

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Emergency Public Information and Communications Advisory Committee; Notice of Meetings

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of series of three meetings of the Emergency Public Information and Communications Advisory Committee.

The purpose of these public meetings is to convene the Committee to discuss issues related to the appropriate ways to communicate public health information regarding bioterrorism and other public health emergencies to the nation. Major areas to be considered by the Committee at these meetings may include the following: an assessment of current practices within the public health community for communicating with the public regarding threats posed by bioterrorism and other public health emergencies, identification of those particular practices that warrant broad use and how such use might best be encouraged within the nation's public health community, and determination of where new or improved communication strategies and methods are needed and how they might best be developed.

Name of Committee: Emergency Public Information and Communications Advisory Committee.

Dates: June 2–3, 6 and 9.

Times:

June 2—10 a.m.–5:30 p.m. EDT

June 3—9 a.m.–3:30 p.m. EDT

June 6—1 p.m.–4 p.m. EDT

June 10—1 p.m.–4 p.m. EDT

Place: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. SW., Washington, DC 20201.

Conference Call Number: June 6 and 10, dial 888–942–8131, password: EPIC.

Contact Person: Shellie Abramson, Office of the Assistant Secretary for Public Emergency Preparedness, 200 Independence Ave. Room 625G, Washington, DC 20201, 202–205–4729.

SUPPLEMENTARY INFORMATION:

Emergency Public Information and Communications Advisory Committee was established on March 26, 2003 by the Secretary of Health and Human Services under the authorization of Public Law 107–188 section 104(a) dated June 12, 2002, which amended section 319F of the Public Health Services Act. The purpose of the Emergency Public Information and Communications Advisory Committee will be to advise the Secretary on the appropriate ways to communicate

public health information regarding bioterrorism and other public health emergencies to the nation. The function of the Committee is to advise the Secretary regarding steps the U.S. Department of Health and Human Services can take to improve communications with the public regarding threats posed by bioterrorism and other public health emergencies.

Public Participation

The meetings are open to the public with attendance limited by the availability of space on a first come, first served basis. Members of the public who wish to attend the meeting may register by emailing EPIC@hhs.gov no later than close of business, day, May 23, 2003.

Opportunities for oral statements by the public will be provided on June 2, 2003, from 5 p.m.–5:30 p.m. (Time approximate). Oral comments will be limited to 5 minutes, three minutes to make a statement and two minutes to respond to questions from Council members. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotment may also be limited by the number of registrants. Members of the public who wish to present oral comments at the meeting may register by emailing EPIC@hhs.gov no later than close of business, day, May 23, 2003. All requests to present oral comments should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the areas of interest or issue to be addressed.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement during the time set aside for public comment if time permits and at the Chairperson's discretion. Individuals unable to attend the meeting, or any interested parties, may send written comments by e-mail to EPIC@hhs.gov for inclusion in the public record no later than close of business, day, May 23, 2003.

When mailing written comments, please provide your comments, if possible, as an electronic version or on a diskette. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact staff at the address and telephone number listed above no later than close of business, day, May 23, 2003.

The public can gain access to the conference call meetings by dialing toll-free, 888–942–8131 and using the

conference call password EPIC. At the end of the committee conference calls, the line will be opened 30 minutes to take questions or brief comments from the public.

Jerome M. Hauer,

Assistant Secretary for Public Health Emergency Preparedness (Acting).

[FR Doc. 03–11819 Filed 5–12–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03127]

Cooperative Agreement With the University of Malawi College of Medicine; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2003 funds for a cooperative agreement program with the University of Malawi, College of Medicine, located in Blantyre, Malawi. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to the University of Malawi, College of Medicine. The University of Malawi, College of Medicine is the only institution that possesses the requisite scientific and technical expertise, the infrastructure capacity and experience in conducting the described operations research topics, and which has collaborative relationships within Malawi and internationally to ensure that all aspects of this agreement can be fulfilled.

C. Funding

Approximately \$125,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or before September 1, 2003, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146, *Telephone:* (770) 488–2700.

For technical questions about this program, contact: Carl Campbell, Program Manager, Blantyre Integrated Malaria Initiative, Blantyre District Health Office, Blantyre, Malawi, Telephone: (265) 167-6071 or (265) 883-2614, Email address: cdc@malawi.net.

Dated: May 7, 2003.

Sandra R. Manning, CGFM,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*
[FR Doc. 03-11870 Filed 5-12-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03128]

Development of Medical-Specialty Specific Antimicrobial Resistance Educational Materials—Internet-Based Educational Module; Notice of Availability of Funds

Application Deadline: June 27, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317(k)(2) of the Public Health Service Act, (42 U.S.C. 241(a) and 247b(k)(2)), as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for the Development of Medical-Specialty Specific Antimicrobial Resistance Educational Materials—Internet-Based Educational Module. This program addresses the “Healthy People 2010” focus area Immunization and Infectious Diseases.

The purpose of the program is to develop and evaluate a comprehensive educational program for the medical specialty of Hospitalists that will employ multiple delivery methods, including an electronic educational module, sessions at national meetings, and publications in a specialty-related journal.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Infectious Diseases (NCID): Reduce the spread of antimicrobial resistance.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies, that is:

- Public nonprofit organizations.
- Private nonprofit organizations.
- Small, minority, women-owned businesses.
- Universities.
- Colleges.
- Research institutions.
- Hospitals.
- Community-based organizations.
- Faith-based organizations.
- Federally recognized Indian tribal governments.
- Indian tribes.
- Indian tribal organizations.
- State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).
- Political subdivisions of States (in consultation with States).

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(C)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately \$70,000 is available in FY 2003 to fund one award. It is expected that the award will begin on or about September 15, 2003 and will be made for a 12-month budget period within a project period of one year. The funding estimate may change.

Recipient Financial Participation

Matching funds are not required for this program.

Funding Preferences

Due to the scope of the project, which seeks to apply effective interventions on a large scale, develop educational materials specifically for Hospitalists, and distribute materials to Hospitalists in an effective manner, funding preference will be given to national organizations that have the medical specialty of Hospitalists as their primary audience.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities

listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities
 - a. Recruit and assemble an advisory board.
 - b. Conduct a needs assessment to determine information gaps among Hospitalists related to antimicrobial resistance.
 - c. Review existing educational materials and tools on antimicrobial resistance, and modify or create new tools for Hospitalists (with learning objectives) based on needs assessment results.
 - d. Develop a quality improvement “toolbox” of interventions shown to be successful.
 - e. Distribute educational materials and the quality improvement “toolbox” through a variety of avenues, including web-based, annual meetings, and journals.
 - f. Monitor and evaluate the impact of the educational materials and interventions from the “toolbox”. Collect follow up data on the problems of implementing the educational program and “toolbox” interventions, the lessons learned, acceptability to Hospitalists, and antimicrobial resistance incidence at intervention institutions.
 - g. Assist with data analysis, and preparation of a report or manuscript related to the overall project.
2. CDC Activities
 - a. Provide the funding recipient with existing CDC antimicrobial resistance educational materials for inclusion in development of educational materials for Hospitalists.
 - b. Actively participate in the advisory board that oversees the creation and approval of content for the “toolbox” and educational materials.
 - c. Actively participate in the development of survey and other data collection tools for both the educational materials and the “toolbox” interventions.
 - d. Assist with data analysis and preparation of a report or manuscript related to the overall project.
 - e. Assist in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

F. Content

Applications

The Program Announcement title and number must appear in the application.