date include: *Human Cloning and Human Dignity: An Ethical Inquiry* (July 2002); *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003); *Being Human: Readings from the President's Council on Bioethics* (December 2003); *Monitoring Stem Cell Research* (January 2004), and *Reproduction and Responsibility: The Regulation of New Biotechnologies* (March 2004).

DATES: The meeting will take place Thursday, December 2, 2004, from 9 a.m. to 4:30 p.m. ET; and Friday, December 3, 2004, from 8:30 a.m. to 12:30 p.m. ET.

ADDRESSES: The Stephen Decatur House, 1610 H Street, NW., Washington, DC 20002. Phone 202–842–0920.

Agenda: The meeting agenda will be posted at *http://www.bioethics.gov.*

Public Comments: The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:30 a.m., on Friday, December 3. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

FOR FURTHER INFORMATION CONTACT: Ms. Diane Gianelli, Director of Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, Washington, DC 20006. Telephone: 202/296–4669. E-mail: *info@bioethics.gov.* Web site: *http://www.bioethics.gov.*

Dated: November 3, 2004.

Yuval Levin,

Acting Executive Director, The President's Council on Bioethics.

[FR Doc. 04–24945 Filed 11–8–04; 8:45 am]

BILLING CODE 4150–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–04–0012]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Nosocomial Infections Surveillance (NNIS) System—Reinstatement with change—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC).

The NNIS system, which was instituted in 1970, is an ongoing surveillance system currently involving 345 hospitals that voluntarily report nosocomial infections data to CDC, who aggregate the data into a national database. The data are collected using surveillance protocols developed by CDC for high risk patient groups (ICU, high-risk nursery, and surgical patients). Instructional manuals, training of surveillance personnel and computer surveillance software are among the support that CDC provides without cost to participating hospitals to ensure the reporting of accurate and uniform data.

In the very near future this data collection will be merged with two other collections to form the National Healthcare Safety Network (NHSN). This network will be a computer-based system. Since this system will be phased in over time, CDC will need to continue using the forms within this clearance request until the transformation has been completed.

The purpose of the NNIS system is to provide national data on the incidence of nosocomial infections and their risk factors, and on emerging antibiotic resistance. The data are used to determine: (1) The magnitude of various nosocomial infection problems; (2) trends in infection rates among patients with similar risks; and (3) changes in the epidemiology of nosocomial infections resulting from new medical therapies and changing patient risks.

New to the NNIS system is the monitoring of antibiotic resistance and antimicrobial use in groups of patients. Data from the monitoring of antibiotic resistance and antimicrobial use in the NNIS system will be used to describe the epidemiology of antibiotic resistance and understand the role of antimicrobial therapy to the growing problem of antibiotic resistance. The NNIS system can also serve as a sentinel system for the detection of nosocomial infection outbreaks in the event of national distribution of a contaminated medical product or device.

The respondent burden is not the same in each hospital since the hospitals can select from a wide variety of surveillance options. A typical hospital will monitor patients for infections in two ICUs and surgical site infections following three surgical operations. The respondent burden includes the time and cost to: (1) Collect data on nosocomial infections in patients in these groups and the denominator data to characterize risk factors in the patients who are being monitored; (2) to enter the data as well as a surveillance plan into the surveillance software; (3) send the data to CDC by electronic transmission; and (4) complete a short annual survey and administrative forms. The total annualized burden is 66,775 hours.

Form title	Number of respondents	Number of responses/ respondent	Average burden per response (in hrs.)
Hospital Personnel List	297	1	15/60
Annual Participating Institution Survey	297	1	45/60
NNIS Infection Worksheet:			
Hospitals with High Risk Nursery	100	240 (20×12)	25/60
Hospitals without High Risk Nursery	197	180 (15×12)	25/60
Adult & Pediatric ICU Monthly Report	235	12	6
High Risk Nursery Surveillance Monthly Report	100	12	4
Surgical Patient Surveillance-Operative Procedure Daily Report	205	12	2
Monthly Surveillance Plan	277	12	25/60
Supplementary Data Collection, Cesarean Patient Report	29	240	27/60

Form title	Number of respondents	Number of responses/ respondent	Average burden per response (in hrs.)
Supplementary Data Collection, Craniotomy Patient Report	9	58	27/60
Supplementary Data Collection, Spinal Fusion Patient Report	18	60	27/60
Supplementary Data Collection, Ventricular Shunt Patient	10	180	27/60
AUR Surveillance Monthly Report:			
ICP	30	12 (1×12)	2
Laboratory Technician	30	60 (5×12)	3
Pharmacy Technician	30	48 (4×12)	2
AUR Surveillance Contact Information	40	1	10/60
Antimicrobial Prescribing Practices	30	1	15/60

Dated: November 3, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–24892 Filed 11–8–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–05AD]

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 404–498–1210 or send comments to 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

Helping to End Lead Poisoning (HELP): A Questionnaire Study of Medicaid Providers' Beliefs, Barriers, Knowledge, and Cues to Action for Childhood Blood Lead Testing—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

According to the United States Department of Health and Human Services (DHHS), lead poisoning is one of the most serious environmental threats to children in the United States. Very high blood lead levels in children can cause encephalopathy, coma, and even death. At lower levels, lead poisoning is a silent attacker because most children who are lead poisoned do not show symptoms. Low levels of lead poisoning are often associated with reductions in IQ and attention span, and with learning disabilities, hyperactivity, and behavioral problems. Because of these subtle effects, the best way to determine if a child has lead poisoning is by giving the child a blood lead test. Children eligible for Medicaid are typically at highest risk for lead exposure. DHHS policies require blood lead testing for all children participating in federal health care programs. However, most children in or targeted by federal health care programs have not been tested. This study will help to provide some of the reasons why most children are not being tested.

Although blood lead testing is important, it is ineffective unless it is performed when the child is young enough to receive the full benefits of effective environmental interventions. Thus, it was determined by CDC that more information is needed to understand the barriers Medicaid providers face when it comes to blood lead testing.

HELP is a comparison study between two communities in Wisconsin. To determine why some areas in Wisconsin have high blood lead testing rates and others do not, Medicaid providers in two areas will be studied. Community 1 has high and Community 2 has low blood lead testing rates. Questionnaires will be mailed to all Medicaid providers in these two Wisconsin communities. The questionnaires will be mailed from the Wisconsin Childhood Lead Poisoning Prevention Program in Milwaukee, Wisconsin. CDC will analyze the data from the questionnaires. CDC and the Wisconsin Childhood Lead Poisoning Prevention Program staff will use this information to understand the barriers Medicaid providers face concerning blood lead testing and to develop effective strategies that promote blood lead testing among Medicaid providers. There are no costs to respondents except their time to participate.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Targeted Medicaid Providers in Wisconsin	500	1	10/60	83
Total				83