

supplemental literature in connection with their sale and, in addition, procedures for evaluation of label claims. The Commission is evaluating how best to provide truthful, scientifically valid, and non-misleading information to consumers in order that they may make informed health care choices for themselves and their families. The Commission's study report may include recommendations on legislation, if appropriate and necessary.

The Commission made a draft of its report available for public comment on June 24, 1997. The purpose of meeting #9 is to review comments and information received from the public and to discuss preparation of the Commission's final report.

The Commission meeting agenda will include approval of minutes of the previous meeting, review of comments and information submitted by the public, and discussion of possible revisions of the draft report and procedures for final report completion. The open meeting may be recessed for short time periods on Thursday afternoon, August 14, 1997, and on Friday morning, August 15, 1997, at the call of the Chair, to allow members of the Commission to redraft portions of the report. Following such recesses, if any, the revisions will be presented to the full Commission in its open meeting.

The meeting is open to the public, however seating is limited. If you will require a sign language interpreter, please call Sandra Saunders (202) 690-7102 by 4:30 p.m. E.S.T. on August 4, 1997.

Dated: July 17, 1997.

Susanne A. Stoiber,

Acting Deputy Assistant Secretary for Health, (Disease Prevention and Health Promotion), U.S. Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-16-97]

Agency Forms Undergoing Paperwork Reduction Act Review

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 Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 7 days of this notice.

Proposed Project

1. The National Home and Hospice Care Mail Survey (NHHCMS)—(0920-0298)—Revision—The National Center for Health Statistics (NCHS) is requesting an emergency review and clearance of the above named data collection in 1997. The use of the regular clearance process for this survey would preclude collection of home health care data in 1997, thereby disrupting the provisions of annual trend data for this dynamic sector in the health care delivery system. A decision regarding this request is needed by August 8, 1997. The National Home and Hospice Care Survey was conducted in 1992, 1993, 1994 and 1996. It is part of the Long-Term Care component of the National Health Care Survey. Section 306 of the Public Health Service Act states that the National Center for Health Statistics "shall collect statistics on health resources * * * (and)

utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions." NCHS data are used to examine this most rapidly expanding sector of the health care industry. Data from the NHHCS are widely used by the health care industry and policy makers for such diverse analyses as the need for various medical supplies; minority access to health care; and planning for the health care needs of the elderly. The NHHCS also reveals detailed information on utilization patterns, as needed to make accurate assessments of the need for and costs associated with such care. Data from earlier NHHCS collections have been used by the Congressional Budget Office, the Bureau of Health Professions, the Maryland Health Resources Planning Commission, the National Association for Home Care, and by several newspapers and journals.

Additional uses are expected to be similar to the uses of the National Nursing Home Survey. The mail survey version is an abbreviated form used to collect basic trend data in years in which the full NHHCS is not in the field. NHHCMS data cover: baseline data on the characteristics of home health agencies and hospices including number of patients served, ownership, Medicare and Medicaid certification, and services provided. Data collection is planned for the period October 1997–January 1998. Survey design is in process now. The total annual burden hours are 200.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Hospices and Home Health Care Agencies	1,200	1	0.166

Wilma G. Johnson,

*Acting Associate Director for Policy Planning
And Evaluation, Centers for Disease Control
and Prevention (CDC).*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-17-97]

Agency Forms Undergoing Paperwork Reduction Act Review

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 Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. National Surveillance System for Hospital Health Care workers (NASH)—New—CDC has developed a surveillance system that focuses on surveillance of exposures and infections among hospital-based health care workers (HCWs). This system, modeled after the National Nosocomial Infections Surveillance (NNIS) system for patient

infections, includes standardized methodology for various occupational health issues (OMB 0920-0012). The Hospital Infections Program, National Center for Infectious Diseases (NCID) has developed this system in collaboration with the Hepatitis Branch, Division of Viral and Rickettsial Diseases, NCID; the Division of Tuberculosis (TB) Elimination, National Center for HIV, STD, and TB Prevention; the National Immunization Program (NIP), and the National Institute for Occupational Safety and Health (NIOSH).

The NASH system consists of modules for collection of data about various occupational issues. Baseline information about each HCW such as demographics, immune-status for vaccine-preventable diseases, and TB status 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. In the event that an HCW is exposed to blood/bloodborne pathogen, to a vaccine-preventable disease, or to a TB infectious patient/HCW, epidemiologic data will be collected about the exposure. For HCWs exposed to a bloodborne pathogen (i.e., HIV, HCV, or HBC), follow-up data will be collected during the follow-up visits. Once a year, the hospitals will perform a survey to assess the level of under reporting of needlesticks (HCW Survey) and will complete a hospital survey to provide denominator data. Data will be sent entered into the software and diskettes will be sent to CDC. No identifiers of the HCW will be sent to CDC. This system

is protected by the Assurance of Confidentiality (308d).

Data collected in this surveillance system will assist hospitals, HCWs, HCW organizations, and public health agencies. This system will allow 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 postexposure prophylaxis to prevent occupationally acquired infections. Hospitals who volunteer to participate in this system will benefit by receiving technical support and standardized methodologies, including software, for conducting surveillance activities on occupational health.

This system has been developed and piloted in large teaching hospitals. Prior to implementation in a nationwide network of hospitals, an expansion of this pilot project to include more medium/small size hospitals is essential for further refinement of protocols and software. The first pilot project ran from October 1994 to September 1996 (RFP-200-94-0834(P)) and included four hospitals; the second pilot started in October 1996 (RFP-200-96-0524(P)) and includes five hospitals. Fifteen hospitals are expected to participate in this proposed project, including the five currently participating. Once the expanded pilot project is completed, the system will be made available to all short-term care hospitals in the United States who wish to voluntarily participate in this project. The total annual burden hours are 14,554.

Respondents	Number of respondents	Number of responses/ respondents	Average bur- den/response (in hours)
Baseline Information Form	15	1,500	0.3333
TST—Result Form	15	1,500	0.1666
TST—Evaluation Form	15	13	0.1666
Exposure to Blood Form	15	100	0.4166
Exposure to Blood Follow-up Form	15	50	0.25
Exposure to vaccine-prv. dis—Summary Form	15	8	0.3333
Exposure to vaccine-prv. dis—HCW Form	15	16	0.3333
Exposure to TB Form	15	3	0.50
Exposure to Non-Infectious Injury Form	15	133	0.3333
Exposures to Blood During Surgery Form	15	80	0.1666
Exposures to Blood During OB Deliveries Form	15	80	0.1666
HCW Survey	15	500	0.1666

*The same 15 hospitals will be completing the 12 separate forms listed above. The number of respondents includes x number of employees times each of 15 hospitals.