, participating miners, participating x-ray facilities, and participating physicians. The Appalachian Laboratory for Occupational Safety and Health (ALOSH), located in Morgantown, WV, is charged with administration of this Program. The estimated annualized burden is 1246 hours.

Respondents	Form name and no.	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)
Physicians (B Readers)	Roentgen graphic Interpretation Form CDC/NIOSH (M)2.8.	5,000	1	3/60
Miners	Miner Identification Document CDC/NIOSH (M)2.9.	2,500	1	20/60
Coal Miners Operators	Coal Mine Operator's Plan-CDC/NIOSH (M)2.10.	200	1	30/60
Supervisors at X-ray Facilities	Facility Certifications Document-CDC/NIOSH (M)2.11.	25	1	30/60
Physicians (B Readers)	Interpreting Physician Certification Document CDC/NIOSH (M)2.12.	300	1	10/60

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[30Day-40-04]

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Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project: Travelers' Health Survey, OMB No. 0920-0519—Reinstatement—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Approximately 58 million Americans travel abroad each year, and over a third travel to developing countries where the risk is greater for contracting infectious diseases. Many of these diseases are preventable through vaccines, drugs, and other preventive measures. According to surveillance data from the CDC, over 99% of malaria, 72% of typhoid, and 7% of hepatitis A cases in the U.S. are acquired abroad. Information on preventing illness during travel is available free or at little cost through public health departments, a CDC toll-free fax system, and the Internet. However, many travelers may be unaware of the health risks they face when traveling because they either lack access to pre-travel health services or do not understand the measures necessary to avoid health risks. Evidence shows first- and second-generation U.S. immigrants that travel to their countries

of origin to visit friends and relatives may be at a greater risk for contracting infectious diseases.

The objectives of this project are to determine: (i) Whether travelers seek pre-travel health information; (ii) where they access this information; (iii) travelers' baseline knowledge of prevention measures for diseases commonly associated with travel; and (iv) whether specific groups of travelers (*i.e.* first- and second-generation immigrants) lack information on or access to pre-travel health recommendations and services. To accomplish these objectives, in partnership with Delta Airlines, CDC proposes to conduct voluntary, self-administered, anonymous, in-flight surveys of U.S. citizens and residents traveling abroad to areas where malaria, typhoid fever, and hepatitis A are endemic.

This preliminary project will focus on first- and second-generation U.S. immigrants from India visiting friends and relatives in India, where all three diseases are endemic. A study period of 2 to 3 months is estimated. Data from this project will fulfill Healthy People

2010 objectives for travelers. In addition, it will enable CDC to develop appropriate educational interventions for high-risk travelers and to gain a

better understanding of the role of travel in emerging infectious diseases. The survey tool will take approximately 15 to 20 minutes to complete. Delta

Airlines has agreed to cover all costs for printing the surveys. The estimated annualized burden is 1,400 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)
Travelers (Delta Airline International Flight Passengers)	5,600	1	15/60

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[30Day-36-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project: Thyroid Disease in Persons Exposed to Radioactive Fallout from Atomic Weapons Testing at the Nevada Test Site: Phase III (OMB No. 0920-0504)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

In 1997, the National Cancer Institute (NCI) released a report entitled,

“Estimated Exposures and Thyroid Doses Received by the American People from I-131 in Fallout Following Nevada Nuclear Bomb Test.” This report provided county-level estimates of the potential radiation doses to the thyroid gland of American citizens resulting from atmospheric nuclear weapons testing at the Nevada Test Site (NTS) in the 1950s and 1960s. The Institute of Medicine (IOM) conducted a formal peer review of the report at the request of the Department of Health and Human Services. In the review, IOM noted that the public might desire an assessment of the potential health impact of nuclear weapons testing on American populations. The IOM also suggested that further studies of the Utah residents who have participated in previous studies of radiation exposure and thyroid disease might provide this information.

CDC, National Center for Environmental Health proposes to conduct a study of the relation between exposure to radioactive fallout from atomic weapons testing and the occurrence of thyroid disease on an extension of a cohort study previously conducted by the University of Utah, Salt Lake City, Utah. This study is designed as a follow-up to a retrospective cohort study begun in 1965. This is the third examination (hence Phase III) of a cohort of individuals comprised of persons who were children living in Washington County, Utah, and Lincoln County, Nevada, in 1965 (Phase I) and who were presumably exposed to fallout from above-ground nuclear weapons testing at the Nevada Test Site in the 1950s. The cohort also includes a control group comprised of persons who were

children living in Graham County, Arizona, in 1966 and presumably unexposed to fallout.

The study headquarters will be at the University of Utah in Salt Lake City, Utah. The field teams will spend the majority of their time in the urban areas nearest the original counties if the same pattern of migration holds same as that was found in Phase II. These urban areas include: St. George, Utah; the Wasatch Front in Utah; Las Vegas, Nevada; Phoenix/Tucson, Arizona; and Denver, Colorado. In addition, some time will be spent in California as a number of subjects were relocated there during the time of Phase II. The purpose of Phase III is three-fold. First, the participants in Phase II will be re-examined for occurrence of thyroid neoplasia and other diseases since 1986, and residents of the three counties who moved before they could be included in the original cohort will be located and examined. Second, disease incidence will be analyzed in addition to period prevalence as used in the Phase II analysis, and incidence analysis will allow for greater power to detect increased risk of disease in the exposed population through the use of person-time. Third, disease specific mortality rates for Washington County, Utah, and a control county, Cache County, Utah, will be compared to people who lived in these two counties during the time of above-ground testing. This comparison will determine if the risk of mortality in Washington County (the exposed group) is significantly greater than Cache County (the control group). CDC, NCEH is requesting a three-year clearance. The estimated annualized burden is 3,368 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Telephone Location Script	1,200	1	5/60
Telephone Location Script (return letter)	67	1	5/60
Refusal Telephone Script	50	1	5/60
Recruitment Next of Kin Telephone Script	75	1	5/60
Recruitment & Appointment Script	960	1	5/60
Broken Appointment Telephone Script	40	1	5/60
Exposure Questionnaire	167	1	90/60