

All topics are tentative and subject to change. Prior to the meeting, please check the NCVHS web site, where a detailed agenda will be posted when available.

Contact Person for More Information: Substantive information as well as summaries of NCVHS meetings and a roster of committee members may be obtained by visiting the NCVHS website (<http://aspe.os.dhhs.gov/ncvhs>) where an agenda for the meeting will be posted when available. Additional information may be obtained by calling James Scanlon, NCVHS Executive Staff Director Office of the Assistance Secretary for Planning and Evaluation, DHHS, Room 440-D, Humphrey Building, 200 Independence Avenue SW Washington, DC 20201, telephone (202) 690-7100, or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 436-4253.

Notes: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, individuals without a government identification card may need to have the guard call for an escort to the meeting room.

Dated: October 14, 1999.

James Scanlon,

Director, Division of Data Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Populations—Working Group on Quality.

Time and Date: 5:30 p.m.—8:00 p.m., November 3, 1999.

Place: Wyndham City Center Hotel, 1143 New Hampshire Avenue, NW, Washington, DC 20037.

Status: Open.

Purpose: The purpose of the meeting is to identify the most significant data gaps in the existing National Health Information Infrastructure that inhibit the development and/or production of clinical quality measures for all segments of the population. A panel of speakers will consist of individuals who have been involved in the design, testing and production of operational clinical quality measures. Other similar panels, including one with researchers who have developed measures to support outcomes research, will be planned in connection with future NCVHS meetings.

Contact Person for More Information: Substantive program information as well as

summaries of meetings and a roster of Committee members may be obtained from Stan Edinger, Lead Staff Person for the NCVHS Subcommittee on Special Populations, Working Group on Quality, Agency for Health Care Policy and Research, 2101 East Jefferson Street, #600, Rockville, MD 20852 telephone (301) 594-1483; or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 436-7050. Information also is available on the NCVHS home page of the HHS website: <http://aspe/os.dhhs.gov/ncvhs>, where an agenda for the meeting will be posted when available.

Dated: October 14, 1999.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR-155]

Notice of the Revised Priority List of Hazardous Substances That Will Be the Subject of Toxicological Profiles

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund), as amended by the Superfund Amendments and Reauthorization Act (SARA), requires that ATSDR and the Environmental Protection Agency (EPA) revise the Priority List of Hazardous Substances. This list includes substances most commonly found at facilities on the CERCLA National Priorities List (NPL) which have been determined to be of greatest concern to public health at or around these NPL hazardous waste sites. This announcement provides notice that the agencies have developed and are making available a revised CERCLA Priority List of 275 Hazardous Substances, based on the most recent information available to ATSDR and EPA. Each substance on the priority list is a candidate to become the subject of a toxicological profile prepared by ATSDR and subsequently a candidate for the identification of priority data needs.

In addition to the Priority List of Hazardous Substances, ATSDR has developed a Completed Exposure Pathway Site Count Report. This report lists the number of sites or events with ATSDR activities where a substance has been found in a completed exposure pathway (CEP). This report is included in the Support Document of the Priority List.

ADDRESSES: Requests for a copy of the report, the 1999 CERCLA Priority List of Hazardous Substances That Will Be the Subject of Toxicological Profiles and Support Document, including the CEP report, should bear the docket control number ATSDR-155, and should be submitted to: ATSDR Information Center, Division of Toxicology, Mail Stop E-29, 1600 Clifton Rd., NE, Atlanta, GA 30333. Requests must be in writing.

Electronic Availability: The 1999 Priority List of Hazardous Substances will be posted on ATSDR's World-Wide Web server on the Internet located at <http://www.atsdr.cdc.gov/99list.html>. The priority list will also be posted on the Federal Bulletin Board on or near the day of publication of this notice in the **Federal Register**. The Federal Bulletin Board can be accessed via the Internet at http://fedbbs.access.gpo.gov/lib/tsd_frc.htm. This file is available in WordPerfect, Dbase, and ASCII formats.

This is an informational notice only, and comments are not being solicited at this time. However, any comments received will be considered for inclusion in the next revision of the list and placed in a publicly accessible docket; therefore, please do not submit confidential business or other confidential information.

FOR FURTHER INFORMATION CONTACT: ATSDR, Division of Toxicology, Emergency Response and Scientific Assessment Branch, 1600 Clifton Road NE, Mail Stop E-29, Atlanta, GA 30333, telephone 888-442-8737.

