

Dated: December 1, 2003.  
**Laura Yerdon Martin,**  
*Acting Director, Executive Secretariat,*  
*Centers for Disease Control and Prevention.*  
[FR Doc. 03–30425 Filed 12–8–03; 8:45 am]  
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

Centers for Disease Control and  
Prevention

[60Day–04–13]

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 the CDC Reports Clearance Officer at (404) 498–1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Surveillance for Bloodstream and Vascular Access Infections in Outpatient Hemodialysis Centers, (0920–0442)—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

CDC is proposing an extension of a surveillance survey of bloodstream infections, vascular access infections, infections caused by hospitalization, and antimicrobial infections, all of which starts at U.S. outpatient hemodialysis centers. Although bloodstream and vascular access infections are common in hemodialysis patients, prior to this system there was no previous system to record and track these complications.

Participation in the proposed project is voluntary. Currently about 80–90 centers report data each month. We estimate that about 100 of the approximately 4,500 U.S. outpatient hemodialysis centers will participate in the coming years.

Participating centers may collect data continuously, or may discontinue participation at any time. CDC estimates that the average center will participate for nine months. Each month, participating centers will record the number of hemodialysis patients they treat and maintain a log of all hospitalizations and intravenous (IV) antimicrobial starts. For each hospitalization or IV antimicrobial start, further information (e.g., type of vascular access, clinical symptoms, presence of a vascular access infection, and blood culture results) will be collected. These data may be reported to CDC on paper forms or via a secure Internet site. CDC aggregates this data and generates reports which are sent to participating dialysis centers.

Centers that participate in the Internet-based reporting system may also analyze their own data and print out reports as desired. Rates of bloodstream infection, vascular access infection, and antimicrobial use per 1000 patient-days will be calculated. Also, the percentage of antimicrobial starts for which a blood culture is performed will be calculated. Through use of these data, dialysis centers will be able to track rates of key infectious complications of hemodialysis. This will facilitate quality control improvements to reduce the incidence of infections, and clinical practice guidelines to improve use of antimicrobials. The total cost to the respondents is \$157,500.

Form	Number of respondents	Number of responses per respondent	Average burden per response	Total burden (in hours)
Agreement to participate and Practices Survey .....	100	1	1	100
Census Form .....	100	12	1	1,200
Log .....	100	10	1	1,000
Incident Form .....	100	200	12/60	4,000
Total .....	.....	.....	.....	6,300

Dated: December 1, 2003.  
**Laura Yerdon Martin,**  
*Acting Director, Executive Secretariat,*  
*Centers for Disease Control and Prevention.*  
[FR Doc. 03–30426 Filed 12–8–03; 8:45 am]  
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND  
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Centers for Disease Control and  
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[60Day–04–11]

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*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