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 Anne O'Connor , 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: Restriction on Travel of Persons, (0920–0488)—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

In 2000, the Food and Drug Administration (FDA) and CDC consolidated regulations related to controlling the spread of communicable diseases. FDA formerly administered the regulations contained in part 1240 of Title 21, Code of Federal Regulations, which pertained to interstate control of communicable diseases. These regulations may now be found in part 70 of Title 42, Code of Federal Regulations.

Among the regulations in 21 CFR part 1240, FDA transferred to CDC certain sections that relate to restrictions on interstate travel of any person who is in the communicable period of cholera, plague, smallpox, typhus, or yellow fever, or who, having been exposed to any such disease, is in the incubation period thereof. One of the sections—formerly 21 CFR 1240.50 and now 42 CFR 70.5 (Certain communicable diseases; special requirements)—contains a requirement for reporting certain information to the Federal government. Specifically, this regulation requires any person who is in the communicable period of cholera, plague, smallpox, typhus or yellow fever, or who, having been exposed to any such disease, is in the incubation period thereof, to apply for and receive a permit from the Surgeon General or his authorized representative in order to travel from one State or possession to another.

Control of disease transmission within the States is considered to be the province of state and local health authorities, with federal assistance being sought by those authorities on a cooperative basis, without application of federal regulations. The regulations formerly administered by FDA and assumed by CDC were developed to facilitate Federal action in the event of large outbreaks requiring a coordinated effort involving several states, or in the event of inadequate local control. While it is not known whether, or to what extent, situations may arise in which these regulations would be invoked, contingency planning for domestic emergency preparedness is now commonplace. Should this occur, CDC will use the reporting and record-keeping requirements contained in the regulations to carry out quarantine responsibilities as required by law.

Because of the uncertainty about whether a situation will ever arise precipitating CDC's enforcement of this rule, the following data collection burden estimate was prepared using the article *Smallpox: An Attack Scenario,* Tara O'Toole; Emerging Infectious Diseases, Vol. 5, No. 4, Jul–Aug 1999. This article describes the aftermath of a hypothetical domestic public health emergency situation involving smallpox virus. Of the potentially 15,000 persons infected with smallpox, the data collection assumes that one-fourth of these would apply for a permit to move from one state to another while in the communicable period of or having been exposed to smallpox. Should the event be different and/or involve a different number of people, the burden will vary accordingly.

Respondent	Number of responses	Number of responses/ respondents	Average burden/response (in hrs.)	Total burden (in hrs.)
Applicants (per application for a permit to move from state to state while in the communicable period of or having been exposed to smallpox	3,750	1	15/60	938
Total				938

Dated: February 21, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03–4602 Filed 2–26–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Cooperative Research and Development Agreement

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) National Immunization Program (NIP) is seeking a Cooperative Research and Development Agreement (CRADA) partner for collaboration in the development of a Vaccine Management Software (VACMAN) dynamic link library (DLL) component to interface with immunization information systems. The current DLL is compatible to VACMAN version 2.6x and will not be compatible when VACMAN is upgraded to version 3.

Because CRADAs are designed to facilitate the development of scientific and technological knowledge into useful, marketable products, a great deal of freedom is given to Federal agencies in implementing collaborative research. The CDC may accept staff, facilities, equipment, supplies, and money from the other participants in a CRADA; CDC may provide staff, facilities, equipment, and supplies to the project. CDC *may not provide funds* to the other participants in a CRADA. This opportunity is available until 30 days after publication of this notice in the **Federal Register**. Respondents may be provided a longer period of time to furnish additional information if CDC finds this necessary.

FOR FURTHER INFORMATION CONTACT:

Technical: Terry Boyd, Data Management Division, National Immunization Program, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., NE., Mailstop E–62, Atlanta, GA 30333, telephone (404) 639–8584.

Business: Janet Kelly, Data Management Division, National Immunization Program, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., NE., Mailstop E–62, Atlanta, GA 30333, telephone (404) 639–8735.

