

the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as coronary heart disease, arthritis, osteoporosis, pulmonary and infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, environmental exposures, and diet.

NHANES data are used to establish the norms for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in the blood. Data from NHANES can be

compared to those from previous surveys to monitor changes in the health of the U.S. population. NHANES will also establish a national probability sample of genetic material for future genetic research for susceptibility to disease.

Users of NHANES data include Congress; the World Health Organization; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and evaluate recommended dietary allowances, food

fortification policies, programs to limit environmental exposures, immunization guidelines and health education and disease prevention programs. The current submission requests approval through November 2004.

The survey description, contents, and uses are the same as those in the previous **Federal Register** notice for this survey which was published on March 27, 2000 (Volume 65, Number 59). There is no net cost to respondents other than their time. Respondents are reimbursed for any out-of-pocket costs such as transportation to and from the examination center.

Category	Number of respondents per year	Number of responses/respondent	Avg. burden per response (in hours)	Total burden (hours)
1. Screening interview only .....	13,333	1	0.167	2,227
2. Screener and family interviews only .....	500	1	0.434	217
3. Screener, family, and SP interviews only .....	882	1	1.101	971
4. Screener, family, and SP interviews and primary MEC exam only .....	4,951	1	6.669	33,018
5. Screener, household, and SP interviews, primary MEC exam and full MEC replicate exam .....	248	1	11.669	2,894
6. Screener, household, and SP interviews, and home exam .....	50	1	1.851	93
7. Quality control verification .....	1,333	1	0.030	40
8. Special studies .....	2,067	1	0.500	1,034
Total .....				40,493

Dated: April 27, 2001.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02002]

### Grants for Rape Prevention and Education

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

**ACTION:** Notice of the availability of fiscal year 2002 funds and request for comments.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for targeted grants to state health departments to support programs addressing violence against women. The Rape Prevention and Education Grant Program strengthens education and training to combat violence against women by supporting

increased awareness, education and training, and the operation of hotlines. CDC will award targeted grants to State Health Departments to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities.

Assistance will be provided only to the health departments of States or their bona fide agents who are current recipients of Rape Prevention and Education funding, including: the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Approximately \$42,000,000 is available in FY 2002, for funding under this formula-based grant program.

It is expected that the awards will begin on or about October 1, 2001, and will be made for a 12-month budget period within a project period of up to five years. Continuation awards will be made within the project period based on satisfactory progress reflected in the annual continuation application.

States must adhere to Congressional legislation regarding the allowable uses for these funds. Not more than five percent (exclusive of Direct Assistance) of any grant or contract through the

grant may be obligated for administrative costs. This five percent limitation is in lieu of, and replaces, the indirect cost rate. Targeted grants to States are to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: educational seminars; the operation of hotlines; training programs for professionals; the preparation of informational material; education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities; education to increase awareness about drugs used to facilitate rapes or sexual assault; and other efforts to increase awareness of the facts about or to help prevent sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)).

A State may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies. Amounts provided to States must be used to supplement, and not supplant, other Federal, State, and local public funds expended to provide the services described above. Grant funds cannot be used for

construction, renovation, the lease of passenger vehicles, the development of major software applications, or supplanting current applicant expenditures.

The National Center for Injury Prevention and Control of CDC will provide information on submitting applications via the Rape Prevention and Education Version of the Grant Application and Reporting System (RPE-GARS).

**DATES:** Awards will begin on or about October 1, 2001, and will be made for a 12-month budget period within a project period of up to five years.

Comments are due June 4, 2001.

**ADDRESSES:** Interested persons are invited to comment on the proposed program. All comments received on or before June 4, 2001 will be considered before the final program announcement is published. Address comments to: Wendy Watkins, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop K-58, Atlanta, GA 30341-3724, Telephone (770) 488-1567, Internet address: [dmw7@cdc.gov](mailto:dmw7@cdc.gov).

**FOR FURTHER INFORMATION CONTACT:** Wendy Watkins, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop K-58, Atlanta, GA 30341-3724, Telephone (770) 488-1567, Internet address: [dmw7@cdc.gov](mailto:dmw7@cdc.gov).

Dated: April 27, 2001.

**Joseph R. Carter,**

*Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Request for Input on Vaccine Financing

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

**ACTION:** Notice and request for public comment.

**SUMMARY:** The National Vaccine Advisory Committee (NVAC) Work Group on the Introduction of New Vaccines seeks input on issues that may be barriers to the optimal implementation of new vaccines. The work group is evaluating how vaccine financing affects the standard of care for different population subgroups.

Vaccine financing can impact specific population subgroups differentially in terms of access and supply of new vaccines. The process by which the public and private sector purchase and distribute vaccines may differ in important ways. The public sector plays a major role in the financing of pediatric vaccine, but it plays a smaller role in the financing of adult vaccines. The timing of public purchase may depend on specific advisory group recommendations as well as specific state budgets. The eligibility for public and private payer programs may also vary.

We are asking partner organizations and groups to submit their items on the pluses and minuses of the current vaccine financing system. In addition to identifying potential barriers to the optimal implementation of vaccines due to vaccine financing, possible solutions to these problems are requested. The information gathered from the partners will be used as the basis for a meeting to develop options for the NVAC to consider.

**DATES:** Comments and information must be submitted by May 31, 2001.

**ADDRESSES:** Comments and information regarding Vaccine Financing should be submitted to the National Vaccine Program Office, Attn: Introduction of New Vaccines, Centers for Disease Control and Prevention, Mailstop D-66, 1600 Clifton Road, NE., Atlanta, Georgia 30333; Federal Express Address: 200 E. Ponce de Leon Avenue, Decatur, Georgia 30030; fax: 404-687-6687; e-mail: [nvpo@cdc.gov](mailto:nvpo@cdc.gov).

**FOR FURTHER INFORMATION CONTACT:** The National Vaccine Program Office, Attn: Introduction of New Vaccines, Centers for Disease Control and Prevention, Mailstop D-66, 1600 Clifton Road, NE., Atlanta, Georgia 30333; Federal Express Address: 200 E. Ponce de Leon Avenue,

Decatur, Georgia 30030; fax: 404-687-6687; e-mail: [nvpo@cdc.gov](mailto:nvpo@cdc.gov).

Dated: April 27, 2001.

**Joseph R. Carter,**

*Associate Director for Management and Operations, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 01N-0183]

#### Elanco Animal Health, A Div. of Eli Lilly & Co. et al.; Withdrawal of Approval of NADAs

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is withdrawing approval of 13 new animal drug applications (NADAs) listed below at the request of the sponsor. In a final rule published elsewhere in this issue of the **Federal Register**, FDA is amending the animal drug regulations by removing the portions reflecting approval of the NADAs.

**DATES:** Withdrawal of approval is effective May 14, 2001.

#### FOR FURTHER INFORMATION CONTACT:

Pamela K. Esposito, Center for Veterinary Medicine (HFV-210), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301-827-5593.

**SUPPLEMENTARY INFORMATION:** The following sponsors have requested that FDA withdraw approval of the NADAs listed below because the products are no longer manufactured or marketed:

Sponsor	NADA Number Product (Drug)	21 CFR Cite Affected (Sponsor Drug Labeler Code)
Elanco Animal Health, A Div. of Eli Lilly & Co., Lilly Corporate Center, Indianapolis, IN 46285.	NADA 12-585 Tylan Injectable (tylosin tartrate).	522.2640b (000986)
.....	NADA 15-207 Hyferdex Injection (iron dextran complex).	522.1183(c) (000986)