

Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC). The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA), to establish and maintain a national registry of persons who have been exposed to hazardous substances in the environment and a national registry of persons with illnesses or health problems resulting from such exposure. ATSDR created the National Exposure Registry (NER) as a result of this legislation in an effort to provide scientific information about potential adverse health effects people develop as a result of low-level, long-term exposure to hazardous substances.

The National Exposure Registry is a program that collects, maintains, and

analyzes information obtained from participants (called registrants) whose exposure to selected toxic substances at specific geographic areas in the United States was documented. Relevant health data and demographic information are also included in the NER database. The NER databases furnish the information needed to generate appropriate and valid hypothesis for future activities such as epidemiologic studies. The NER also serves as a mechanism for longitudinal health investigations that follow registrants over time to ascertain adverse health effects and latency periods.

The NER is currently composed of four sub-registries of persons known to have been exposed to specific chemicals: 1,1,1-Trichloroethane (TCA), Trichloroethylene (TCE), 2,3,7,8-tetrachlorodibenzo-p-dioxin (dioxin), and benzene. In 2001, the NER will establish a new asbestos subregistry.

Participants in each subregistry are interviewed initially with a baseline questionnaire. An identical follow-up telephone questionnaire is administered to participants every three years until the criteria for terminating a specific subregistry have been met. The annual number of participants varies greatly from year to year. Two factors influencing the number of respondents per year are the number of subregistry updates that are scheduled and whether a new subregistry will be established. The addition of the new asbestos subregistry is expected to add approximately 6,000 persons to the NER. This increase is reflected in the following estimated burden table.

The following table is annualized to reflect one new subregistry (asbestos) and five updates for the requested three-year extension of OMB No. 0923-0006. There is no cost to registrants.

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hrs.)	Total annualized burden (in hrs.)
One New Subregistry	2,000	1	0.50	1,000
Five updates	4,927	1	0.42	2,069
Total	3,069

Dated: December 1, 2000.

John Moore,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-06]

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, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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) 639-7090.

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 for other forms of information technology. Send comments to Anne O'Connor, 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

NIOSH Research Study for the Prevention of Work-related Musculoskeletal Disorders (MSDs)—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). 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. There is evidence of causal relationships between physical job stressors (e.g., repetitive or static exertion, forcefulness, awkward postures) and MSDs, and some quantitative information is available on how much rates of MSDs change at varying levels of exposure to each stressor and combination of stressors (exposure-response relationships). Additional information would foster the further development of effective strategies for prevention.

A research project is proposed to conduct a prospective cohort study to quantify the risk for upper limb and low back MSDs at varying levels of exposure to physical job stressors (repetitive, forceful exertion, awkward postures, vibration, manual handling, etc.). This research will involve multiple work sites from the service and manufacturing industries with job tasks that represent a range of exposures to physical job stressors that can result in musculoskeletal disorders of the upper limb (e.g., carpal tunnel syndrome, hand-wrist tendinitis, medial and lateral epicondylitis, hand-arm vibration syndrome (HAVS)) and low back disorders. Because of the limitations of

cross-sectional and retrospective studies, it is widely agreed that a prospective study design is the best approach for the investigation of this problem. Up to 2000 workers will be enrolled into the study and will participate in three annual data collection surveys. The surveys will be comprised of a self-administered questionnaire and standard health tests to identify MSDs, including HAVS. Job

tasks will be studied using uniform exposure assessment methods to quantify physical stressors. The study data will be used to test and expand existing guidelines for limiting exposure to physical job stressors, and for developing new guidelines where none exist. The results from this research study will provide practitioners in occupational health critical data that will facilitate their ability to quickly and

reliably discriminate job tasks that represent low, moderate and high risk for MSDs among workers employed across different industries. In addition, the results of this study will provide guidance on effective job design to reduce the burden of work-related MSDs. The total estimated annual cost to respondents is \$33,190.

Data collection activity	Number of respondents	Number of responses per respondents	Response per hour	Response burden (in hrs)
Questionnaire Administration:				
Core Questionnaire	2,000	3	45/60	4,500
Upper Limb Module	1,000	3	9/60	450
Back Module	700	3	6/60	210
HAVS Module	300	3	15/60	225
Intervention Module	225	4	6/60	90
Physical Examination:				
Upper Limb MSDs	1,000	3	45/60	2,250
Hand-Arm Vibration Syndrome	300	3	2.00	1,800
Total Respondent Burden Hours:	9,525

Dated: December 1, 2000.

John Moore,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-09-01]

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) 639-7090. 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 Sexually Transmitted Disease Morbidity Surveillance System—Extension—OMB No. 0920-0011 National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). The reports used for this surveillance system provide ongoing surveillance data on national sexually transmitted disease morbidity. The data are used by

health care planners at the national, state, and local (including selected metropolitan and territorial health departments) levels to develop and evaluate STD prevention and control programs. In addition, there are many other users of the data including scientists, researchers, educators, and the media. Sexually transmitted disease (STD) data gathered in these reports are used to produce national statistics published in the annual STD Surveillance Report, MMWR articles, and serve as a progress report to meet objectives in Healthy People 2000: Mid-course Review and 1995 Revisions. It is important to note that these reporting forms are in the process of being phased out and replaced by electronic, line-listed STD data collected in the National Electronic Telecommunications System for Surveillance (NETSS). The total number of burden hours is 644.

Forms	Number of respondents	Number of responses/ respondent	Average burden (in hours)
CDC 73.688*	20	4	1
CDC 73.688**	21	4	1
CDC 73.998	30	12	35/60
CDC 73.2638	30	3	3

* State-level reporting: Respondents for the state-specific CDC 73.688 forms now include 26 state health departments (originally, respondents included 50 states, but 24 states have now discontinued hardcopy reporting and send all STD data as electronic line-listed records through NETSS), seven large city health departments and three outlying areas.

** City-level reporting: The health departments for the 26 states and one of the outlying regions (Puerto Rico) also prepare and submit reports for additional large cities within their jurisdictions.