

Appendix 2, implementing regulations, and procurement regulations, 41 CFR 101-6.1023 and 48 CFR 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary information and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free exchange of candid views, and under the procurement rules that prevent undue interference with Committee and Department operations.

*Name of TRC:* The Agency for Healthcare Research and Quality—"Evidence-Based Practice Center (EPC II)".

*Date:* April 9-10, 2002 (Closed to the public).

*Place:* Agency for Healthcare Research and Quality, 6010 Executive Blvd, 4th Floor, Conference Center, Rockville, Maryland 20852.

*Contact Person:* Anyone wishing to obtain information regarding this meeting should contact Jacqueline Besteman, Center for Practice and Technology Assessment, Agency for Healthcare Research and Quality, 6010 Executive Blvd, Suite 300, Rockville, Maryland 20852, 301-594-4017.

Dated: March 14, 2002.

**Lisa A. Simpson,**  
Deputy Director.

[FR Doc. 02-7196 Filed 3-25-02; 8:45 am]

**BILLING CODE 4160-90-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-02-32]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

Comments are invited 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) ways to enhance 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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Symptoms Associated with the Convalescent Period of a Dengue Infection—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Dengue is a vector-borne febrile disease of the tropics transmitted most often by the mosquito *Aedes aegypti*. Symptoms of the acute disease include fever, headache, rash, retro-orbital pain, myalgias, arthralgias, vomiting, abdominal pain and hemorrhagic manifestations.

Many symptoms are mentioned in the medical literature as associated with the convalescent period (3-8 weeks) after dengue infection, including depression, dementia, loss of sensation, paralysis of lower and upper extremities and larynx, epilepsy, tremors, manic psychosis, amnesia, loss of visual acuity, hair loss, and peeling of skin. No epidemiologic study has been conducted to define the timing, frequency and risk factors for these symptoms. The objective of this study is to examine the incidence and characteristics of mental health disorders and other complications associated with dengue infection and convalescence.

The study will be conducted in Puerto Rico, where dengue is endemic and causes severe sporadic epidemics. Laboratory positive confirmed cases of dengue, laboratory negative suspected dengue cases and neighborhood controls will be prospectively enrolled in the study. Person-to-person interviews with adults (age 18 years or greater) will be conducted and information will be collected regarding symptoms experienced during the convalescent phase of the infection. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Laboratory positive confirmed dengue .....	200	2	1	400
Dengue negative control .....	200	2	1	400
Neighborhood control .....	200	2	1	400
Total .....	.....	.....	.....	1200

Dated: March 18, 2002.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

[FR Doc. 02-7158 Filed 3-25-02; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### ICD-9-CM Coordination and Maintenance Committee Meeting; National Center for Health Statistics (NCHS), Data Policy and Standards Staff, Announces the Following Meeting

*Name:* ICD-9-CM Coordination and Maintenance Committee meeting.

*Time and Date:* 9 a.m.-5 p.m., April 18-19, 2002.

*Place:* Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

*Status:* Open to the public.

*Purpose:* The ICD-9-CM Coordination and Maintenance (C&M) Committee will hold its first meeting of the 2002 calendar year cycle on Thursday and Friday April 18-19, 2002. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

*Matters To Be Discussed:* Agenda items include: Asthma, Neurologic topics, Myasthenia gravis in crisis, Sickle Cell disease, delayed separation of umbilical cord, Facial droop, long-term antiplatelet/antithrombotic (aspirin) use, artificial heart status/complications of artificial heart, encounter for insulin pump titration and training, ICD-10 Procedure Classification System (PCS)—Update Classic Infrascapic Semm Hysterectomy (CISH), Laparoscopic Assisted Supracervical Hysterectomy (LASH), intra-arterial blood gas monitoring, multi-level spinal fusion, vascular access device, addenda.

*Contact Person for Additional Information:* Amy Blum, Medical Classification Specialist, Data Policy and Standards Staff, NCHS, 6526 Belcrest Road, Room 1100, Hyattsville, Maryland 20782, telephone 301/458-4106 (diagnosis), Amy Gruber, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Blvd., Room C4-07-07, Baltimore, Maryland, 21244 telephone 410-786-1542 (procedures).

