focus areas of Injury and Violence Prevention.

B. Eligible Applicant

Assistance is provided only to (STIPDA). No other applications were solicited.

Eligibility is limited to STIPDA because of its unique relationship with State public health injury programs and with State public health officers. STIPDA is the only national nonprofit organization comprised of public health injury directors representing all States and territories. Voting membership in STIPDA is restricted to one injury director for each State, with this director designated by the State health officer. Therefore, STIPDA, is the only organization officially representing the injury perspectives of each State's health officer.

STIPDA is the only organization whose primary mission is to promote, sustain, and enhance the ability of State and territorial public health departments to reduce death and disability associated with injuries. STIPDA has direct access to it's own membership of State and territorial injury prevention and control staff and, therefore, has the capacity to meet the objectives of this agreement.

STIPDA also provides consultation and technical assistance to numerous agencies and has liaison relationships with national organizations. In this way, STIPDA is deeply involved in injury prevention and control program development and evaluation efforts that are conducted nationally.

In collaboration with other national organizations, STIPDA accomplishes its mission in part by disseminating information on state-of-the-art injury prevention and control policies and strategies. The unique information exchange among STIPDA members and resident expert program knowledge provide it with special credibility with national, local, private, and voluntary agencies.

C. Funds

Approximately $493,898 is being awarded in FY 2002. The award will begin on or about September 30, 2002, and will be made for a 12-month budget period within a project period of one year.

D. Where To Obtain Additional Information

Business management technical assistance may be obtained from: Van A. King, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone number: (770) 488–2751, e-mail address: *vbk5@cdc.gov.*

For program technical assistance, contact: James S. Belloni, MA, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop F–41, Atlanta, GA, 30341–3724, Phone Number: 770 488–4538, e-mail address: *jsb1@cdc.gov.*

Dated: October 4, 2002.

Sandra R. Manning,

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

[FR Doc. 02–25752 Filed 10–9–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice: Re-Authorization of Pro-Children Act of 1994 (''PCA'') Under the No Child Left Behind Act of 2001 (''NCLB'')

AGENCY: Department of Health and Human Services, Centers for Disease Control and Prevention.

ACTION: Notice; amendment.

SUMMARY: The Department of Health and Human Services announces the re-authorization of the Pro-Children Act of 1994. The Pro-Children Act prohibits smoking in facilities that are funded directly by the Federal Government or through State or local governments by Federal grant, loan, loan guarantee, or contract programs that offer education, library, day care, health care and early childhood development services (*e.g.*, Head Start) on a routine and regular basis to children under the age of eighteen (18). The Act is being re-authorized under the No Child Left Behind Act of 2001, Pub. L. 107–110 (2001), effective January 8, 2002.

Prohibitions: The below prohibitions shall be effective 90 days after this notice is published, or 270 days after January 8, 2002, whichever occurs first. ''Any failure to comply with a prohibition in this section shall be considered to be a violation of this section and any person subject to such prohibition who commits such violation may be liable to the United States for a civil penalty in an amount not to exceed $1,000 for each violation, or may be subject to an administrative compliance order, or both, as determined by the Secretary.''

''(a) *Prohibition*—After the date of enactment of the No Child Left Behind Act of 2001, no person shall permit smoking within any indoor facility owned or leased or contracted for, and utilized, by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children.

(b) *Additional Prohibition*—(1) In General-After the date of enactment of the No Child Left Behind Act of 2001, no person shall permit smoking within any indoor facility (or portion of such a facility) owned or leased or contracted for, and utilized by, such person for the provision of regular or routine health care or day care or early childhood development (Head Start) services.

(2) *Exception*—Paragraph (1) shall not apply to—

(A) Any portion of such facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol; and

(B) Any private residence.

(c) *Federal Agencies*—

(1) *Kindergarten, Elementary, or Secondary Education or Library Services*—After the date of enactment of the No Child Left Behind Act of 2001, no Federal agency shall permit smoking within any indoor facility in the United States operated by such agency, directly or by contract, to provide routine or regular kindergarten, elementary, or secondary education or library services to children.

(2) *Health or Day Care or Early Childhood Development Services*—

(A) *In General*—After the date of enactment of the No Child Left Behind Act of 2001, no Federal agency shall permit smoking within any indoor facility (or portion of such facility) operated by such agency, directly or by contract, to provide routine or regular health or day care or early childhood development (Head Start) services to children.

(B) *Exception*—Subparagraph (A) shall not apply to—

(i) Any portion of such facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol; and

(ii) Any private residence.

(3) *Application of Provisions*—The provisions of paragraph (2) shall also apply to the provision of such routine or regular kindergarten, elementary or secondary education or library services in the facilities described in paragraph (2) not subject to paragraph (1).''

