

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

Evaluation of the Spanish-Language Campaign *Good Morning Arthritis, Today You Will Not Defeat Us*.—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Arthritis affects nearly 43 million Americans, or about one in every six people, and is the leading cause of disability among adults in the United States. Because of the broad public health impact of this disease, the Centers for Disease Control and Prevention (CDC) developed the National Arthritis Action Plan in 1998 as a comprehensive approach to reducing the burden of arthritis in the United States.

As part of its efforts to implement the National Arthritis Action Plan, CDC

developed and tested a health communications campaign promoting physical activity among Caucasian and African-American adults with arthritis. In 2003–2004, CDC developed a similar campaign for Spanish-speaking people with arthritis. Hispanic populations have a slightly lower prevalence rate of self-reported, doctor-diagnosed arthritis, but Hispanics with arthritis report greater work limitations, and higher rates of severe pain than do Caucasian populations with arthritis.

The Spanish-language campaign, *Good Morning Arthritis, Today You Will Not Defeat Us*, is designed to reach Spanish speaking adults with arthritis who are aged 45–64, who have high school education or less, and whose annual income is less than \$35,000. The key message elements of the Spanish language health communications campaign are similar to its English counterpart, as are the campaign objectives and materials. The campaign objectives are to increase target audience members' (1) Beliefs about physical activity as an arthritis management strategy (there are "things they can do" to make arthritis better, and physical activity is an important part of arthritis management); (2) Knowledge of the benefits of physical activity and appropriate physical

activity for people with arthritis; (3) Confidence in their ability to be physically active, and (4) Trial of physical activity behaviors. Based on formative research, campaign materials refer to exercise instead of physical activity. Campaign materials include; print ads, 30- and 60-second radio ads and public service announcements, and desktop displays with brochures for pharmacies, doctors' offices, and community centers.

In the Fall of 2005, the Spanish language campaign was pilot tested by 5 state health departments that receive funding from CDC for their arthritis programs. CDC will eventually disseminate these materials to all 36 CDC-funded states. The 5 preliminary pilot tests focused on reach and exposure; a more thorough evaluation is necessary to assess impact of the campaign. This information will be used to guide the public health practice of the 36 state arthritis programs and their partners.

CDC will conduct an evaluation of the impact of the Spanish language health communications campaign on the exercise/physical activity-related attitudes, beliefs, and behaviors among the target audience of Spanish-speaking people with arthritis. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screening Survey	12,000	1	2/60	400
Telephone Survey	2,500	1	15/60	625
Total				1,025

Dated: March 16, 2006.

Joan F. Karr,

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

[FR Doc. E6–4119 Filed 3–21–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Amendment of February 4, 2004, Order To Embargo Birds and Bird Products Imported From Albania, Azerbaijan, Cameroon, and Myanmar

SUMMARY: On February 4, 2004, the Centers for Disease Control and Prevention (CDC) within the U.S.

Department of Health and Human Services issued an order to ban immediately the import of all birds (Class: *Aves*) from specified Southeast Asian countries, subject to limited exemptions for returning pet birds of U.S. origin and certain processed bird-derived products. HHS/CDC took this step because birds from these countries potentially can infect humans with avian influenza (influenza A/ [H5N1]). The February 4, 2004, order complemented a similar action taken at the same time by the Animal and Plant Health Inspection Services (APHIS) within the U.S. Department of Agriculture (USDA).

On March 10, 2004, HHS/CDC lifted the embargo of birds and bird products from the Hong Kong Special Administrative Region (HKSAR)

because of the documented public-health and animal health measures taken by Hong Kong officials to prevent spread of the outbreak with the HKSAR, and the absence of highly pathogenic avian influenza H5N1 cases in Hong Kong's domestic and wild bird populations. USDA/APHIS took a similar action. On September 28, 2004, HHS/CDC extended the embargo on birds and bird products to include Malaysia because of the documented cases of highly pathogenic avian influenza A H5N1 in poultry in Malaysia. On July 20, 2005, USDA/APHIS adopted as a final rule the interim rule that became effective on February 4, 2004, which amended its regulations to prohibit or restrict the importation of birds, poultry, and unprocessed birds and poultry products

from regions that have reported the presence of highly pathogenic avian influenza H5N1 in poultry. (See 70 **Federal Register** 41608 [July 20, 2005].) As the United Nations Food and Agriculture Organization and the World Organization for Animal Health (OIE) have confirmed additional cases of highly pathogenic avian influenza (H5N1), USDA/APHIS has added additional countries to its ban. On December 29, 2005, HHS/CDC added the Republic of Kazakhstan, Romania, the Russian Federation, the Republic of Turkey, and Ukraine to its current embargo because of documented cases of highly pathogenic avian influenza H5N1 in poultry in those countries. On February 8, 2006, HHS/CDC added Nigeria to its embargo because of the documentation of highly pathogenic avian influenza H5N1 in poultry. On February 22, 2006, HHS/CDC added India to its embargo because of documentation of highly pathogenic avian influenza H5N1 in poultry. On February 27, 2006, added Egypt to its embargo because of documentation of highly pathogenic avian influenza H5N1 in poultry. On March 2, 2006, CDC issued an amendment adding Niger to its embargo after H5N1 was confirmed in poultry.