*Notice:* In the interest of security, (CMS) has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

*Notice:* This is a public meeting. However, because of fire code requirements, should the number of attendants meet the room capacity, the meeting room will be closed.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: March 15, 2002.

**Alvin Hall,**

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

[FR Doc. 02-7185 Filed 3-25-02; 8:45 am]

**BILLING CODE 4160-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee for Injury Prevention and Control (ACIPC) Family and Intimate Violence Prevention Subcommittee: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following subcommittee meeting.

*Name:* ACIPC Family and Intimate Violence Prevention Subcommittee.

*Time and Date:* 8:30 a.m.-12 p.m., April 16, 2002.

*Place:* The Holiday Inn Select Atlanta-Decatur Hotel and Conference Plaza, 130 Clairmont Avenue, Decatur, Georgia 30030.

*Status:* Open to the public, limited only by the space available.

*Purpose:* To advise and make recommendations to ACIPC and the Director, National Center for Injury Prevention and Control (NCIPC), regarding feasible goals for prevention and control of family and intimate violence and sexual assault. The Subcommittee will make recommendations regarding policies, strategies, objectives and priorities.

*Matters to be Discussed:* The Subcommittee will discuss the (1) FY 2002 Activities of NCIPC and the Division of Violence Prevention (DVP), and (2) Overview of Proposed Changes to the ACIPC.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Ms. Pamela Chin, Deputy Director, Office of the Director, DVP, NCIPC, CDC, 4770 Buford Highway, NE, M/S K60, Atlanta, Georgia 30341-3724, telephone 770/488-1378.

*Name:* Science and Program Review Subcommittee (SPRS) and the Advisory Committee for Injury Prevention and Control (ACIPC): Meetings.

*Time and Date:* 8 a.m.-12 p.m., April 16, 2002.

*Place:* The Holiday Inn Select Atlanta-Decatur Hotel and Conference Plaza, 130 Clairmont Avenue, Decatur, Georgia 30030.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Subcommittee provides advice on the needs, structure, progress and performance of the National Center for Injury Prevention and Control (NCIPC) programs. The Subcommittee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Subcommittee also advises on priorities for research to be supported by contracts, grants, and cooperative agreements and provides concept review of program proposals and announcements.

*Matters to be Discussed:* Agenda items include updates from the Subcommittee's Executive Secretary, the role of the Subcommittee, fiscal year 2002 research Request for Applications, dissemination of extramural research findings, and a progress report on completing and implementing the research agenda.

*Name:* Advisory Committee for Injury Prevention and Control.

*Time and Dates:* 1:30 p.m.-5:30 p.m., April 16, 2002. 8:30 a.m.-3 p.m., April 17, 2002.

*Place:* The Holiday Inn Select Atlanta-Decatur Hotel and Conference Plaza, 130 Clairmont Avenue, Decatur, Georgia 30030.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Committee advises and makes recommendations to the Secretary, Health and Human Services, the Director, CDC, and the Director, NCIPC, regarding feasible goals for the prevention and control of injury. The Committee makes recommendations regarding policies, strategies, objectives, and priorities, and reviews progress toward injury prevention and control. The Committee provides advice on the appropriate balance of intramural and extramural research, and also provides guidance on the needs, structure, progress and performance of intramural programs, and on extramural scientific program matters. The Committee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Committee also recommends areas of research to be supported by contracts and cooperative agreements and provides concept review of program proposals and announcements.

*Matters to be Discussed:* Agenda items include an update from the Director, NCIPC; a review and determination on committee rules and draft criteria for subcommittees and workgroups; workgroup reports; reports from the Science and Program Review Subcommittee and the Family and Intimate Violence Prevention Subcommittee; a presentation and discussion on state health departments and their role in injury prevention and control; current status of injury prevention and control in states; Association of State and Territorial Health Officials' perspective on the challenges of building capacity for injury control and prevention in state health departments;