

vendors and consulting organizations. The panels will include representatives from various sectors of the healthcare industry, including small providers, health plans, and State agencies. In addition to the panels that will be invited to address these issues, members of the public who would like to make a brief (3 minutes or less) oral comment on one or more of the specified issues during the meeting will be placed on the agenda as time permits.

For Further Information Contact:

Substantive program information may be obtained from Stephanie Kaminsky, J.D., Lead Staff Person for the NCVHS Subcommittee on Privacy and Confidentiality, Office of Civil Rights, Department of Health & Human Services, JFK Bldg., Government Center Rm. 1825, Boston, MA 02203, telephone (617) 565-1352; or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, MD 20782, telephone (301) 458-4245. Information about the committee, including summaries of past meetings and a roster of committee members, is available on the Committee's Web site at <http://www.ncvhs.hhs.gov> where an agenda will be posted when available

Dated: October 10, 2002.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Populations.

Time and Date: 8:30 a.m. to 5 p.m., November 8, 2002.

Place: The Public Ledger Building, 150 S. Independence Mall West, Conference Room 415, Philadelphia, PA 19106, Phone: 215-861-4667.

Status: Open.

Purpose: The Subcommittee on Populations, NCVHS, is holding a hearing to discuss issues relating to statistics for the determination of health disparities in racial

and ethnic populations. The focus will be on State related issues in the collection and use of data on race and ethnicity. Invited panelists will address State and local collection of data on race and ethnicity, use of mixed race data, measurement of ethnic identity and perspectives on variables beyond race and ethnicity needed to determine health disparities in racial and ethnic groups.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Public Ledger Building by non-government employees. Thus, persons without a government identification card will need to present a photo identification card to the guard for admittance to the meeting.

For Further Information Contact:

Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Audrey L. Burwell, Senior Policy Analyst, Office of Minority Health, Department of Health and Human Services, Suite 1000, 5515 Security Lane, Rockville, MD, 20852, telephone: (301) 443-9923, e-mail: alburwell@osophs.dhhs.gov; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone: (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Dated: October 7, 2002.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-04]

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 the CDC Reports Clearance Officer on (404) 498-1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Cholera and Other Vibrio Illness Surveillance Report (OMB 0920-0322)—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). *Vibrio* species are naturally occurring marine bacteria and an important cause of seafoodborne and wound associated illnesses. Certain *Vibrio* species (e.g., *V. cholera*, *V. parahaemolyticus*) cause dehydrating diarrheal illnesses. In addition to endemic cholera in the United States, illnesses caused by epidemic strains of cholera are reported among travelers returning from southern Asia and Latin America.

The data collected in this surveillance provides important information on the public health impact of vibriosis in the Gulf Coast States. FDA, which has regulatory responsibility for the safety of seafood, has requested these data to identify interventions that may reduce the burden of seafoodborne vibriosis. The data are also of interest to public and industry groups such as the Interstate Shellfish Sanitation Conference and the National Fisheries Institute. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Local Health Dept Staff	90	1	20/60	30
Health Care Facility Staff	45	1	20/60	15

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Physicians	15	1	20/60	5
Total				50

Dated: October 10, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning, and Evaluation, , Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-04-03]

Agency Forms Undergoing Paperwork Reduction Act Review

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. Written comments should be received within 30 days of this notice.

Proposed Project

National Surveillance of Dialysis-Associated Diseases (0920-0033)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). The Division of Healthcare Quality Promotion (DHQP, formerly CDC Hospital Infections Program), is proposing an extension of a yearly survey of dialysis practices and dialysis-associated diseases at U.S. outpatient hemodialysis centers.

The rehabilitation of individuals in the United States who suffer from chronic renal failure has been identified as an important national priority, the Federal Government made a provision in 1973 to provide financial support for chronic hemodialysis patients. CDC, DHQP and Division of Viral Hepatitis have the responsibility of formulating strategies for the control of hepatitis, bacteremia, and other hemodialysis-associated diseases. In order to devise

such control measures, it is necessary to determine the extent to which the incidence of these dialysis-associated diseases changes over time. This request is to continue surveillance activities among chronic hemodialysis centers nationwide.

In addition, once control measures are recommended it is essential that such measures be monitored to determine their effectiveness. The survey is conducted once a year by a mailing to all chronic hemodialysis centers licensed by the Health Care Financing Administration. The types of dialysis practices surveyed include the use of hepatitis B vaccine in patients and staff members, the types of vascular access and dialyzers used, whether certain dialysis items are disinfected for reuse, and whether the dialysis center has any policy for insuring judicious use of antimicrobial agents. Among dialysis-associated diseases, the survey includes hepatitis B virus infection, antibody to hepatitis C virus, antibody to human immunodeficiency virus, and vancomycin-resistant enterococci. The estimated annualized burden is 3800 hours.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hours)
Chronic Hemodialysis Centers	3,800	1	1

Dated: October 10, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02-26479 Filed 10-17-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 02164]

Laboratory Strengthening for Infectious Disease, Surveillance Control and Response in East Africa; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement for Laboratory Strengthening for Infectious Disease Surveillance Control and Response in East Africa.

The purpose of the program is to strengthen the delivery of field support and programming to the CDC and the United States Agency for International Development (USAID) Missions in East Africa. This will be accomplished through the development of new approaches and technologies in response to near and long-term field needs. These needs were established in accordance with the Infectious Disease Interagency Agreement (IAA) between USAID and CDC. This cooperative agreement will support activities in laboratory confirmation of suspected outbreaks, control and prevention of infectious diseases, and system strengthening activities represented by quality assurance and quality control of laboratory confirmation of priority diseases. Measurable outcomes of the