

2. Financial status report, no more than 90 days after the end of the budget period; and

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Julia Valentine, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE, M/ S E-15, Atlanta, GA 30305-2209.

4. The following additional requirements are applicable to this program. For a complete description of each, see Attachments.

- AR98-1 Human Subjects Requirements
- AR98-2 Requirements for Inclusion of Racial and Ethnic Minorities in Research
- AR98-4 HIV/AIDS Confidentiality Provisions
- AR98-5 HIV Program Review Panel Requirements
- AR98-9 Paperwork Reduction Act Requirements
- AR98-10 Smoke-Free Workplace Requirements
- AR98-11 Healthy People 2000
- AR98-12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Section 301 and 317(k)(2), of the Public Health Service Act (42 U.S.C. 241 and 247b(k)(2)) as amended. The Catalog of Federal Domestic Assistance number is 93.941.

J. Where to Obtain Additional Information

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Julia Valentine, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE, Room 300, Mailstop E-15, Atlanta, GA 30305, telephone: (404) 842-6871; Email JXV1@CDC.GOV.

Programmatic technical assistance may be obtained from: Robert Kohmescher Division of HIV/AIDS Prevention, National Center for HIV/STD/TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE, Mailstop E-44, Atlanta, GA 30333, telephone (404) 639-8302 Email RNK1@CDC.GOV.

This announcement will be available on CDC's home page at <http://www.cdc.gov>.

John L. Williams,

Director, Procurement and Grants Office.

[FR Doc. 98-18200 Filed 7-8-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 98081]

Notice of Availability of Fiscal Year 1998 Funds National Diabetes Prevention Center

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program for a National Diabetes Prevention Center whose functions will be to provide guidance and technical support regarding diabetes mellitus (DM) in Native American communities throughout the United States. Initial activities will target the challenges of DM in the Navajo Nation and the Zuni Pueblo tribe in the southwestern United States. If, and as additional funds become available, it is CDC's intent to expand this program to other Native American populations through collaboration with other federal agencies, such as, Indian Health Service (IHS). This program addresses the "Healthy People 2000" priority area(s) of Diabetes and Chronic Disabling Conditions. Native American populations have a high incidence and prevalence of diabetes and diabetes complications. The purpose of this initiative is to establish a National Diabetes Prevention Center in Gallup, New Mexico, that will serve as a focal point for developing and testing new prevention and control strategies to address the burden of diabetes in Native Americans. Components of the center will include, but are not limited to, systematic community needs assessment, design, and development of coherent, theory-based community programs, implementation of community interventions, and focused interventional research, surveillance, program evaluation, health professional and community training, and tribal capacity building activities for diabetes prevention and control. The goal is to develop, evaluate and disseminate culturally relevant community based public health prevention strategies for

Native Americans. It is envisioned that documented experiences, qualitative, and quantitative research findings, strategies, and benefits from all center activities including initial targeted programs, will ultimately be applicable to other Indian tribes and similar populations. All these activities will require established experiences in qualitative and quantitative assessment, creative theory-based program development, systematic program evaluation, and management and supervisory activities. Cooperative partnerships will be important in center activities.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, including State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations may apply.

Congress, through the Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, H.R. 2264, 1998 Conference Report, page S-12088 directed CDC to establish a National Diabetes Prevention Center in Gallup, New Mexico, with initial activities involving and targeting the Navajo Nation and Zuni Pueblo tribe in the southwest U.S.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$2.3 million is available in FY 1998 to fund this program. It is expected that this one award will begin on or about September 30, 1998, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Direct Assistance

Applicants may request Federal personnel, equipment, or supplies as direct assistance, in lieu of a portion of financial assistance.

Use of Funds

Allowable Uses

Funds are awarded for a specifically defined purpose and must be targeted for implementation and management of the program. Funds can support lease of space and facilities, personnel, services directly related to the program, and the purchase of hardware and software for data collection, analysis, and project management and evaluation purposes.

