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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement Number 801]

Cooperative Agreements to Conduct Research and Education Programs on Lyme Disease in the United States

Introduction

The Centers for Disease Control and Prevention (CDC) announces the expected availability of FY 1998 funds for a cooperative agreement program to conduct research on Lyme disease and illnesses caused by other related *Borrelia* species. Topics include: disease surveillance and epidemiologic studies, ecologic studies, and the development, implementation, and evaluation of prevention/control strategies. In addition, funds are available for the development of educational programs. This program's overall objective is to lower the incidence of Lyme disease in hyperendemic states to 5 per 100,000 population or less by the year 2000.

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Immunization and Infectious Diseases. (For ordering a copy of ''Healthy People 2000,'' see the Section ''Where to Obtain Additional Information.'')

Authority

This program is authorized under Sections 301 and 317(k)(2) of the Public Health Service Act, as amended (42 U.S.C. 241 and 247b(k)(2)).

Smoke-Free Workplace

CDC encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, daycare, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and governments and their agencies within the United States. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments, or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority and/or women-owned, nonprofit businesses are eligible to apply as the principal investigating entities. These United States entities may propose collaborative arrangements with investigators outside the United States, provided the proposal has a direct impact on United States public health.

Participation in proposed activities by scientists, health professionals and educators with expertise and experience in Lyme disease and its associated epidemiologic, environmental and entomological aspects is desirable. In addition, combined program activities involving State and local health departments, universities, colleges, and private nonprofit organizations are encouraged.

Note: Effective January 1, 1996, Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities will not be eligible for the receipt of Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

Availability of Funds

CDC projects approximately $1,700,000 of the President's budget will be available for FY 1998 for cooperative agreements to conduct research and education programs on Lyme disease in the United States. However, this announcement is made prior to the actual appropriation of fiscal year 1998 funds to allow new and competing continuation applicants sufficient time to prepare applications, and to enable timely award of the cooperative agreements. Approximately 10 to 15 new and competing continuation awards will be made with a median award of $150,000 ranging from $50,000 to $250,000. It is expected that the awards will begin on or about February 15, 1998. Awards will be funded for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change. Continuation awards within the project period are made on the basis of satisfactory progress and the availability of funds.

Applicants may apply for and receive support for activities under one or more of the three activity areas (A.1., A.2., and/or A.3.) listed in the Recipient Activities section. Approximately 35% of the available funds will be allocated to develop improved disease surveillance and conduct epidemiologic studies; approximately 40% of the available funds will be allocated to conduct ecologic studies and develop and implement strategies for prevention and control; and, approximately 25% of the available funds will be allocated to educate the public and health professionals on the primary and secondary prevention of Lyme disease. Applications may be submitted for any or all of the activities described above (any one or combination of the three subjects areas). Each category will be scored separately.

Recipient Financial Participation

There are no matching or cost participation requirements; however, the applicant's anticipated contribution to the overall program costs, if any, should be provided on the application. These funds should not supplant existing expenditures in this disease area.

Background

Lyme disease is one of the most important emerging infectious diseases in the United States, accounting for more than 90% of all reported vector-borne illness. The numbers of reported cases have increased steadily, resulting in a thirty-fold rise between 1982 and 1996. More than 16,000 cases were reported by 44 States to the CDC in 1996.

Lyme borreliosis is a potentially serious and debilitating infection that may lead to subacute and chronic disease of the joints, the peripheral and central nervous system, the heart, and the skin. Questions have been raised about microbial persistence and chronic Lyme disease. Although transplacental transmission has been reported, epidemiologic studies have not shown an association between Lyme disease and adverse outcomes of pregnancy.

Lyme disease cases have been reported nationwide; however, the disease is concentrated in three regions: the northeast and mid-Atlantic, the north central, and the Pacific coastal regions. Distribution of cases is principally related to the density of infected tick vectors. *Ixodes scapularis* is the principal vector throughout the northeastern, mid-Atlantic, and north central States, and is the cause of

significant peridomestic transmission. *Ixodes pacificus* transmits the disease in Pacific coastal areas. *Ixodes spinipalpis* maintains an enzootic cycle in Colorado and California. The role of the putative vectors in southern regions of the United States, *Ixodes scapularis* and *Amblyomma americanum*, is not clear.