SUPPLEMENTARY INFORMATION: CERCLA establishes certain requirements for ATSDR and EPA with regard to hazardous substances that are most commonly found at facilities on the CERCLA NPL. Section 104(i)(2) of CERCLA, as amended (42 U.S.C. 9604(i)(2)), required that the two agencies prepare a list, in order of priority, of at least 100 hazardous substances that are most commonly found at facilities on the NPL and which, in their sole discretion, have been determined to pose the most significant potential threat to human health (see 52 FR 12866, April 17, 1987). CERCLA also required the

agencies to revise the priority list to include 100 or more additional hazardous substances (see 53 FR 41280, October 20, 1988), and to include at least 25 additional hazardous substances in each of the three successive years following the 1988 revision (see 54 FR 43619, October 26, 1989; 55 FR 42067, October 17, 1990; 56 FR 52166, October 17, 1991). CERCLA also requires that ATSDR and EPA shall, at least annually thereafter, revise the list to include additional hazardous substances that have been determined to pose the most significant potential threat to human health. In 1995, the agencies altered the publication schedule of the priority list by moving to a 2-year publication schedule, reflecting the stability of this listing activity (60 FR 16478, March 30, 1995). As a result, the priority list is now on a 2-year publication schedule with a yearly informal review and revision. Each substance on the CERCLA Priority List of Hazardous Substances is a candidate to become the subject of a toxicological profile prepared by ATSDR and subsequently a candidate for the identification of priority data needs.

The initial priority lists of hazardous substances (1987–1990) were based on the most comprehensive and relevant information available when the lists were developed. More comprehensive sources of information on the frequency of occurrence and the potential for human exposure to substances at NPL sites became available for use in the 1991 priority list with the development of ATSDR's HazDat database. Utilizing this database, a revised approach and algorithm for ranking substances was developed in 1991, and a notice announcing the intention of ATSDR and EPA to revise and rerank the Priority List of Hazardous Substances was published on June 27, 1991 (56 FR 29485). The subsequent 1991 Priority List and revised approach used for its compilation was summarized in the "Revised Priority List of Hazardous Substances" **Federal Register** notice published October 17, 1991 (56 FR 52166). The same approach and the same basic algorithm have been used in all subsequent activities, including the 1999 listing activity. The algorithm used in ranking hazardous substances on the priority list consists of three criteria, which are combined to result in the total score. The three criteria are: frequency of occurrence at NPL sites; toxicity; and potential for human exposure.

Since HazDat is a dynamic database with ongoing data collection, additional information from the HazDat database

became available for the 1999 listing activity. This additional information has been entered into HazDat since the development of the 1997 Priority List of Hazardous Substances. The site-specific information from HazDat that is used in the listing activity has been collected from ATSDR public health assessments, health consultations, and from site file data packages that are used to develop these public health assessments. The new information may include more recent NPL frequency of occurrence data, additional concentration data, and more information on exposure to substances at NPL sites. With these additional data, 17 substances have been replaced on the list of 275 substances. Of the 17 replacement substances, 12 are new candidate substances, and 5 are substances that were previously under consideration. These replacement substances and changes in the order of substances appearing on the CERCLA Priority List of Hazardous Substances will be reflected in the program activities that rely on the list for future direction. These changes reflect the dynamic nature of scientific data on substances present at NPL hazardous waste sites.

The 1999 Priority List of Hazardous Substances includes 275 substances that have been determined to be of greatest concern to public health based on the criteria of CERCLA Section 104(i)(2) (42 U.S.C. 9604(i)(2)). A total of 815 candidate substances have been analyzed and ranked with the current algorithm. Of these candidates, the 275 substances on the priority list may become the subject of toxicological profiles in the future. The top 25 substances on the 1999 Priority List of Hazardous Substances are listed below.

Rank	Substance name
1	ARSENIC.
2	LEAD.
3	MERCURY.
4	VINYL CHLORIDE.
5	BENZENE.
6	POLYCHLORINATED BIPHENYLS.
7	CADMIUM.
8	BENZO(A)PYRENE.
9	POLYCYCLIC AROMATIC HYDRO-CARBONS.
10	BENZO(B)FLUORANTHENE.
11	CHLOROFORM.
12	DDT, P,P'-.
13	AROCLOR 1260.
14	AROCLOR 1254.
15	TRICHLOROETHYLENE.
16	CHROMIUM, HEXAVALENT.
17	DIBENZO(A,H)ANTHRACENE.
18	DIELDRIN.
19	HEXACHLOROBUTADIENE.
20	DDE, P,P'-.
21	CREOSOTE.
22	CHLORDANE.