Prohibited Uses

Cooperative agreement funds cannot be used for (1) construction, (2) renovation, (3) the purchase or lease of passenger vehicles or vans, (4) to supplant non-Federal funds that would otherwise be made available for this purpose, or (5) cost of regular clinical patient care.

D. Program Requirements

Work performed under this cooperative agreement will be the result of collaborative efforts between CDC, IHS, Native American populations, and the recipient. The establishment of a National Diabetes Prevention Center, with initial focus on the Navajo Nation and Zuni Pueblo tribe, is the overall major program direction. CDC will be available to provide assistance in the design and implementation of research methods and study design. As additional funds become available, it is CDC's intent to expand the Center's activities to address this program to other Native American populations with their own special and distinct needs for the challenges of DM. CDC will work collaboratively with the recipient in areas mutually agreed upon by IHS, the recipient, and tribal leadership.

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for the activities described under 1., below, and CDC shall be responsible for carrying out the activities described under 2., below.

1. Recipient Activities

a. Establish and maintain an effective and adequate management and staffing plan. This plan should include a description of how the center will be established, organized and operated. Additionally, this plan should address expansion in future years to focus on unique needs related to DM among other tribes and target populations, including how decisions will be made regarding future tribes or populations. The success of the program will depend on recruiting and hiring staff in a timely manner. Staff should have the education, background, and experience

to successfully conduct the activities proposed in this application.

b. Select, establish and maintain a Tribal Advisory Board of tribal members initially including members of the Navajo Nation, Zuni Pueblo tribe, and other tribes. The board will provide consultation, coordination, and linkage between the Native American communities and the recipient and participate in program and policy decisions.

c. Establish a Steering Committee which shall be the primary scientific governing body of the center and comprised of the Principal Investigator of the Center, Native American researchers, IHS, and CDC. The Steering Committee will provide advice and guidance concerning the continued evolution of the National Center, as well as the initial specific activities addressing the important needs of DM in Navajo Nation and Zuni Pueblo tribe, as well as development of research protocols, facilitating the conduct and monitoring of intervention studies, and reporting study results. The Steering Committee chairperson or designee will participate in Tribal Advisory Board meetings, and maintain on-going communication and updates with the Tribal Advisory Board.

d. Recipient will be responsible, with consultation with CDC, IHS, the Tribal Advisory Board, and the Steering Committee for the overall directives, strategies, planning, and functions of the National Center, including implementing research methods and study design, analysis, use of data, and dissemination of results via peer-reviewed scientific publications or other related material.

Recipient will provide lead initiative in protocol development, evaluation, data collection, quality control, data analysis and interpretation, the preparation of publications and presentation of findings. Assess how routinely available data can be used to establish an active surveillance system, and what new data will be needed. Undertake a pilot project to demonstrate how available data can be effectively used to identify priorities and to effect change. Establish an information clearinghouse that will assemble and disseminate information on health status, effectiveness and cost-effectiveness of interventions. Develop a formative evaluation plan for tribal and community relations, and the management and overall operations of the center.

e. Develop a multi-year, staged plan for community interventions and focused intervention research, targeting the members of the Navajo Nation and

Zuni Pueblo tribe. As an initial component of the National Center, the recipient should address tribal relations throughout the project period and propose strategies and interventions that enhance tribal capacity to conduct proposed public health interventions. This plan should minimally include diabetes prevention interventions research in the following areas: Diabetes Care Interventions, Outreach Interventions, and Health Promotion Interventions. The plan should also address ways to protect human subjects involved in research activities including coordination with local institutional review boards and tribal councils.

