

	Name	CAS
57	4,4'-METHYLENEBIS(2-CHLOROANILINE)	000101-14-4
58	PENTACHLOROBENZENE	000608-93-5
59	1,3-BUTADIENE	000106-99-0
60	1,1-DICHLOROETHANE	000075-34-3
61	1,2,3,4,6,7,8,9-OCTACHLORODIBENZOFURAN	039001-02-0
	HEPTACHLORODIBENZOFURAN	038998-75-3
	2,3,4,7,8-PENTACHLORODIBENZOFURAN	057117-31-4
	HEXACHLORODIBENZOFURAN	055684-94-1
	PENTACHLORODIBENZOFURAN	030402-15-4
	2,3,7,8-TETRACHLORODIBENZOFURAN	051207-31-9
	DIBENZOFURANS, CHLORINATED	042934-53-2
	1,2,3,4,6,7,8-HEPTACHLORODIBENZOFURAN	067562-39-4
	1,2,3,7,8,9-HEXACHLORODIBENZOFURAN	072918-21-9
	TETRACHLORODIBENZOFURAN	051202-14-3
	1,2,3,6,7,8-HEXACHLORODIBENZOFURAN	057117-44-9
	1,2,3,4,7,8-HEXACHLORODIBENZOFURAN	070648-26-9
	2,3,4,6,7,8-HEXACHLORODIBENZOFURAN	060851-34-5
	1,2,3,7,8-PENTACHLORODIBENZOFURAN	057117-41-6
	1,2,3,4,7,8,9-HEPTACHLORODIBENZOFURAN	055673-89-7
62	1,1,2-TRICHLOROETHANE	000079-00-5
63	HEXACHLOROCYCLOPENTADIENE	000077-47-4
64	1,2-DIPHENYLHYDRAZINE	000122-66-7
65	1,2-DICHLOROETHENE, TRANS-	000156-60-5
	1,2-DICHLOROETHYLENE	000540-59-0
	1,2-DICHLOROETHENE, CIS-	000156-59-2
66	CARBON DISULFIDE	000075-15-0
67	PALLADIUM	007440-05-3
68	CHLOROETHANE	000075-00-3
98	ACETONE	000067-64-1
70	DIBENZOFURAN	000132-64-9
71	2,4-DIMETHYLPHENOL	000105-67-9
72	CARBON MONOXIDE	000630-08-0
73	CHLOROMETHANE	000074-87-3
74	BUTYL BENZYL PHTHALATE	000085-68-7
75	VANADIUM	007440-62-2
76	N-NITROSODIMETHYLAMINE	000062-75-9
77	1,2,4-TRICHLOROBENZENE	000120-82-1
78	N-NITROSODIPHENYLAMINE	000086-30-6
79	2-BUTANONE	000078-93-3
80	FLUORINE	007782-41-4
	HYDROGEN FLUORIDE	007664-39-3
	FLUORIDE ION	016984-48-8

Submission of Nominations for the Evaluation Set 23 Proposed Substances: Today's notice also invites voluntary public nominations for substances not listed in this notice. Nominations are most useful if they include the full name, title, affiliation, e-mail address and telephone number of the nominator.

ATSDR will evaluate all data and information associated with nominated substances and will determine the final list of substances that will be chosen for toxicological profile development. Substances will be chosen according to ATSDR's specific guidelines for selection, found in the *Selection Criteria* announced in the **Federal Register** on May 7th, 1993 (87 FR 27288).

Please submit nominations by one of the following methods:

- E-mail jxt1@cdc.gov.
- Fax 770.488.4178.
- Mail CDR Jessilyn Taylor, 1600 Clifton Rd, NE., MS F32, Atlanta, GA 30333.

Please ensure that your comments are submitted within the specified nomination period. Nominations received after the closing date will be marked as late and may be considered only if time permits.

Dated: November 26, 2008.

Ken Rose,

Director, Office of Policy, Planning, and Evaluation National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

[FR Doc. E8-28551 Filed 12-1-08; 8:45 am]

BILLING CODE 4163-70-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09-09AG]

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 Daneshvar, Acting CDC 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

An Assessment of the Acceptability of Pre-exposure Prophylaxis (PrEP) Among Inner City Persons At Risk for HIV/AIDS—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

New HIV infections, both in the U.S. and globally are continuing at an unacceptably rapid rate and are rising in some sites and sub-populations. Despite

the many behavioral interventions available, it is necessary to develop additional highly effective prevention modalities, including biomedical ones if we are to significantly reduce the number of new HIV infections. Pre-exposure prophylaxis (PrEP) is currently under intense investigation as a potential biomedical intervention for the prevention of HIV acquisition. Clinical trials are underway in populations at high risk of acquiring HIV in Asia (injection drug users), Africa (heterosexuals and discordant couples), Latin America (men who have sex with men [MSM]), and among MSM in the United States. Based on the high efficacy shown with antiretroviral prophylaxis for the prevention of HIV transmission to infants during pregnancy, birth, and breastfeeding; and on the protection against vaginal or rectal exposure prophylaxis studies with non-human primates, it is likely that one of more of these human trials will show efficacy.

The purpose of the proposed study is to conduct a preliminary assessment of attitudes about, preferences for programmatic introduction of, and anticipated changes in risk behaviors resulting from PrEP among young adults in neighborhoods and social networks where risk behaviors are likely to lead to HIV exposure. An early

understanding of the perspective of intended users is critical to planning for possible use of PrEP.

Investigators at Georgia State University, in collaboration with NCHHSTP, will conduct 20 focus groups in the first year, and 50 ethnographic individual interviews in the second year, with a largely African-American population of young adults, ages 18–24. Study participants will be recruited from the 10 zipcodes in Atlanta, GA with the highest HIV/STD prevalence. The focus group and interview guides will cover six major areas: (1) Healthcare access and use; (2) risk perception in their social network; (3) knowledge and understanding of HIV transmission; (4) positive and negative attitudes toward a clinic-based HIV prevention program that involves daily doses of an antiretroviral with periodic HIV testing and risk counseling; (5) preferences for the design of such a program (e.g., where would it best be located); (6) whether they anticipate any changes in their risk behavior if engaged in such a program. In the second year, rapid HIV testing will be offered to individual interview participants, with referrals for prevention or treatment services as indicated by test results.

There is no cost to respondents other than their time.

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Focus Group Participants	160	1	2	320
Ethnographic Interviews	50	1	2	100
Total				420

Dated: November 21, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8–28552 Filed 12–1–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AO]

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 and 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.

Proposed Project

Children's Peer Relations and the Risk for Injury at School—New—National Center for Injury Prevention and Control (NCIPC), Coordinating Center for Environmental Health and Injury

Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Injuries are responsible for more deaths than all other causes combined for people under 19. In 2003, the Centers for Disease Control and Prevention (CDC) estimated that, annually, one in four children sustained an injury severe enough to warrant medical care, school absence, or bed rest. It was determined that an investigation of modifiable risk factors for childhood injuries is necessary to improve the health of children.

The Division of Unintentional Injury Prevention at the CDC will investigate the relationship between a child's social behaviors and experiences at school and their school injuries. Peer nominated and teacher rated social behaviors will