CDC has maintained a system of national surveillance for Lyme disease since 1982. This system depends upon reporting of cases by State health departments to CDC. It provides basic descriptive epidemiologic information, defines trends in established endemic areas, and monitors the emergence of the disease in new areas. The usefulness of these surveillance data is limited by the application among States of different surveillance methods—some active, some passive. In addition, there is considerable lack of detection, under-reporting, and misclassification of cases. The national surveillance system has not provided reliable estimates of the total disease burden, but has given a rough index for monitoring trends of incidences. The emergence of the disease in new areas has been linked with geographic spread and increased density of infected tick vectors, although the dynamics of emergence are poorly understood.

There exists a great need to improve surveillance of human cases, to identify and characterize the cycle of transmission among animal reservoirs and arthropod vectors, to better define the geographic distribution and ecologic determinants of these cycles throughout the United States, and to quantify the risk of transmission to persons under various circumstances of exposure. Epidemiologic and behavioral studies are needed to better define risk factors for human infection so that more effective strategies for prevention and control of disease can be devised and implemented.

Research is needed on primary strategies involving community participation in integrated pest management (suppression of tick vectors, environmental modification, and vertebrate host management), personal protection measures to reduce human contact with infected ticks, the targeting, cost-benefits, and impact of anticipated vaccines, and other specific prevention methods.

Education of the public and health care professionals is a principal goal leading to primary prevention, and to secondary prevention through early detection, diagnosis, and appropriate treatment of infected persons. The effectiveness of education in preventing infection under various circumstances of exposure, such as periresidential, recreational, and occupational, needs to be evaluated or adequately described in terms of health behavior.

Purpose

The purposes of these cooperative agreements are to: (1) Provide assistance in determining the incidence and trends of Lyme disease in various geographic regions of the United States, (2) measure the public health impact of early and late stages of Lyme disease, (3) assess risk factors associated with the transmission of the disease, including behavioral and environmental factors, (4) determine the distribution and density of vector tick species, determine *B. burgdorferi* infection rates of these vectors, and characterize the ecologic factors which result in high infection rates in tick and vertebrate host populations, (5) develop, implement, and evaluate more effective prevention and control strategies using a community intervention approach, and (6) educate health professionals and the public on prevention through personal protection and environmental interventions, and on the need for early and accurate diagnosis, and appropriate treatment.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for conducting selected activities under A.1., A.2., and/or A.3. below, and CDC will be responsible for conducting activities under B., below:

A. Recipient Activities

1. Disease Surveillance and Epidemiologic Studies (Conduct One or More of the Following):

a. Implement, maintain, and evaluate an active Lyme disease surveillance system based on the 1990 (or subsequent) national case definition adopted by the Council of State and Territorial Epidemiologists (CSTE). Determine the utility of laboratory-based surveillance using standardized serologic tests for Lyme disease.

b. Conduct epidemiologic studies, utilizing descriptive, correlative, analytical and seroepidemiologic methods to better understand the epidemiology of the disease and to elucidate risk factors for infection and disease in specific geographic foci.

c. Carry out studies to measure the public health burden of Lyme disease and to determine the efficacy of various intervention strategies for primary and secondary prevention.

d. Conduct studies to identify human populations at high risk of infection and disease, including risks from periresidential, occupational, and recreational exposures, and design studies to measure the costs and benefits of various intervention strategies, including behavior modification, integrated pest management, and vaccine use.

e. Conduct studies to identify and describe the emergence of Lyme disease in previously nonendemic regions.