1. Interventions research focused on Diabetes Care: These public health interventions are directed at persons with diabetes, their health care providers, and the health care system providing services to members of the Zuni Pueblo tribe and Navajo Nation. The goal is to increase access to and the quality of care provided to persons with diabetes. Research projects could examine methods of improving self-care practices related to diabetes management, appropriate care for children with diabetes or at high risk for diabetes, office practices and systems to more effectively accommodate the health care needs of persons with diabetes while being sensitive to the demands on providers and office staff, etc. The center will not engage in the direct delivery of services, but will work with the existing health care system to conduct public health research and programs. Important outcomes of diabetes care interventions are enhanced provider practices and facilitation of appropriate diabetes practice behaviors, development of patient empowerment programs, identification of barriers to care among underserved populations, and coordination of existing services to better serve persons with diabetes.

2. Interventions research focused on Outreach: These interventions support targeted community diabetes screening directed at persons at high risk for diabetes who have not been previously diagnosed; and ensure that persons with previously diagnosed diabetes who may not be receiving regular care return to the health care system for monitoring and treatment and prevention services. Projects could examine screening children for type 2 diabetes, strategies for insuring that persons return for regular preventive services, etc. An important outcome of the Outreach Intervention(s) is improved, early access to diabetes care and the resulting reduction of preventable diabetic complications.

3. Interventions research focused on Health Promotion: These interventions are directed to the general population and seek to reduce risk factors associated with the development of diabetes, specifically by increasing physical activity and decreasing dietary fat intake. Research projects should be focused and targeted, e.g., examine interventions focusing on promoting lifestyle for prevention of diabetes among persons and children with risk factors, environmental and

policy changes that will facilitate prevention of diabetes among persons with risk factors for the disease, etc. Health promotion interventions should be prioritized and target sub-populations for which the potential for impact is greatest.

Interventions must reflect an approach that addresses units of practice beyond the individual and beyond clinical care and services, and links the social, policy, and ecological/environmental variables that must be changed if a reduction in the burden of diabetes is to be achieved in this population. This plan will reflect information contained in the following:

- a. Qualitative and quantitative assessment of community capacity to adopt, implement and sustain diabetes prevention and control interventions.
- b. Community resource analysis and identification of community institutions, services, and organizations that can assist in achieving the center research goals for members of the Navajo Nation and Zuni Pueblo tribes.
- c. Strategies and success markers to insure community and researcher consensus related to all activities of the Prevention Center.
- d. Design relevant training opportunities for tribal members and researchers and others with key developmental and research duties.
- e. A review of published and unpublished diabetes public health prevention interventions relevant to diabetes prevention and control in Native American populations.
- f. Development of a science based and theory driven menu of interventions appropriate for members of the Navajo Nation and Zuni Pueblo tribe on review of interventions above. Strategies involving health promotion interventions should focus on populations with the greatest potential for impact, i.e. children.
- g. Detailed focus group evaluations to review and respond to the menu of interventions above. This evaluation will consist of several focus groups, including all segments of society—formal and informal tribal leaders, industry leaders, tribal and Federal Government agencies, restaurants, schools, children, persons with diabetes and their families, local celebrities, churches, social clubs and organizations, health professionals, etc. Focus groups and expert panels should include tribal members, health service providers, experts in diabetes and community interventions research, and others.
- h. Expert panel revision and prioritization of interventions based on focus group evaluations, evidence of

effectiveness, cost-effectiveness, and sustainability.

i. Appropriate strategies to protect persons who will participate in center projects.

f. Establish mechanisms to insure active and meaningful participation of targeted communities in all phases of program assessment, development, implementation, and evaluation through appropriate Native American agencies and community institutions that have demonstrated the experience, capacity, and relationships needed with the target community which will enable them to successfully deliver intervention activities in the target community, for example, sub-contracts, grants, etc.

2. Centers for Disease Control and Prevention (CDC) Activities

a. Support and/or stimulate the recipient activities by collaborating and providing scientific and public health consultation and assistance in the development of National Center activities related to the cooperative agreement.

b. Assign CDC staff persons onsite to provide technical assistance to the center, including programs addressing the national challenges of DM in Native American communities as well as the initial targeted public health program with the Navajo Nation and Zuni Pueblo tribe.

c. Collaborate in protocol development, review for human subjects protection, evaluation, data collection, quality control, data analysis and interpretation, the preparation of publications and presentation of findings.

