

mining industry. Mining has one of the highest incidence rates for back pain of any industry, and back injuries are consistently the leading cause of lost work days in the industry. The objective of this project is to develop a self-administered, paper and pencil risk assessment tool for the development of low back disorders specifically directed towards use in the mining industry. Many current methods of assessing the risk of low back disorders do not address stressors that are relatively

unique to the mining environment, including the restricted vertical spaces in many coal mines that require workers to adopt stooping or kneeling postures for extended periods of their workday.

The low back exposure assessment tool for mining will assess various occupational exposures associated with development of back disorders in the literature (postural demands, lifting, whole body vibration exposure, individual and psychosocial issues), as well as specific mining stressors and

will develop a score that will be used to assess the degree of risk for the job and the individual. The tool will be useful in both prioritizing jobs that need interventions to reduce low back disorder risk, and in evaluating the effectiveness of interventions through tool administration before and after the implementation of an intervention. There will be no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Surface and Underground Miners	320 miners	1	15/60	80
Total				80

Dated: November 10, 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

[60 Day-06-0463]

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.

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

Longitudinal Surveillance for Beryllium Disease Prevention—Extension—National Institute for Occupational Safety and Health (NIOSH)—Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act, Pub. L. 91-596 (section 20[a][1]) authorizes the National Institute for Occupational Safety and Health (NIOSH) to conduct research to advance the health and safety of workers.

NIOSH has been conducting this survey of beryllium workers for three years and this extension will allow for completion of the data collection. Workers are asked to complete an interviewer administered medical and work history questionnaire and to give a blood sample. Without medical and work history data on former workers, NIOSH staff will be unable to conduct the necessary research to make recommendations for preventing beryllium sensitization and disease.

Follow-up on this cohort will provide invaluable information on the natural history of disease, gene-gene, and gene-environment interactions, which can become the basis for prevention policy at both company and government levels.

Beryllium is a lightweight metal with many applications. Exposed workers may be found in the primary production, nuclear power and weapons, aerospace, scrap metal reclamation, specialty ceramics, and electronics industries, among others. The size of the U.S. workforce at risk of chronic beryllium disease (CBD), from either current or past work-related exposure to the metal, may be as high as one million workers. Demand for beryllium is growing worldwide, which means that increasing numbers of workers are likely to be exposed.

CBD is a chronic granulomatous lung disease mediated through an immunologic mechanism in workers who become sensitized to the metal. Sensitization can be detected with a blood test called the beryllium lymphocyte proliferation test (BeLPT), which is used by the industry as a surveillance tool. Use of this test for surveillance was first reported in 1989. Sensitized workers, identified through workplace surveillance programs, undergo clinical diagnostic tests to determine whether they have CBD. Research has indicated certain genetic determinants in the risk of CBD; follow-up studies will be invaluable for further characterizing the genetic contribution to sensitization and disease.

NIOSH is in a unique position to accomplish this research for a number of reasons: (a) It has a successful collaboration with the leading

manufacturer of beryllium in the U.S. This has allowed us to establish well-characterized worker cohorts within the beryllium industry. (b) It is conducting industrial hygiene research that should significantly improve workplace-based exposure assessment methods. This research will allow characterization of

jobs and tasks by physicochemical characteristics, leading to an estimation of dose rather than mass concentration-based exposure. (c) It has pioneered the evaluation of the dermal exposure route in the beryllium sensitization process. (d) It has developed and improved genetic research that will contribute to

the understanding of risk variability in sensitization and disease, as well as discerning the underlying mechanisms. (e) NIOSH has the institutional stability to continue longitudinal evaluations of health outcomes in relation to exposure and genetic risk factors. There is no cost to respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses / respondent	Average burden/re-sponse (in hours)	Total burden (in hours)
Former Workers	100	1	30/60	50

Dated: November 14, 2005.

Betsey Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice and Solicitation for Written Comments on the Draft CDC Health Protection Research Guide, 2006-2015

AGENCY: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry.

SUMMARY: The U.S. Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (hereto referred to as CDC) announces the availability for public comment of the draft *CDC Health Protection Research Guide, 2006-2015*. CDC is requesting input on this *Research Guide* because maximizing the health impact of public health research can only be achieved through the collective efforts of CDC, other Federal agencies, State and local partners, academic partners, business partners, non-profit organizations, professional societies, and the public. Please provide input on any aspect of the *Research Guide*, including but not limited to:

- Scope and use of the *Research Guide* (including whether it has identified the areas of health protection research that most need to be addressed within the next decade);
- Relevance and level of specificity of the proposed research topics;
- Additions, deletions or modifications to the proposed research topics;
- *Research Guide* development process; and
- Other improvements to the *Research Guide*.

DATES: The public comment period is 60 days long. Written comments must be received by close of business on January 15, 2006 at either of the addresses listed below.

ADDRESSES: The draft *CDC Health Protection Research Guide, 2006-2015* is available for review by visiting the Internet site, http://www.rsvpBOOK.com/custom_pages/50942/index.php, or by contacting Jamila Rashid, PhD, Senior Health Scientist, Centers for Disease Control and Prevention, Office Of Public Health Research, 1600 Clifton Road, NE., MD D-72, Atlanta, GA 30333, 404-639-4621, ResearchGuide@cdc.gov, for a hard copy. Written comments may be submitted electronically at the Internet site or at the email address listed above. Written comments may also be sent to the mailing address above.

FOR FURTHER INFORMATION CONTACT: Additional information about the *CDC Health Protection Research Guide* is available via the Office of Public Health Research Web site, <http://www.cdc.gov/od/ophr/cdcra.htm> or may be obtained by communicating with the contact whose name and telephone number is listed above.

SUPPLEMENTARY INFORMATION: On January 10, 2005, the Centers for Disease Control and Prevention launched an effort to develop its first ever, agency-wide *CDC Public Health Protection Research Guide, 2006-2015*. The new *Research Guide* will address and support CDC's Health Protection Goals (For additional information about the Goals please see <http://www.cdc.gov/about/goals>).

The *Research Guide* will also provide overall guidance for CDC's intramural and extramural research as well as serve as an effective planning and communication tool for CDC's public health research.

The public comment period will give researchers, representatives of CDC's

key partner organizations and the public the opportunity to voice their opinions regarding the *CDC Health Protection Research Guide, 2006-2015* and the future direction of CDC's public health research. The public comment period will begin on November 18, 2005 and end on January 15, 2006.

The Chief Science Officer, CDC, has been delegated the authority to sign general **Federal Register** notices for both the CDC and ATSDR.

Dated: November 9, 2005.

Dixie E. Snider, Jr.,

Chief Science Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10174]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions;