

*Name:* Interagency Committee on Smoking and Health.

*Date and Time:* 9 a.m.–4 p.m., November 6, 2002.

*Place:* Room 615F, Hubert H. Humphrey Building, 200 Independence Avenue, SW, 6th Floor, Washington, DC 20201.

In the **Federal Register** of September 16, 2002, Volume 67, Number 179, Notices, Pages 58428–58429 Interagency Committee on Smoking and Health scheduled meeting for September 30, 2002, has been rescheduled for November 6, 2002.

**FOR FURTHER INFORMATION CONTACT:** Ms. Monica L. Swann, Committee Management Specialist, Interagency Committee on Smoking and Health, Office on Smoking and Health, NCCDPHP, CDC, 200 Independence Avenue, SW, Room 317B, Washington, DC 20201, telephone (202) 205–8500.

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: September 24, 2002.

**John Burckhardt,**

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

[FR Doc. 02–24706 Filed 9–26–02; 8:45 am]

**BILLING CODE 4163–18–P**

## 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 1949); August 15, 1996 (61 FR 42426); September 22, 1997 (62 FR 49518–9); September 15, 1998 (63 FR 49359), September 21, 1999 (64 FR 51127); September 27, 2000 (65 FR 58088) and September 10, 2001 (66 FR 47030). The final list has been reviewed in light of new information and has been revised as set forth below.

**EFFECTIVE DATE:** September 27, 2002.

**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 10, 2001(66 FR 47030), new information has been reviewed. Caliciviruses (Norwalk and Norwalk-like viruses), previously listed in Part I, are now identified as Norwalk and Norwalk-like viruses so as to avoid any confusion with animal caliciviruses which have not been demonstrated to cause foodborne illness in humans.

#### 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: 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* 01, *Yersinia enterocolitica*.

#### References

1. World Health Organization. Health surveillance and management procedures for food-handling personnel: report of a WHO consultation. World Health Organization technical report series; 785. Geneva: World Health Organization, 1989.
2. Frank JF, Barnhart HM. Food and dairy sanitation. In: Last JM, ed. Maxcy-Rosenau public health and preventive medicine, 12th edition. New York: Appleton-Century-Crofts, 1986:765–806.
3. Bennett JV, Holmberg SD, Rogers MF, Solomon SL. Infectious and parasitic diseases. In: Amler RW, Dull HB, eds. Closing the gap: the burden of unnecessary illness. New York: Oxford University Press, 1987:102–114.
4. Centers for Disease Control and Prevention. Locally acquired neurocysticercosis—North Carolina,

Massachusetts, and South Carolina, 1989–1991. *MMWR* 1992; 41:1–4.

5. Centers for Disease Control and Prevention. Foodborne Outbreak of Cryptosporidiosis—Spokane, Washington, 1997. *MMWR* 1998; 47:27.

Dated: September 23, 2002.

**Joseph R. Carter,**

*Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 02–24579 Filed 9–26–02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Vaccine Information Materials for Pneumococcal Conjugate, Diphtheria, Tetanus, acellular Pertussis and Hepatitis B Vaccines

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

**ACTION:** Notice.

**SUMMARY:** Under the National Childhood Vaccine Injury Act (42 U.S.C. 300aa–26), the CDC must develop vaccine information materials that all health care providers are required to give to patients/parents prior to administration of specific vaccines. On March 6, 2001, CDC published a notice in the **Federal Register** (66 FR 13540) seeking public comments on proposed new vaccine information materials for pneumococcal conjugate vaccine, and revised vaccine information materials for diphtheria, tetanus, acellular pertussis (DTaP/DT) vaccines and hepatitis B vaccine. Following review of the comments submitted and consultation as required under the law, CDC has finalized these vaccine information materials. The final materials are contained in this notice.

**DATES:** Beginning no later than December 15, 2002, each health care provider who administers any vaccine that contains pneumococcal conjugate vaccine shall, prior to administration of each dose, provide a copy of the pneumococcal conjugate vaccine information materials contained in this notice to the parent or legal representative of any child to whom such provider intends to administer the vaccine.

