

sprawl provides new roosts for bats in homes and buildings while reducing available natural roosts and putting humans in more frequent contact with bats. The largest public health concern with respect to bat exposure is the transmission of rabies virus—about 75% of human rabies deaths are from bat-associated rabies variants. The current U.S. guidelines for animal rabies prevention and control recommend that bats be excluded from houses and adjacent structures to prevent direct association with humans. While direct association with bats is certainly a risk factor for rabies transmission, little is known about the effects of indirect association with bats and potential adverse health effects. This is of public

health concern because many organizations actually promote interactions between bats and humans, without consideration of public health consequences.

The questionnaire will establish bat exposure history, general personal health history including frequency of post-exposure prophylaxis for rabies and knowledge and attitudes pertaining to bat roosts. The Colorado State University/United States Geological Survey (USGS) study provides both a background for bat and rabies virus ecology in the Fort Collins area, and the ability of conservation and health issues to be relayed to the public.

We will evaluate health outcomes among household members by

administering a survey focused on frequency and nature of hospital/clinic visits, frequency of bat exposure, and frequency of post-exposure prophylaxis (PEP) for rabies.

The list of households with roosts is provided by Colorado State University bat researchers, identified through radio-tagging of bats. We plan to improve the knowledge of the ecology of bats and associated rabies transmission by assimilating rabies prevalence data in a bat population with data regarding the roost ecology and bat/human interaction ecology in a rapidly sprawling suburban area, Ft. Collins, Colorado. There is no cost to the respondents other than their time. The total annualized burden hours are 178.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/re-spondent	Average burden/response (in hours)
Households with Bats (n=45) .....	81	1	30/60
Households without Bats (n=153) .....	275	1	30/60

Dated: March 14, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**General Notice.**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** General notice.

**Background**

This notice supplements the summer 2004 HRSA Preview which announced the availability of fiscal year (FY) 2005 funding for new and competing continuation applications for Healthy Start. Healthy Start, authorized under section 330H of the Public Health Service Act, strengthens communities to effectively address the causes of infant mortality, low birth weight and other poor perinatal outcomes for women and infants. Recently, new guidance became available with regards to funding FY 2005 Healthy Start programs.

**SUMMARY:** Following the Senate Committee's recommendation, the Health Resources and Services Administration (HRSA) will give

funding preference during the FY 2005 competition to current and former Healthy Start grantees, including those whose Healthy Start grant application was approved but not funded in FY 2004.

Senate Report 108-345 at 54 (2004) accompanying the Consolidated Appropriations Act, 2005 (Pub. L. 108-447) states "The Committee urges HRSA to give preference to current and former grantees with expiring or recently expired project periods. This should include grantees whose grant applications were approved but not funded during fiscal year 2004."

**FOR FURTHER INFORMATION CONTACT:**

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Dated: March 14, 2005.

**Elizabeth M. Duke,**

*Administrator.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), notice is hereby given of the following meeting:

*Name:* Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children (ACHDGDNC).

*Dates and Times:* April 21, 2005, 9 a.m. to 5 p.m., April 22, 2005, 9 a.m. to 5 p.m.

*Place:* Ronald Reagan Building and International Trade Center, 1300 Pennsylvania Avenue, NW., Washington, DC 20004.

*Status:* The meeting will be open to the public with attendance limited to space availability.

*Purpose:* The Advisory Committee provides advice and recommendations concerning the grants and projects authorized under the Heritable Disorders Program and technical information to develop policies and priorities for this program that will enhance the ability of the State and local health agencies to provide for newborn and child screening, counseling and health care services for newborns and children having or at risk for heritable disorders. Specifically, the Advisory Committee shall advise and guide the Secretary regarding the most appropriate application of universal newborn screening tests, technologies, policies,