

### 1. Program Characteristics:

Objectives, design, and direction of the research training program—including the probability of achieving stated goals.

Substantive and methodological content of the proposed program and its relevance to the Program Objectives noted above, including relevant descriptions of courses and experiential opportunities offered and/or required.

The extent to which proposed approaches address areas in need of research given changes in the health care delivery system.

### 2. Program Support and Organizational Structure and Plans

The institutional training environment, including the level of institutional commitment, quality of the facilities, availability of appropriate courses, and availability of research support.

Caliber of preceptors as researchers, including successful research support;

Organizational structure of the proposed training program, including delineation of administrative responsibilities for planning, oversight, and evaluation.

Demonstration of cooperation by any proposed collaborating facilities, institutions, or departments in providing research experiences and/or sites for trainees, including (where applicable) documentation of mechanisms by which trainees will be integrated into the ongoing primary medical care research activities of other entities.

When appropriate, the concomitant research training of health-professional postdoctorates (e.g., individuals with the M.D., D.O., D.D.S./D.M.D., etc.) with basic science postdoctorates (e.g., individuals with a Ph.D., etc.) or linkages with basic science department.

Demonstration of extent to which and ways in which HRSA support will be (has been in the past) leveraged through the use of other Federal and private resources to maximize primary medical care research training within the institution.

Availability of other relevant support.

### 3. Trainee Recruitment & Retention Plans

Recruitment and selection plans for trainees and the availability of high-quality candidates, including minority trainees (see below for details).

When appropriate, record of the research training program in retaining health-professional postdoctoral trainees for at least 2 years in research training or other research activities.

### 4. Program Record and Evaluation Plans

Past research training record of both the program and the designated preceptors as determined by the success of former trainees in seeking further career development and in establishing productive scientific careers. Evidence of further career development can include receipt of fellowships, career awards, a prestigious training appointment, and similar accomplishments. Evidence of a productive scientific career can include a record of successful competition for individual research grants, receipt of special honors, a record of publications, receipt of patents, promotion to prestigious positions in academe, industry, or health policy and any other appropriate measure of success consistent with the nature and duration of the training received.

Record of the research training program in recruiting and retaining trainees, noting past annual success rates in filling committed slots.

Proposed methods for monitoring and evaluating performance of trainees and the overall program, record of trainees in obtaining individual research awards or fellowships following training, and in establishing careers in primary medical care research.

### 5. Budget

Reasonableness of the proposed budget, including number and levels of trainees, in relation to the research training.

For additional information, please contact: Enrique Fernandez, M.D., Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-20, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-1467, FAX: (301) 443-8890.

Dated: December 3, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Final Review Criterion for Grants for Primary Care Training Programs for Fiscal Year 1998

Grants for Primary Care Training programs are authorized under sections 747(a) and (b), 748, 750 and 751, title VII of the Public Health Service Act, as

amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992. These grant programs include:

Grants for Predoctoral Training in Family Medicine  
Grants for Faculty Development in Family Medicine  
Grants for Graduate Training in Family Medicine  
Grants for Establishment of Departments of Family Medicine  
Grants for Residency Training in General Internal Medicine and General Pediatrics  
Grants for Faculty Development in General Internal Medicine and General Pediatrics  
Grants for Physician Assistant Training  
Grants for Podiatric Primary Care Residency Training

A notice was published in the **Federal Register** at 62 FR 46502 on September 3, 1997, for a review criterion for the above-referenced programs. No comments were received within the 30 day comment period. Therefore, the review criterion remains as proposed.

#### Final Review Criterion

The following criterion has been added to the existing review criteria established in 61 FR 52034 on October 4, 1996:

5. Project impact/influence in shaping the curriculum, program, department, institution and the community.

The review criterion is finalized in this combined notice, rather than individual program announcements, to provide consistent review of all primary care medical education grant applications.

If additional information is needed, please contact: Enrique Fernandez, M.D., Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-20, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-1467, FAX: (301) 443-8890.

