Dated: March 12, 2006. Joan F. Karr, Acting Reports Clearance Officer, Centers for Disease Control and Prevention. [FR Doc. E6–4551 Filed 3–28–06; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Amendment of February 4, 2004, Order To Embargo Birds and Bird Products Imported From Israel

SUMMARY: On February 4, 2004, the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services issued an order to ban immediately the import of all birds (Class: Aves) from specified countries, subject to limited exemptions for returning pet birds of U.S. origin and certain processed bird-derived products. HHS/CDC took this step because birds from these countries potentially can infect humans with avian influenza (influenza A/ [H5N1]). The February 4, 2004, order complemented a similar action taken at the same time by the Animal and Plant Health Inspection Service (APHIS) within the U.S. Department of Agriculture (USDA)

Ôn March 10, 2004, HHS/CDC lifted the embargo of birds and bird products from the Hong Kong Special Administrative Region (HKSAR) because of the documented publichealth and animal health measures taken by Hong Kong officials to prevent spread of the outbreak within the HKSAR, and the absence of highly pathogenic avian influenza H5N1 cases in Hong Kong's domestic and wild bird populations. USDA/APHIS took a similar action. On September 28, 2004, HHS/CDC extended the embargo on birds and bird products to include Malaysia because of the documented cases of highly pathogenic avian influenza A H5N1 in poultry in Malaysia. On July 20, 2005, USDA/ APHIS adopted as a final rule the interim rule that became effective on February 4, 2004, which amended its regulations to prohibit or restrict the importation of birds, poultry, and unprocessed birds and poultry products from regions that have reported the presence of highly pathogenic avian influenza H5N1 in poultry. (See 70 FR 41608 [July 20, 2005].) As the United Nations Food and Agriculture Organization and the World Organization for Animal Health (OIE)

have confirmed additional cases of highly pathogenic avian influenza (H5N1), USDA/APHIS has added additional countries to its ban. Because of the documentation of highly pathogenic avian influenza H5N1 in poultry, HHS/CDC added the following countries to its embargo: Kazakhstan, Romania, Russia, Turkey, and Ukraine on December 29, 2005; Nigeria on February 8, 2006; India on February 22, 2006; Egypt on February 27, 2006; Niger on March 2, 2006; Albania, Azerbaijan, Cameroon, and Burma (Myanmar) on March 15, 2006.

On March 17, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Israel. At this time, HHS/CDC is adding Israel to its current embargo. This action is effective on March 20, 2006, and will remain in effect until further notice.

SUPPLEMENTARY INFORMATION:

Background

On March 17, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in turkeys in farms in the Beer-Sheva, Ashkelon, and Jerusalem districts, Israel.

Introduction of birds infected with highly pathogenic avian influenza H5N1 into the United States could lead to outbreaks of disease among birds and among the human population, a significant public health threat. Banning the importation of all avian species from affected countries is an effective means of limiting this threat. HHS/CDC is therefore taking this action to reduce the likelihood of introduction or spread of influenza A H5N1 into the United States.

Immediate Action

Therefore, pursuant to 42 CFR 71.32(b), HHS/CDC is amending the February 4, 2004, order to add Israel to the list of countries subject to the order's embargo of birds and products derived from birds. All other portions of the February 4, 2004, order, as further amended on March 10, 2004, September 28, 2004, December 29, 2005, February 8, 2006, February 22, 2006, February 27, 2006, March 2, 2006, and March 15, 2006 shall remain in effect until further notice.

Dated: March 23, 2006.

Julie Louise Gerberding,

Director, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

[FR Doc. E6-4513 Filed 3-28-06; 8:45 am] BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Amendment of February 4, 2004, Order To Embargo Birds and Bird Products Imported From Afghanistan

SUMMARY: On February 4, 2004, the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services issued an order to ban immediately the import of all birds (Class: Aves) from specified countries, subject to limited exemptions for returning pet birds of U.S. origin and certain processed bird-derived products. HHS/CDC took this step because birds from these countries potentially can infect humans with avian influenza (influenza A/ [H5N1]). The February 4, 2004, order complemented a similar action taken at the same time by the Animal and Plant Health Inspection Service (APHIS) within the U.S. Department of Agriculture (USDA).

On March 10, 2004, HHS/CDC lifted the embargo of birds and bird products from the Hong Kong Special Administrative Region (HKSAR) because of the documented publichealth and animal health measures taken by Hong Kong officials to prevent spread of the outbreak within the HKSAR, and the absence of highly pathogenic avian influenza H5N1 cases in Hong Kong's domestic and wild bird populations. USDA/APHIS took a similar action. On September 28, 2004, HHS/CDC extended the embargo on birds and bird products to include Malaysia because of the documented cases of highly pathogenic avian influenza A H5N1 in poultry in Malaysia. On July 20, 2005, USDA/ APHIS adopted as a final rule the interim rule that became effective on February 4, 2004, which amended its regulations to prohibit or restrict the importation of birds, poultry, and unprocessed birds and poultry products from regions that have reported the presence of highly pathogenic avian influenza H5N1 in poultry. (See 70 FR 41608 [July 20, 2005].) As the United Nations Food and Agriculture Organization and the World Organization for Animal Health (OIE) have confirmed additional cases of highly pathogenic avian influenza (H5N1), USDA/APHIS has added additional countries to its ban. Because of the documentation of highly pathogenic avian influenza H5N1 in poultry, HHS/CDC added the following countries to its embargo: Kazakhstan,