SUPPLEMENTARY INFORMATION: The VACMAN application was developed by the CDC NIP and is used by CDC Immunization Grant programs to purchase vaccines through a Vaccine

Ordering and Distribution System. The VACMAN DLL interface component allows immunization information systems to interface with VACMAN.

The CDC/NIP Development Team will work with respondent to develop and promote a product that will support VACMAN connectivity with immunization information systems and other applications that might exist on different operating systems. Respondent will be given access to VACMAN 3 database specifications and business rules. Respondent will maintain the code such that it is constantly kept updated accordingly as changes in the VACMAN product occurs. CDC/NIP requires the use of the source code and free distribution rights for the object code, which may include vendors, to ensure all available products can interact with VACMAN consistently and that all Grant programs have the opportunity to integrate VACMAN with their other processes for properly managing their vaccines.

Applicant submissions will be judged according to the following criteria:

1. Evidence of expertise in software development and supporting data (*e.g.*, resumes) of qualifications for the principle investigator who would be involved in the CRADA.

2. Specific operating systems and development languages proposed for development of the DLL.

3. Evidence of commitment for development to release to Grant programs, including vendors, the compiled components along with all appropriate documentation such as Application Program Interface documentation.

With respect to Government Intellectual Property (IP) rights to any invention not made solely by a CRADA partner's employees for which a patent or other IP application is filed, CDC has the authority to grant to the CRADA partner an exclusive option to elect an exclusive or nonexclusive commercialization license. This option does not apply to inventions conceived prior to the effective date of a CRADA that are reduced to practice under the CRADA, if prior to that reduction to practice, CDC has filed a patent application on the invention and has licensed it or offered to license it to a third party. The terms of the license will fairly reflect the nature of the invention, the relative contributions of the Parties to the invention and the CRADA, the risks incurred by the CRADA partner and the costs of subsequent research and development needed to bring the invention to the marketplace. The field of use of the license will be commensurate with the scope of the Research Plan.

This CRADA is proposed and implemented under the 1986 Federal Technology Transfer Act: Public Law 99–502, as amended.

The responses must be made to: Lisa Blake-DiSpigna, Technology Development Coordinator, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd. NE., Mailstop C–19, Atlanta, GA 30333.

Dated: February 21, 2003.

Joseph R. Carter,

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

[FR Doc. 03–4599 Filed 2–26–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health: 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 committee meeting.

Name: Advisory Board on Radiation and Worker Health (ABRWH).

Time and Date: 1 p.m.–4 p.m., March 14, 2003.

Place: Teleconference call will originate at the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH), Atlanta, Georgia. Please see **SUPPLEMENTARY INFORMATION** for details on accessing the teleconference.

Status: Open to the public, teleconference access limited only by ports available.

Background: The Advisory Board on Radiation and Worker Health (''the Board'') was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President, through the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS as a Final Rule, advice on methods of dose reconstruction which have also been promulgated as a Final Rule, evaluation of the scientific validity and quality of dose reconstructions conducted by NIOSH for qualified cancer claimants, and advice on the addition of classes of workers to the Special Exposure Cohort.

In December 2000, the President delegated responsibility for funding, staffing, and operating the Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was signed on August 3, 2001 and in November, 2001, the President completed the appointment of members to the Board to ensure a balanced representation on the Board. The initial tasks of the Board have been to review and provide advice on the proposed, interim, and final rules of HHS.

Purpose: This board is charged with (a) providing advice to the Secretary, HHS on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS on the scientific validity and quality of dose reconstruction efforts performed for this Program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: Agenda for this meeting will focus on the Special Exposure Cohort Notice of Proposed Rule Making finalization of recommendations.

Agenda items are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: This conference call is scheduled for 1 p.m. Eastern Time. To access the teleconference you must dial 1–800–311–3437. To be automatically connected to the call, you will need to provide the operator with the participant code ''528890'' and you will be connected to the call.

CONTACT PERSON FOR MORE INFORMATION: Larry Elliott, Executive Secretary, ABRWH, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841–4498, fax 513/458–7125.

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