

fever, headache, rash, retro-orbital pain, myalgias, arthralgias, nausea or vomiting, abdominal pain, and hemorrhagic manifestations.

Since there is no vaccine available to prevent dengue, prevention efforts are directed to control the vector mosquito. The limited efficacy of insecticides in preventing disease transmission has prompted the search for new approaches involving community participation.

Research in Puerto Rico, where dengue is endemic and intermittently epidemic, has shown that levels of awareness about dengue are very high in the population and that the next step should be the translation of this knowledge into practice (behavior change). To achieve this goal a model of community participation to prevent and control dengue should be developed.

This model of community participation must be an effectively implemented prevention project.

The objective of the dengue prevention project is to develop and evaluate a community-based participation intervention model that will reduce *Aedes aegypti* infestation in a community in Puerto Rico. To accomplish this two comparable communities in the San Juan, Puerto Rico area will be selected for this study. One community will be a "control community" and the second community will be an "intervened community." Entomologic surveys and person-to-person interviews to assess knowledge, attitudes, and practices (KAP) will be conducted during the project in both communities. The entomologic surveys and person-to-person interviews will be

conducted three times during the project: the beginning of the project, the end of the first year of the project, and 18 months after the beginning of the project.

An additional interview will also be conducted in the intervened community to assess the function and significance of artificial containers that hold water. An ethnographic assessment will be performed to determine the resources and needs of the intervened community. The specific dengue prevention activities that the intervened community will perform will be based on results of the initial entomologic survey, KAP, function and significance of artificial containers, and the ethnographic assessment of the community. The total burden hours are 759.

Form	Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)
Intervened Community	400	2	45/60	600
Informal Interview	3	1	30/60	1.5
In-Depth Interview	15	1	30/60	7.5
Focus Groups	10	2	90/60	30
Larval Survey (sub-sample)	80	3	30/60	120

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04012]

HIV Prevention Projects; Notice of Availability of Funds

Application Deadline: October 6, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a) and 317 (k)(2) of the Public Health Service Act, 42 U.S.C. 241 and 42 U.S.C. section 247b(k)(2), 45 CFR part 92. The Catalog of Federal Domestic Assistance number is 93.943.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2004 funds for cooperative agreement

programs for HIV prevention. This program addresses the "Healthy People 2010" priority area of HIV infection and the goals of CDC's HIV Prevention Strategic Plan Through 2005.

The overall goal of the strategic plan is to reduce the number of new HIV infections in the United States from an estimated 40,000 to 20,000 per year, focusing particularly on reducing the disproportionate impact of HIV infection in racial, ethnic minority populations.

The majority of transmission of HIV is by persons unaware of their infection; one quarter of the people in the United States who are infected with HIV do not yet know they are infected. Knowing their HIV status would allow these people to receive the benefits of improved treatment and care, as well as ongoing prevention services that can prevent infection of others.

CDC is refocusing some HIV prevention activities to reduce the number of new HIV infections in the United States (Advancing HIV Prevention: New Strategies for a Changing Epidemic—United States, MMWR 2003; 52(15): 329–332). CDC is doing so by putting more emphasis on counseling, testing, and referral for the estimated 180,000 to 280,000 persons who are unaware of their HIV infection; partner notification, including partner

counseling and referral services; and prevention services for persons living with HIV to help prevent further transmission once they are diagnosed with HIV. In addition, since perinatal HIV transmission can be prevented, CDC is strengthening efforts to promote routine, universal HIV screening as a part of prenatal care. All of this will be accomplished through four strategies: (1) Making HIV screening a routine part of medical care; (2) creating new models for diagnosing HIV infection, including the use of rapid testing; (3) improving and expanding prevention services for people living with HIV; and, (4) further decreasing perinatal HIV transmission.

Performance Goals

The goals of this program are to assist public health departments to decrease transmission of HIV by:

1. Decreasing the number of persons at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained, and evidence-based HIV prevention interventions, including prevention of perinatal HIV transmission.

2. Increasing, through voluntary counseling and testing, the proportion of HIV-infected people who know they are infected, focusing particularly on populations with high rates of undiagnosed HIV infection by incorporating the new HIV rapid test