Romania, Russia, Turkey, and Ukraine on December 29, 2005; Nigeria on February 8, 2006; India on February 22, 2006; Egypt on February 27, 2006; Niger on March 2, 2006; Albania, Azerbaijan, Cameroon, and Burma (Myanmar) on March 15, 2006; and Israel on March 20, 2006.

On March 15, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Afghanistan. At this time, HHS/CDC is adding Afghanistan to its current embargo. This action is effective on March 21, 2006, and will remain in effect until further notice.

SUPPLEMENTARY INFORMATION:

Background

On March 15, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in chickens and turkeys in five provinces of Afghanistan, including Jalalabad, Kabul, Laghman, Vardak and Kunar.

Introduction of birds infected with highly pathogenic avian influenza H5N1 into the United States could lead to outbreaks of disease among birds and among the human population, a significant public health threat. Banning the importation of all avian species from affected countries is an effective means of limiting this threat. HHS/CDC is therefore taking this action to reduce the likelihood of introduction or spread of influenza A H5N1 into the United States.

Immediate Action

Therefore, pursuant to 42 CFR 71.32(b), HHS/CDC is amending the February 4, 2004, order to add Afghanistan to the list of countries subject to the order's embargo of birds and products derived from birds. All other portions of the February 4, 2004, order, as further amended on March 10, 2004, September 28, 2004, December 29, 2005, February 8, 2006, February 22, 2006, February 27, 2006, March 2, 2006, March 15, 2006, and March 20, 2006, shall remain in effect until further notice. Dated: March 23, 2006. **Julie Louise Gerberding,** Director, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. [FR Doc. E6–4514 Filed 3–28–06; 8:45 am] **BILLING CODE 4163–18–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Evaluation to Determine the Effectiveness of the Public Assistance Reporting Information System (PARIS). *OMB No.* New Collection.

Description: The PARIS program is a voluntary information exchange system that allows States and other entities (counties or jurisdictions like the District of Columbia) to submit Medical Assistance, Medicaid, Food Stamp, and Temporary Assistance for Needy Families (TANF) participant data to the Administration for Children and Families (ACF) to be matched with Federal and participating States' databases to detect potential dual participation and improper payments. Launched by ACF in 1997, the PARIS project was developed to provide States with usable data by which they could identify and correct erroneous payments and to promote State partnerships and matching of cross-state data to improve program integrity. There are currently 36 entities participating in the PARIS project (Member States). ACF is encouraging the expansion of PARIS via a grantee program by providing funds to Member States to partner with nonparticipating States to develop the internal organization and mechanisms needed for PARIS participation. An implementation and outcome evaluation of the PARIS program will determine the effectiveness of the program and the

resulting impact on reducing improper payments. Data collected will determine factors affecting program participation, relevant PARIS administrative and implementation information, challenges in implementation, cost of program participation and estimated savings through identified and resolved participant matches.

Health Systems Research, an ACF Contractor conducting the research, will send State-level PARIS Administrators surveys regarding the organization and administration of PARIS, processes used for submitting data, and follow-up protocols. Information obtained though key-informant interviews of Medicaid, TANF, and Food Stamp program officials will provide information regarding relationships among the various stakeholders, opinions on effectiveness of PARIS, and the rationale behind decisions. E-mails sent to States will contain cost-accounting forms, providing cost information on program start-up, submission of data, follow-up of potential participant matches, and will then be verified through telephone interviews with program and fiscal administrators. As part of the final PARIS evaluation, a prospective and retrospective analysis is planned. Collections of prospective information from a sample of States that are not yet committed to permanent participation in PARIS and prospective and retrospective information from States already participating in the program are planned.

Two current PARIS sites and one non-PARIS grantee site will comprise a pilot of the data collection instruments to ensure evaluation questions are clear and elicit salient responses. Findings from the pilot study will inform the final PARIS evaluation tool development.

Respondents: Approximately sixteen States will comprise the sample, with an estimated twelve respondents from each State, county or jurisdiction.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Numer of responses per respondent	Average burden hours per response	Total burden hours
State-Level PARIS Administrator Survey Medicaid, Food Stamp and TANF Program Officials Key-Informant Inter-	16	1	1	16
views	160	1	1	160
State Cost-Accounting Forms	16	1	1.5	24
Fiscal Administrator Telephone Interviews	32	1	1.5	48

Estimated Total Annual Burden Hours: 248. In compliance with the requirements of Section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Administration for Children and