2. Conduct Ecologic Studies, Develop and Evaluate Prevention/Control Strategies (Conduct One or More of the Following):

a. Initiate ecologic studies that will contribute information for development of a nationwide map of Lyme disease risk based on ecologic, entomologic, and epidemiologic data. Risk factors to be evaluated may include distribution of vector ticks, density of vector ticks, infection rate of vector ticks, efficiency of transmission of Lyme disease spirochetes, reservoir competence of vertebrate hosts of *B. burgdorferi*, density distribution of principal tick maintenance hosts, and contact between infected ticks and humans.

b. Design, implement, and evaluate an Integrated Pest Management (IPM) program that can be used to reduce Lyme disease in residential and/or recreational settings. The proposed methods may include community participation, acaricides in an area-wide or host-targeted applications, alternative acaricides, habitat modification, host management, or biological control. Emphasis should be placed on adapting the use of an IPM program to communities or large scale recreational areas.

c. Evaluate in tick and animal models whether commercial Lyme disease vaccine preparations protect against various strains of *B. burgdorferi* and closely related *Borrelia* species found in common anthropophilic ticks in the United States. Develop anti-tick vaccines that interrupt transmission of *Ixodes scapularis*-borne pathogens.

d. Culture and characterize the newly described spirochete *B. lonestari* found in *Amblyomma americanum* ticks. Determine whether this spirochete infects and causes disease in vertebrates, including humans.

3. Develop and Disseminate Prevention and Control Information on Lyme Disease (Conduct One or More of the Following):

a. Provide information for health care providers and the public on the distribution of Lyme disease in the geographic area being served by the applicant. Update these data annually,

showing trends of incidence and other descriptive epidemiologic characteristics of the disease in tabular and map formats.

b. Devise new and innovative methods for disseminating currently developed educational materials to health care providers and the general public on measures to prevent Lyme disease and on the early and appropriate diagnosis and management of Lyme disease.

c. Develop informational materials for specific geographical areas on the ecology, environmental and behavioral risk factors, and prevention of Lyme disease.

d. Develop and publish information outlining practical methods to reduce vector tick densities, based on research in residential areas of high Lyme disease transmission.

e. Devise new and innovative methods to educate physicians, nurses, physician assistants, and other front line health care providers about Lyme disease, especially those that serve populations at high risk because of periresidential, occupational or recreational exposures.

f. Devise new and innovative health communication methods to increase awareness and knowledge of the general public about prevention and control of Lyme disease.

B. CDC Activities

1. Provide technical assistance in the design and conduct of research.

2. Assist in performing selected laboratory tests, as appropriate, depending on the needs of the recipient.

3. Assist in the coordination of research activities among different recipient sites.

4. Assist in the analysis of research data.

5. Assist in reviewing educational materials for medical and scientific accuracy.

Technical Reporting Requirements

Semiannual progress reports are required and must be submitted no later than 30 days after each semiannual reporting period. The semiannual progress reports must include the following for each program, function, or activity involved: (1) A comparison of actual accomplishments to the goal established for the period; (2) the reasons for failure, if established goals were not met; and (3) other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected. The final progress report is required no later than 90 days after the end of the project period. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

An annual Financial Status Report (FSR) is required no later than 90 days after the end of each budget period.

An original and two copies of all reports should be submitted to the Grants Management Branch, CDC.

Application Content

Applicants may apply for assistance for projects in one or more of the subject areas as described in the Recipient Activities section. If the applicant is applying under more than one subject area, a separate narrative, budget, and budget justification must be submitted for each subject area. Each application should consist of the following:

1. The abstract should summarize the background, needs, goals, objective and methods of the proposal on one page.

2. The program narrative should include the following sections: background, objectives, methods, plan of operation, and plan of evaluation. List and briefly describe specific, measurable, realistic, and time-phased objectives.

3. A budget justification is required for all budget items and must be submitted with Standard Form 424A, ''Budget Information,'' as part of PHS 5161–1 (Revised 7/92). The budget should include the total funds requested for the project, with separate budgets and justifications for each recipient activity/component, i.e., surveillance and epidemiological studies; ecologic studies and prevention and control activities; and education (development and dissemination of disease information). For applicants requesting funding for subcontracts, include the name of the person or organization to receive the subcontract, the method of selection, the period of performance, and a description of the subcontracted service requested.

4. If the proposed project involves human subjects, whether or not exempt from Department of Health and Human Services (DHHS) regulations, describe in the narrative adequate procedures for the protection of human subjects.

5. Also, ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects by including a description of the composition of the proposed study population (for example, addressing the inclusion of women and members of minority groups and their sub-populations in the section that will describe the research design). The applicant will provide an explanation when the investigator cannot control the race, ethnicity and/or sex of the subjects. See Other Requirements for additional information.

