DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Conference Call

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee telephone conference call.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Privacy and Confidentiality.

Time and Date: 11 a.m.–1 p.m., September 10, 2001.

Place: Conference Call, Dial in Number (860) 403–2010, Participant Code 478387.

Status: Open.

Purpose: The National Committee on Vital and Health Statistics in the statutory public advisory body to the Secretary of Health and Human Services in the area of health data, statistics, and health information policy. It is established by section 306(k) of the Public Health Service Act (42 U.S.C. 242kkk), and its mandate includes advising the Secretary on the implementation of part C of title XI of the Social Security Act (42 U.S.C. 1320d through 1320d–8 (the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104–191).

The Subcommittee on Privacy and Confidentiality monitors major developments in health information privacy and confidentiality on behalf of the full Committee, makes recommendations to the full Committee and assists and advises the Department on implementation of the health information privacy provisions of HIPAA.

This meeting of the Subcommittee on Privacy and Confidentiality will be conducted as a conference call to continue subcommittee discussion following the hearing held on August 21, 22 and 23 regarding: (1) The effects of the HIPAA health information privacy regulation on research (both research in which treatment is given and records-based research); and (2) the regulation’s provisions for use and disclosure of health information for marketing. During this conference call, draft recommendations will be developed on the implementation of the HIPAA privacy regulation (45 CFR parts 160 and 164) with respect to matters considered at the hearing. After the conference call, the Subcommittee will prepare a draft letter to HHS Secretary Thompson. The draft letter will contain recommendations, and it will be reviewed by the full National Committee on Vital and Health Statistics at the September 24–25 meeting.

The HIPAA privacy regulation and further information about it can be found on the web site of the HHS Office for Civil Rights, at http://www.hhs.gov/ocr/hipaa/. The regulation has been in effect since April 14, 2001. Most entities covered by the regulation must come into compliance by April 14, 2003, and many are beginning the process of implementation.

Additional information about the Conference Call will be provided on the NCVHS website at http://www.ncvhs.hhs.gov shortly before the Conference Call date.

Contact Person for More Information: Substantive program information may be obtained from Gail Horlick, M.S.W., J.D., Lead Staff Person for the NCVHS Subcommittee on Privacy and Confidentiality, Office of Research and Demonstrations, Program Analyst, National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop E–62, Atlanta, Georgia 30333, telephone (404) 639–8345; or Majorie S. Greenberg, Executive Secretary, NCVHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458–4245.

Information about the committee, including summaries of past meetings and a roster of committee members, is available on the Committee’s website at http://www.ncvhs.hhs.gov.


James Scanlon, Director, Division of Data Policy.

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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), Department of Health and Human Services (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 4158); August 15, 1996 (61 FR 42426); September 22, 1997 (62 FR 49518–9); September 15, 1998 (63 FR 49359); September 20, 1999 (64 FR 51127); and September 27, 2000 (65 FR 58088). No new information that would warrant additional changes has been received; therefore the list, as set forth in the last update and below, remains unchanged.


FOR FURTHER INFORMATION CONTACT: Dr. Art Liang, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop G–24, Atlanta, Georgia 30333, telephone (404) 639–2213.

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 27, 2000 (65 FR 58088), CDC has received no information to indicate that additional unlisted diseases are transmitted through handling the food supply. Therefore, the list set forth below is unchanged from the list published in the Federal Register on September 27, 2000.

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
- Taenia solium
- Vibrio cholerae
- Yersinia enterocolitica

References


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

Proposed Projects

The Department specifically requests comments on: (a) Whether the proposed collection of information is 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.


Bob Sargis, Reports Clearance Officer.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L’Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

### Annual Burden Estimates

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request


Description: The Child Care and Development Fund (CCDF) annual financial reporting form (ACF–696T) provides a mechanism for Indian Tribes to report expenditures under the CCDF program. The CCDF program provides funds to Tribes, as well as States and Territories, to assist low-income families in obtaining child care so that they can work or attend training/education, and to improve the quality of care. Information collected via the ACF–696T allows the Administration for Children and Families (ACF) to monitor expenditures and to estimate outlays and may be used to prepare ACF budget submissions to Congress. This information collection is a revised version of the currently-used ACF–696T for which Office of Management and Budget (OMB) approval expires on February 28, 2002.

Respondents: Indian Tribes and Tribal Organizations that are CCDF grantees.