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
Total				195

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-tern 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.

Annualized Table:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
3rd Year Medical Students	850	1	25/60

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

[60Day–05BK]

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) 371–5976 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *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

National Survey of Ambulatory Surgery (OMB No. 0920–0334)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

The National Survey of Ambulatory Surgery (NSAS) was previously conducted by the CDC National Center for Health Statistics from 1994 through 1996. It is the principal source of data on ambulatory surgery center (ASC) services in the United States. It complements surgery data obtained in the NCHS National Hospital Discharge Survey (NHDS) OMB No. 0920–0212, which provides annual data concerning the nation's use of inpatient medical and surgical care provided in short-stay, non-Federal hospitals. The NSAS is a national probability sample survey of ambulatory surgery visits in hospitals and freestanding ambulatory surgery centers. It has been the benchmark against which special programmatic data sources are compared.

Data for the NSAS will be collected annually beginning in 2006 from a nationally representative sample of hospitals and freestanding ambulatory surgery centers. The hospital universe includes noninstitutional hospitals exclusive of Federal, military, and Department of Veterans Affairs hospitals located in the 50 States and the District of Columbia. The universe of freestanding facilities includes the freestanding ambulatory surgery centers licensed by states and/or certified as ambulatory surgery centers for Medicare reimbursement. As in the earlier survey, facilities specializing in dentistry, podiatry, abortion, family planning or birthing will be excluded. As with previous years, the data items which are abstracted from medical records are the basic core variables from the Uniform Hospital Discharge Data Set (UHDDS) as well as surgery times, total charges and information on anesthesia. There are no costs to respondents except for their time to participate in the survey.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden hours
Induction[1]	227	1	90/60	340.5
Out-of-scope verification	150	1	4/60	10
Sample Listing Sheet:				
ASC Personnel	224	12	30/60	1,344
Census Personnel	264	12	0	0
Medical Abstract:				
ASC Personnel	324	250	12/60	16,200
Census Personnel	164	250	2/60	1,367
Annual Update	488	1	5/60	41
Quality Control	245	20	2/60	163
Total				19,465.5

[1] The induction of 600 facilities takes place in the first year and 40 each in subsequent years but is averaged over 3 years.