When applicable, letters of support must be included in an appendix if applicants anticipate the participation of other organizations or political subdivisions in conducting proposed activities. Specific roles and responsibilities must be delineated.

Notice of Intent To Apply

In order to assist CDC in planning for and executing the evaluation of applications submitted under this Program Announcement, all parties intending to submit an application are requested to inform CDC of their intention to do so no later than June 13, 1997. Notification should include: (1) Name and address of institution, (2) name, address and telephone number of contact person, and (3) which recipient activity(ies) application will be submitted under. Notification may be provided by facsimile or postal mail to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 305, Mailstop E–18, Atlanta, GA 30305, facsimile (404) 842–6513.

Required Format for Applications

Due to the need to reproduce copies of the applications for the reviewers, ALL pages of the application MUST be in the following format.

1. The original and two copies must be UNSTAPLED and UNBOUND.

2. ALL pages must be clearly numbered, and a complete index to the application and its appendices must be included.

3. Begin each separate section on a new page.

4. All materials must be typewritten, single-spaced, using a font no smaller than a size 10, and typed ONLY on 8½″ by 11″ paper.

5. Any reprints, brochures, or other enclosures must be copied onto 8½″ by 11″ paper by the applicant.

6. All pages must be printed on ONE side only, with at least 1″ margins, headers, and footers.

7. The application narrative for each recipient activity subject area (of the three subject areas) must be *limited to 10 pages,* excluding abstract, budget, and appendices.

8. Materials that are part of the basic plan must not be placed in the appendices.

9. If the applicant is applying for assistance for *more than one* of the three

focus areas/components, *a separate narrative and budget* must be submitted for each focus area/component.

Evaluation Criteria

Evaluation Criteria for Proposals for Activity A.1., Disease Surveillance and Epidemiological Studies; Activity A.2., Ecologic Studies and Prevention/Control Strategies

Applications will be reviewed and evaluated according to the following criteria: (Total 100 points).

1. The applicant's understanding of the purpose of the proposed activity and the feasibility of accomplishing the outcomes desired. (5 points)

2. The extent to which background information and other data demonstrate that the applicant has the appropriate organizational structure, administrative support, and technical expertise to conduct the work proposed and has access to stated target populations or other study objects. (10 points)

3. The degree to which the proposed objectives are consistent with the purpose as defined in the ''Purpose'' section of this application and are specific, measurable, and time-phased. (5 points)

4. The degree to which the research plans will enable the applicant to achieve the stated objectives. The plans should specify the who, what, where, how, and timing for the start and completion of each activity. (25 points)

5. The quality of the research methods and instruments to be used. (If the proposal involves human subjects, the degree to which the applicant has met CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research will be evaluated. This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) the proposed justification when representation is limited or absent; (3) a statement as to whether the design of the study is adequate to measure differences when warranted; and (4) a statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.) (25 points)

6. The quality of the proposed methods for evaluating the project. (5 points)

7. The extent to which qualifications (including expertise and experience in relevant work) of project personnel, and the projected level of effort by each toward accomplishment of the proposed activities demonstrate the ability to successfully conduct the proposed work. (10 points)

8. The degree to which the proposal addresses one or more of the priority funding areas:

a. Surveillance and epidemiological studies that target geographic areas of high endemicity/enzooticity and human populations at high risk, and populations in circumstances of emerging risk (5 points);

b. The development, implementation, and evaluation of community-based strategies of primary prevention and control, including methods for vector suppression and personal protection (5 points);

c. Studies that measure the public health impact of Lyme disease, or that estimate the costs and benefits of various strategies of prevention and control, including vaccination (5 points).