Dated: December 4, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219-9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A35, Rockville, MD 20857, (301) 443-6593.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the

condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by HRSA on July 2, 1997, through September 29, 1997.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by" one of the vaccines referred to in the Table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Bureau of Health Professions, 5600 Fishers Lane, Room 8-05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

#### List of Petitions

1. Brenda Scott-Sheppard, Boston, Massachusetts, Court of Federal Claims Number 97-0449 V

2. Joann O'Loughlin, Fremont, California, Court of Federal Claims Number 97-0458 V
3. Melody and John Harris on behalf of Christina Harris, San Mateo, California, Court of Federal Claims Number 97-0470 V
4. Anne M. Nagel, Little Falls, Minnesota, Court of Federal Claims Number 97-0479 V
5. Debra Graham Robert, Birmingham, Alabama, Court of Federal Claims Number 97-0501 V
6. Betty and Freeman Wingard on behalf of Lori Beth Wingard, LaGrange, Indiana, Court of Federal Claims Number 97-0502 V
7. Tatyana and Alex Vainshelboim on behalf of Jane Vainshelboim, Morganville, New Jersey, Court of Federal Claims Number 97-0516 V
8. Hans J. Herkert on behalf of John Henry Herkert, Cold Spring, New York, Court of Federal Claims Number 97-0518 V
9. Abhinav and Mija Le Trehan on behalf of Daniel Lee Trehan, Kansas City, Missouri, Court of Federal Claims Number 97-0528 V
10. Ellen and Charles Eiss on behalf of Gabrielle Eiss, Coral Springs, Florida, Court of Federal Claims Number 97-0529 V
11. Elham Rafla-Yuan, Tampa, Florida, Court of Federal Claims Number 97-0531 V
12. John R. Kline, Buffalo, New York, Court of Federal Claims Number 97-0535 V
13. Lino Delgado and Gricer Diaz on behalf of Coralys Gricer Delgado-Diaz, Rio Piedras, Puerto Rico, Court of Federal Claims Number 97-0538 V
14. Pauline Fadelalla, New York, New York, Court of Federal Claims Number 97-0573 V
15. Robin D. Blankenship, Ocala, Florida, Court of Federal Claims Number 97-0574 V
16. Madeline H. and William F. Warnock, Jr. on behalf of Benjamin Perry Warnock, Alexandria, Virginia, Court of Federal Claims Number 97-0585 V
17. Cynthia Peters on behalf of Kendall P. Lumsden, Cary, North Carolina, Court of Federal Claims Number 97-0588 V
18. Mary Alice Nanney, Brandon, Mississippi, Court of Federal Claims Number 97-0590 V
19. Shannon E. Casey, Vienna, Virginia, Court of Federal Claims Number 97-0612 V
20. Tracy Lynn Nichols on behalf of Shelby Nichols, Angier, North Carolina, Court of Federal Claims Number 97-0625 V
21. Nikki and David McColm on behalf of Nicholas Vernon McColm, Astoria,

- Oregon, Court of Federal Claims  
Number 97-0631 V
22. Kim and Daniel Olexiewicz on behalf of Jason Olexiewicz, Deceased, Encino, California, Court of Federal Claims Number 97-0638 V
23. Frances and James DeRoche on behalf of John-Paul D. DeRoche, La Canada, California, Court of Federal Claims Number 97-0643 V
24. Dawn and Douglas Biron on behalf of Thomas J. Biron, Chisago, Minnesota, Court of Federal Claims Number 97-0651 V

Dated: December 4, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Public Health Service

#### Centers for Disease Control and Prevention; Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 62 FR 53649, dated October 15, 1997) is amended to reflect the establishment of Vaccine-Preventable Disease Eradication Division (VPDED) and the abolishment of the Polio Eradication Activity within National Immunization Program (NIP), Centers for Disease Control and Prevention (CDC). The functional statement for the Office of the Director, NIP, is being revised to be consistent with the subject reorganization.

Section C-B, Organization and Functions, is hereby amended as follows:

Revise the functional statement for the *Office of the Director (CJ1)*, *National Immunization Program (CJ)*, as follows:

Delete item (11) and renumber the remaining items accordingly. Delete the function for item (12) and insert the following: Serves as the principal CDC focus for liaison and coordination with other Department of Health and Human Services operating divisions and staff offices, federal agencies, state, and local health authorities, and public and private organizations concerned with immunization activities.

