

activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 Web site: <http://www.health.gov/healthypeople>.

Sustainability: An organization's or program's staying power: the capacity to maintain both the financial resources and the partnerships/linkages needed to provide the services.

Steps to HealthierUS: An initiative of the U. S. Department of Health and Human Services that advances the President's HealthierUS goal for helping Americans live longer, better, and healthier lives. The cornerstones of this program are physical fitness, prevention, nutrition, and making healthy choices. More can be found on the Web site: <http://www.healthierus.gov>.

Health Literacy: Degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. In addition to the IOM report, information on health literacy can be found at: <http://odphp.osophs.dhhs.gov/projects/healthcomm/objective2.htm>.

Dated: June 23, 2005.

Dalton G. Paxman,

Regional Health Administrator, Region III, Philadelphia, PA.

[FR Doc. 05-13190 Filed 7-5-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Joint Meeting of the National Vaccine Advisory Committee and the Advisory Committee on Immunization Practices

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) and the Advisory Committee on Immunization Practices (ACIP) will hold a joint meeting. The meeting is open to the public.

DATES: The meeting will be held on July 19, 2005, from 9 a.m. to 4:30 p.m.

ADDRESSES: Department of Health and Human Services, 5635 Fishers Lane, Terrace Level Conference Room, Rockville, Maryland 20852.

FOR FURTHER INFORMATION CONTACT: Ms. Emma English, Program Analyst, National Vaccine Program Office, Department of Health and Human Services, Room 443-H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; telephone (202) 690-5566, or email nvac@osophs.dhhs.gov.

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Health 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 NVAC 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.

The ACIP is charged with advising the Director, Centers for Disease Control and Prevention (CDC), on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. Section 1396s, the ACIP is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

This is a special meeting of the NVAC and the ACIP. Discussions will surround the Department's draft Pandemic Influenza Preparedness and Response Plan. A tentative agenda will be made available on or about July 5, 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 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 and ACIP members should submit materials to the Executive Secretary,

NVAC, through the contact person listed above prior to close of business July 15, 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 email nvac@osophs.dhhs.gov or call 202-690-5566.

For this special meeting, remote participation will be made available via a toll-free call-in phone number. This call-in number can be obtained from the contact person identified above and will be operator assisted to provide members of the public the opportunity to provide comments to the Committees. Additionally, this meeting will be Web cast at <http://www.videocast.nih.gov>. Online participants will be able to e-mail comments to the Committees.

However, Committee members may not have the opportunity to read all written statements submitted on the day of the meeting and prior to any votes that may be taken by the Committees. It is recommended that written statements be provided to the Executive Secretary, NVAC, through the contact person listed above prior to close of business July 15, 2005.

Dated: June 29, 2005.

Bruce Gellin,

Director, National Vaccine Program Office.

[FR Doc. 05-13226 Filed 7-5-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-05CG]

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

Morbidity Monitoring Project (MMP)—New—National Center for HIV, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description: This proposed data collection supplements the HIV/AIDS surveillance programs in 26 selected state and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV infection and AIDS and will incorporate data elements from two data collections:

Supplement to HIV/AIDS Surveillance (SHAS) project (0920–0262) and the Adult/Adolescent Spectrum of HIV Disease (ASD). Both projects stopped data collection in 2004.

Although CDC receives surveillance data from all U.S. states, these supplemental surveillance data are needed to make estimates of key indicators, such as quality of HIV-related ambulatory care and the severity of need for HIV-related care and services. A large number of cities and states are heavily impacted by the HIV/AIDS epidemic, resulting in the need for population-based national estimates of HIV-related behaviors, clinical outcomes, and quality of HIV care.

This project will collect data on behaviors and clinical outcomes from a probability sample of HIV-infected adults receiving care in the U.S. Collection of data from interviews with HIV-infected patients will provide information on patient demographics, and the current levels of behaviors that may facilitate HIV transmission; sexual and drug use behaviors; patients' access to, use of and barriers to HIV-related secondary prevention services; utilization of HIV-related medical services; and adherence to drug

regimens. Collection of data from patient medical records will provide information on: demographics and insurance status; the prevalence and incidence of AIDS-defining opportunistic illnesses and co-morbidities related to HIV disease; the receipt of prophylactic and antiretroviral medications; and whether patients are receiving screening and treatment according to Public Health Service guidelines. No other Federal agency collects national population-based behavioral and clinical information from HIV-infected adults in care. The data will have significant implications for policy, program development, and resource allocation at the state/local and national levels.

CDC is requesting approval for a 3-year clearance for data collection. Data will be collected by 26 Reporting Areas (19 states, Puerto Rico and 6 separately funded cities). CDC estimates an average of 400 respondents per site, resulting in 10,400 respondents for the interview portion. There will be 2 medical record abstractors per site, resulting in 52 respondents for the medical record abstraction. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of data collection	Number of sites	Average number of respondents/site	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Persons interviewed	26	400	10,400	1	45/60	7,800
Medical record abstractors	26	2	52	200	1	10,400
Total						18,200

Dated: June 21, 2005.

Joan F. Karr,

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

[FR Doc. 05–13244 Filed 7–5–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0425X]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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

The National Centers for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) Study—New—National Center for Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Children's Health Act of 2000 mandated CDC to establish autism surveillance and research programs to address the number, incidence, correlates, and causes of autism and related disabilities. Under the