

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
ART Programs (data entry) .....	400	288	37/60
ART Programs (10% selected for data validation-full validation) .....	40	50	23/60
ART Programs (10% selected for data validation-abbreviated validation on live births) .....	40	33	23/60

Dated: April 12, 2006.

**Joan F. Karr,**

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

[FR Doc. E6-6799 Filed 5-4-06; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-06-05CY]

#### 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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Survey of Illness and Injury Among Backcountry Users in Yellowstone National Park—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

There are few data on the risk factors for illness and injury among persons who travel into the backcountry in the United States. The backcountry encompasses primitive or wilderness areas that lack most facilities and services and that are reached primarily by hiking, boating, or horseback. In general, backcountry users must bring in their own supplies (such as shelter, food, water, or water treatment supplies). As many as 68% to 82% of long-distance hikers and backpackers have reported experiencing illnesses or

injuries during their time in the backcountry. For example, 4% to 56% have reported gastrointestinal illness and 41% to 62% have reported musculoskeletal injuries.

Such a high burden of disease has significant medical and economic implications given the increasing popularity of backcountry use. In 1994-95, almost 8% of Americans age 16 years and older (about 15 million persons) went backpacking in the previous 12 months, which involved camping for one or more nights along a trail and carrying food, shelter, and utensils with them. In the same period of time, about 14% (or 28 million persons) camped in primitive settings that usually lacked restrooms, hookups, and most facilities and services. In fact, camping in backcountry areas grew by about 72% from 1982-83 to 1994-95. While people can travel in the backcountry in many locations and on both private and public lands, many travelers hike, backpack, and camp in the backcountry in national parks. In 2003, there were over 266 million recreational visits to national parks with over 1.8 million overnight stays in the backcountry. Yellowstone National Park alone had almost 19,690 persons visit the backcountry in 2003, accounting for over 46,000 overnight stays.

Because little is known about the health outcomes for visitors who use the backcountry areas of our nation's parks, advice to park managers and the public is currently general in nature, based only on standard disease prevention principles. Furthermore, some outdoor use groups have recently questioned some of this standard advice, such as the universal need for careful filtration and disinfection of backcountry drinking water. This study will investigate behavioral and environmental risk factors that may be associated with illness and injury among persons who require park permits to travel into backcountry areas in Yellowstone National Park during the backcountry season from May 1-Oct. 31, 2006. The data collected will be used to provide an estimate of the burden of illness and injury among backcountry

users and will also provide information about a variety of risk factors for illness and injury in the backcountry, including the risks associated with drinking untreated water from lakes and streams. With this information, the National Park Service (NPS) will be able to address many of the questions raised by outdoor users and public health officials, and improve and strengthen evidence-based NPS guidelines for backcountry health and sanitation practices. To gather this information, consent to contact after the conclusion of the backcountry trip will be requested from an estimated 12,906 backcountry users when they present to the Yellowstone National Park's permit offices prior to entering the backcountry. Approximately 10,325 of these backcountry users will be adults who are eligible to participate in the survey. A questionnaire (in either Internet-based or paper-based format) will then be offered to an estimated 5,276 adult backcountry users who consent to be contacted. Participants will be asked about their health (before, during and after backcountry travel), water consumption, water preparation habits, food consumption, food preparation habits, sanitation practices, recreational water use, animal exposure, and demographics.

This study is the beginning of what will be an on-going effort to improve the science-basis of the NPS recommendations and policies related to protecting human health in the backcountry. This effort seeks to begin to identify disease transmission pathways and assess disease and injury risks associated with specific activities, choices, and behaviors of backcountry visitors, such as water purification, sanitation practices, and hygiene. Thoroughly understanding transmission pathways and the interactions of agent, environment, and host will enable the NPS to effectively and efficiently improve visitor protection efforts. There will be no cost to respondents. Participation is voluntary and will not affect the application process for the backcountry use permit. The total estimated annualized hours requested are 1,803.

ESTIMATED ANNUALIZED BURDEN

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Consent to Further Contact .....	12,906	1	2/60
Web-Based Questionnaire .....	4,951	1	15/60
Paper-Based Questionnaire .....	325	1	25/60

Dated: May 1, 2006.  
**Joan F. Karr,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E6-6800 Filed 5-4-06; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Workplace Violence Prevention Research.**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following teleconference:

*Name:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Workplace Violence Prevention Research, Request for Application OH-06-004.

*Time and Date:* 1 p.m.-5 p.m., May 23, 2006 (Closed).

*Place:* CDC, National Institute for Occupational Safety and Health (NIOSH), Robert A. Taft Laboratories, 4676 Columbia Parkway, M.S. C-7, Cincinnati, Ohio 45226, telephone (513) 533-8511.

*Status:* The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

*Matters to be Discussed:* The review, discussion, and evaluation of research grants in workplace violence prevention, Request for Application OH-06-004.

**FOR FURTHER INFORMATION CONTACT:** Bernadine B. Kuchinski, Scientific Review Administrator, National Institute for Occupational Safety and Health, CDC, 4676 Columbia Parkway, M.S. C-7, Cincinnati, Ohio 45226, telephone (513) 533-8511, e-mail [bbk1@cdc.gov](mailto:bbk1@cdc.gov).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC

and the Agency for Toxic Substances and Disease Registry.

Dated: April 28, 2006.  
**Alvin Hall,**  
*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*  
 [FR Doc. E6-6793 Filed 5-4-06; 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 Gaza, the West Bank, and the Ivory Coast (Côte d'Ivoire)**

**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 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 Service (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 within 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. Because of the documentation of highly pathogenic avian influenza H5N1 in poultry, HHS/CDC added the following countries to its embargo: Kazakhstan, Romania, Russia, Turkey, and Ukraine on December 29, 2005; Nigeria on February 8, 2006; India on February 22, 2006; Egypt on February 27, 2006; Niger on March 2, 2006; Albania, Azerbaijan, Cameroon, and Burma (Myanmar) on March 15, 2006; Israel on March 20, 2006; Afghanistan on March 21, 2006; Jordan on March 29, 2006; Burkina Faso on April 10, 2006; and Pakistan on April 10, 2006.

On April 11, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in Gaza. On April 25, 2006, OIE reported confirmation of highly pathogenic avian influenza H5N1 in poultry in the Ivory Coast (Côte d'Ivoire). At this time, HHS/CDC is adding Gaza, the West Bank, and the Ivory Coast (Côte d'Ivoire) to its current embargo. CDC is including the West Bank in its determination because the administrative regions of Gaza and the West Bank are the same with respect to animal movement and trade. USDA has also taken a similar action with respect to this region. This action is effective on April 28, 2006, and will remain in effect until further notice.

**SUPPLEMENTARY INFORMATION:**

**Background**

On April 11, 2006, OIE reported confirmation of highly pathogenic avian