Delete in their entirety the title and functional statement for the *Polio Eradication Activity (CJ12)*.

After the functional statement for the *Community Outreach and Planning Branch (CJ45)*, insert the following:

*Vaccine-Preventable Disease Eradication Division (CJ5)*. (1) Provides national leadership and coordination of the National Immunization Program (NIP) efforts to eradicate polio, measles, and other vaccine-preventable diseases (VPDs) which may be targeted for eradication in the future, in collaboration with the World Health Organization (WHO) and its regional officer, UNICEF, Rotary International, USAID, other international organizations and agencies, and CDC Centers/Institute/Offices (CIOs); (2) provides short- and long-term consultation and technical assistance to WHO, UNICEF, and foreign countries involved in the global eradication of polio and measles and participates in international advisory group meetings regarding polio and measles eradication; (3) administers grants to WHO, UNICEF, and other international partners as appropriate for the provision of technical, programmatic, and laboratory support, and vaccine procurement for initiatives to eradicate polio, measles, and other VPDs; (4) designs and participates in international research, monitoring, and evaluation projects to increase the effectiveness of polio, measles, and other eradication strategies as may be developed; (5) develops strategies to improve the technical skills and problem-solving abilities of program managers and health care workers in other countries; (6) refines strategies developed for the eradication of polio and measles in the Western Hemisphere for implementation in other parts of the world; (7) assists other countries in projects to improve surveillance for polio, measles, and other VPDs, including development of computerized systems for disease monitoring; (8) assists WHO, UNICEF, and other partner organizations in strengthening global epidemiologic and laboratory surveillance for polio, measles, and other VPDs targeted for eradication; (9) prepares articles based on findings for publication in international professional journals and presentation at international conferences; (10) collaborates with other countries, WHO, UNICEF, and advocacy groups, to ensure the availability of sufficient funds to purchase an adequate supply of polio and measles vaccine, and funds for technical support, for use in polio and measles eradication efforts.

*Office of the Director (CJ51)*. (1) Manages, directs, and coordinates the

activities of the division; (2) provides leadership in policy formation, program planning and development, program management, and operations of the division; (3) identifies needs and resources for new initiatives and assigns responsibilities for their development; (4) oversees the division's activities and expenditures; (5) serves as the principal CDC focus for liaison and coordination on VPD eradication programs with CDC CIOs, other federal agencies, international organizations, foreign governments, and other organizations concerned with VPD eradication.

*(Program Operations Branch (CJ52))*.

(1) Plans, coordinates, and directs programmatic activities in NIP to eradicate polio, measles, and other VPDs; (2) provides short- and long-term programmatic assistance to WHO, UNICEF, and foreign countries involved in the global eradication of polio and measles and participates in international advisory group meetings regarding polio and measles eradication; (3) administers grants to UNICEF and WHO for provision of technical, programmatic, and laboratory support, and vaccine procurement; (4) provides administrative and programmatic support to all staff including staff assigned outside of the Atlanta area; (5) provides oversight of budget and accounting services for the division; (6) develops and implements disease eradication training courses for staff from CDC, WHO, UNICEF, Rotary International, and other immunization partners; (7) coordinates advocacy activities with Rotary International, USAID, WHO, UNICEF, and other global partners to ensure the availability of adequate resources for polio, measles, and other VPD eradication activities.

*Technical Services Branch (CJ53)*. (1) Plans, coordinates, and directs technical activities related to NIP efforts to eradicate polio, measles, and other VPDs, in collaboration with the WHO and its regional offices, UNICEF, Rotary International, USAID, other international organizations and agencies, and other CDC CIOs; (2) provides short- and long-term consultation and technical assistance to WHO, UNICEF, and foreign countries involved in the global eradication of polio and measles and participates in international advisory group meetings regarding polio and measles eradication; (3) designs and participates in international research, monitoring, and evaluation projects to increase the effectiveness of polio and measles eradication strategies; (4) develops strategies to improve the technical skills and problem-solving abilities of program managers and health care