

the mixtures program, ATSDR developed a guidance manual that outlines the latest methods for mixtures health assessment. In addition, a series of documents called interaction profiles are being developed for certain priority mixtures that are of special concern to ATSDR. The purpose of an interaction profile is to evaluate data on the toxicology of the "whole" priority mixture (if available) and on the joint toxic action of the chemicals in the mixture in order to recommend approaches for the exposure-based assessment of the potential hazard to public health.

Although key studies for each of the mixtures were considered during the profile development process, this **Federal Register** notice seeks to solicit any additional studies, particularly unpublished data and ongoing studies, which will be evaluated for possible addition to the profiles now or in the future.

The following draft documents will be available to the public on or about, June 1, 2002.

Document 1

Guidance manual for the assessment of joint toxic action of chemical mixtures.

Document 2

Interaction profiles for persistent chemicals found in fish. Chlorinated dibenzo-p-dioxins (CDDs), hexachlorobenzene, dichlorodiphenyl dichloroethane (p,p'-DDE), methyl mercury, and polychlorinated biphenyls (PCBs).

Document 3

Interaction profiles for persistent chemicals found in breast milk. Chlorinated dibenzo-p-dioxins (CDDs), hexachlorobenzene, dichlorodiphenyl dichloroethane (p,p'-DDE), methyl mercury, and polychlorinated biphenyls (PCBs).

Document 4

Interaction profile for 1,1,1-trichloroethane, 1,1-dichloroethane, trichloroethylene, and tetrachloroethylene.

Document 5

Interaction profile for benzene, ethylbenzene, toluene, and xylenes (BTEX).

Document 6

Interaction profile for arsenic, cadmium, chromium, and lead.

Document 7

Interaction profile for copper, lead, manganese, and zinc.

All documents issued as "Drafts for Public Comment" represent ATSDR's best efforts to provide important toxicological information on interactions of priority hazardous

substances. We are seeking public comments and additional information which may be used to supplement these documents. ATSDR remains committed to providing a public comment period for these documents as a means to best serve public health and our clients.

Dated: May 24, 2002.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01154]

Expansion of Prevention, Care and HIV/AIDS Surveillance Activities for Injection Drug Users With the Bangkok Metropolitan Administration, Bangkok, Thailand; Notice of Availability of Funds

Amendment

A notice announcing the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for expansion of prevention, care and HIV/AIDS surveillance activities for injection drug users with the Bangkok Metropolitan Administration, Thailand, was published in the **Federal Register** on July 25, 2001, [Vol. 66, No. 143, Pages 38706-38707]. The notice is amended as follows:

On page 38706, First Column, Under Title, delete: "for Injection Drug Users."

On page 38706, First Column, Under Section A. Purpose, first paragraph, delete "among injection drug users (IDUs)."

On page 38706, First Column, Under Section A. Purpose, second paragraph, delete "among IDUs."

On page 38706, Third Column, Under Section C. Availability of Funds, Subsection Use of Funds, delete "Funds received from this announcement may not be used for the direct purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapin in PMTCT cases and with prior written approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care." and change to "The purchase of antiretrovirals, reagents, and laboratory equipment for antiretroviral treatment

projects requires pre-approval from the Global AIDS Program headquarters."

Dated: May 26, 2002.

Sandra R. Manning,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01153]

Expansion of Prevention, Care and HIV/AIDS Surveillance With the Ministry of Public Health in the Kingdom of Thailand; Notice of Availability of Funds

Correction

A notice announcing the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for expansion of prevention, care and HIV/AIDS surveillance with the Ministry of Public Health in the Kingdom of Thailand, was published in the **Federal Register** on July 16, 2001, [Vol. 66, No. 136, Pages 37036-37038]. The notice is corrected as follows:

On page 37038, First Column, Under Section C. Availability of Funds, remove: "Funds received from this announcement may not be used for the direct purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapin in PMTCT cases and with prior written approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care." and add in its place "The purchase of antiretrovirals, reagents, and laboratory equipment for antiretroviral treatment projects requires pre-approval from the Global AIDS Program headquarters."

