risk of disease in the exposed population through the use of person-time. Third, disease specific mortality rates for Washington County, Utah, and a control county, Cache County, Utah, will be compared for people who lived in these two counties during the time of above-ground testing. This comparison will determine if the risk of mortality in Washington County (the exposed group) is significantly greater than Cache County (the control group). CDC, NCEH is requesting a three-year clearance. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hrs.)	Total burden hours
Telephone Location Script	3700	1	5/60	308
Telephone Location Script (Return Letter)	200	1	5/60	17
Refusal Telephone Script	150	1	5/60	13
Recruitment Next of Kin Telephone Script	225	1	5/60	19
Recruitment & Appointment Script	3700	1	5/60	308
Broken Appointment Telephone Script	120	1	5/60	10
Exposure Questionnaire	500	1	90/60	750
Questionnaire Preparation Booklet	3700	1	30/60	1850
Group Member Information	3700	1	5/60	308
Consent Forms	3700	1	10/60	617
Interview Booklet	500	1	30/60	250
Medical History Questionnaire (male)	1800	1	45/60	1350
Medical Records Release Telephone Script	120	1	5/60	10
Medical History Questionnaire (female)	1900	1	45/60	1425
Travel Form	240	1	20/60	80
Residence History	500	1	5/60	42
Refusal Questionnaire	24	1	5/60	2
Total hours in burden	24779	.....	.....	7359

Dated: November 18, 2003.

Laura Yerdon Martin,

Acting Director, Executive Secretariat, Centers for Disease Control and Prevention.

[FR Doc. 03–29522 Filed 11–25–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–08]

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–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Evaluation of James A. Ferguson Emerging Infectious Diseases Fellowship Program—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

CDC is particularly concerned with the racial, ethnic, and gender health disparities in the distribution of infectious diseases in the U.S. To help address the health and well-being of minority and underserved populations, CDC endeavors to train a racially and ethnically diverse public health workforce. Since 1989, the James A. Ferguson Emerging Infectious Disease Summer Fellowship Program, which is administered by the Minority Health Professions Foundation (MHPF), has been providing an 8-week program of educational and experiential opportunities for racial and ethnic minority medical, dental, pharmacy, veterinary, and public health graduate students. The Fellows are given opportunities to explore the wide range of public health career options available to them once their formal training is completed. As of summer 2003, 311 Fellows have completed the program.

The purpose of this study is to conduct a multi-facet evaluation of the Ferguson Fellowship Program. The data from this study will be used to develop planning and decision making initiatives regarding expansion and funding. The study aims to evaluate and measure the success of the program for the dual purposes of program expansion and encouraging other organizations to implement similar mechanisms to increase the presence of racial and ethnic minorities in public health.

Data for this study will be collected from relevant documents, telephone interviews with key stakeholders, and a mail survey of Ferguson Fellows.

CDC proposes to conduct the study to (1) Examine the views and perspectives of the constituents and their experiences with the Ferguson Fellowship Program and (2) assess the impact of the program on strengthening and diversifying the workforce and addressing racial and ethnic health disparities in the field of Public Health. To minimize respondent burden, the mail survey questionnaire will be carefully developed with appropriate guidance from CDC to develop survey items that are relevant and succinct.

Prior to fielding the surveys, an evaluation contractor with guidance from CDC, will select nine Fellows from

the universe of 311 Fellows to participate in pilot interviews by telephone to determine the comprehensibility, appropriateness, and general usability of the survey instrument. These interviews will be conducted using verbal probing and concurrent ''think-aloud'' techniques in order to gain insight into the cognitive processes a respondent uses to answer survey questions. These interviews help minimize respondent burden by ensuring that each survey item is comprehensible and reliable.

The information obtained from this project will enable CDC to make important decisions regarding the program's future expansion and funding. Responses are voluntary. No proprietary items or questions of sensitive nature will be collected. There is no cost to respondents.

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Survey	311	1	30/60	156
Total				156

Dated: November 19, 2003.

Laura Yerdon Martin,

Acting Director, Executive Secretariat, Centers for Disease and Prevention.

[FR Doc. 03–29523 Filed 11–25–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–07]

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–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: National Surveillance System for Hospital Health Care Workers (NaSH) (0920–0417)—Renewal—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background

CDC has developed a surveillance system now called the National Surveillance System for Health Care Workers (NaSH) that focuses on surveillance of exposures and infections among hospital-based health care workers (HCWs). NaSH includes standardized methodology for various occupational health issues. It is a collaborative effort of CDC, National Center for Infectious Diseases, Division of Healthcare Quality and Promotion, Division of Viral Hepatitis, Division of Tuberculosis (TB) Elimination; CDC, National Center for HIV, STD, and TB Prevention, National Immunization Program (NIP), and National Institute for Occupational Safety and Health (NIOSH). NaSH consists of modules for collection of data about various occupational issues. Baseline information about each HCW such as demographics and vaccination history is collected when the HCW is enrolled in the system. Results of routine tuberculin skin test (TST) are collected and entered in the system every time a TST is placed and read; follow-up information is collected for HCWs with a positive TST. When a HCW is exposed to blood/bloodborne pathogen, to a vaccine-preventable disease (VPD), or to an infectious TB patient/HCW, epidemiologic data are collected about the exposure. For HCWs exposed to a bloodborne pathogen (*i.e.*, HIV, HCV, or HBC) and for susceptible HCWs exposed to VPDs, additional data are collected during follow-up visits. Once a year, hospitals complete a survey to provide denominator data and every 2–5 years, the hospitals perform a survey to assess the level of underreporting of needlesticks (HCW Survey). Optionally, hospitals may collect information about HCW noninfectious occupational injuries such as acute musculoskeletal injuries. Data are entered into the software and transmitted on diskette to CDC. No HCW identifiers are sent to CDC. This system is protected by the Assurance of Confidentiality (308d).

Data collected in NaSH have assisted hospitals, HCWs, health care organizations, and public health agencies. This system has allowed CDC to monitor national trends, to identify newly emerging hazards for HCWs, to assess the risk of occupational infection, and to evaluate preventive measures, including engineering controls, work practices, protective equipment, and post-exposure prophylaxis to prevent occupationally acquired infections. Hospitals that volunteer to participate in this system benefit by receiving technical support and standardized methodologies, including software, for conducting surveillance activities on occupational health.

This system was developed and piloted in large teaching hospitals (RFP–200–94–0834(P) and RFP–200–96–0524(P)). The first pilot included four hospitals and the second, five. After the refinement pilot in an additional 13 hospitals (PA–786 and interagency agreements), participation in NaSH became voluntary. The system is being made available to all healthcare facilities in the United States wishing to participate voluntarily in the project. We anticipate no more than 75 hospitals participating by the end of fiscal year 2004 and potentially 85 by the end of fiscal year 2005. The burden estimate has been reduced from that projected 3 years ago because of a drop in the number of facilities actively participating in NaSH. To participate in NaSH, hospitals are required to provide information on all exposures to