E. Application Content

Applicant should use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. The application will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. The narrative should be no more than 50 double-spaced pages, printed on one side, with one inch margins, and unreduced font. The application should contain:

1. Statement of Competence

a. Document evidence of existing experience, capabilities, expertise, etc., in areas of effective community needs assessment, theory-based public health programs, and effective strategy development; cooperative program implementation; and core public health program evaluation. Indicate evidence of formal presentation, publication and dissemination of important results and

observations. Evidence of experience and formal training in community needs assessment; development of theory-based public health prevention programs; implementation of program activities; and qualitative and quantitative evaluations must be included. Documentation of experience and inclusion in the application of effective partnership development and utilization throughout all phases of the project must be explicit.

b. Clearly describe plans for establishing a National Center for public health prevention strategies targeting DM in Native American communities. Indicate sequential steps and strategies to establish a National Center; processes to insure broad collaboration and coordination among many potential partners, including, but not limited to, tribal nations, CDC and IHS; plans to systematically expand Center components to other Native American target-communities; strategies to evaluate effectiveness of a National Center, both as a leader in, and respondent to, the challenges of DM in Native American communities throughout the U.S.

c. As an initial activity of the center, describe proposed public health intervention methods targeting the Navajo Nation and Zuni Pueblo tribe. Provide a list or examples of publications, papers, and journals, and describe research or intervention activities previously conducted with the Navajo Nation and Zuni Pueblo tribe. Provide a narrative which demonstrates an understanding of the purpose of the cooperative agreement and the applicant's competence in working with these initial target populations within the context of the National Center; description of applicant's linkages, and relationships with Native American nations in general and specifically in the southwestern U.S.; experience in diabetes, applied prevention and community-based strategies; plans to engage investigators who have direct experience in establishing, working with, and/or researching diabetes related topics and community based interventions, and with a corresponding record of substantial publication in peer-reviewed scientific literature; and type of academic entity. Describe the education, professional background, and relevant experience of the principal investigator; as well as other essential investigators and consultants.

2. Objectives

Establish and submit long- and short-term objectives that are specific, measurable, time phased, realistic, and related to the purpose of this program—

a National Center and an initial public health community prevention strategy with the Navajo Nation and Zuni Pueblo tribe.

3. Operational Plan

Submit a plan that addresses the stated needs and purpose of the cooperative agreement. The plan should identify the major components of the program to include:

- a. strategies/plans for protecting human subjects, and the inclusion of women, racial, and racial groups in the proposed research,
- b. time table which displays the accomplishment of proposed activities, how activities will be accomplished, and who will be responsible for accomplishments,
- c. methodology for selecting members of the Tribal Advisory Board and the nature and extent of the Board's activities,
- d. names of individuals and/or organizations that will be proposed to serve on the Tribal Advisory Board, curriculum vitae/community service profiles, and letters of support, cooperation and partnership, including evidence of a plan to insure rotating participation on the Advisory Board,
- e. methodology for assessing and building community capacity,
- f. methodology for recruiting and remunerating focus group participants,
- g. methodology for determining menu of theory-based public health strategies to reduce the burden of DM,
- h. methodology for developing multi-year, staged plan for a National Center that would provide guidance and technical assistance to Native American communities throughout the U.S.,
- i. methodology for the implementation of intervention strategies by appropriate organizations, agencies, individuals, and others who will assist in the delivery of intervention activity including competitive solicitation, for example, sub-contracts, grants, etc.,
- j. methodology for developing the training component for the center,
- k. methodology for establishing a surveillance system, and
- l. methodology for establishing an information clearinghouse,
- m. methodology for developing the multi-year, staged plan for community interventions and focused intervention research targeting members of the Navajo Nation and Zuni Pueblo tribe.

