

chronically infected with hepatitis B virus. Each year, there are approximately 8,000–10,000 hepatitis C virus infection related deaths and 3,000–5,000 hepatitis B virus infection related deaths.

Current surveillance activities are not designed to monitor long-term outcomes and merely report diagnosed cases of hepatitis B and hepatitis C virus infections. In order to investigate long-term effects of new therapies for chronic viral hepatitis B and C infections, we need longitudinal observational cohorts of persons chronically infected with hepatitis B and/or C virus. Information from longitudinal cohorts of patients with chronic hepatitis B and C virus infection will provide an understanding of the spectrum and natural history and, the public health impact of chronic hepatitis disease.

The proposed project will establish a longitudinal observational cohort of patients with chronic viral hepatitis in one or more clinical centers. A patient behavior questionnaire will be included with the clinical information that physicians routinely collect when evaluating and examining a patient (*i.e.* during physician-patient interactions). The information linking behaviors with the clinical information from this longitudinal study will enable better care and management of persons with chronic hepatitis B and C virus infections and reduce hepatitis-related mortality.

The total annual burden for this project is expected to be 500 hours. The information to be collected in the patient behavior questionnaire includes demographic data, alcohol or drug use, access to care, quality of life, and

adherence to prescribed therapy, which is essential in order to be able to correctly interpret clinical outcomes data. These data will be used to describe the spectrum and natural history of disease associated with chronic hepatitis B and C virus infection, to determine the extent of health burden and mortality related to chronic viral hepatitis, describe the characteristics of persons in care for chronic viral hepatitis infection, describe access to and effectiveness of recommended preventive and therapeutic interventions, and evaluate ongoing risk behaviors and their impact on health outcomes.

Participation in this data collection is voluntary and there is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Patients with chronic hepatitis B or C virus infection	1000	1	30/60	500

Dated: June 13, 2008.

Maryam I. Daneshvar,

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

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Health Promotion and Disease Prevention Research Centers: FY08 Special Interest Project Competitive Supplements, Program Announcement Number (PA) DP 08–002

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 aforementioned meeting:

Time and Dates: 8 a.m.–5 p.m., July 9, 2008 (Closed). 8 a.m.–5 p.m., July 10, 2008 (Closed).

Place: Teleconference.

Status: 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 Public Law 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to “Health Promotion and Disease Prevention Research Centers: FY08 Special Interest Project Competitive Supplements, PA DP 08–002.”

Contact Person for More Information: K. Ann Berry, Senior Scientist, CDC, 1600 Clifton Road, NE., Mailstop E20, Atlanta, GA 30333, Telephone (404) 498–2503.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 16, 2008.

Elaine L. Baker,

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

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Spina Bifida Patient Registry Demonstration Project (U01), Program Announcement Number (PA) DP 08–001

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 aforementioned meeting.

Time and Date: 8 a.m.–5 p.m., July 10, 2008 (Closed).

Place: Grand Hyatt Atlanta, 3300 Peachtree Road, NE., Atlanta, GA 30305, Telephone: (404) 237–1234.

Status: 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 Public Law 92–463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to “Spina Bifida Patient Registry Demonstration Project (U01), PA DP 08–001.”

For More Information Contact: Gwendolyn Cattledge, Deputy Associate Director for Science, CDC, 1600 Clifton Road, NE.,