9. The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds. (not scored)

Evaluation Criteria for Proposals for Activity A.3., Development and Dissemination of Disease Information/ Education

Applications will be reviewed and evaluated according to the following criteria: (Total 100 points)

1. The applicant's understanding of the purpose of the proposed educational intervention/activity and the feasibility of accomplishing the outcomes desired. (10 points)

2. The extent to which background information and other data demonstrate that the applicant has the appropriate organizational structure, administrative support, and technical expertise to research, design, develop, and disseminate the proposed educational materials, and to access appropriate target populations. (15 points)

3. The degree to which the proposed objectives are consistent with the defined purpose as defined in the ''Purpose'' section of this application and are specific, measurable, and time-phased. (10 points)

4. The degree to which the educational research, design, development, and dissemination plans demonstrate the ability of the applicant to achieve the stated objectives. The plan will specify the who, what, where, how, and timing for the start and completion of each activity. (20 points)

5. The quality of the educational research, design, development, and dissemination methods and instruments to be used. (If the proposal involves human subjects, the following will be evaluated: the degree to which the applicant has met CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) the proposed justification when representation is limited or absent; (3) a statement as to whether the design of the study is adequate to measure differences when warranted; and (4) a statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits. (20 points)

6. The soundness of the proposed methods for measuring changes in behavior and prevention effectiveness of the educational activity/intervention, including the pre-and post-testing of a representative sample of the intended target population. (15 points)

7. The extent to which qualifications (including training and experience in work with Lyme disease) of project personnel, and the projected level of effort by each toward accomplishment of the proposed activities are described. (10 points)

8. The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds. (not scored)

Funding Priorities

Priority will be given to applications in the areas of surveillance and epidemiologic studies that target geographic areas of high endemicity/ enzooticity and human populations at high risk; to applications that relate to studies of community-based strategies of primary prevention and control, including methods for vector suppression and personal protection; and to applications which focus on education of health care providers and on the evaluation of education effectiveness.

Interested persons are invited to comment on the proposed funding priorities. All comments received on or before June 26, 1997, will be considered before the final funding priorities are established. If any funding priority should change as a result of any comments received, a revised Announcement will be published in the **Federal Register** and revised applications will be accepted prior to the final receipt of applications.

Written comments should be addressed to: Sharron Orum, Grants Management Officer, Grants

Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 305, Mailstop E–18, Atlanta, GA 30305. All comments should reference the Program Announcement Number 801.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.942.

Other Requirements

Paperwork Reduction Act

Projects that involve collection of information from 10 or more individuals and funded by cooperative agreements will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations (45 CFR Part 46) regarding the protection of human subjects. Assurance must be provided which demonstrates that the project will be subject to initial and continuing review by an appropriate institutional review committee. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its Tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing evidence of this assurance in accordance with the appropriate guidelines and forms provided in the application kit.

Animal Subjects

If the proposed project involves research on animal subjects, the applicant must comply with the ''PHS Policy on Humane Care and Use of Laboratory Animals to Awardee Institutions.'' An applicant organization proposing to use vertebrate animals in CDC-supported activities must file an Animal Welfare Assurance with the Office for the Protection from Research Risks at the National Institutes of Health.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants will ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947-47951, dated Friday, September 15, 1995.

Application Submission and Deadline

The original and two copies of the application form PHS 5161–1 (Revised 7–92, OMB number 0937–0189) must be submitted to Sharron Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 305, Mailstop E–18, Atlanta, GA 30305, on or before August 1, 1997.

1. *Deadline:* Applications will be considered as meeting the deadline if they are either:

a. Received on or before the deadline date; or

b. Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing).

2. *Late Applications:* Applications which do not meet the criteria in 1.a. or 1.b. above are considered late applications. Late applications will not be considered and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information, call (404) 332–4561. You will be asked to leave your name, address, and telephone number. Please refer to Announcement #801. You will receive a complete program description, information on application procedures and application forms. If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Gladys T. Gissentanna, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E–18, Atlanta, GA 30305, telephone (404) 842–6801. Programmatic technical assistance may be obtained from David Dennis, M.D. or Duane Gubler, Sc.D., Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Fort Collins, CO 80522, telephone (970) 221–6400. You may also obtain this announcement from one of two Internet sites on the actual publication date: CDC's homepage at http://www.cdc.gov or the Government Printing Office homepage (including free on-line access to the **Federal Register** at http://www.access.gpo.gov). Other CDC Announcements are also listed on the Internet on the CDC homepage.

Please refer to Announcement Number 801 when requesting information and submitting an application.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full Report, Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report, Stock No. 017–001–00473–1) referenced in the ''Introduction'' through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402–9325, telephone (202) 512–1800.

Dated: May 8, 1997.

Joseph R. Carter,

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

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