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For financial, grants management, or budget assistance, contact: Tiffney Esslinger, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, telephone: (770) 488-2686, e-mail: tesslinger@cdc.gov.

VIII. Other Information

VIII.A. NDEP Workgroup Member Position Description and Requirements

Workgroup members serve as advisors/consultants for the development of NDEP materials, and implement strategic intervention activities for the NDEP program through their NDEP partner organizations. In addition, workgroup members serve as conduits for promoting the NDEP messages and the principles of NDEP. Workgroup members participate on conference calls, face-to-face meetings and the annual Partnership Network conference.

Workgroup membership roles and responsibilities include a commitment to do the following:

- Represent an organization invited to participate as an NDEP partner.
- Notify the workgroup chair if the workgroup member no longer represents the NDEP partner organization or if the organization selects another representative.
- Communicate with the organization which the member represents about NDEP campaigns and activities.
- Communicate with NDEP about members' organizational activities in support of the NDEP goals and objectives.
- Participate in workgroup conference calls. In most workgroups this represents a commitment of one hour monthly.
- Participate in face-to-face meetings, which usually will include one workgroup meeting and one Partnership Network meeting annually. It is not acceptable to invite a substitute to participate on a call or at a meeting if the NDEP member is not available.
- Facilitate partnerships that promote NDEP activities.
- Serve as a spokesperson for NDEP.
- Encourage network in professional associations and organizations to promote NDEP.
- Assist with language translation or review of translated materials (if needed and applicable).
- Provide feedback and input for materials development.
- Contribute to NDEP's overall evaluation effort by reporting back to

NDEP staff about activities promoting, disseminating or implementing NDEP campaigns and interventions.

VIII.B. CDC Division of Diabetes Translation National Objectives

1. By 2008, demonstrate success in achieving an increase in the percentage of people with diabetes in your jurisdiction who receives the recommended foot exams.

2. By 2008, demonstrate success in achieving an increase in the percentage of people with diabetes in your jurisdiction who receives the recommended eye exams.

3. By 2008, demonstrate success in achieving an increase in the percentage of people with diabetes in your jurisdiction who receive the recommended vaccinations (influenza and pneumococcal).

4. By 2008, demonstrate success in achieving an increase in the percentage of people with diabetes in your jurisdiction who receives the recommended A1C tests.

5. By 2008, demonstrate success in reducing health disparities for high-risk populations with respect to diabetes prevention and control.

6. By 2008, demonstrate success in linking to programs for promotion of wellness and physical activity, weight and blood pressure control and smoking cessation for people with diabetes.

To find out more about the National Diabetes Education Program (NDEP), visit the following Web sites at: <http://www.ndep.nih.gov>, <http://www.cdc.gov/diabetes/ndep>, <http://www.betterdiabetescare.nih.gov>, <http://www.diabetesatwork.org>.

To find out more about the CDC Division of Diabetes Translation, visit the Web site at: <http://www.cdc.gov/diabetes>.

Dated: September 28, 2004.

William P. Nichols,

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

[FR Doc. 04-22259 Filed 10-1-04; 8:45 am]

BILLING CODE 4163-18-P

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, Pub. L. 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); September 10, 2001 (66 FR 47030); September 27, 2002 (67 FR 61109) and November 6, 2003 (68 FR 62809). No new information that would warrant additional changes has been received; therefore the list, as set forth in the last update and below, remains unchanged.

EFFECTIVE DATE: October 4, 2004.

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 November 6, 2003 (68 FR 62809), CDC has received no information to indicate that additional unlisted diseases are transmitted through handling the food supply. Therefore, the list set forth below is unchanged from

the list published in the **Federal Register** on November 6, 2003.

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:

Noroviruses
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

* Kauffmann-White scheme for designation of *Salmonella* serotypes

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, Massachusetts, and South Carolina, 1989-1991. MMWR 1992; 41:1-4.
5. Centers for Disease Control and Prevention. Foodborne Outbreak of Cryptosporidiosis-Spokane, Washington, 1997. MMWR 1998; 47:27.

Dated: September 24, 2004.

James D. Seligman,

Associate Director for Program Services,
Centers for Disease Control and Prevention
(CDC).

[FR Doc. 04-22260 Filed 10-1-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Clinical Pharmacology Subcommittee of the Advisory Committee for Pharmaceutical Science; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Clinical Pharmacology Subcommittee of the Advisory Committee for Pharmaceutical Science.

General Function of the Subcommittee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on November 3, 2004, from 8 a.m. to 5:30 p.m., and on November 4, 2004, from 8 a.m. to 1:30 p.m.

Location: Center for Drug Evaluation and Research Advisory Committee Conference Room, rm. 1066, 5630 Fishers Lane, Rockville, MD.

Contact Person: Hilda Scharen, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301-827-7001, FAX 301-827-6776, e-mail:

SCHARENH@cder.fda.gov or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572) in the Washington, DC area, code 3014512539. Please call the Information Line for up-to-date information on this meeting.

Agenda: On November 3, 2004, the subcommittee will: (1) Receive topic updates for ongoing FDA activities previously presented to the subcommittee; (2) discuss and provide comments on the evidence for updating labels of approved drugs to include integrating pharmacogenetic, pharmacokinetic, and prognostic biomarkers for the purpose of optimizing therapeutic response and reducing risks of toxicity; and (3) discuss and provide comments on metabolism- and transporter-based drug-drug interactions included as recommendations in a draft guidance for industry being prepared by FDA. On November 4, 2004, the subcommittee will discuss and provide comments on a new critical path project related to general aspects of the transition of biomarkers to surrogate endpoints, with a focus on planning and process, rather than on specific biomarkers or surrogate endpoints.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the subcommittee. Written submissions may be made to the contact person by October 25, 2004. Oral presentations from the public will be scheduled between approximately 12:30 p.m. and 1 p.m. on November 3, 2004, and between 1 p.m. and 1:30 p.m. on November 4, 2004. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before October 25, 2004, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and