

Dated: September 20, 2002.

Sandra R. Manning,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Conceptual Discussions for Full Facepiece Air-Purifying Respirators (APR) Standards and Air-Purifying Escape Respirator Standards Development Efforts for Respiratory Protection Against Chemical, Biological, Radiological and Nuclear (CBRN) Agents

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Conceptual Discussions for full facepiece Air-Purifying Respirators (APR) Standards and Air-Purifying Escape Respirator Standards Development Efforts for Respiratory Protection Against Chemical, Biological, Radiological and Nuclear (CBRN) Agents.

Times and Dates: 1 p.m.–5 p.m., October 16, 2002.

8:30 a.m.–5 p.m., October 17, 2002.

Place: Hilton Garden Inn, 1000 Corporate Drive, Canonsburg, Pennsylvania.

Status: This meeting is hosted by NIOSH. The meeting will be open to the public, limited only by the space available. Interested parties should make hotel reservations directly with the Hilton, referencing the National Personal Protective Technology Laboratory Booking. Interested parties should confirm their attendance by either emailing their intention to attend to respcert@cdc.gov, or by contacting NIOSH at (412) 386-4000.

Requests to make presentations at the public meeting should be mailed to the NIOSH Docket Officer, Robert A. Taft Laboratories, M/S C34, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone (513) 533-8303, fax (513) 533-8285, or e-mailed to NIOCINDOCKET@CDC.GOV. All requests to present should contain the name, address, telephone number, and relevant business affiliations of the presenter, a brief summary of the presentation, and the approximate time requested for the presentation. Oral presentations should be limited to 15 minutes. After reviewing the requests for presentations, NIOSH will notify each presenter of the approximate time that their presentation is scheduled to begin. If a participant is not present when their presentation is scheduled to begin, the remaining participants will be heard in order. At the conclusion of the meeting, an attempt will be made to allow presentations by any

scheduled participants who missed their assigned times. Attendees who wish to speak but did not submit a request for the opportunity to make a presentation may be given this opportunity at the conclusion of the meeting, at the discretion of the presiding officer.

Comments on the topics presented in this notice and at the meeting should be mailed to the NIOSH Docket Office, Robert A. Taft Laboratories, M/S C34, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513-533-8303, fax 513/533-8285. Comments may also be submitted by e-mail to: NIOCINDOCKET@CDC.GOV. e-mail attachments should be formatted as WordPerfect 6/7/8/9, or Microsoft Word. Comments should be submitted to NIOSH no later than November 15, 2002, and should reference docket number, NIOSH-002, in the subject heading.

Purpose: The purpose of the meeting is to continue conceptual discussions for full face piece APR CBRN standards and review research efforts to identify stimulant materials for use as CBRN test surrogates for respirator research and development efforts; and to initiate discussion of concepts being considered for CBRN air-purifying escape respirator standards. NIOSH, along with the U.S. Army Soldier and Biological Chemical Command (SBCCOM) and the National Institute for Standards and Technology (NIST), will present information to attendees concerning the concept development of the APR CBRN standards, as well as concepts being considered for the air-purifying escape respirator CBRN standards. Participants will be given an opportunity to ask questions and to present individual comments for consideration. Interested participants may obtain the latest copies of the APR CBRN and air-purifying escape respirator CBRN concept papers, as well as earlier versions of the concept papers used during the standards development effort, from the NIOSH contact identified below, or from the NIOSH National Personal Protective Technology Laboratory Web site, address: <http://www.cdc.gov/niosh/npptl>. The September 16, 2002, APR CBRN concept paper will be used as the basis for discussion at the public meeting, as well as forming the basis for the new APR CBRN statement of standards.

Recent acts of terrorism have created an urgent awareness of domestic security and preparedness issues. Municipal, states, and federal responder groups, particularly those in locations considered potential targets, have been developing and modifying response and consequence management plans. Since the World Trade Center and anthrax incidents, most emergency response agencies have operated with a heightened appreciation of the potential scope and sustained resources requirements for coping with such events. The Federal Interagency Board for Equipment Standardization and Interoperability (IAB) has worked to identify personal protective equipment that is already available on the market for responders' use. The IAB has identified the development of standards or guidelines for respiratory protection equipment as a top priority. NIOSH, NIST, the National Fire Protection Association and the Occupational Safety and

Health Administration have entered into a Memorandum of Understanding defining each agency or organization's role in developing, establishing, and enforcing standards or guidelines for responders' respiratory protective devices. NIST has initiated Interagency Agreements with NIOSH and SBCCOM to aid in the development of appropriate protection standards or guidelines. NIOSH has the lead in developing standards or guidelines to test, evaluate and approve respirators.

NIOSH, SBCCOM, and NIST have hosted public meetings on June 18 and 19, 2002, and April 17 and 18, 2001, presenting their progress in assessing respiratory protection needs of responders to CBRN incidents. The methods or models for developing hazard and exposure estimates, and the status in evaluating test methods and performance standards that may be applicable as future CBRN respirator standards or guidelines were discussed at these meetings. On December 28, 2001, NIOSH announced standards for the evaluation and approval of self-contained breathing apparatus to protect emergency responders against CBRN agents. NIOSH, SBCCOM, and NIST are in the process of developing CBRN respiratory protection standards and guidelines for full facepiece APR and air-purifying escape respirators, as well as other classes of respirators. The October 16 and 17, 2002, public meeting will continue conceptual discussions for the CBRN APR, as well as introduce concepts being considered for the CBRN air-purifying escape respirators.

Contact Persons for Additional Information: Mr. Jonathan Szalajda, NIOSH, PO Box 18070, 626 Cochran Mill Road, Pittsburgh, PA 15236, telephone (412) 386-6627, fax (412) 386-6747 and/or e-mail: respcert@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 both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: September 23, 2002.

John 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

Smoking and Health Interagency Committee; Correction

ACTION: Notice; correction.

The Interagency Committee on Smoking and Health scheduled meeting for September 30, 2002, has been rescheduled for November 6, 2002.

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]

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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 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,