

Dated: February 18, 2004.

Alvin Hall,

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

[FR Doc. 04-4233 Filed 2-25-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-31-04]

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: Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Congress commissioned CDC to develop research that estimates the magnitude of chronic fatigue syndrome (CFS) in the United States with special consideration of under-served populations (children and racial/ethnic minorities); describe the clinical features of CFS; and identify risk factors and diagnostic markers. CDC is

currently planning a study in Georgia to estimate the prevalence of CFS and other fatigue illnesses and to determine whether or not there are differences in occurrence of fatigue illness across metropolitan, urban, rural populations and in racial and ethnic populations.

In 2001, OMB approved the information collection, National Telephone Survey of Chronic Fatigue Syndrome, under OMB Number 0920-0498. In July 2001, CDC conducted a pilot survey to determine feasibility of a national study and to test procedures for this national survey of CFS. The pilot study showed that clinical evaluation to confirm classification of CFS was not practical on a national level, and the planned follow-on national survey was not conducted.

CDC has since modified the concept of the National Survey of CFS by limiting data collection to one southern U.S. state (Georgia). This modified research is better able to serve the objectives of the National Survey of CFS and additional CDC objectives. Reasons supporting this statement are listed below.

- **Logistics.** A difficulty in the Pilot Test was matching subjects and physicians for clinical evaluations because subjects were scattered across the continent. Focusing on a single state allows operation of regional clinics and greater opportunities for collaboration between and among CDC, Emory University, and consultants.

- **Metropolitan, urban, and rural differences.** Pilot Test results suggest no regional differences in the occurrence of CFS-like illnesses between and among the Midwest, south, west, and northeast, so concentrating on one state (Georgia) should provide more generalized information. Pilot Test findings suggested that further exploration of urban and rural differences might prove useful. Again, Georgia well-serves such a study with a major metropolitan

center (Atlanta), urban areas (Macon and Warner Robins), and rural populations (in counties surrounding Macon) with well-defined regional differences.

- **Racial/ethnic differences.** The prevalence of CFS in other than the white population has not been definitively measured, although some studies indicate CFS prevalence in minority populations may be higher than generally thought. Georgia has well-characterized urban and rural as well as white, black, and Hispanic populations of varying socioeconomic status living in the regions to be studied. The presence of these populations is ideal for public health surveys. Taken together, the proposed Georgia survey will produce estimates of the prevalence of CFS in metropolitan, urban, and rural populations and will elucidate racial/ethnic differences in CFS in these populations.

The proposed study replicates the Sedgwick County Study and the National Pilot Test using similar methodology and data collection instruments. The study begins with a random-digit-dialing telephone survey to identify fatigued, unwell, and well individuals, followed by detailed telephone interviews to obtain additional data on participant health status. As a result of the telephone interviews, eligible subjects will be asked to participate in clinical evaluations. CDC will estimate the prevalence of CFS and other fatigue illnesses in metropolitan, urban, and rural Georgia and in racial and ethnic populations. CDC will compare prevalence estimates from this proposed study of the Georgia population to estimates obtained for Sedgwick County to ascertain whether or not Sedgwick County findings can be generalized to other populations. The estimated annualized burden is 6,257 hours.

Respondents	Number of respondents	Number re- sponses per respondent	Avg. burden per response (in hours)
Screener interview	19,344	1	7/60
Telephone interview	8,000	1	30/60

Dated: February 18, 2004.

Alvin Hall,

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

[FR Doc. 04-4234 Filed 2-25-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-30-04]

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: National Nursing Home Survey, OMB No. 0920-0353—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Section 306 of the Public Health Service Act states that the National Center for Health Statistics “shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions.” The data system responsible for collecting this data is the National Health Care Survey (NHCS). The National Nursing Home Survey (NNHS) is part of the Long-term Care Component of the NHCS. The NNHS was conducted in 1973-74, 1977, 1985, 1995, 1997, and 1999. NNHS data describe a major segment of the long-term care system and are used extensively for health care research, health planning and public policy. NNHS provides data on the characteristics of nursing homes (e.g. Medicare and Medicaid certification, ownership, membership in chains/HMO/hospital systems), residents (e.g. demographics, functional status, services received, diagnoses, sources of

payment), and staff (e.g. staffing mix, turnover, benefits, training, education).

The survey provides detailed information on utilization and staffing patterns, and quality of care variables that is needed in order to make accurate assessments of the need for and effects of changes in the provision and financing of long-term care for the elderly. The availability and use of long-term care services are becoming an increasingly important issue as the number of elderly increases and persons with disabilities live longer. Equally as important is ensuring the adequacy and availability of the long-term care workforce. Data from the NNHS have been used by Federal agencies, professional organizations, private industry, and the media.

NCHS plans to conduct the next NNHS in March-June 2004 with a repeat of the survey in 2006. This national survey follows a pretest of forms and procedures conducted in June-July 2003. The data collection forms and procedures have been extensively revised from the previous NNHS. The 2004 NNHS will be based on computer-assisted personal interview (CAPI) and computer-assisted telephone interview (CATI) methodologies. The annualized burden hours are estimated to be 13,375.

Respondents	Number of respondents	Number of responses per respondent	Average burden per responses (in hrs.)
Facility Questionnaire	1,500	1	20/60
Nursing Home Staff Questionnaire	1,500	1	50/60
Current Resident Sampling List	1,500	1	20/60
Current Resident Questionnaire	1,500	6	25/60
Discharged Resident Sampling List	1,500	1	15/60
Discharged Resident Questionnaire	1,500	6	25/60
Sampling List of Nursing Assistants	750	1	20/60
Nursing Assistants Questionnaire	750	6	40/60

Dated: February 18, 2004.

Alvin Hall,

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

[FR Doc. 04-4235 Filed 2-25-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health, Advisory Board on Radiation and Worker Health

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) announces the following committee meeting.

Name: Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH).

Time and Date: 1 p.m.—3 p.m., March 11, 2004.

Place: Teleconference call will originate at the CDC, NIOSH, Atlanta, Georgia. Please see **SUPPLEMENTARY INFORMATION** for details on accessing the teleconference.

Status: Open to the public, teleconference access limited only by ports available.

Background: The Advisory Board on Radiation and Worker Health (“the Board”) was established under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 to advise the President, through the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to