SUPPLEMENTARY INFORMATION: Several federal departments have authority to implement and enforce the Pro-Children Act; Department of Health and Human

Services, Department of Education, and the United States Department of Agriculture. The Act does not apply to any portion of such facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol, or services provided in private residences. For additional information please view **Federal Register** Notice, 94 FRN 32136, or to see the statute in its entirety please view Public Law 107–110 (2001).

FOR FURTHER INFORMATION CONTACT: Pro-Children Act Liaison, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, N.E., Mailstop K–50, Atlanta, GA 30341–3717, (770) 488–5705, then press option 3.

Dated: October 4, 2002.

Joseph R. Carter,

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

[FR Doc. 02–25754 Filed 10–9–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Proposed Measles, Mumps, Rubella (MMR) Vaccine Information Materials

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

ACTION: Notice with comment period.

SUMMARY: Under the National Childhood Vaccine Injury Act (42 U.S.C. 300aa–26), the CDC must develop vaccine information materials that all health care providers are required to give to patients/parents prior to administration of specific vaccines. Since the recommended interval between receiving rubella-containing vaccine and becoming pregnant has been revised from 3 months to 4 weeks, the vaccine information materials covering measles, mumps and rubella vaccine must be revised. CDC seeks written comment on proposed revised vaccine information materials for MMR vaccine.

DATES: Written comments are invited and must be received on or before December 9, 2002.

ADDRESSES: Written comments should be addressed to Walter A. Orenstein, M.D., Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E–05, 1600 Clifton Road, NE., Atlanta, Georgia 30333.

FOR FURTHER INFORMATION CONTACT: Walter A. Orenstein, M.D., Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E–05, 1600 Clifton Road, NE., Atlanta, Georgia 30333, (404) 639–8200.

SUPPLEMENTARY INFORMATION: The National Childhood Vaccine Injury Act of 1986 (Public Law 99–660), as amended by section 708 of Public Law 103–183, added section 2126 to the Public Health Service Act. Section 2126, codified at 42 U.S.C. 300aa–26, requires the Secretary of Health and Human Services to develop and disseminate vaccine information materials for distribution by all health care providers, whether public or private, to any patient (or to the parent or legal representative in the case of a child) receiving vaccines covered under the National Vaccine Injury Compensation Program.

Development and revision of the vaccine information materials have been delegated by the Secretary to the Centers for Disease Control and Prevention (CDC). Section 2126 requires that the materials be developed, or revised, after notice to the public with a 60-day comment period, and in consultation with the Advisory Commission on Childhood Vaccines, appropriate health care provider and parent organizations, and the Food and Drug Administration. The law also requires that the information contained in the materials be based on available data and information, be presented in understandable terms, and include:

(1) A concise description of the benefits of the vaccine,

(2) A concise description of the risks associated with the vaccine,

(3) A statement of the availability of the National Vaccine Injury Compensation Program, and

(4) Such other relevant information as may be determined by the Secretary.

The vaccines covered by this statutory requirement are diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, Haemophilus influenzae type b (Hib), varicella (chickenpox), and pneumococcal conjugate vaccine. Copies of the current vaccine information statements (VIS) for these vaccines, and instructions for their use, can be found on the CDC Web site at: *http://www.cdc.gov/nip/publications/vis/.*

Measles, Mumps & Rubella Vaccine

The Advisory Committee on Immunization Practices revised its recommendations for administration of rubella-containing vaccines to change the recommended interval between receiving MMR vaccine and becoming pregnant from 3 months to 4 weeks (''Revised ACIP Recommendations for Avoiding Pregnancy After Receiving a Rubella-Containing Vaccine'' MMWR 50/49, Dec 14, 2001). Interim vaccine information materials reflecting this change were posted on the CDC website on June 13, 2002. Following comments received during the consultation process mandated by the statute, we are proposing slightly different language to further clarify this recommendation through publication of this notice announcing proposed revised MMR vaccine information materials.

We invite written comment on the proposed revisions to the vaccine information materials, entitled ''Measles, Mumps & Rubella Vaccines: What You Need to Know.'' Comments submitted will be considered in finalizing these materials. When the final materials are published in the **Federal Register**, the notice will include an effective date for their use. In the meantime, the interim MMR materials, dated June 13, 2002, which reflect the revised recommendation, can be used in lieu of the 12/16/98 version of the MMR materials.

* * * * *

Proposed Measles, Mumps & Rubella Vaccine Information Materials

The vaccine information materials, entitled ''Measles, Mumps & Rubella Vaccines: What You Need to Know,'' and dated 12/16/98 and 6/13/02 (interim), are proposed to be revised as follows:

Section 3, ''Some people should not get MMR vaccine or should wait.'' Delete the third bullet and replace it with the following:

''Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.''

Section 5, ''What if there is a moderate or severe reaction?'' At the end of the last bullet, add the website address for the Vaccine Adverse Event Reporting System.

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Dated: October 4, 2002.

Joseph R. Carter,

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

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