On page 37038, First Column, Under Section E. Availability of Funds, remove: "1. Alterations and Renovations: Unallowable. 2. Customs and Import Duties: Unallowable. This includes consular fees, customs surtax, value added taxes, and other related charges."

Dated: May 26, 2002.

Sandra R. Manning,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02169]

Enhanced Surveillance for Newly Vaccine Preventable Diseases; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds to expand the current New Vaccine Surveillance Network (NVSN) cooperative agreement program to conduct broader-based surveillance and research projects. This program complements existing local, State, and national surveillance efforts and facilitates research on issues related to new vaccine introduction or new vaccine policies and their impact. This program addresses the "Healthy People 2010" focus area, Immunization and Infectious Diseases. The purpose of the program is to support a network of sites that provide surveillance and data collection on new vaccine use, the impact of new vaccines, and new vaccine policies through enhanced inpatient and outpatient surveillance, applied epidemiologic research, and investigator-initiated investigations. The two current NVSN sites are affiliated with the University of Rochester, NY, and Vanderbilt University, TN. They are currently in year three of the project.

As new vaccines are licensed and recommended for use, new strategies are needed for surveillance and monitoring. The NVSN currently conducts surveillance and studies in children, but future NVSN activities could extend to the adult population. CDC has identified several areas that are considered programmatic priorities: (1) Population-based collection of clinical and etiological data from children hospitalized for selected current and prospective vaccine preventable diseases such as viral respiratory illnesses caused by influenza, respiratory syncytial virus (RSV), and parainfluenza; (2) collection of similar data from a representative sample of outpatients such that conclusions drawn can be considered population-based; (3)

collection of data on illnesses and syndromes among outpatients and inpatients that may be affected by use of new vaccines (e.g., otitis media, lobar pneumonia); and (4) assessment of the impact of new vaccines or policies on clinical practices. CDC also values the flexibility to respond to emerging issues as new vaccines are introduced and new questions arise.

B. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301, 317(k)(1) and 2102(a) of the Public Health Service Act, [42 U.S.C. sections 241, 247b(k), and 300aa-2(a)], as amended. The Catalog of Federal Domestic Assistance number is 93.185.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, faith-based organizations, community-based organizations, other public and private nonprofit organizations, health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Preference will be given to applicants whose geographic areas are not covered by an existing NVSN site.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award or loan.

D. Availability of Funds

Approximately \$500,000 is available in FY 2002 to fund one award. It is expected that the award will begin on or before September 30, 2002, 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.

Use of Funds

Funds cannot be used for construction or renovation, to purchase or lease vehicles or vans, to purchase a facility

to house project staff or carry out project activities, or to supplant existing support.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities shown below under item 1. Recipient Activities, and CDC will be responsible for the activities listed under item 2. CDC Activities.

1. Recipient Activities

a. Establish and operate an NVSN site. To effectively function as part of this network, the site should have the following characteristics and capabilities:

(1) Be established in a defined population, which could include either an entire state or a geographically defined area (or areas) within a state, in order to conduct population-based surveillance. A minimum population base of approximately 500,000 persons may be necessary to accomplish the objectives of certain NVSN activities (e.g., obtaining population-based estimates of influenza and RSV in children less than five years of age).

(2) Have the capacity to simultaneously conduct population-based inpatient surveillance for Acute Respiratory Illness (ARI) among children less than five years old, outpatient ARI surveillance in a representative sample of children, and two other joint projects with one or more of the other NVSN sites. As examples, ongoing projects include: analysis of an existing database to assess vaccine impact among outpatients in the study area, chart reviews from a broad sample of pediatric care providers in the community to assess uptake of Pneumococcal Conjugate Vaccine (PCV) and its clinical impact and impact on vaccination practices (e.g., timeliness in administering other vaccines, number of injections per vaccination visit, etc.).

(3) Have the flexibility to accommodate changes in specific projects and priorities as the public health system's need for information changes or new vaccines are licensed and implemented into the vaccination program. Function effectively as part of a network where projects and protocols are developed collaboratively among investigators at the NVSN sites and CDC.

(4) Have an established relationship with pediatric care providers in both inpatient and outpatient facilities so that surveillance and other studies can be conducted with them during the first year of participation.