Beginning as soon as practicable, each health care provider who administers any vaccine that contains diphtheria, tetanus, acellular pertussis or hepatitis B vaccine shall, prior to administration of each dose of the vaccine, provide a

copy of the relevant vaccine information materials contained in this notice to the parent or legal representative of any child to whom such provider intends to administer the vaccine and to any adult to whom such provider intends to administer hepatitis B vaccine, in lieu of providing earlier versions of these materials.

**FOR FURTHER INFORMATION CONTACT:**

Walter A. Orenstein, M.D., Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E–05, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639–8200.

**SUPPLEMENTARY INFORMATION:** The National Childhood Vaccine Injury Act of 1986 (Pub. L. 99–660), as amended by section 708 of Public Law 103–183, added section 2126 to the Public Health Service Act. Section 2126, codified at 42 U.S.C. 300aa–26, requires the Secretary of Health and Human Services to develop and disseminate vaccine information materials for distribution by all health care providers in the United States to any patient (or to the parent or legal representative in the case of a child) receiving vaccines covered under the National Vaccine Injury Compensation Program.

Development and revision of the vaccine information materials have been delegated by the Secretary to the Centers for Disease Control and Prevention (CDC). Section 2126 requires that the materials be developed, or revised, after notice to the public, with a 60-day comment period, and in consultation with the Advisory Commission on Childhood Vaccines, appropriate health care provider and parent organizations, and the Food and Drug Administration. The law also requires that the information contained in the materials be based on available data and information, be presented in understandable terms, and include:

- (1) A concise description of the benefits of the vaccine,
- (2) A concise description of the risks associated with the vaccine,
- (3) A statement of the availability of the National Vaccine Injury Compensation Program, and
- (4) Such other relevant information as may be determined by the Secretary.

The vaccines initially covered under the National Vaccine Injury Compensation Program were diphtheria, tetanus, pertussis, measles, mumps, rubella, and poliomyelitis vaccines. Since April 15, 1992, any health care provider in the United States who intends to administer one of these covered vaccines is required to provide copies of the relevant vaccine

information materials, also known as Vaccine Information Statements (VIS), prior to administration of any of these vaccines. Since June 1, 1999, health care providers are also required to provide copies of vaccine information materials for the following vaccines that were added to the National Vaccine Injury Compensation Program: hepatitis B, haemophilus influenzae type b (Hib), and varicella (chickenpox) vaccines.

#### Pneumococcal Conjugate Vaccine Information Materials

Following the addition of pneumococcal conjugate vaccine to the National Vaccine Injury Compensation Program, CDC, as required under 42 U.S.C. 300aa–26, proposed vaccine information materials covering that vaccine which were published in a **Federal Register** notice on March 6, 2001 (66 FR 13540). With publication of this notice, as of December 15, 2002, health care providers will also be required to provide copies of pneumococcal conjugate vaccine information materials

#### Revised Vaccine Information Materials for Diphtheria, Tetanus, acellular Pertussis (DTaP/DT) Vaccines and Hepatitis B Vaccine

Proposed revised vaccine information materials for diphtheria, tetanus, acellular pertussis (DTaP/DT) vaccines and hepatitis B vaccine were also published in the March 6, 2001 **Federal Register** notice.

#### New/Revised Vaccine Information Materials

The new/revised vaccine information materials were drafted in consultation with the Advisory Commission on Childhood Vaccines, the Food and Drug Administration, the American Academy of Pediatrics, American Pharmaceutical Association, Association of American Indian Physicians, Every Child by Two, Immunization Action Coalition, Immunization, Education and Action Committee, Infectious Diseases Society of America, National Association for Pediatric Nurse Associates and Practitioners and the National Vaccine Advisory Committee. Also, CDC provided copies of the draft materials to other organizations and sought their consultation; however, those organizations did not provide comments.

Following consultation and review of comments submitted, these vaccine information materials have been finalized and are contained in this notice. They are entitled “Pneumococcal Conjugate Vaccine: What You Need to Know,” “Diphtheria,