4. Partnership Development

Written indicators of cooperation and partnerships with individuals and/or organizations should be provided. Provide plans for consensus building,

role clarification between partners, communications, collaboration and conflict resolution.

5. Center Management

Provide position descriptions and curricula vitae for center staff, including required knowledge, skills, and abilities and other desired qualifications and experience. Include an organization chart outlining line and staff authority. Provide problem-solving methods and program negotiation strategies intended to insure effective collaboration with tribes, CDC, IHS, Tribal Advisory Board, and Steering Committee. Provide plans for communication and coordination among all partners.

6. Evaluation Plan

Provide a plan to monitor progress and make intermediate corrections in the establishment and overall operations of the Diabetes Prevention Center. The plan should also address how the evaluation plan for intervention activities will be developed. Describe the qualifications of professionals (staff, contractors, etc.) responsible for evaluation. Qualitative and quantitative general assessment plans for the National Center should be included, as well as more specific evaluation plans for initial activities with the Navajo Nation and Zuni Pueblo tribe.

7. Budget

Submit a detailed budget and line item justification that is consistent with the purpose of the program.

Direct Assistance

To request new direct-assistance assignees, include:

1. Number of assignees requested
2. Description of the position and proposed duties

F. Submission and Deadline

Application

Submit the original and five copies of PHS-398 (OMB Number 0925-0001) (adhere to the instructions on the Errata Instruction Sheet for PHS 398). Forms are in the application kit. On or before August 7, 1998, submit the application to: Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Announcement 98081, Centers for Disease Control and Prevention, Room 300, 255 East Paces Ferry Road, NE., Mail stop E-18, Atlanta, Georgia 30305-2209.

If application does not arrive in time for submission to the independent review group, it will not be considered in the current competition unless the

applicant can provide proof that application was mailed on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria (100 Points)

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

Competence (35 points): The degree to which the applicant demonstrates:

1. Demonstrated existing ability to carry out high quality research which addresses diabetes care, outreach and health promotion; as well as the necessary linkage among these three public health components. Specifically, the extent in which proposed research is focused on preventing or delaying development of disease, as well as public health approaches to secondary and tertiary prevention of complications of an already established disease will be carefully reviewed. In addition, strength of the applicant's experience and competence in diabetes and community-based intervention research for Native Americans. Also, clear evidence of an organizational commitment to scientific research as evidenced by: organizational statement that explicitly includes a research agenda, evidence of scientific productivity by the organization's researchers via published papers in peer reviewed journals, examples of recent scientific research projects conducted by the applicant, and the proportion of the organization's overall operating budget that is devoted to research.

2. Qualifications of the center director, and essential senior investigators.

3. Understanding of the purpose of the proposed program and its demonstrated ability to feasibly establish a National Center which will address strategies for reducing the burden of DM throughout Native American communities, as well as the specific, initial focus on the Navajo Nation and Zuni Pueblo tribe.

Objectives (10 points): The degree to which the proposed objectives are specific, time phased, and measurable and are consistent with the purpose of the announcement.

Operational Plan (20 points): The extent to which the operational plan appears adequate and appropriate to carry out both the development and management of the National Center, as well as the proposed community interventions, focused intervention research, and surveillance activities with the Navajo Nation and Zuni Pueblo tribe, to include a time line which identifies activities accomplished, how, and who is assigned responsibility.

Partnership Development (10 points): The degree to which the plan addresses consensus building, role clarification, communications and conflict resolution.

Center Management (10 points): The degree to which the organizational

structure and staffing of the center appears sound and the feasibility of expansion plans to address other unique needs within Native American communities and special target populations. The degree to which expert consultants are engaged in achieving the objectives of the center.

Evaluation Plan (10 points): The quality of the proposed methods for evaluating all activities related to the program, including formative, process and impact evaluation.

Human Subjects (Not Weighted): Consistent with the requirements of the federal regulations on protection of human subjects in research (45 CFR Part 46), does the proposal provide an explanation of how research activities will be reviewed so that human subjects will be protected? Do any proposed research activities seem contrary to ethical research practice?