Rank	Substance name
23	BENZIDINE.
24	ALDRIN.
25	AROCLOR 1248.

ATSDR and EPA intend to publish the next revised list of hazardous substances in two years, with an informal review and revision performed in one year. These revisions will reflect changes and improvements in data collection and availability. Additional information on the existing methodology used in the development of the CERCLA Priority List of Hazardous Substances can be found in the Support Document to the List and in the **Federal Register** notices mentioned previously.

In addition to the revised priority list, ATSDR is also releasing a Completed Exposure Pathway Site Count Report. A completed exposure pathway (CEP) is an exposure pathway that links a contaminant source to a receptor population. The CEP ranking is very similar to a sub-component of the potential-for-human-exposure component of the listing algorithm. The CEP ranking is based on a site frequency count, and thus lists the number of sites at which a substance has been found in a CEP. ATSDR's HazDat database contains this information which is derived from ATSDR public health assessments and health consultations. Because exposure to hazardous substances is of significant concern, ATSDR has been tabulating the substances to which people have been exposed at hazardous waste sites. Recently much interest has been focused on this tabulation. Therefore, ATSDR is publishing this CEP report along with the CERCLA Priority List of Hazardous Substances. Since this CEP report focuses on documented exposure, it provides an important prioritization based on substances to which people are exposed.

The substances on the CEP report are similar to the substances on the CERCLA Priority List of Hazardous Substances. However, there are some substances that are on the CEP report, because they are frequently found in completed exposure pathways, but are not on the CERCLA Priority List because they have a very low toxicity (e.g., sodium). Since the CERCLA Priority List incorporates three different components (toxicity, frequency of occurrence, and potential for human exposure) to determine its priority substances, substances with very low toxicity are not on the CERCLA Priority List and consequently are not the subject of toxicological profiles. Of the 100

substances on the CEP report, the 25

substances found at the most number of sites in a CEP are presented below.

Substance name	Number of sites with substance in a CEP	
	All sites	NPL sites
LEAD	298	206
TRICHLOROETHYLENE	277	239
ARSENIC	215	147
TETRACHLOROETHYLENE	206	167
BENZENE	149	116
CADMIUM	148	105
CHROMIUM	146	102
POLYCHLORINATED BIPHENYLS	130	96
1,1,1-TRICHLOROETHANE	116	97
ZINC	116	75
MANGANESE	116	73
MERCURY	115	74
COPPER	101	61
VOLATILE ORGANIC COMPOUNDS, UNSPECIFIED	99	73
CHLOROFORM	98	81
1,1-DICHLOROETHENE	94	87
METHYLENE CHLORIDE	93	69
TOLUENE	86	60
NICKEL	84	59
BARIUM	82	52
VINYL CHLORIDE	81	75
1,1-DICHLOROETHANE	80	72
1,2-DICHLOROETHANE	77	66
BENZO(A)PYRENE	77	46
ANTIMONY	74	50

Note: Sorted by the All Sites column.

ALL Sites = all sites with ATSDR activities; NPL Sites = current and former sites on the National Priorities List, as mandated.

Dated: October 15, 1999.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day-00-03]

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, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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 on (404) 639-7090.

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 for 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 Projects

1. Surveillance and Evaluation of Plasma Donors for the Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV)—New—National Center for HIV, STD, and TB Prevention (NCHSTP). In 1987, the President directed the Department of Health and Human Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) was present in various segments of the population. In response, the CDC formed an epidemiologic team to

summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there was information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: Targeting and evaluating prevention programs, planning future health care needs and determining health policy. Research has also indicated that similar studies are needed to determine the incidence and prevalence of hepatitis C (HCV) infection.

A complementary family of surveys and studies, organized by the CDC, provides empirical estimates of the extent of the epidemic of the human immunodeficiency virus (HIV) in the United States. The national surveillance system of HIV infection in the United States includes monitoring incidence and prevalence rates of HIV-infection among first time and repeat whole blood donors. Although this surveillance system has been in place for several years to monitor HIV trends in the United States blood supply, such a system does not exist for the source