ACTION: Notice of annual update of list of infectious and communicable diseases that are transmitted through handling the food supply and the methods by which such diseases are transmitted.

SUMMARY: Section 103(d) of the Americans with Disabilities Act of 1990, Public Law 101–336, requires the Secretary to publish a list of infectious and communicable diseases that are transmitted through handling the food supply and to review and update the list annually. The Centers for Disease Control and Prevention (CDC) published a final list on August 16, 1991 (56 FR 40897) and updates on January 13, 1994 (59 FR 1949), and August 15, 1996 (61 FR 42426). No new information that would warrant additional changes has been received; therefore the list, as set forth in the first update and below, remains unchanged.

EFFECTIVE DATE: September 22, 1997.

FOR FURTHER INFORMATION CONTACT: Dr. Morris E. Potter, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop A–38, Atlanta, Georgia 30333, telephone (404) 639–2237.

SUPPLEMENTARY INFORMATION: Section 103(d) of the Americans with Disabilities Act of 1990, 42 U.S.C. 12113(d), requires the Secretary of Health and Human Services to:

1. Review all infectious and communicable diseases which may be transmitted through handling the food supply;

2. Publish a list of infectious and communicable diseases which are transmitted through handling the food supply;

3. Publish the methods by which such diseases are transmitted; and, .

4. Widely disseminate such information regarding the list of diseases and their modes of transmissibility to the general public.

Additionally, the list is to be updated annually.

Since the last publication of the list on August 15, 1996 (61 FR 42426), CDC has received no further information to indicate that additional unlisted diseases are transmitted through handling the food supply. Therefore, the list set forth below is unchanged from the list published in the **Federal Register** on January 13, 1994:

I. Pathogens Often Transmitted by Food Contaminated by Infected Persons Who Handle Food, and Modes of Transmission of Such Pathogens

The contamination of raw ingredients from infected food-producing animals and cross-contamination during processing are more prevalent causes of foodborne disease than is contamination of foods by persons with infectious or contagious diseases. However, some pathogens are frequently transmitted by food contaminated by infected persons. The presence of any one of the following signs or symptoms in persons who handle food may indicate infection by a pathogen that could be transmitted to others through handling the food supply: diarrhea, vomiting, open skin sores, boils, fever, dark urine, or jaundice. The failure of food-handlers to wash hands (in situations such as after using the toilet, handling raw meat, cleaning spills, or carrying garbage, for example), wear clean gloves, or use clean utensils is responsible for the foodborne transmission of these pathogens. Non-foodborne routes of transmission, such as from one person to another, are also major contributors in the spread of these pathogens. Pathogens that can cause diseases after an infected person handles food are the following:

Hepatitis A virus
Norwalk and Norwalk-like viruses
Salmonella typhi
Shigella species
Staphylococcus aureus
Streptococcus pyogenes

II. Pathogens Occasionally Transmitted by Food Contaminated by Infected Persons Who Handle Food, but Usually Transmitted by Contamination at the Source or in Food Processing or by Non-Foodborne Routes

Other pathogens are occasionally transmitted by infected persons who handle food, but usually cause disease when food is intrinsically contaminated or cross-contaminated during processing or preparation. Bacterial pathogens in this category often require a period of temperature abuse to permit their multiplication to an infectious dose before they will cause disease in consumers. Preventing food contact by persons who have an acute diarrheal illness will decrease the risk of transmitting the following pathogens:

Campylobacter jejuni
Entamoeba histolytica
Enterohemorrhagic *Escherichia coli*
Enterotoxigenic *Escherichia coli*
Giardia lamblia
Nontyphoidal *Salmonella*
Rotavirus
Taenia solium
Vibrio cholerae 01
Yersinia enterocolitica

References

1. World Health Organization. Health surveillance and management procedures for food-handling personnel: report of a WHO consultation. World Health Organization technical report series; 785. Geneva: World Health Organization, 1989.

2. Frank JF, Barnhart HM. Food and dairy sanitation. In: Last JM, ed. Maxcy-Rosenau public health and preventive medicine, 12th edition. New York Appleton-Century-Crofts, 1986:765–806.

3. Bennett JV, Holmberg SD, Rogers MF, Solomon SL. Infectious and parasitic diseases. In: Amler RW, Dull HB, eds. Closing the gap: the burden of unnecessary illness. New York: Oxford University Press, 1987:102–114.

4. Centers for Disease Control. Locally acquired neurocysticercosis—North Carolina, Massachusetts, and South Carolina, 1989–1991. MMWR 1992; 41:1–4.

