

and the private sector to ensure their involvement as collaborators in the ongoing process. The Secretary of Health and Human Services chairs the Council, with the Assistant Secretary for Health as Vice Chair. Other members include the Operating Division Heads of the Department and the former Assistant Secretary for Health. Management and support services are provided by the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Office of the Secretary.

During its tenure, the Council has overseen the development of Healthy People 2010, the third generation of a national initiative to prevent disease and promote the health of the American people. The 2010 initiative was released to the public on January 25, 2000. At its fourth meeting, the Council will address plans for implementing the initiative over the next ten years and strategies for involving the widest possible range of public and private sector organizations in efforts to realize the aims of the initiative. Joining the members in their discussions will be panelists representing State and local governments, voluntary and professional associations, the business world, and schools, civic and faith-based organizations. The meeting will give special attention to the challenge of eliminating by the year 2010 disparities between U.S. population groups with respect to health status.

If time permits at the conclusion of the formal agenda of the Council, the Chair may allow brief oral statements of no more than three minutes in length from interested parties and persons in attendance. The meeting is open to the public; however, seating is limited. Because of strict security in the Humphrey Building, members of the public who do not have a Federal government identification card should call Ms. Phyllis Carroll (202-205-8611) when they arrive in the building lobby to arrange for an escort to the meeting. If you will require a sign language interpreter, please call Ms. Carroll by 4:30 p.m. E.D.T. on August 29, 2000 to inform her of this need.

Dated: August 4, 2000.

Randolph F. Wykoff,

*Deputy Assistant Secretary for Health,
(Disease Prevention and Health Promotion).*
[FR Doc. 00-20620 Filed 8-14-00; 8:45 am]

BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

PHS Policy for Instruction in the Responsible Conduct of Research; Extension of Comment Period

AGENCY: Office of the Secretary, HHS.

ACTION: Extension of comment period on "Draft PHS Policy for instruction in the responsible conduct of research."

SUMMARY: The Office of Research Integrity (ORI) in collaboration with the Agency Research Integrity Liaison Officers for each of the PHS Operating Divisions, announced on July 21, 2000, (65 Fed. Reg. 45381) the availability for public comment of a new Draft PHS Policy for Instruction in the Responsible Conduct of Research for extramural institutions receiving PHS funds for research or research training. This comment period is being extended until September 21, 2000.

Institutions and individuals interested in commenting on the proposed policy may obtain it on the ORI web site at <<http://ori.dhhs.gov>> by clicking on "What's New" or by contacting ORI. To be considered, all comments must be received by ORI at the address below or by E-mail to jegan@osophs.dhhs.gov no later than September 21, 2000.

FOR FURTHER INFORMATION CONTACT:

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Chris B. Pascal, J.D.,

Acting Director, Office of Research Integrity.

[FR Doc. 00-20617 Filed 8-14-00; 8:45 am]

BILLING CODE 4160-17-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-58-00]

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 Projects

National Surveillance for Hospital Health Care Workers (NaSH)—Reinstatement—National Center for Infectious Diseases (NCID)—has developed a surveillance system called the National Surveillance System for Health Care Workers (NaSH) that focuses on surveillance of exposures and infections among hospital-based health care workers (HCWs). NaSH (OMB 0920-0417) includes standardized methodology for various occupational health issues. It is a collaborative effort of the Hospital Infections Program, National Center for Infectious Diseases (NCID); the Hepatitis Branch, Division of Viral and Rickettsial Diseases, NCID; the Division of Tuberculosis (TB) Elimination, National Center for HIV, STD, and TB Prevention (NCHSTP); the National Immunization Program (NIP), and the National Institute for Occupational Safety and Health (NIOSH).

NaSH consists of modules for collection of data about various occupational issues. Baseline information about each HCW such as demographics, immune-status for vaccine-preventable diseases, and TB status is collected when the HCW is enrolled in the system. Results of routine tuberculin skin test (TST) are collected and entered in the system every time a TST is placed and read; follow-up information is collected for HCWs with a positive TST. When an HCW is exposed to blood/bloodborne pathogen, to a vaccine-preventable disease (VPD), or to an infectious TB patient/HCW, epidemiologic data are collected about the exposure. For HCWs exposed to a bloodborne pathogen (i.e., HIV, HCV, or HBC) and for susceptible HCWs exposed to VPDs, additional data are collected during follow-up visits. Once a year, hospitals complete a survey to provide denominator data and every 2-5 years, the hospitals perform a survey to assess the level of underreporting of needlesticks (HCW Survey). Optionally, hospitals may collect information about HCW noninfectious occupational injuries such as acute musculoskeletal injuries.

Data are entered into the software and transmitted on diskette to CDC. No HCW identifiers are sent to CDC. This system is protected by the Assurance of Confidentiality (308d).

Data collected in NaSH will assist hospitals, HCWs, health care organizations, and public health agencies. This system will allow CDC to