

and the private sector to ensure their involvement as collaborators in the ongoing process. The Secretary of Health and Human Services chairs the Council, with the Assistant Secretary for Health as Vice Chair. Other members include the Operating Division Heads of the Department and the former Assistant Secretary for Health. Management and support services are provided by the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Office of the Secretary.

During its tenure, the Council has overseen the development of Healthy People 2010, the third generation of a national initiative to prevent disease and promote the health of the American people. The 2010 initiative was released to the public on January 25, 2000. At its fourth meeting, the Council will address plans for implementing the initiative over the next ten years and strategies for involving the widest possible range of public and private sector organizations in efforts to realize the aims of the initiative. Joining the members in their discussions will be panelists representing State and local governments, voluntary and professional associations, the business world, and schools, civic and faith-based organizations. The meeting will give special attention to the challenge of eliminating by the year 2010 disparities between U.S. population groups with respect to health status.

If time permits at the conclusion of the formal agenda of the Council, the Chair may allow brief oral statements of no more than three minutes in length from interested parties and persons in attendance. The meeting is open to the public; however, seating is limited. Because of strict security in the Humphrey Building, members of the public who do not have a Federal government identification card should call Ms. Phyllis Carroll (202-205-8611) when they arrive in the building lobby to arrange for an escort to the meeting. If you will require a sign language interpreter, please call Ms. Carroll by 4:30 p.m. E.D.T. on August 29, 2000 to inform her of this need.

Dated: August 4, 2000.

Randolph F. Wykoff,

*Deputy Assistant Secretary for Health,
(Disease Prevention and Health Promotion).*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

PHS Policy for Instruction in the Responsible Conduct of Research; Extension of Comment Period

AGENCY: Office of the Secretary, HHS.

ACTION: Extension of comment period on "Draft PHS Policy for instruction in the responsible conduct of research."

SUMMARY: The Office of Research Integrity (ORI) in collaboration with the Agency Research Integrity Liaison Officers for each of the PHS Operating Divisions, announced on July 21, 2000, (65 Fed. Reg. 45381) the availability for public comment of a new Draft PHS Policy for Instruction in the Responsible Conduct of Research for extramural institutions receiving PHS funds for research or research training. This comment period is being extended until September 21, 2000.

Institutions and individuals interested in commenting on the proposed policy may obtain it on the ORI web site at <<http://ori.dhhs.gov>> by clicking on "What's New" or by contacting ORI. To be considered, all comments must be received by ORI at the address below or by E-mail to jegan@osophs.dhhs.gov no later than September 21, 2000.

FOR FURTHER INFORMATION CONTACT:

Chris B. Pascal, J.D., Acting Director, Office of Research Integrity, Rockwall II, Suite 700, 5515 Security Lane, Rockville, MD 20852, 301-443-3400.

Chris B. Pascal, J.D.,

Acting Director, Office of Research Integrity.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-58-00]

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 Officer at (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 Projects

National Surveillance for Hospital Health Care Workers (NaSH)—Reinstatement—National Center for Infectious Diseases (NCID)—has developed a surveillance system 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 (OMB 0920-0417) includes standardized methodology for various occupational health issues. It is a collaborative effort of the Hospital Infections Program, National Center for Infectious Diseases (NCID); the Hepatitis Branch, Division of Viral and Rickettsial Diseases, NCID; the Division of Tuberculosis (TB) Elimination, National Center for HIV, STD, and TB Prevention (NCHSTP); the National Immunization Program (NIP), and the 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, 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; follow-up information is collected for HCWs with a positive TST. When an 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 will assist hospitals, HCWs, health care 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 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 acute-care hospitals in the United States wishing to participate voluntarily in the project. We anticipate no more than 100 hospitals participating by the end of fiscal 2000 and potentially 150 by fiscal 2002. To participate in NaSH, hospitals are required to provide information on all exposures to infectious agents, baseline information on the exposed HCWs, as well as the underreporting and hospital surveys.

A new component of NaSH will be a web-based surveillance for occupational exposures to blood that can be used by any health care facility and will meet OSHA requirements and needs

mandated by national and state legislation. Referred to as NaSH Lite, this module is an abbreviated version of the bloodborne pathogen exposure module. Data collected through NaSH Lite will help create a national database for benchmarking and for tracking trends in sharps-injuries as well as help health care facilities to record and prevent exposures. This module will be developed with OSHA input and in conjunction with state health departments. In addition, data collected through NaSH Lite will assist health care facilities to select, implement, and evaluate strategies (including safety devices) to prevent percutaneous exposures.

The average total burden hours are 37,397.

Form	Number of respondents (hospitals)	Number of responses/respondent	Average burden/response (in hrs.)
Baseline Information			
(Hospitals providing information only about exposed HCWs)	70	300	5/60
(Hospitals providing information about all HCWs)	35	1,000	20/60
TST:			
TST Result	35	1,000	10/60
TST Evaluation	35	100	10/60
Exposure to Blood:			
Exposure Event	105	125	25/60
Exposure (NaSH Lite or web version)	600	10	10/60
Follow-up	105	60	5/60
PEP	105	60	10/60
Exposure to VPD:			
Summary	105	3	20/60
HCW	105	10	20/60
Exposure to TB:			
Summary	105	3	20/60
Noninfectious Injury	35	1,000	10/60
HCW Survey	35	500	10/60
Hospital Survey	105	1	2

Dated: August 8, 2000.

Kathy Cahill,

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

[FR Doc. 00-20642 Filed 8-14-00; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4561-N-52]

Notice of Submission of Proposed Information Collection to OMB; Fair Housing Initiatives Program Application Kit

AGENCY: Office of the Chief Information Officer, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below

has been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments Due Date:* September 14, 2000.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB approval number (2529-0033) and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Wayne Eddins, Reports Management Officer, Q, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410; e-mail

Wayne_Eddins@HUD.gov; telephone (202) 708-2374. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Mr. Eddins.

SUPPLEMENTARY INFORMATION: The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35). The Notice lists the following information: (1) The title of the information collection proposal; (2) the office of the agency to collect the information; (3) the OMB approval number, if applicable; (4) the description of the need for the information and its proposed use; (5) the agency form number, if applicable; (6) what members of the public will be affected by the proposal; (7) how frequently information submissions will