

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****National Institute for Occupational Safety and Health; Decision To Evaluate a Petition To Designate a Class of Employees at the Westinghouse Atomic Power Development Plant, East Pittsburgh, PA, To Be Included in the Special Exposure Cohort**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at the Westinghouse Atomic Power Development Plant, East Pittsburgh, Pennsylvania, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* Westinghouse Atomic Power Development Plant.

*Location:* East Pittsburgh, Pennsylvania.

*Job Titles and/or Job Duties:* All testers and laboratory researchers (to include research group leaders who worked in the L Building (and K Building as applicable).

*Period of Employment:* January 1, 1942 through December 31, 1944.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

Dated: October 23, 2007.

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****National Institute for Occupational Safety and Health; Decision To Evaluate a Petition To Designate a Class of Employees at Combustion Engineering, Windsor, CT, To Be Included in the Special Exposure Cohort**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at Combustion Engineering, Windsor, Connecticut, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* Combustion Engineering.

*Location:* Windsor, Connecticut.

*Job Titles and/or Job Duties:* All workers.

*Period of Employment:* January 1, 1965 through December 31, 1972.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

Dated: October 23, 2007.

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

[60Day-08-08AA]

**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 404-639-5960 or send comments to Maryam I Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

Evaluation of health communication messages for Infertility Prevention Campaign—New—National Center for HIV, Hepatitis, Sexually Transmitted Disease Prevention, and Tuberculosis Prevent (NCHHSTP), Division of Sexually Transmitted Disease Prevention (DSTDP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Chlamydia is among the leading causes of pelvic inflammatory disease (PID), which can lead to infertility, ectopic pregnancy, and chronic pelvic pain. Most cases of Chlamydia are asymptomatic so infected girls and women are unaware of their infections. CDC estimates that in 2005, young women aged 15 to 19 years had the highest Chlamydia rate, i.e. 2,797 infected persons per 100,000 populations, followed by women aged 20 to 24 where the rate was 2,691 infected persons per 100,000 population. These rates are likely to be underestimates, because many infected persons do not seek medical care and testing. Data at CDC suggest that Chlamydia develops into PID in up to 40% of untreated women and that 12% of women are infertile after their first experience with PID.

CDC plans to obtain public preferences for the framing and dissemination of Chlamydia information that will guide CDC in developing and testing health communication messages about Chlamydia with girls/women in the following age groups: 15–17 year olds who attend school (n = 54) and,

15–17 year olds who do not attend school (n = 18), totaling 72. 18–25 years who are employed (n = 27) and, 18–25 year olds who attend school full time (n = 27), totaling 54. We will also include parents of girls 15–17 years old (n = 72). We will interview 126 respondents from the screened groups. We will recruit

participants throughout the United States and conduct interviews by telephone or in person at local pre-determined focus group facility. There are no costs to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Type of respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total burden hours
Participant Screenings .....	Ages 15–17 attending school	72	1	5/60	6
	Ages 15–17 not attending school				
	Ages 18–25 employed .....	54	1	5/60	5
Parent Screening Interviews	Ages 18–25 attending school full time				
	Parent(s) of 15–17 yr olds ....	72	1	5/60	6
Participant Interviews .....	Selected 15–25 yr olds .....	126	1	2	252
Total Burden Hours .....	.....	.....	.....	.....	269

Dated: October 22, 2007.

**Maryam I. Daneshvar,**

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

[FR Doc. E7–21196 Filed 10–26–07; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-08–0406]

**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*. 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**

State and Local Area Integrated Telephone Survey (SLAITS), (OMB No. 0920–0406)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The State and Local Area Integrated Telephone Survey (SLAITS) mechanism has been conducted since 1997. NCHS requests 3 years of OMB clearance to continue using this integrated and coordinated survey system. It is specifically designed to collect health and well-being data at the national, state, and local levels (in accordance with the 1995 initiative to increase the integration of surveys within DHHS).

Using the large sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), SLAITS has quickly collected and produced household and person-level data to monitor many health-related areas. The questionnaire content is drawn from

existing surveys within DHHS and other Federal agencies. Depending on the needs of the project sponsor, a new instrument may need to be developed. Examples of topical areas are child and family health and well-being; early childhood health; children with special health care needs (CSHCN); influenza vaccination of children; asthma prevalence and treatment; access to care; program participation; the health and well-being of adopted children; post-adoption support use; knowledge of Medicaid and the State Children’s Health Insurance Program (SCHIP); and changes in health care coverage at the national and state levels.

Since its inception the SLAITS mechanism has been used by federal, state, and local government researchers and policymakers; researchers at universities and non-profit groups; and advocates to evaluate content and programmatic health issues. For example, the CSHCN and Children’s Health modules have been used by Federal and state Maternal and Child Health Bureau Directors to evaluate programs and service needs. The module on Medicaid and SCHIP was prominently featured in a Congressional report on children’s insurance.

There is no cost to respondents other than their time to participate. The total estimated annualized burden hours are 55,190.