

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 404-371-5973 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

2005 Hispanic/Latino Adult Tobacco Survey (ATS)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this project is to conduct a culturally appropriate Adult Tobacco Survey questionnaire with Hispanic/Latino persons. The survey results will expand data and existing knowledge of tobacco use among Hispanics/Latinos in order to benefit tobacco use surveillance and prevention programming at the local, state, and regional levels. The questions will help to narrow existing gaps in knowledge concerning tobacco use in the Hispanic/Latino population and inform development of Hispanic/Latino-specific interventions.

The Hispanic/Latino population is fast growing in the United States. It is expected that the number of Hispanic/Latino persons residing in the U.S. will increase from 35.3 million in the year 2000 to 98.2 million in the year 2050, almost 3 times the current population. The large expected growth in the Hispanic/Latino population, especially in states that are not traditionally Hispanic/Latino, will have important implications for tobacco control activities in the years to come.

CDC is proposing a project that includes administering the Adult Tobacco Survey in three locations that have high concentrations of Hispanic/Latino persons, each location with a distinct Hispanic/Latino subpopulation. The locations are New York City (New York), Miami (Florida), and El Paso (Texas). Within each location, the survey will be conducted with approximately 1,500 participants, for a total of 4,500 participants. The survey will be conducted in both English and Spanish. There is no cost to respondents except for their time.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
New York, NY	1,500	1	45/60	1,125
Miami, FL	1,500	1	45/60	1,125
El Paso, TX	1,500	1	45/60	1,125
Total				3,375

Dated: March 7, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05BL]

Proposed Data Collections Submitted for Public Comment and Recommendations

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proposed projects or to obtain a copy of the data collection plans and instruments, call 404-371-5974 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Worksheet for Medical Conditions among Refugees and Immigrants—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Clearance is being requested for a “Worksheet for Medical Conditions among Refugees and Immigrants” for state and local health refugee coordinators to identify specific medical conditions of public health importance in newly arrived refugees and immigrants. CDC requests notification of specific medical conditions listed on the worksheet, including Class A and B health conditions not recognized overseas, and substantial discrepancies in the overseas and U.S. based medical evaluations.

Section 412 of the Immigration and Nationality Act (INA) (8 U.S.C. 1522(b)(4)) authorizes the Secretary of Health and Human Services (DHHS) to: (A) assure that an adequate number of trained staff are available at the location at which the refugees enter the United States to assure that all necessary

medical records are available and in proper order; (B) provide for the identification of refugees who have been determined to have medical conditions affecting public health and requiring treatment; (C) assure that State or local health officials at the resettlement destination of each refugee within the United States are promptly notified of the refugee's arrival and provided with all applicable medical records; and (D) provide for such monitoring of refugees identified under subparagraph (B) as will insure that they receive appropriate and timely treatment. The Secretary, DHHS, shall develop and implement methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting resettlement in the United States.

On July 3, 2003, the Secretary, DHHS, delegated to the Director, CDC, the authority to re-delegate the authorities vested in the Secretary, DHHS, under section 412(b)(4) of the INA (8 U.S.C. 1522(b)(4)), as amended hereafter. The Division of Global Migration and Quarantine (DGMQ), CDC, is responsible for monitoring the

performance and quality of the required overseas medical examinations of refugees and immigrants applying for permanent residence in the United States, and notifying state and local public health officials of the arrival of all refugees and immigrants who have Class A and B health conditions, (as defined in 42 CFR 34.2) to facilitate the recommended follow-up evaluation in the U.S. Currently, the Department of State uses medical examination forms DS 2053, 3024, 3025, and 3026, under OMB control number 1405-0113, to conduct the overseas medical evaluation of refugees and immigrants. This type of communication and data exchange with local partners has been critical in identifying medical conditions among refugees that require overseas interventions.

In 2004, several outbreaks of vaccine-preventable diseases among refugees in overseas refugee camps were identified and controlled because of rapid notification by U.S. state and local health departments of cases in resettled refugees. Since March 2004, DGMQ has been working with the U.S. Department of State, Bureau of Population, Refugees,

and Migration and the International Organization for Migration (IOM) to resettle approximately 15,000 Laotian Hmong refugees accepted for U.S. resettlement. Approximately 8,800 refugees have arrived into the United States through early January 2005, and resettled to 27 states. DGMQ and the Division of Tuberculosis Elimination (DTBE) at CDC have recently received reports from one state of six active TB cases among Hmong refugees. Two of the three cultures confirmed TB cases were multi-drug resistant. In addition, IOM, the group performing overseas medical examinations has reported that since July, 2004 to present, 166 suspect active TB cases have been identified among U.S.-bound Hmong refugees. Completing the worksheet and furnishing the requested information is essential. Accurate information will allow important public health functions and follow-up of significant health events to be performed in preventing the spread of a disease. Respondents include state and local health departments. There is no cost to the respondents other than their time.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hrs.)
State and local health agencies	300	170	5/60	4,250
Total	300	4,250

Dated: March 7, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Initial Review Group

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following meeting:

Name: National Center for Injury Prevention and Control (NCIPC), Initial Review Group (IRG).

Times and Dates: 6:30 p.m.–9:30 p.m., April 18, 2005. 8:30 a.m.–5 p.m., April 19, 2005. 8 a.m.–5 p.m., April 20, 2005.

Place: Hilton Atlanta Airport and Towers, 1031 Virginia Avenue, Atlanta, Georgia 30354.

Status: Closed: 6:30 p.m.–9:30 p.m., April 18, 2005. Closed: 8:30 a.m.–5 p.m., April 19, 2005. Closed: 8 a.m.–5 p.m., April 20, 2005.

Purpose: This group is charged with providing advice and guidance to the Secretary of Health and Human Services and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control and supports Injury Control Research Centers (ICRCs).

Matters To Be Discussed: Agenda items include an overview of the injury program, discussion of the review process and panelists' responsibilities, and the review of and vote on applications. Beginning at 7 p.m., April 18, through 3 p.m., April 20, the Group will review individual research grant and cooperative agreement applications submitted in response to 10 Fiscal Year 2005 Request for Applications (RFAs) related to the following individual research announcements: #05012, Grants for Violence related Injury Prevention: Suicidal Behavior,

Child Maltreatment, Youth Partner, Sexual Violence; #05017, Grants for Prevent Intimate Partner Violence; #05018, Cooperative Agreement National Academic Center of Excellence; #05020, Youth Violence through Community-Level Change; #05021, Grants for New Investigator; #05022, Grants to Prevent Unintentional Injury; #05023, Grants for Traumatic Injury Biomechanics Research; #05024, Alcohol impaired driving; #05025, Grants for Dissertation; #05029, Dissemination Research on Fall Prevention. In addition, the IRG will vote on the results of a mid-course site visit conducted on a current grantee in response to previous IRG recommendations in accordance to RFA #02043, pertaining to (ICRC). This portion of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Pub. L. 92-463.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Executive Secretary, NCIPC IRG, CDC, 4770 Buford Highway, NE., M/S K02, Atlanta, Georgia 30341-3724, telephone (770) 488-1430.