

Healthy People 2010. Conference Edition
November 30, 1999.

Institute of Medicine. Enabling America
Assessing the Role of Rehabilitation Science
and Engineering. Brandt EN, Pope AM,
Editors. National Academy Press,
Washington, DC 1997. Published
epidemiological studies of TBI are also
reviewed in the section entitled
"Epidemiology of Traumatic Brain Injury in
the United States" located at the Internet
Website of the CDC National Center for Injury
Prevention and Control <<http://www.cdc.gov/ncipc/dacrrdp/tbi.htm>>.

Definitions:

Traumatic brain injury (TBI) and essential
data elements for TBI surveillance are fully
defined in CDC's Guidelines for Surveillance
of Central Nervous System Injury. (For
ordering a copy of the Guidelines, see
Section J.—Where to Obtain Additional
Information.)

Surveillance is the ongoing, systematic
collection, analysis, and interpretation of
health data necessary for designing,
implementing, and evaluating public health
programs.

Impairment: Any loss or abnormality of
physiological, or anatomical structure or
function.

Restriction in Activity (Disability): Any
restriction or lack (resulting from an
impairment) of ability to perform an activity
in the manner or within the range considered
normal for a human being.

Restriction in participation (Handicaps): a
disadvantage for a given individual, resulting
from an impairment or a disability, that
limits or prevents the fulfillment of a role
that is normal (depending on age, sex, and
social and cultural factors) for that
individual.

A population-based follow-up system is
defined as a system of ongoing registration of,
and collection of information about, all or a
representative sample of all cases of a
condition in a defined population, such that
cases can be related to the population base.

Elements of Disability:

Impairment: Any loss or abnormality of
physiological, or anatomical structure or
function.

Restriction in Activity (Disability): Any
restriction or lack (resulting from an
impairment) of ability to perform an activity
in the manner or within the range considered
normal for a human being.

Restriction in participation (Handicaps): a
disadvantage for a given individual, resulting
from an impairment or a disability, that
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that is normal (depending on age, sex, and
social and cultural factors) for that
individual.

[FR Doc. 02-11359 Filed 5-7-02; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics; ICD-9-CM E Code Revisions

AGENCY: National Center for Health
Statistics, Centers for Disease Control
and Prevention (CDC), HHS.

ACTION: Notice.

SUMMARY: The National Center for
Health Statistics has approved the
following expansion to the External
Cause Codes in the International
Classification of Diseases, Ninth-
Revision, Clinical Modification (ICD-9-
CM). These ICD-9-CM E-Code revisions
will become effective October 1, 2002.
The official government version of the
ICD-9-CM that will include all of the
code revisions can be found on the ICD-
9-CM CD-ROM available through the
Government Printing Office. Guidelines
for the use of the new E-codes will
appear on the CD-ROM and on the
NCHS website <http://www.cdc.gov/nchs/icd9.htm>.

- E885.0 Fall from (nonmotorized)
scooter
- E922.5 Accidental injury caused by
paintball gun
- E955.7 Suicide/self-inflicted injury
caused by paintball gun
- E979.0 Terrorism involving explosion
of marine weapons
- E979.1 Terrorism involving
destruction of aircraft
- E979.2 Terrorism involving other
explosions and fragments
- E979.3 Terrorism involving fires,
conflagration and hot substances
- E979.4 Terrorism involving firearms
- E979.5 Terrorism involving nuclear
weapons
- E979.6 Terrorism involving biological
weapons
- E979.7 Terrorism involving chemical
weapons
- E979.8 Terrorism involving other
means
- E979.9 Terrorism, secondary effects
- E985.7 Injury caused by paintball gun,
undetermined whether accidentally
or purposely inflicted
- E999.0 Late effect of injury due to war
operations
- E999.1 Late effect of injury due to
terrorism

FOR FURTHER INFORMATION CONTACT:

Donna Pickett, R.H.I.A., Co-chair, ICD-
9-CM Coordination and Maintenance
Committee, National Center for Health
Statistics, CDC, telephone (301)-458-
4200.

The Director, Management Analysis
and Services Office, has been delegated

the authority to sign **Federal Register**
notices pertaining to announcements of
meetings and other committee
management activities, for both the
Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Dated: May 2, 2002.