Dated: September 15, 1997.

Joseph R. Carter,

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

[FR Doc. 97–25053 Filed 9–19–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97N–0380]

Agency Information Collection Activities; Submission for OMB Review; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

DATES: Submit written comments on the collection of information by October 22, 1997.

ADDRESSES: Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: JonnaLynn P. Capezzuto, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4659.

SUPPLEMENTARY INFORMATION: In compliance with section 3507 of the PRA (44 U.S.C. 3507), FDA has submitted the following proposed

collection of information to OMB for review and clearance.

Importer's Entry Notice (OMB Control Number 0910–0046—Extension)

Section 801 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 381) charges FDA with the responsibility for assuring that foreign-origin FDA-regulated foods, drugs, cosmetics, medical devices, and radiological health products offered for import into the United States meet the same requirements of the act as do domestic products, and for preventing shipments from entering the country if they are not in compliance.

The information collected by FDA consists of the following: Product code, an alpha-numeric series of characters that identifies each product FDA regulates; FDA country of origin, the country where the FDA-registered or FDA-responsible firm is located; FDA manufacturer, the party who manufactured, grew, assembled, or otherwise processed the goods (if more than one, the last party who substantially transformed the product); shipper, the party responsible for packing, consolidating, or arranging the shipment of the goods to their final destination; quantity and value of the shipment; and, if appropriate, affirmation of compliance, a code that conveys specific FDA information, such as registration number, foreign government certification, etc. This information is collected electronically by the entry filer via the U.S. Customs' Automated Commercial System at the same time he/she files an entry for import with the U.S. Customs Service. FDA uses the information to make admissibility decisions about FDA-regulated products offered for import into the United States.

FDA estimates the burden of this collection of information as follows:

TABLE I.—ESTIMATED ANNUAL REPORTING BURDEN

No. of respondents	Annual frequency per response	Total annual responses	Hours per response	Total hours
2,505	1,212.54	3,037,426	0.07	229,693

There are no capital costs or operating and maintenance costs associated with this collection.

The source of the estimate for the number of respondents is the number of importers who submitted entry data for foreign-origin FDA-regulated products in 1996. The estimated reporting burden is based on information obtained by contacting several past respondents.

Dated: September 12, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–25020 Filed 9–19–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of a Cooperative Agreement With the National Association of People With AIDS

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau announces that it will enter into an umbrella cooperative agreement with the National Association of People with AIDS (NAPWA).

The purpose of this cooperative agreement is to assist NAPWA in expanding and enhancing its HIV training and technical assistance activities with the ultimate goal of improving the health status and access to care for people infected with or affected by HIV/AIDS. Activities will include but not be limited to developing materials, guides, and conferences for HRSA's Ryan White programs. HRSA will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. HRSA will also participate and/or collaborate with the NAPWA in any workshops or symposia to exchange current information, opinions, and research findings to the Ryan White grantees during this agreement.

Authorizing Legislation

This cooperative agreement is authorized under Section 2692 of the PHS Act.

Background

Assistance will be provided to the National Association of People with AIDS. No other applications are solicited. NAPWA is the only organization capable of administering this cooperative agreement because it has:

1. Developed, expanded, and managed an infrastructure to coordinate and implement various programs within local communities and organizations that deal extensively with individuals most directly affected by the HIV/AIDS epidemic. The association established national initiatives—e.g., conferences, public policy education program (including policy forums), technical assistance programs and publications (including newsletters, action alerts and training manuals) that provide a foundation upon which to develop, promote, and manage HIV-related health programs for Ryan White grantees aimed at preventing and reducing unnecessary morbidity and mortality rates.

2. Established itself and its members as a national association of people affected by HIV/AIDS who serve as leaders and experts in planning, developing, implementing, promoting, and evaluating HIV-related education and policy campaigns, both nationally and locally, aimed at reducing the impact of HIV in minority populations and improving the minority community's overall well being.

3. Developed a base of critical knowledge, skills, and abilities related to serving HIV-infected individuals with a range of HIV-related health and social problems. NAPWA has worked with the Federal Government, academic institutions, and health groups on mutually beneficial education, research, and health endeavors relating to the goal of reducing HIV-related mortality and has the national leadership needed to assist Ryan White health care professionals to work more effectively with people living with HIV/AIDS.

4. Developed national network of individuals, community-based organizations, and state, regional, and national health and civil rights organizations committed to addressing the HIV service, treatment, and research needs of individuals affected and infected by HIV and AIDS.

Approximately $200,000 is available in fiscal year (FY) 1997 for a 12-month budget period within a project period of 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.