

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[60 Day–06–0004]****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 404–639–4766 and 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](mailto: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**

National Disease Surveillance Program—II. Disease Summaries (0920–0004)—Reinstatement—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC National Disease Surveillance Program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

CDC and the Council of State and Territorial Epidemiologists (CSTE) collect data on disease and preventable conditions in accordance with jointly approved plans. Changes in the surveillance program and in reporting methods are effected in the same

manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public's health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC at variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report (MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: Diarrheal disease surveillance (includes campylobacter, salmonella, and shigella), foodborne outbreaks, arboviral surveillance (ArboNet), Influenza virus, including the annual survey and influenza-like illness, Respiratory and Enterovirus surveillance, rabies, waterborne diseases, cholera and other vibrio illnesses, and calicinet. These data are essential on the local, state, and Federal levels for measuring trends in diseases, evaluating the effectiveness of current prevention strategies, and determining the need for modifying current prevention measures.

This request is for reinstatement of the data collection for three years. Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Form	Number of respondents	Number of responses	Hours/response	Response burden
Diarrheal Disease Surveillance:				
—Campylobacter (electronic) .....	53	52	3/60	138
—Salmonella (electronic) .....	53	52	3/60	138
—Shigella (electronic) .....	53	52	3/60	138
Foodborne Outbreak Form .....	52	25	15/60	325
Arboviral Surveillance (ArboNet) .....	54	717	5/60	3,227
Influenza:				
—Influenza virus (fax, Oct–May) .....	44	33	10/60	242
—Influenza virus (fax, year round) .....	12	52	10/60	104
—Influenza virus (electronic, Oct–May) .....	14	33	5/60	39
—Influenza virus (electronic, year round) .....	10	52	5/60	43
Influenza Annual Survey .....	80	1	15/60	20
Influenza-like Illness (Oct–May) .....	620	33	15/60	5115
Influenza-like Illness (year round) .....	130	52	15/60	1690
Monthly Respiratory & Enterovirus Surveillance Report:				
—Excel format (electronic) .....	25	12	15/60	75
—Access format (electronic) .....	2	12	15/60	6
National Respiratory & Enteric Virus Surveillance System (NREVSS) .....	89	52	10/60	771
Rabies (electronic) .....	40	12	8/60	64
Rabies (paper) .....	15	12	20/60	60
Waterborne Diseases Outbreak Form .....	60	2	20/60	40
Cholera and other Vibrio illnesses .....	300	1	20/60	100
CaliciNet .....	30	10	10/60	50
Total .....				12,257

Dated: November 29, 2005.

**Joan Karr,**

*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

#### Board of Scientific Counselors, National Center for Infectious Diseases: Meeting

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:* Board of Scientific Counselors, National Center for Infectious Diseases (NCID).

*Times and Dates:* 1 p.m.–5:30 p.m., November 29, 2005. 8:30 a.m.–5 p.m., November 30, 2005.

*Place:* CDC, Building 19, 1600 Clifton Road, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Board of Scientific Counselors, NCID, provides advice and guidance to the Director, CDC, and Director, NCID, in the following areas: Program goals and objectives; strategies; program organization and resources for infectious disease prevention and control; and program priorities.

*Matters to Be Discussed:* Agenda items will include:

1. Opening Session: NCID Update.
2. CCID Update.
3. Environmental Microbiology.
4. Development of CDC Research Agenda.
5. Veterinary-Human Public Health Interface.
6. Global Disease Detection Initiative.
7. Topic Updates.
  - a. Chronic Wasting Disease.
  - b. Quarantine Update.

Other agenda items include announcements/introductions; follow-up on actions recommended by the Board May 2005; consideration of future directions, goals, and recommendations.

Agenda items are subject to change as priorities dictate.

Written comments are welcome and should be received by the contact person listed below prior to the opening of the meeting.

The **Federal Register** notice is being published less than fifteen days before the date of the meeting.