_____ Yes

_____ No

Comments _____

Women, Racial, and Ethnic Minorities (5 points): The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

1. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

2. The proposed justification when representation is limited or absent.

3. A statement as to whether the design of the study is adequate to measure differences when warranted.

4. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

Budget (Not Weighted): The extent to which the budget is reasonable and consistent with the purpose and objective of the program announcement.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with an original plus two copies of:

1. quarterly progress reports
2. financial status report, no more than 90 days after the end of the budget period.
3. final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, Room 300, 255

East Paces Ferry Road, NE., MS E18, Atlanta, GA 30305-2209.

The following additional requirements are applicable to this program and are incorporated herein by reference. For a complete description of each, see Attachment 1 in the application kit.

AR98-1 Human Subjects

Requirements

AR98-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR98-7 Executive Order 12372 Review

AR98-8 Public Health System Reporting Requirements

AR98-9 Paperwork Reduction Act Requirements

AR98-10 Smoke-Free Workplace Requirements

AR98-11 Healthy People 2000

AR98-12 Lobbying Restrictions

AR98-15 Proof of Non-Profit Status

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, Sections 317(k)(2) [42 U.S.C. 247b(k)(2)] and 301(a) [42 U.S.C. 241(a)], as amended. The Catalog of Federal Domestic Assistance number is 93.135.

J. Where to Obtain Additional Information

Please refer to Program Announcement 98081 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Announcement 98081, Centers for Disease Control and Prevention, Room 300, 255 East Paces Ferry Road, NE., Mailstop E-18, Atlanta, GA 30305-2209, telephone (404) 842-6805, Email address spo2@cdc.gov.

See also the CDC home page on the Internet: <http://www.cdc.gov>.

For program technical assistance, contact: Mr. Bud Bowen, Program Director, Division of Diabetes Translation, Centers for Disease Control and Prevention, 4770 Buford Hwy, NE., Mailstop K-10, Atlanta, GA 30341-3724, telephone (770) 488-5013, Email address, gob0@cdc.gov.

Dated: July 2, 1998.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-18201 Filed 7-8-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Topic Specific Comments on the Revision of the Vessel Sanitation Program's Operations Manual (1989)

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

ACTION: Notice of request for comments.

SUMMARY: This notice solicits topic specific information for consideration in revision of the Vessel Sanitation Program's (VSP) operations manual. The document was last revised in August 1989. Input from the cruise line industry and other interested parties is critical to this document. Comments and information provided will be used to draft a revised and expanded Operations Manual to reflect CDC's, the industry's, and others current knowledge. The specific topical areas for the revised manual are:

- Food Safety.
- Water Sanitation.
- Disease Surveillance.
- Childcare Sanitation.
- Housekeeping Sanitation.
- Pools, Spas, & Recreational Areas.
- Self-Inspection and Microbiological Monitoring.
- Indoor Air Quality.
- Toxic Substances.
- Waste Management.
- Integrated Pest Management.
- Administrative Guidelines.

DATES: To be considered in the manual revision process, written comments and additional information must be received by September 8, 1998.

ADDRESSES: Requests for copies of the current Operations Manual must be made by calling (770) 488-3141. Written comments on the existing document, or suggested changes or additions for a revised document should be sent by mail or facsimile to: Daniel Harper, Chief, VSP, Mailstop F16, 4770 Buford Highway, NE., Atlanta, GA, 30341-3724, facsimile (770) 488-4127, or e-mail DMH2@CDC.GOV

SUPPLEMENTARY INFORMATION:

The Vessel Sanitation Program (VSP) is a cooperative activity between the cruise ship industry and the Centers for Disease Control and Prevention (CDC), Public Health Service, U.S. Department of Health and Human Services. This program is authorized by the Public Health Service Act Sections 361-369 [42 U.S.C. 264-272], and implementing regulations found at 42 CFR Part 71. The