

Dated: October 1, 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-04-0588]

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

Evaluating the Impact of Lymphedema and a Lymphedema Management Intervention for Women with Lymphatic Filariasis: Understanding Issues Related to Quality of Life (OMB No. 0920-0588)—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Lymphatic filariasis, a mosquito-transmitted parasitic disease affecting over 120 million people, is the second leading cause of permanent disability worldwide. Globally, lymphatic filariasis causes debilitating genital disease in an estimated 25 million men and lymphedema or elephantiasis of the leg in 15 million people, mostly women in poverty stricken countries. The World Health Organization (WHO) recently identified community management of chronic lymphedema as one of the top twenty lymphatic filariasis research priorities. Recent advances in the management of chronic lymphedema include a prescribed hygiene and wound care intervention. This intervention has shown promising results in: (1) Preventing bacterial infections thus reducing acute attacks; (2) anecdotally improving overall quality of life; (3) alleviating pain; (4) and preventing further suffering.

The data gathered from this study will assist CDC in the development, monitoring and evaluation of morbidity control programs, and the provision of technical assistance to collaborating countries in the *Global Alliance to Eliminate Lymphatic Filariasis*. The data collected by this study will allow CDC to determine directly from affected women such information as knowledge and attitudes related to disease and secondary infections; perceptions of women related to disease transmission; health seeking practices; and current self-care of women who are not under care as well as those who are. This

formative data will be used to assist the Ministry of Health in each country to develop new lymphedema management programs and modify current public health educational campaigns to recruit affected populations into treatment. The data will also provide the basis for culturally-tailored public health education strategies that increase the community's as well women's knowledge of lymphatic filariasis, address barriers to health care seeking, debunk myths surrounding disease and morbidity, utilize traditional health care practitioners, train community health care workers in management techniques, inform programs of the psychological, physical, and emotional needs that women have, and other issues identified in research findings.

In addition, the data findings will also be used on a global level (in collaboration with WHO, PAHO, the Liverpool School of Medicine, Emory University, and others) to develop process and outcome indicators for evaluating and monitoring treatment programs at the clinic-level, community-level and home-level. As new programs are initiated, critical evaluation measures are needed to measure the effectiveness of these programs to avoid spending money on ineffective strategies. Operationally this data will allow us to develop a public health strategy for women with disease and their communities that include the regimen of meticulous local hygiene to the affected areas. It will also allow us to develop critical evaluation indicators to ensure appropriate program monitoring so that information will be immediately available for assessment by both the affected countries and the donor agencies supporting program activities. Data will be widely disseminated in reports, presentations, and professional peer-reviewed publications to persons who work in prevention of this disease. There is no cost to respondents.

ANNUALIZED BURDEN TABLE

Questionnaires	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Qualitative Interviews	50	1	30/60	25
Quantitative Survey	200	1	1	200
Total	250	225

Alvin Hall,
 Director, Management Analysis and Services
 Office, Centers for Disease Control and
 Prevention.
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**DEPARTMENT OF HEALTH AND
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**Centers for Disease Control and
 Prevention**

[60Day-04-04KL]

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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

Environmental Health Specialists Network (EHS-Net)—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

CDC is requesting OMB approval for a data collection system that will assist public health officials to better identify and assess environmental factors contributing to foodborne outbreaks and the prevention efforts needed to reduce or ameliorate these events. The Environmental Health Specialists Network (EHS-Net) Environmental Evaluation System data collection is a standardized survey instrument developed by CDC in collaboration with the U.S. Food and Drug Administration (FDA) and the EHS-Net participating

states—California, Colorado, Connecticut, Georgia, Minnesota, New York, Oregon, and Tennessee. The instrument is for use in non-regulatory environmental evaluations. It has been pilot tested in the EHS-Net states.

The eight states in the pilot testing phase used the EHS-Net survey instrument to collect environmental information from two groups of restaurants: those associated with foodborne outbreaks and those that were not. The survey instrument collects information about the restaurant's food safety policies and procedures and also includes direct observations of food preparation and handling practices, and food worker behaviors.

CDC will evaluate the data collected in these eight pilot states to further refine and improve the EHS-Net data collection instrument and methodology. Once this evaluation is completed, the EHS-Net data collection instrument and methodology will be made available to all public health officials in the United States who wish to use the system to identify and assess environmental factors in food establishments that contribute to foodborne illness; and to evaluate the effectiveness of existing prevention measures including food-handling practices, policies, and other control measures. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden (in hours)
One Public Health Official per State	50	56	6	16,800
Total	50	16,800

Dated: October 1, 2004.
Alvin Hall,
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**DEPARTMENT OF HEALTH AND
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**Centers for Disease Control and
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[60Day-04-0624]

**Proposed Data Collections Submitted
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