On February 24, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Azerbaijan. On March 7, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Albania. On March 11, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Cameroon. On March 12, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Myanmar. USDA/APHIS subsequently added Albania, Azerbaijan, Cameroon, and Myanmar to their ban. At this time, HHS/CDC is adding Albania, Azerbaijan, Cameroon, and Myanmar to its current embargo. This action is effective on March 15, 2006, and will remain in effect until further notice.

SUPPLEMENTARY INFORMATION:

Background

On February 24, OIE reported laboratory confirmation of highly pathogenic avian influenza in poultry in Azerbaijan.

On March 10, OIE reported laboratory confirmation of highly pathogenic avian influenza H5N1 in poultry in Albania in the village of Cuke, Sarande County (Viore State). The outbreak began on February 16, 2006.

An outbreak of avian influenza due to highly pathogenic virus H5N1 was

reported in duck farms in Doualare area in Maroua, Cameroon. The outbreak began on February 21, 2006, and confirmation of infection was reported by OIE on March 12, 2006.

An outbreak of highly pathogenic avian influenza subtype H5N1 was reported in poultry at Aung Myae Thar Zan Township, in Mandalay Division, Myanmar. The outbreak began on March 8, 2006, and confirmation of infection was reported by OIE on March 12, 2006.

Introduction of birds infected with highly pathogenic avian influenza H5N1 into the United States could lead to outbreaks among birds and among the human population, a significant public health threat. Banning the importation of all avian species from affected countries is an effective means of limiting this threat. HHS/CDC is therefore taking this action to reduce the chance of introduction or spread of influenza A H5N1 into the United States.

Immediate Action

Therefore, pursuant to 41 CFR 71.32(b), HHS/CDC is amending the February 4, 2004, order to add Albania, Azerbaijan, Cameroon, and Myanmar to the list of countries subject to the order's embargo of birds and products derived from birds. All other portions of the February 4, 2004, order, as further amended on March 10, 2004, September 28, 2004, December 29, 2005, February 8, 2006, February 22, 2006, February 27, 2006, and March 2, 2006 shall remain in effect until further notice.

Dated: March 16, 2006.

Julie Louise Gerberding,

Director, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

[FR Doc. 06-2767 Filed 3-21-06; 8:45 am]

BILLING CODE 4163-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

The Ninth Annual Food and Drug Administration-Orange County Regulatory Affairs Educational Conference

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of meeting.

The Food and Drug Administration (FDA) is announcing the following conference: Ninth Annual Educational Conference cosponsored with the Orange County Regulatory Affairs Discussion Group (OCRA). The

conference is intended to provide the drug, device, and biologics industries with an opportunity to interact with FDA reviewers and compliance officers from the centers and district offices, as well as other industry experts. The main focus of this interactive conference will be product approval, compliance, and risk management in the three medical product areas. Industry speakers, interactive question and answer, and workshop sessions will also be included to assure open exchange and dialogue on the relevant regulatory issues.

Date and Time: The conference will be held on May 23 and 24, 2006, from 7:30 a.m. to 5 p.m.

Location: The conference will be held at the Fairmont Newport Beach Hotel, 4500 MacArthur Blvd., Newport Beach, CA 92660.

Contact: Linda Hartley, Food and Drug Administration, 19701 Fairchild, Irvine, CA 92612, 949-608-4413, FAX: 949-608-4417, or OCRA, Attention to Detail (ATD), 5319 University Dr., suite 641, Irvine, CA 92612, 949-387-9046, FAX: 949-387-9047, Web site: www.ocra-dg.org.

Registration and Meeting Information: See OCRA Web site at www.ocra-dg.org. Contact ATD at 949-387-9046.

Before April 24, 2006, registrations fees are as follows: \$525.00 for members, \$575.00 for nonmembers, and \$350.00 for FDA/government/full-time students with the proper identification. After April 24, 2006: \$575.00 for members, \$625.00 for nonmembers, and \$350.00 for FDA/government/full-time students with the proper identification.

The registration fee will cover actual expenses including refreshments, lunch, materials, parking, and speaker expenses.

If you need special accommodations due to a disability, please contact Linda Hartley (see *Contact*) at least 10 days in advance of the meeting.

Dated: March 10, 2006.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. E6-4092 Filed 3-21-06; 8:45 am]

BILLING CODE 4160-01-S