

Healthy People 2010. Conference Edition November 30, 1999.

Institute of Medicine. Enabling America Assessing the Role of Rehabilitation Science and Engineering. Brandt EN, Pope AM, Editors. National Academy Press, Washington, DC 1997. Published epidemiological studies of TBI are also reviewed in the section entitled "Epidemiology of Traumatic Brain Injury in the United States" located at the Internet Website of the CDC National Center for Injury Prevention and Control <<http://www.cdc.gov/nncip/dacrrdp/tbi.htm>>.

Definitions:

Traumatic brain injury (TBI) and essential data elements for TBI surveillance are fully defined in CDC's Guidelines for Surveillance of Central Nervous System Injury. (For ordering a copy of the Guidelines, see Section J.—Where to Obtain Additional Information.)

Surveillance is the ongoing, systematic collection, analysis, and interpretation of health data necessary for designing, implementing, and evaluating public health programs.

Impairment: Any loss or abnormality of physiological, or anatomical structure or function.

Restriction in Activity (Disability): Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Restriction in participation (Handicaps): a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

A population-based follow-up system is defined as a system of ongoing registration of, and collection of information about, all or a representative sample of all cases of a condition in a defined population, such that cases can be related to the population base.

Elements of Disability:

Impairment: Any loss or abnormality of physiological, or anatomical structure or function.

Restriction in Activity (Disability): Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Restriction in participation (Handicaps): a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

[FR Doc. 02–11359 Filed 5–7–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics; ICD–9–CM E Code Revisions

AGENCY: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), HHS.

ACTION: Notice.

SUMMARY: The National Center for Health Statistics has approved the following expansion to the External Cause Codes in the International Classification of Diseases, Ninth–Revision, Clinical Modification (ICD–9–CM). These ICD–9–CM E-Code revisions will become effective October 1, 2002. The official government version of the ICD–9–CM that will include all of the code revisions can be found on the ICD–9–CM CD–ROM available through the Government Printing Office. Guidelines for the use of the new E-codes will appear on the CD–ROM and on the NCHS website <http://www.cdc.gov/nchs/icd9.htm>.

- E885.0 Fall from (nonmotorized) scooter
- E922.5 Accidental injury caused by paintball gun
- E955.7 Suicide/self-inflicted injury caused by paintball gun
- E979.0 Terrorism involving explosion of marine weapons
- E979.1 Terrorism involving destruction of aircraft
- E979.2 Terrorism involving other explosions and fragments
- E979.3 Terrorism involving fires, conflagration and hot substances
- E979.4 Terrorism involving firearms
- E979.5 Terrorism involving nuclear weapons
- E979.6 Terrorism involving biological weapons
- E979.7 Terrorism involving chemical weapons
- E979.8 Terrorism involving other means
- E979.9 Terrorism, secondary effects
- E985.7 Injury caused by paintball gun, undetermined whether accidentally or purposely inflicted
- E999.0 Late effect of injury due to war operations
- E999.1 Late effect of injury due to terrorism

FOR FURTHER INFORMATION CONTACT:

Donna Pickett, R.H.I.A., Co-chair, ICD–9–CM Coordination and Maintenance Committee, National Center for Health Statistics, CDC, telephone (301)–458–4200.

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: May 2, 2002.

Alvin Hall,

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

[FR Doc. 02–11358 Filed 5–7–02; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Toxicology Program (NTP); National Institute of Environmental Health Sciences (NIEHS)

The NTP Center for the Evaluation of Risks to Human Reproduction (CERHR) *Expert Panel Report on the Developmental and Reproductive Toxicity of Methanol*: Notice of Availability and Request for Public Comments

Summary

Notice is hereby given of the availability of the *Expert Panel Report on the Developmental and Reproductive Toxicity of Methanol*. This report includes the summaries and conclusions of the expert panel's evaluation of the scientific data for potential reproductive and/or developmental hazards associated with exposure to methanol. The CERHR held this expert panel meeting in October 2001. CERHR is seeking public comment on these reports and additional information about recent, relevant toxicology or human exposure studies.

