Office of Management and Budget (OMB) a request to review and approve a renewal of a currently approved information collection requirement regarding the GSAR Price Reductions Clause. A request for public comments was published at 70 FR 10404, March 3, 2005. No comments were received.

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected.

DATES: Submit comments on or before: June 6, 2005.

FOR FURTHER INFORMATION CONTACT: Ms. Linda Nelson, Procurement Analyst, Contract Policy Division, at telephone (202) 501–1900 or via e-mail to *linda.nelson@gsa.gov*.

ADDRESSES: Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ms. Jeanette Thornton, GSA Desk Officer, OMB, Room 10236, NEOB, Washington, DC 20503, and a copy to the Regulatory Secretariat (VIR), General Services Administration, Room 4035, 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090–0235, Price Reductions Clause, in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

The clause at GSAR 552.238–75, Price Reductions, used in multiple award schedule contracts ensures that the Government maintains its relationship with the contractor's customer or category of customers, upon which the contract is predicated.

B. Annual Reporting Burden

Number of Respondents: 16,680.

Total Annual Responses: 33,360.

Average hours per response: 7.5 hours.

Total Burden Hours: 250,200.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VIR), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 3090–0235, Price Reductions Clause, in all correspondence.

Dated: April 29, 2005

Julia Wise,

Director,Contract Policy Division

[FR Doc. 05–9100 Filed 5–5–05; 8:45 am]

BILLING CODE 6820–61–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee

AGENCY: Department of Health and Human Services, Office of the Secretary.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a meeting. The meeting is open to the public.

DATES: The meeting will be held on June 7, 2005, from 9 a.m. to 5 p.m., and on June 8, 2005, from 9 a.m. to 3:30 p.m.

ADDRESSES: Department of Health and Human Services; Hubert H. Humphrey Building, Room 800; 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Ms. Emma English, Program Analyst, National Vaccine Program Office, Department of Health and Human Services, Room 433–H Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; (202) 690–5566, *nvac@osophs.dhhs.gov*.

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Service Act (42 U.S.C. Section 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The National Vaccine Advisory Committee was established to provide advice and make recommendations to the Assistant Secretary for Health, as the Director of the National Vaccine Program, on matters related to the program's responsibilities.

Topics to be discussed at the meeting include vaccine supply, adolescent immunization, influenza, and pandemic influenza preparedness. New members will be welcomed to the Committee and updates will be given by various subcommittees and working groups. A tentative agenda will be made available on or about May 15, 2005, for review on the NVAC Web site: *http://www.hhs.gov/nvpo/nvac*.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the Humphrey Building. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed material distributed to NVAC members should submit materials to the Executive Secretary, NVAC, through the contact person listed above prior to close of business May 31, 2005. Preregistration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should e-mail *nvac@osophs.dhhs.gov*.

Dated: May 2, 2005.

Bruce Gellin,

Director, National Vaccine Program Office.

[FR Doc. 05–9018 Filed 5–5–05; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–05CA]

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 404–371–5983 and 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*.

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

Twelve-Month Follow-up of Chronic Fatigue Syndrome (CFS) and Chronic Unwellness in Georgia—New —Centers for Disease Control and Prevention (CDC)—National Center for Infectious Diseases (NCID).

Background and Brief Description

The Chronic Fatigue Syndrome Program within the CDC has been mandated by Congress to: (1) Estimate the magnitude of CFS in the United States with special consideration of under-served populations (children and racial/ethnic minorities); (2) describe the clinical features of CFS; and (3) identify risk factors and diagnostic markers. CDC is currently planning a twelve-month follow-up study in Georgia to estimate the prevalence and incidence of CFS and other fatiguing illnesses. The study will also determine whether or not there are differences in occurrence of fatiguing illness across metropolitan, urban, and rural populations as well as in racial and ethnic populations.

In 2004, OMB approved the information collection, Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia, under OMB Number 0920–0638, which provides baseline information on prolonged fatiguing illness in selected metropolitan, urban, and rural regions in Georgia. Data from the proposed Follow-up Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia, will be added to the baseline data obtained under OMB Number 0920–0638, which cover the period September 2004–June 2005. This additional longitudinal study will allow CDC to estimate incidence of CFS, chronic unwellness, and other fatigue-related illnesses among various racial and ethnic populations and characterize the clinical course of these conditions. CDC will compare prevalence and incidence estimates from this proposed study of the Georgia population to estimates obtained from the longitudinal Sedgwick County Studies of CFS to ascertain whether or not findings from the Sedgwick County Studies can be generalized to other populations.

The proposed study continues the initial Georgia survey using similar methodology and data collection instruments. This follow-up study will begin with a detailed telephone interview to obtain additional data on participant health status during the last twelve-month period. Eligible subjects will be asked to participate in clinical evaluations. There is no cost to respondents other than their time. The total annualized burden hours are 2228.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number responses per respondent	Average burden/response (in hours)	Total burden hours
Telephone interview	4,455	1	30/60	2228

Dated: April 29, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–9066 Filed 5–5–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–05BW]

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 404–371–5983 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*.

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

Survey of Primary Care Physicians Regarding Prostate Cancer Screening—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Prostate cancer is the most common cancer in men and is the second leading cause of cancer deaths, behind lung cancer, in the United States. The American Cancer Society estimates that there will be about 232,090 new cases of prostate cancer and about 30,350 deaths in 2005. Although prostate cancer deaths have declined over the past several years, it ranks fifth among deaths from all causes.

The Digital Rectal Examination (DRE) and Prostate Specific Antigen (PSA) test are used to screen for prostate cancer. Screening is controversial and many are not in agreement as to whether the potential benefits of screening outweigh the risks, that is, if PSA based screening, early detection, and treatment increases longevity. Although major medical organizations are divided on whether men should be routinely screened for this disease, it appears that all of the major organizations recommend discussion with patients about the benefits and risks of screening.

The purpose of this project is to develop and administer a national survey to a sample of American primary care physicians to examine whether or not they: (1) Screen for prostate cancer using PSA and/or DRE, (2) recommend testing and under what conditions, (3) discuss the tests and the risks and benefits of screening with patients, and