Background and brief description of the proposed project: The impact of case management policy on the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) operations and clients is not well understood to date. Evaluation results thus far have produced a general, qualitative understanding of how case management has been implemented by grantees. Questions remain, however, regarding: (1) The number of grantees who have implemented different types of financial and service delivery models of case management; (2) costs associated with different approaches to case management; and (3) whether or not case management activities have a positive impact on clients. This evaluation project will focus on the first and second questions.

The purpose of the case management assessment will be to gather some quantitative and descriptive information about how the case management component has been implemented by all NBCCEDP grantees. Results of the evaluation should assist CDC in developing case management training, providing technical assistance, and assessing the costs of case management. A standardized written survey will be used to collect descriptive information from all NBCCEDP grantees on components of case management program activities including: organizational structure, financial and service delivery models, staffing, and needs for training or technical assistance. A total of 68 Breast and Cervical Cancer Program Directors will be asked to complete the survey, with assistance from program Case Management Coordinators as needed. The survey is expected to take an average of 1.5 hours to complete. The only cost to respondents is their time. This is a one-time data collection effort. The total annualized burden for respondents is 102 hours.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Program Directors	68	1	1	68
Case Management Coordinators	68	1	30/60	34
Total	136			102

Dated: February 25, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0134]

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 404–371–5976 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, 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

Foreign Quarantine Regulations, OMB No. 0920–0134—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services (DHHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States.

Legislation and the existing regulations governing foreign quarantine activities (42 CFR part 71) authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances, persons, and shipments of animals and etiologic agents entering the United States from foreign ports in order to protect the public health.

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)(b). In this revision, CDC proposes adding two additional reporting requirements. First, in addition to the aforementioned list of required illnesses to be reported, CDC is asking that reports be made for the following conditions, which may indicate a reportable illness: (1) Hemorrhagic fever syndrome (persistent fever accompanied by abnormal bleeding from any site); or (2) acute respiratory syndrome (severe cough or severe respiratory disease of less than 3 weeks in duration); or (3) acute onset of fever and severe headache, accompanied by stiff neck or change in level of consciousness. 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.).

Second, CDC proposes adding the Passenger Locator Form currently under OMB control number 0920–0664 to OMB control number 0920–0134. The Passenger Locator Form is used to collect reliable information that assists quarantine officers in locating in a timely manner those passengers and crew who are exposed to communicable diseases of public health importance

while traveling on a conveyance. Additional burden hours for the voluntary reporting of additional certain illnesses and the Passenger Locator Form are reflected in the burden hour table below.

DHHS delegates authority to CDC to conduct quarantine control measures. Currently, with the exception of rodent inspections and the cruise ship sanitation program, inspections are performed only on those vessels and aircraft which report illness prior to arrival or when illness is discovered upon arrival. Other inspection agencies assist quarantine officers in public health screening of persons, pets, and other importations of public health significance and make referrals to PHS when indicated. These practices and procedures assure protection against the introduction and spread of communicable diseases into the United States with a minimum of recordkeeping and reporting as well as a minimum of interference with trade and travel.

Respondents include airplane pilots, ships' captains, importers, and travelers. The nature of the quarantine response would dictate which forms are completed by whom. There is no cost to respondents except for their time.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Radio reporting of death/illness	1700	1	2/60	57
Report by persons held in isolation/Surveillance	11	1	30/60	6
Report of death or Illness on carrier during stay in port	5	1	30/60	2.50
Passenger locator form:				
—Used in an outbreak of public health significance	2,700,000	1	5/60	225,000
—Used for reportingof an ill passengers	800	1	5/60	67
Requirements for admission of dogs and cats:				
Sec. 72.51(1)	5	1	3/60	.25
Sec. 72.51(2)	1,200	1	15/60	300
Application for permits to import turtles	10	1	30/60	5
Requirements for registered importers of nonhuman primates:				
Sec. 71.53(1)		1	10/60	7
Sec. 71.53(2)		4	30/60	60
Total				225,505

Dated: February 25, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0494]

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 404–371–5973 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, 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

Exposure to Aerosolized Brevetoxins during Red Tide Events (OMB No. 0920–0494)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Karenia brevis (formerly *Gymnodinium breve*) is the marine dinoflagellate responsible for extensive blooms (called red tides) that form in the Gulf of Mexico. *K. brevis* produces potent toxins, called brevetoxins, that have been responsible for killing millions of fish and other marine organisms. The biochemical activity of brevetoxins is not completely understood and there is very little information regarding human health effects from environmental exposures, such as inhaling brevetoxin that has been aerosolized and swept onto the coast by offshore winds. The National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC) has recruited people who work along the coast of Florida and who are periodically occupationally exposed to aerosolized red tide toxins.

We have administered a base-line respiratory health questionnaire and conducted pre- and post-shift pulmonary function tests during a time when there is no red tide reported near the area. When a red tide developed, we administered a symptom survey and conducted pulmonary function testing (PFT). We compared (1) symptom reports before and during the red tide and (2) the changes in baseline PFT values during the work shift (differences between pre- and post-shift PFT results) without exposure to red tide with the changes in PFT values during the work shift when individuals are exposed to red tide.

Unfortunately, the exposures experienced by our study cohort have been minimal, and we plan to conduct another study (using the same symptom questionnaires and spirometry tests) during a more severe red tide event.