Alvin Hall,

*Acting Director, Management Analysis and
Services Office, Centers for Disease Control
and Prevention.*

[FR Doc. 02-11358 Filed 5-7-02; 8:45 am]

BILLING CODE 4160-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Toxicology Program (NTP); National Institute of Environmental Health Sciences (NIEHS)

The NTP Center for the Evaluation of
Risks to Human Reproduction (CERHR)
*Expert Panel Report on the
Developmental and Reproductive
Toxicity of Methanol:* Notice of
Availability and Request for Public
Comments

Summary

Notice is hereby given of the
availability of the *Expert Panel Report
on the Developmental and Reproductive
Toxicity of Methanol*. This report
includes the summaries and
conclusions of the expert panel's
evaluation of the scientific data for
potential reproductive and/or
developmental hazards associated with
exposure to methanol. The CERHR held
this expert panel meeting in October
2001. CERHR is seeking public
comment on these reports and
additional information about recent,
relevant toxicology or human exposure
studies.

Availability of Reports

The expert panel report is available
electronically on the CERHR web site
(<http://cerhr.niehs.nih.gov>) and in
printed copy by contacting the CERHR
(PO Box 12233, MD EC-32, Research
Triangle Park, NC 27709; telephone:
(919) 541-3455; fax: (919) 316-4511; or
e-mail: shelby@niehs.nih.gov).

Request for Public Comments

The CERHR invites public comments
on the expert panel report and input
regarding any recent, relevant
toxicology or human exposure studies.
The CERHR asks that all comments and
other information be submitted to the

CERHR at the address above by July 8, 2002.

All public comments received by this date will be reviewed and included in the final NTP–CERHR report on methanol to be prepared by NTP staff. The NTP–CERHR report will include the expert panel report, public comments received on the report, and an NTP brief. The brief will provide the NTP's interpretation of the potential for adverse reproductive and/or developmental effects to humans from exposure to methanol. The NTP will transmit the NTP–CERHR report to the appropriate federal and state agencies, the public, and the scientific community.

Background

A 12-member expert panel composed of scientists from state and federal governments, universities, and industry conducted an evaluation of the reproductive and developmental toxicities of methanol (**Federal Register** Vol. 66, No. 136, pp. 37047–37048, July 16, 2001). Public deliberations by the panel took place October 15–17, 2001 at the Radisson Hotel Old Town in Alexandria, Virginia. Following the October meeting, the draft expert panel report was revised to incorporate the panel's conclusions and subsequently reviewed by the Methanol Expert Panel, NTP scientists, and CERHR personnel.

Methanol (CASRN: 67–56–1) is a commercially important, high production volume chemical (2.2 billion gallons, US production, 1998), with high potential for occupational, consumer, and environmental exposure. Methanol is used in chemical syntheses and as an industrial solvent. It is found in a variety of consumer products such as paints, antifreeze, cleaning solutions, and adhesives and is a by-product of sewage treatment, fermentation, and paper production. Methanol is used in racing car fuels, and there is the potential for future, expanded use of methanol as a vehicle fuel or fuel additive.

Additional Information About CERHR

The NTP and the NIEHS established the NTP CERHR in June 1998 (**Federal Register** Vol. 63, No. 239, p. 68782, December 1998). The purpose of the CERHR is to provide scientifically based, uniform assessments of the potential for adverse effects on reproduction and development caused by agents to which humans may be exposed. Further information on the CERHR's chemical review process including how to nominate chemicals for evaluation and scientists for the expert registry can be obtained from its web site (<http://cerhr.niehs.nih.gov>) or by contacting the CERHR directly (see address above). The CERHR also serves as a resource for information on various environmental exposures and their potential to affect pregnancy and child development. The web site has information about common concerns related to fertility, pregnancy and the health of unborn children and links to other resources for information about public health.

Dated: May 1, 2002.

Samuel H. Wilson,

Deputy Director, National Institute of Environmental Health Sciences.

[FR Doc. 02–11522 Filed 5–7–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a

copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: 2003 National Survey on Drug Use and Health—(0930–0110, Revision)—The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

For the 2003 NSDUH, additional questions are being planned regarding types of schooling (e.g., public versus private). Several questions using “item count” methodology to estimate use of specific hard-core drugs are slated to be removed. The remaining modular components of the questionnaire will remain essentially unchanged except for minor modifications to wording.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2003 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. The total annual burden estimate is shown below:

	Number of respondents	Responses per respondent	Average burden per response (in hrs.)	Total burden (hrs.)
Household Screening	202,500	1	0.083	16,808
Interview	67,500	1	1.0	67,500
Screening Verification	6,176	1	0.067	414
Interview Verification	10,125	1	0.067	678
Total	202,500	85,400