In order to ensure that the public and other key audiences, like health care providers, understand the information, are motivated to take action, and are not offended or react negatively to the messages * * * it is critical to test messages and materials prior to their production and release. Currently, each CDC program developing health messages is required to submit its message development and testing activities for individual OMB review. Many CDC programs have extremely short deadlines for developing and producing health messages. Some deadlines are imposed by Congress, and others are necessitated by the time-sensitive nature of the work. Many programs cannot accommodate the time required for OMB approval, and therefore skip the message testing step altogether, or resort to testing specific portions of messages with 9 or fewer individuals. The science of health communication does not support these programmatic practices. In fact, these undesirable alternatives weaken CDC/ATSDR position as a research-based public health agency providing credible health information that people can count on and use.

CDC may achieve a greater level of efficacy if it can use three routine health message development and testing methods: (1) Central Location Intercept Interviews (i.e. ''shopping mall'' interviews); (2) Customer Satisfaction Phone Interviews; (3) Focus Groups; and (4) Web-enabled research. Virtually every Center, Institute, and Office (CIO) at CDC could achieve a higher level of confidence that health messages were understandable and would provoke no unintended consequences if they were empowered to use these methods efficiently. The CDC Office of Communication therefore requests approval for renewal of the Health Message Testing System that will conduct up to 64 message testing activities per year for each of three years. If all 64 testing activities are implemented, total respondent burden per year is estimated at 3200 hours.

Form of research activity	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Central Location Intercept Interviews	1600	1	30/60	800
Customer Satisfaction Phone Interviews	1200	1	30/60	600
Focus Groups	1200	1	30/60	600
Web-enabled Research	2400	1	30/60	1200
Total	6,400	.....	.....	3,200

Dated: July 27, 2004.

Alvin Hall,

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

[60Day–04–JN]

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, or to send comments contact Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, 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

Internet Survey on Household Drinking Water—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Drinking water in the United States comes from many different sources. A recent survey of the public's perceptions of water quality reports that 86% of adults have some concern about drinking water quality and more than half worry about possible contaminants in water (Water Quality Association, 2001 National Consumer Water Quality Survey). Public concern about drinking water quality has given rise to the increased use of bottled water, vended water, and water-treatment devices. In the past six years, use of home water-treatment systems rose 60% (Ibid.). Bottled water consumption has risen from 10.5 gallons per capita in 1993 to 22.6 gallons per capita in 2003, making bottled water the second largest commercial beverage category, accounting for $8.3 billion in sales for 2003 (Beverage Marketing Corporation, News Release, April 8, 2004). Many consumers believe that bottled water is ''healthier'' than tap water. However, the Food and Drug Administration, the agency responsible for regulating the quality of bottled water, reports that the relative safety of bottled vs. tap water remains under debate (FDA Consumer Magazine, July-August 2002).

The proposed internet survey is designed to obtain information about why the public is using water-treatment devices, bottled water, and vended water as alternatives to tap water. The survey asks both opinion and knowledge questions about the safety of each type of water, and requests information on the frequency and costs of using bottled water, vended water, and water-treatment devices.

The survey also contains knowledge and opinion questions about general water topics, including perceptions of the chemical and microbial quality of water and any health incidents participants have experienced associated with drinking various types of water. The survey will be posted on the CDC Website and recruitment will be sought through an announcement on

the Web site inviting visitors to complete the survey. We anticipate that survey participants will come from all regions of the United States. No personal identifiers are requested as part of the survey, and respondents will be neither compensated nor charged for responding.

ANNUALIZED BURDEN TABLE

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
CDC Web Site Visitors	3,000	1	20/60	1,000
Total	3,000			1,000

Dated: July 27, 2004,

Alvin Hall,

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

[60Day–04–JT]

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. CDC is requesting an emergency clearance for this data collection with a two week public comment period. CDC is requesting OMB approval of this package 7 days after the end of the public comment period.

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 M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*. Written comments should be received within 14 days of this notice.

Proposed Project

Passenger Locator Card—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

The Secretary of the U.S. Department of Health and Human Services (DHHS) has statutory responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States, *e.g.*, at international ports of entry, and from one state or possession into another. Under its delegated authority by DHHS, the Division of Global Migration and Quarantine of the Centers for Disease Control and Prevention (CDC) is empowered to detain, medically examine, or conditionally release individuals suspected of carrying a communicable disease. Under foreign quarantine regulations, the master of a ship or captain of an airplane entering the United States from a foreign port is required by public health law to report certain illnesses among passengers (42 CFR 71.21). CDC has the authority to collect personal health information to protect the health of the public under the authority of Section 301 of the Public Health Service Act (42 U.S.C. 241).

People exposed to communicable diseases of public health importance while traveling on a conveyance should be notified as quickly as possible by public health authorities so they can be made aware of (1) their exposure, (2) told what to do if they become symptomatic, and (3) be medically monitored for a period after exposure, or given preventive treatment if indicated and readily available. In order to do this, emergency contact information is needed for all persons (passengers and crew) who traveled on the conveyance.

Presently, there are two circumstances that passenger locator information would be collected: (1) When a passenger is reported with signs and symptoms of a communicable illness; and, (2) In the event of a global disease outbreak. During the severe acute respiratory syndrome (SARS) outbreak in 2003, it was evident that current methods of using paper copies of airline manifests and customs information were inadequate to notify passengers potentially exposed to SARS within the incubation period (10 days). Airline manifests and custom declarations do not contain reliable emergency contact information. Manifests contain only the name and the seat number. Custom declarations are written by passengers and are often illegible or not complete. Names on the custom declarations do not necessarily match those on the manifests, phone numbers are not included, and only one custom declaration is filled out per family. The locating information maybe fairly complete; however, the person may no longer be at that address (*e.g.*, temporary lodging).

Passengers on domestic flights do not complete custom declaration, therefore no reliable system exist to obtain emergency contact information for passengers on domestic conveyances. The estimated time to locate passengers using the current system is one month.

An emergency clearance is being requested because CDC has developed an airline passenger locator card to obtain the necessary information needed to notify passengers who may have been exposed to a communicable disease. Because of today's uncertainties, we are requesting OMB to grant approval most expeditiously.

Completing the passenger locator card and furnishing the requested information is voluntary; however, in order to prevent the spread of a disease, more complete information allows important public health functions such as adequate monitoring and follow-up of