Contact Person for More Information: Tony Johnson, Office of the Director, NCID, CDC, Mailstop E-51, 1600 Clifton Road, NE., Atlanta, Georgia 30333, e-mail [tjohnson3@cdc.gov](mailto:tjohnson3@cdc.gov); telephone 404/498-3249.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices

pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: November 29, 2005.

**Diane Allen,**

*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

#### The National Institute for Occupational Safety and Health (NIOSH)

*Name:* Continued Discussions of Concepts for Standards for Approval of Respirators for Use against Chemical, Biological, Radiological and Nuclear Agents (CBRN) and Concepts for Standards for Industrial, Powered Air Purifying Respirator (PAPR).

*Date and Time:* December 13, 2005, 9 a.m.–4 p.m.

The meeting will address concepts for standards for CBRN Closed Circuit, Self-Contained Breathing Apparatus (SCBA), CBRN PAPR, and Industrial PAPR.

*Place:* Sheraton Station Square Hotel, 300 W. Station Square Drive, Pittsburgh, Pennsylvania 15219-1162.

*Purpose:* NIOSH will continue discussions of concepts for standards and testing processes for PAPR and Closed Circuit, SCBA suitable for respiratory protection against CBRN agents. NIOSH will also continue conceptual discussions for establishing Industrial PAPR requirements. NIOSH, along with the United States Army Research, Development and Engineering Command (RDECOM) and the National Institute for Standards and Technology (NIST), will present information to attendees concerning the concept development for the CBRN PAPR standard and the CBRN Closed Circuit, SCBA standard. Participants will be given an opportunity to ask questions on these topics and to present individual comments for consideration. Interested participants may obtain a copy of the CBRN PAPR, the Industrial PAPR concept paper, the CBRN Closed Circuit and SCBA concept paper, as well as earlier versions of other concept papers used during the standard development effort, from the NIOSH National Personnel Protective Technology Laboratory (NPPTL) Web site, address: <http://www.cdc.gov/niosh/npptl>. The November 4, 2005 concept

paper will be used as the basis for discussion at the public meeting. Municipal, state, and Federal responder groups, particularly in locations considered potential terrorism targets, have been developing and modifying response and consequence management plans for domestic security and preparedness issues. Since the World Trade Center and anthrax incidents, most emergency response agencies have operated with a heightened appreciation of the potential scope and sustained resource requirements for coping with such events. The Federal Interagency Board for Equipment Standardization and Interoperability (IAB) has worked to identify personal protective equipment that is already available on the market for responders' use. The IAB has identified the development of standards or guidelines for respiratory protection equipment as a top priority. NIOSH, NIST, the National Fire Protection Association (NFPA), and the Occupational Safety and Health Administration have entered into a Memorandum of Understanding defining each agency or organization's role in developing, establishing, and enforcing standards or guidelines for responders' respiratory protective devices. NIST has initiated Interagency Agreements with NIOSH and RDECOM to aid in the development of appropriate protection standards or guidelines. NIOSH has the lead in developing standards or guidelines to test, evaluate, and approve respirators. NIOSH, RDECOM, and NIST hosted public meetings on April 17 and 18, 2001; June 18 and 19, 2002; October 16 and 17, 2002; April 29, 2003; June 25, 2003; October 16, 2003; May 4, 2004; December 15, 2004; and July 19 and 20, 2005; presenting their progress in assessing respiratory protection needs of responders to CBRN incidents. The methods or models for developing hazard and exposure estimates, and the status in evaluating test methods and performance standards that may be applicable as future CBRN respirator standards or guidelines were discussed at these meetings. Three NIOSH CBRN respirator standards and several NFPA standards for ensembles, SCBA, and protective clothing were the first adopted by the U.S. Department of Homeland Security (DHS). On February 26, 2004, DHS adopted, as DHS standards, three NIOSH criteria for testing and certifying respirators for protection against CBRN exposures. NIOSH uses the criteria to test (1) SCBA for use by emergency responders against CBRN, (2) PAPR for use by emergency responders against CBRN exposures,