Availability of Reports

The expert panel report is available electronically on the CERHR web site (<http://cerhr.niehs.nih.gov>) and in printed copy by contacting the CERHR (PO Box 12233, MD EC–32, Research Triangle Park, NC 27709; telephone: (919) 541–3455; fax: (919) 316–4511; or e-mail: shelby@niehs.nih.gov).

Request for Public Comments

The CERHR invites public comments on the expert panel report and input regarding any recent, relevant toxicology or human exposure studies. The CERHR asks that all comments and other information be submitted to the

CERHR at the address above by July 8, 2002.

All public comments received by this date will be reviewed and included in the final NTP–CERHR report on methanol to be prepared by NTP staff. The NTP–CERHR report will include the expert panel report, public comments received on the report, and an NTP brief. The brief will provide the NTP's interpretation of the potential for adverse reproductive and/or developmental effects to humans from exposure to methanol. The NTP will transmit the NTP–CERHR report to the appropriate federal and state agencies, the public, and the scientific community.

Background

A 12-member expert panel composed of scientists from state and federal governments, universities, and industry conducted an evaluation of the reproductive and developmental toxicities of methanol (**Federal Register** Vol. 66, No. 136, pp. 37047–37048, July 16, 2001). Public deliberations by the panel took place October 15–17, 2001 at the Radisson Hotel Old Town in Alexandria, Virginia. Following the October meeting, the draft expert panel report was revised to incorporate the panel's conclusions and subsequently reviewed by the Methanol Expert Panel, NTP scientists, and CERHR personnel.

Methanol (CASRN: 67–56–1) is a commercially important, high production volume chemical (2.2 billion gallons, US production, 1998), with high potential for occupational, consumer, and environmental exposure. Methanol is used in chemical syntheses and as an industrial solvent. It is found in a variety of consumer products such as paints, antifreeze, cleaning solutions, and adhesives and is a by-product of sewage treatment, fermentation, and paper production. Methanol is used in racing car fuels, and there is the potential for future, expanded use of methanol as a vehicle fuel or fuel additive.

Additional Information About CERHR

The NTP and the NIEHS established the NTP CERHR in June 1998 (**Federal Register** Vol. 63, No. 239, p. 68782, December 1998). The purpose of the CERHR is to provide scientifically based, uniform assessments of the potential for adverse effects on reproduction and development caused by agents to which humans may be exposed. Further information on the CERHR's chemical review process including how to nominate chemicals for evaluation and scientists for the expert registry can be obtained from its web site (<http://cerhr.niehs.nih.gov>) or by contacting the CERHR directly (see address above). The CERHR also serves as a resource for information on various environmental exposures and their potential to affect pregnancy and child development. The web site has information about common concerns related to fertility, pregnancy and the health of unborn children and links to other resources for information about public health.

Dated: May 1, 2002.

Samuel H. Wilson,

Deputy Director, National Institute of Environmental Health Sciences.

[FR Doc. 02–11522 Filed 5–7–02; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a

copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: 2003 National Survey on Drug Use and Health—(0930–0110, Revision)—The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

For the 2003 NSDUH, additional questions are being planned regarding types of schooling (e.g., public versus private). Several questions using “item count” methodology to estimate use of specific hard-core drugs are slated to be removed. The remaining modular components of the questionnaire will remain essentially unchanged except for minor modifications to wording.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2003 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. The total annual burden estimate is shown below:

	Number of respondents	Responses per respondent	Average burden per response (in hrs.)	Total burden (hrs.)
Household Screening	202,500	1	0.083	16,808
Interview	67,500	1	1.0	67,500
Screening Verification	6,176	1	0.067	414
Interview Verification	10,125	1	0.067	678
Total	202,500	85,400