

both youth and adults in the U.S. OMB clearance for the 2003 YRBS survey expired November 2003, OMB No. 0920-0493. Data on the health risk behaviors of adolescents is the focus of approximately 40 national health objectives in Healthy People 2010. The Youth Risk Behavior Survey provides

data to measure at least 10 of these health objectives and 3 of the 10 Leading Health Indicators. In addition, the Youth Risk Behavior Survey can identify racial and ethnic disparities in health risk behaviors. No other national source of data measures as many of the 2010 objectives that address behaviors

of adolescents. The data also will have significant implications for policy and program development for school health programs nationwide. The estimated annualized burden over the three-year period is 6,115 hours. There is no cost to respondents.

Respondents	Number of respondents (05-07)	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs) (05-07)
High School Students .....	24,000	1	45/60	18,000
School Administrators .....	690	1	30/60	345
Total .....				18,345

Dated: March 29, 2004.

**Joseph E. Salter,**

*Acting 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-04-36]

**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.

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 Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

**Proposed Project**

Syndromic Surveillance Capacity—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Syndromic surveillance is a term used to describe a broad spectrum of activities intended to detect a disease outbreak earlier than traditional reportable disease surveillance. These activities involve the collection and

analysis of multiple types of data indicating prodromal signs and symptoms of disease. These data generally precede diagnosis or laboratory confirmation.

It is estimated that as many as 100 State or local health departments have begun collecting one or more types of syndromic data to enhance their early detection capabilities. CDC provides support to State and local health departments in the form of surveillance expertise, analytical methods, and information technology. In order to assess the use and effectiveness of the various types of syndromic surveillance being piloted at the State and local level, CDC must collect information on the types and number of data sources, methods of collection and analysis, time requirements, personnel requirements, and evaluations performed.

This project will consist of a web-based questionnaire available to pre-determined State and local health departments. Answers to ten multiple-choice questions with pull-down menus will be solicited. CDC will analyze the responses and use the information to facilitate coordination and planning of syndromic surveillance systems at the State and local level. There is no cost to the respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
1 .....	100	10	6/60	100
Total .....				100

Dated: March 29, 2004.

**Joseph E. Salter,**

*Acting 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-04-37]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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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 Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

**Proposed Project**

Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

The purpose of this data collection is to collect HIV prevention evaluation data from health department and directly funded community-based organization (CBO) grantees using the electronic Program Evaluation and Monitoring System (PEMS). This proposed data collection will incorporate data elements from two currently approved data collections: Evaluating CDC Funded Health Department HIV Prevention Programs, OMB No. 0920-0497; and Assessing the Effectiveness of CBOs for the Delivery of HIV Prevention Programs, OMB No. 0920-0525.

CDC needs non-identifying, client-level, standardized evaluation data from health department and CBO grantees to: (1) More accurately determine the extent to which HIV prevention efforts have been carried out by assessing what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided

and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet that goal; and (3) be accountable to stakeholders by informing them of efforts made and use of funds in HIV prevention nationwide.

Although CDC receives evaluation data from grantees, the data received to date is insufficient for evaluation and accountability. Furthermore, there has not been standardization of required evaluation data from both health departments and CBOs. Changes to the evaluation and reporting process have become necessary to ensure CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed PEMS and consulted with representatives from health departments, CBOs, and the National Alliance of State and Territorial AIDS Directors during the development of PEMS.

Respondents will report general agency information; program model and budget; intervention plan and delivery characteristics; and client demographics and behavioral characteristics. After initial set-up of the PEMS, data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry into a web-based system. Respondents will submit data quarterly. It is estimated that this process will take each health department 99 hours per quarter, and community-based organizations will take approximately 67 hours per quarter. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health Departments .....	65	4	99	25,740
CBOs .....	150	4	67	40,200
<b>Total .....</b>				<b>65,940</b>

Dated: March 26, 2004.

**Joseph E. Salter,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**Privacy Act of 1974; Computer Matching Program (Match No. 2003-05)**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice of Computer Matching Program (CMP).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces the establishment of a CMP that CMS plans to conduct with the Illinois Department of Public Aid (IDPA). We have provided background information about the proposed matching program in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that CMS provide an