

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 reporting of 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](mailto: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.

In addition, we are now planning to quantify the levels of cytokines in nasal exudates to assess whether they can be used to verify exposure and to demonstrate a biological effect (*i.e.*, allergic response) following inhalation of aerosolized brevetoxins. We plan to include not only the study subjects who

have been involved in our earlier studies, but also any new individuals who are hired to work at the relevant beaches. As mentioned above, we have collected part data on occupational exposure to red tides. However, because we are dealing with natural phenomena and are subject literally to the tides, and

because the scientific questions are evolving as we learn more, we must extend our data collection time for an additional three years. There are no costs to respondents except for their time.

*Annualized Burden Table:*

Respondents	Number of respondents	Number of responses per respondent	Average burden per response	Total burden
Pulmonary History Questionnaire .....	5	1	20/60	2
Spirometry .....	25	6	20/60	50
Nasal exudates collection/Nasal wash .....	25	6	10/60	25
Symptom Questionnaire .....	25	6	5/60	13
Hearing test .....	25	6	15/60	38
Beach Survey .....	5	160	5/60	67
<b>Total .....</b>	.....	.....	.....	<b>195</b>

Dated: March 3, 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**

[30Day-05-04KE]

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

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371-5976 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC via fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Evaluation of the Sexually Transmitted Disease (STD) Faculty Expansion Program (FEP)—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

*Background:*

Primary care physicians play a significant role in STD prevention and

control. Diagnosing, treating, reporting, partner notification, and patient counseling which emphasizes appropriate prevention messages, are all important physician contributions to STD control. In the curricula of most medical schools and residency programs, STDs and the public health role of primary care physicians in their control and prevention receive little emphasis.

To address this lack of training, CDC implemented the STD Faculty Expansion Program (FEP), which aims to improve capacity of primary care physicians to diagnose, treat, and prevent STDs. The FEP provides medical schools with funding for an additional faculty member to develop and implement curriculum for training medical students and residents, develop collaborative relationships with local health departments, and coordinate STD clinical experiences for medical students and residents. The potential long-term impact of the STD-related training includes: Increase physician awareness of STDs, greater comfort and confidence in counseling patients, increased case reporting and partner management, and ultimately lower STD incidence.

This project is an evaluation of the FEP. Because the outcomes of greatest relevance (increased physician awareness, increased collaboration with public health departments, decreased STD incidence) will occur only after students and residents who are currently receiving the enhanced training go into practice, the evaluation focuses on intermediate outcomes as a means of assessing the program's utility and effectiveness.

Four medical schools (*e.g.* Morehouse School of Medicine, University of Alabama at Birmingham, Louisiana

State University Medical Center, and the University of California Los Angeles School of Medicine) currently receive support under the FEP. The evaluation of the FEP consists of a survey of third-year medical students at the four currently funded schools and a sample of third-year medical students in all other U.S. medical schools.

A paper-and-pencil survey instrument will be administered to the students in the four FEP schools in a classroom or clinic setting or through the school mail distribution system. The survey instrument will be distributed to the sample of students from all other medical schools using express mail.

Survey topics will include:

- Hours of clinical and didactic training received during the first three years of medical school.
- Knowledge and efficacy with basic STD clinical diagnosis, treatment, and prevention.
- Students' confidence in taking a sexual history and providing specific prevention counseling to patients.
- Student familiarity with the role of the public health department in control and prevention of STDs.

A total of 850 students will be surveyed—approximately 425 at the FEP schools and 425 from all other U.S. medical schools. Evidence that the FEP's enhanced STD training is effective will include greater knowledge of and comfort in diagnosis, treatment and prevention of STDs among FEP students, recall of more time having been devoted to STDs during medical training, and greater awareness of the primary care physician's public health role in STD control and prevention. The time required to complete the survey will be approximately 25 minutes. The total annual burden for this data collection is 354 hours.