

IV. Content of Published Reports

The data reported will be used to provide a picture of the national rates of pregnancy and live birth achieved using ART as well as clinic-specific, live-birth rates. The annual report will have four components:

(A) A national component, which will provide a comprehensive picture of success rates given a variety of factors including age, reason for ART, type of ART procedure, number of embryos transferred etc. This is possible because the large number of cycles at the national level allow accurate statistical reporting of success rates that is not possible with the smaller number of cycles carried out in individual clinics.

(B) A clinic-specific component which will provide success rates for all ART cycles using fresh, non-donor embryos, success rates for ART cycles using thawed embryos, and success rates for ART cycles using donor oocytes or embryos.

Success rates will be reported by specific age groups. In addition, the clinic-specific component will provide other information that may be useful to the consumer such as types of services the clinic offers (e.g., gestational surrogacy, single women), the number of cycles carried out, the percent distribution of types of ART, the types of infertility problems the clinic sees, the frequency of cancellations, the average number of embryos transferred per cycle and the percentage of multiple pregnancies and births (twins and triplets or greater).

Pregnancy and live birth success rates will be defined and characterized as described below.

For fresh, non-donor cycles, success rates will be defined as

1. The rate of *pregnancy* after completion of ART according to the number of:
 - a. All ovarian stimulation or monitoring procedures.
2. The rate of *live birth* after completion of ART according to the number of:
 - a. All ovarian stimulation or monitoring procedures.
 - b. Oocyte retrieval procedures.
 - c. Embryo (or zygote, or oocyte) transfer procedures.

For cycles using thawed embryos and cycles using donor oocytes or embryos success rates will be defined as

1. The rate of *live birth* after completion of ART according to the number of:
 - a. Embryo (or zygote, or oocyte) transfer procedures.

(C) An appendix containing a consumer-oriented explanation of all medical and statistical terms used in the report.

(D) An appendix containing a list of all reporting clinics and a list of all clinics that did not report data (See above, **Who Reports** section, for a full description of clinics that will be considered to not be in compliance with the federal reporting requirements of FCSRCA; such clinics will be listed as non-reporters in the published report.) This appendix will contain the names, addresses, and telephone numbers for all reporting and non-reporting clinics. It will also contain information on the laboratories used by reporting clinics.

The entire annual report will be available to the general public. As resources allow,

additional information may also be published.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[PA #00130 et al.]

Disease, Disability and Injury Prevention and Control Special Emphasis Panel: HIV/AIDS Prevention Program Development and Technical Assistance Collaboration With Countries Targeted by the Leadership and Investment in Fighting the Epidemic (LIFE) Initiative, et al.

Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (P. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Disease, Disability and Injury Prevention and Control Special Emphasis Panel: HIV/AIDS Prevention Program Development and Technical Assistance Collaboration with Countries Targeted by the Leadership and Investment in Fighting the Epidemic (LIFE) Initiative, PA #00130; Prevention Program Development and Technical Assistance to Improve Blood Safety and Reduce the Impact of HIV/AIDS in Countries Targeted by the LIFE Initiative, PA #00133; LIFE—Global AIDS Activity, PA #00134; HIV/AIDS Prevention Program Development and Technical Assistance Collaboration for Faith Communities in Countries Targeted by the LIFE Initiative, PA #00137; Youth-Focused HIV/AIDS Prevention Program Development and Technical Assistance Collaboration with Countries Targeted by the LIFE Initiative, PA #00138; and HIV/AIDS Prevention Program Development and Technical Assistance Collaboration for Public Health Laboratory Science with Countries Targeted by the LIFE Initiative, PA #00139.

Times and Dates: 10:00 a.m.—Noon, September 13, 2000 (Open); Noon—4:30 p.m., September 13, 2000 (Closed); 8:30 a.m.—4:30 p.m., September 14, 2000 (Closed).

Place: Centers for Disease Control and Prevention, 12 Corporate Square Boulevard, Building 12, Conference Rooms 1203 and 1307, Atlanta, GA 30329.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the

Determination of the Associate Director for Management and Operations, CDC, pursuant to P. L. 92-463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcements 00130, 00133, 00134, 00137, 00138, 00139.

This notice is published less than 15 days prior to the meeting due to administrative delays.

Contact Person for More Information

Chad Martin, Special Assistant to the Director on Youth and HIV Prevention, Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC, Corporate Square Office Park, 8 Corporate Square Boulevard, M/S E35, Atlanta, Georgia 30329, telephone 404/639-5217, e-mail cmartin@cdc.gov.

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 the both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: August 29, 2000.

John C. Burckhardt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interim Hepatitis B Vaccine Information Materials

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

ACTION: Notice.

SUMMARY: A hepatitis B vaccine has recently been approved for administration in a two dose schedule to adolescents 11 to 15 years of age as an alternative to the three dose schedule. This additional schedule necessitates a revision of the vaccine information statement entitled, "Hepatitis B Vaccine: What You Need to Know" (dated December 16, 1998), which was developed by the CDC as required by the National Childhood Vaccine Injury Act of 1986 (NCVIA). To ensure that up-to-date information is