announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at http://www.federalreserve.gov for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: September 11, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–24856 Filed 9–11–98; 3:49 pm]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Diseases Transmitted Through the Food Supply

AGENCY: Centers for Disease Control and Prevention (CDC), HHS.

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 September 8, 1992 (57 FR 40917); January 13, 1994 (59 FR 1949); August 15, 1996 (61 FR 42426); and September 22, 1997 (62 FR 49518–9). The final list has been reviewed in light of new information and has been revised as set forth below.

EFFECTIVE DATE: September 15, 1998.

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) 639–2206.

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 September 22, 1997 (62 FR 49518), new information has been reviewed. Two reports on probable transmission of *Cryptosporidium parvum* by infected food workers form the basis for adding it to the list of infectious and communicable diseases. As is true for two other parasitic foodborne pathogens, *Giardia lamblia* and *Taenia solium*, transmission of *Cryptosporidium parvum* from infected food workers through contamination of food is believed to be uncommon; therefore, *Cryptosporidium parvum* is being added to Part II. In addition, Norwalk and Norwalk-like viruses, previously listed in Part I, are now identified as Caliciviruses.

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:

Caliciviruses (Norwalk and Norwalk-like viruses)
Hepatitis A virus
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
Cryptosporidium parvum
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 and Prevention.* Locally acquired neurocysticercosis—North Carolina, Massachusetts, and South Carolina, 1989–1991. MMWR 1992; 41:1–4.

5. *Centers for Disease Control and Prevention.* Foodborne Outbreak of Cryptosporidiosis-Spokane, Washington, 1997. MMWR 1998; 47:27.

Dated: September 9, 1998.

Thena M. Durham,

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

[FR Doc. 98–24660 Filed 9–14–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98F–0749]

Rohm and Haas Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Rohm and Haas Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of the ion exchange resin, methylacrylate-divinyl benzene diethylene glycol divinyl ether terpolymer to treat water and aqueous foods without limits on the conditions of use, and with a specification for dimethylaminopropylamine, an impurity in the ion exchange resin.

FOR FURTHER INFORMATION CONTACT: James C. Wallwork, Center for Food Safety and Applied Nutrition (HFS–215),Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3078.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 8A4609) has been filed by Rohm and Haas Co., 100 Independence Mall West, Philadelphia, PA 19106–2399. The petition proposes to amend the food additive regulations in § 173.25 *Ion exchange resins* (21 CFR 173.25) to provide for the safe use of the ion exchange resin, methylacrylate-divinyl benzene diethylene glycol divinyl ether terpolymer, identified in § 173.25(a)(16), to treat water and aqueous foods as described in § 173.25(b)(2), without limits on the conditions of use, and with a specification for dimethylaminopropylamine, an impurity in the ion exchange resin.

The agency has determined under 21 CFR 25.32(j) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: August 31, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 98–24626 Filed 9–14–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute: Opportunities for Cooperative Research and Development Agreements (CRADAs) for the Development and Evaluation of Chemokine or Chemokine Receptor Neutralizing Antibodies for Their Anti-Angiogenic Effects and Potential as Treatments for Cancer

AGENCY: National Institutes of Health, PHS, DHHS.

ACTION: Notice of opportunities for cooperative research and development agreements.

SUMMARY: Pursuant to the Federal Technology Transfer Act of 1986 (FTTA, 15 U.S.C. § 3710; Executive Order 12591 of April 10, 1987 as amended by the National Technology Transfer and Advancement Act of 1995), the National Cancer Institutes (NCI) of the National Institutes of Health (NIH) of the Public Health Service (PHS) of the Department of Health and Human Services (DHHS) seeks Cooperative Research and Development Agreements (CRADAs) with pharmaceutical or biotechnology companies.

Any CRADA for the biomedical use of this technology will be considered. The CRADAs would have an expected duration of one (1) to five (5) years. The goals of the CRADAs include the rapid publication of research results and timely commercialization of products, diagnostics and treatments that result from the research. The CRADA Collaborators will have an option to negotiate the terms of an exclusive or nonexclusive commercialization license to subject inventions arising under the CRADAs.

ADDRESSES: Proposals and questions about this CRADA opportunity may be addressed to Dr. Thomas M. Stackhouse, Technology Development & Commercialization Branch, National Cancer Institute-Frederick Cancer Research and Development Center, P.O. Box B, Frederick, MD 21702–1201, Telephone: (301) 846–5465, Facsimile: (301) 846–6820.

EFFECTIVE DATE: Organizations must submit a confidential proposal summary preferably one page or less, to NCI on or before September 29, 1998. Guidelines for preparing full CRADA proposals will be communicated shortly thereafter to all respondents with whom initial confidential discussions will have established sufficient mutual interest.

SUPPLEMENTARY INFORMATION:

Technology Available

Recent publications show inhibition of angiogenic factors such as Interleukin-8 (IL–8) and another chemotactic cytokine GRO, reduce the growth of melanomas by interfering with the angiogenic effects of these tumors. DHHS scientists are working toward the identification and evaluation of other chemokines with angiogenic effects such as SDF-1alpha. DHHS would like to test the effect of neutralizing antibodies to these chemokines and chemokine receptors on the growth, in animal models, of human tumors such as breast, prostate or lung. Publications outlining these developments are available on request, and descriptions of other (unpublished) advances can be obtained under a Confidential Disclosure Agreement.

DHHS now seeks collaborative arrangements to test and develop such potential therapeutic antibodies. The successful CRADA collaborator will provide expertise and experience in the preparation of totally humanized anti-chemokine or anti-chemokine receptor antibodies, and will provide sufficient quantities of the humanized antibodies to complete the studies to be outlined under the Research Plan of the CRADA. NCI and the CRADA collaborator will perform tests using these humanized antibodies in various combinations, including combinations with other anti-tumor biologicals, such as humanized antibodies to epidermal growth factor receptors, which are known to have some anti-tumor activity. The Cooperative Research and Development Agreement (CRADA) will provide for distribution of intellectual property rights developed under the Agreement. CRADA aims will include rapid publication of research results as well as timely exploitation of any commercial opportunities.

The role of the National Cancer Institute in this CRADA will include, but not be limited to:

1. Providing intellectual, scientific, and technical expertise and experience related to chemokines and chemokine receptors to the research project.

2. Planning and conducting some of the research studies in cell lines and