Opportunity for Public Comment

The proposed order has been placed on the public record for thirty days in order to receive comments from interested persons. Comments received during this period will become part of the public record. After thirty days, the Commission will again review the proposed order and the comments received and will decide whether it should withdraw from the agreement containing the proposed order or make the proposed order final.

By accepting the proposed order subject to final approval, the Commission anticipates that the competitive issues alleged in the complaint will be addressed. The purpose of this analysis is to facilitate public comment on the agreement. It is not intended to constitute an official interpretation of the agreement, the complaint, or the proposed consent order, or to modify their terms in any way.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 02–10578 Filed 4–29–02; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Guideline for Disinfection and Sterilization in Healthcare Facilities

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

ACTION: Notice of availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the *Draft Guideline for Disinfection and Sterilization in Healthcare Facilities, 2003*, available on the CDC website at *www.cdc.gov/ncidod/hip/dsguide.htm.* The guideline has been developed for practitioners who provide care for patients and who are responsible for monitoring and preventing infections in healthcare settings, especially those involved in sterilizing and disinfecting medical devices and surgical instruments. The guideline is intended to replace the section in *Guideline for Handwashing and Hospital Environmental Control, 1985,* that dealt with sterilization and disinfection.

DATES: Comments on the *Draft Guideline for Disinfection and Sterilization in Healthcare Facilities, 2003* must be received in writing on or before June 14, 2002.

FOR FURTHER INFORMATION CONTACT: Requests for copies of the *Draft Guideline for Sterilization and Disinfection in Healthcare Facilities, 2003* should be submitted to the Resource Center, Attention: DSGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E–68, 1600 Clifton Rd., NE, Atlanta, Georgia 30333; fax 404 498–1244; e-mail: *dsrequests@cdc.gov;* or Internet: *www.cdc.gov/ncidod/hip/dsguide.htm.*

ADDRESSES: Comments on the *Draft Guideline for Disinfection and Sterilization in Healthcare Facilities, 2003* should be submitted to the Resource Center, Attention: DSGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E–68, 1600 Clifton Road, NE., Atlanta, Georgia 30333; fax 404 498–1244; e-mail: *dscomments@cdc.gov;* or Internet: *www.cdc.gov/ncidod/hip/dsguide.htm.*

SUPPLEMENTARY INFORMATION: The *Draft Guideline for Disinfection and Sterilization in Healthcare Facilities, 2003* presents a pragmatic approach to the judicious selection and proper use of disinfection and sterilization processes in healthcare settings. The guideline is intended to assist healthcare personnel in preventing infections associated with contaminated medical devices or surgical instruments and is targeted to infection control professionals, infectious disease clinicians, physicians who perform endoscopic procedures (e.g., gastroenterologists, pulmonologists), central processing technicians, sterile processing technicians, operating room nurses and technicians, manufacturers of disinfection and sterilization equipment, and manufacturers of reusable medical devices.

Part 1 of the two-part document provides information on chemical disinfectants recommended for patient-care equipment; these disinfectants include alcohol, glutaraldehyde, hydrogen peroxide, iodophors, ortho-phthalaldehyde, peracetic acid, phenolics, quaternary ammonium compounds, and sodium hypochlorite. Sterilization methods discussed include steam sterilization, ethylene oxide, hydrogen peroxide gas plasma, and liquid peracetic acid. Part 2 of the document provides consensus recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) for the practice of disinfection and sterilization in healthcare settings. Most recommendations are pertinent for the inpatient, outpatient, and home care setting, unless otherwise noted.

HICPAC was established in 1991 to provide advice and guidance to the Secretary and the Assistant Secretary for Health, DHHS; the Director, CDC; and the Director, National Center for Infectious Diseases, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections in U.S. healthcare facilities. The committee advises CDC on guidelines and other policy statements regarding prevention of healthcare-associated infections and related adverse events.

Dated: April 24, 2002.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention.

[FR Doc. 02–10550 Filed 4–29–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 02N–0116]

Agency Information Collection Activities; Proposed Collection; Comment Request; Veterinary Feed Directive (VFD)

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including renewal of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on reporting and recordkeeping requirements for distribution and use of VFD drugs and animal feeds containing VFD drugs.

DATES: Submit written or electronic comments on the collection of information by July 1, 2002.

ADDRESSES: Submit electronic comments on the collection of information to http://www.accessdata.fda.gov/scripts/oc/dockets/edockethome.cfm. Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug

Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Denver Presley, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B–26, Rockville, MD 20857, 301–827–1472.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Veterinary Feed Directive—21 CFR Part 558 (OMB Control No. 0910–0363)—Extension

Upon passage of the Animal Drug Availability Act, Congress enacted legislation establishing a new class of restricted feed use drugs called VFD, which can be distributed without involving State pharmacy laws. Although controls on the distribution and use of VFD drugs are similar to those for prescription drugs regulated under section 503(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353), the implementing VFD regulation under 21 CFR 558.6 is tailored to the unique circumstances relating to the distribution of medicated feeds. The content of the VFD is spelled out in the regulation. All distributors of medicated feeds containing VFD drugs must notify FDA of their intent to distribute, and records must be maintained of the distribution of all medicated feeds containing VFD drugs. The VFD regulation ensures the protection of public health while enabling animal producers to obtain and use needed drugs as efficiently and cost-effectively as possible. The respondents for VFD drugs are veterinarians, distributors of animal feeds containing VFD drugs, and clients utilizing medicated feeds containing VFD drugs.

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

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN[1]

21 CFR Section	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
558.6(a)(3) through (a)(5)	15,000	25	375,000	0.25	93,750
558.6(d)(1)(i) through (d)(1)(iii)	1,500	1	500	0.25	125
558.6 (d)(1)(iv)	20	1	20	0.25	5
558.6(d)(2)	1,000	5	5,000	0.25	1,250
514.1(b)(9)	1	1	1	3.00	3
Total					95,133

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

TABLE 2.—ESTIMATED ANNUAL RECORDKEEPING BURDEN[1]

21 CFR Section	No. of Recordkeepers	Annual Frequency per Recordkeeping	Total Annual Records	Hours per Recordkeeper	Total Hours
558.6(c)(1) through (c)(4)	112,500	10	1,125,000	.0167	18,788
558.6(e)(1) through (e)(3)	5,000	75	375,000	.0167	6,263
Total					25,051

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

The estimate of the times required for record preparation and maintenance is based on agency communication with industry. Other information needed to calculate the total burden hours is derived from agency records and experience.

Dated: April 19, 2002.

Margaret M. Dotzel,

Associate Commissioner for Policy.

[FR Doc. 02–10563 Filed 4–29–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 02N–0131]

Agency Information Collection Activities; Proposed Collection; Comment Request; Generic FDA Rapid Response Surveys

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on