

availability of fiscal year (FY) 2003 funds for competitive supplemental awards to current grantees of the Emerging Infections Programs (EIPs) cooperative agreements. This program addresses the "Healthy People 2010" priority areas of Immunization and Infectious Diseases.

These supplemental funds are available to assist grantees in developing and conducting projects in the following two areas:

Project A—Surveillance for Severe Acute Respiratory Syndrome (SARS) and Severe Pneumonia Syndrome
Project B—Enhanced surveillance for Viral Hepatitis

The purpose of these supplemental awards is to complement activities associated with the established EIP. EIPs are population-based centers designed to assess the public health impact of emerging infections and to evaluate methods for their prevention and control. This program will assist local, state, and national efforts to conduct surveillance and applied epidemiologic and laboratory research in emerging infectious diseases, and it will enhance bioterrorism preparedness.

Project A—Surveillance for SARS and Severe Pneumonia Syndrome Activities (See Appendix 1 as posted with this announcement on the CDC Web site):

The purposes of Project A are to:

1. Establish flexible, multi-state, long-term population-based surveillance for severe pneumonia syndrome.
2. Facilitate diagnostics for respiratory syndromes posing immediate threats/concerns (e.g., SARS, pandemic influenza, a bioterrorism agent), developing more effective approaches to respiratory disease outbreak investigation.

3. Characterize pneumonia etiologies at selected institutions.

Project B—Viral Hepatitis Activities (See Appendix 2):

The purpose of Project B is to develop model demonstration projects for enhanced surveillance for viral hepatitis. The specific objectives are to:

1. Provide stable estimates of the incidence of and risk factors for viral hepatitis.
2. Improve the completeness of case report data and ascertainment of cases.
3. Standardize the application of the case definition for viral hepatitis.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Infectious Diseases: Protect Americans from infectious diseases.

C. Eligible Applicants

Eligibility for these competitive supplemental awards is limited to the

ten current Emerging Infections Program grantees: California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon, and Tennessee.

Eligibility is limited to existing EIP grantees because EIPs are population-based centers designed to work as a network to assess the public health impact of emerging infections and to evaluate methods for their prevention and control. The EIPs are well established with an infrastructure in place to provide the necessary foundation for the development of novel or innovative surveillance activities such as those proposed in this program announcement. EIPs are based in state health departments, each having a variety of established collaborators—local health departments, laboratorians, infection control professionals, healthcare providers, academic institutions, and other EIPs in the network.

Grantees interested in the enhanced surveillance for viral hepatitis must have laws or regulations requiring laboratory reporting of anti-HAV IgM, anti-HBc IgM, HBsAg, and antibody to HCV or HCV RNA (PCR) (HCV reporting preferable, but not required). Eligible health departments should have at least 50 reported cases of acute hepatitis A and 50 reported cases of acute hepatitis B in 2002. ("HAV"—Hepatitis A virus; "HB"—Hepatitis B; "HCV"—Hepatitis C virus; "RNA"—ribonucleic acid; "PCR"—polymerase chain reaction).

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Project A—Surveillance for SARS and Severe Pneumonia Syndrome

Approximately \$500,000–600,000 is available in FY 2003 for four to five awards. Funding will begin on or about September 1, 2003 and be made for the remainder of the current EIP budget period that expires December 29, 2003. It is expected that individual awards will range from \$100,000–200,000. Information about subsequent funding, for the 12-month period beginning with the next EIP cycle on December 30, 2003, will be provided with EIP continuation funding guidance and will depend on availability of funds.

Project B—Enhanced Surveillance for Viral Hepatitis

Approximately \$300,000–400,000 is available in FY 2003 to fund two to three awards. Funding will begin on or about September 1, 2003 and be made for the remainder of the current EIP budget period that expires December 29, 2003. It is expected that individual awards will range from \$100,000–200,000. Information about subsequent funding, for the 12-month period beginning with the next EIP cycle on December 30, 2003, will be provided with EIP continuation funding guidance and will depend on availability of funds.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities

Project A: Surveillance for SARS and Severe Pneumonia Syndrome

This multi-state surveillance activity will consist of three tiered activities, which should be integrated closely with related projects currently being conducted by the EIPs:

- a. Establish a flexible, multi-state, long-term population-based surveillance for severe pneumonia syndrome. As a first phase of this activity, surveillance for health care workers with hospitalized pneumonia should be established before the 2003 influenza season.

- (1) Characterize the rate of severe pneumonia and seasonal trends.

- (2) Describe demographic and epidemiologic characteristics of patients with severe pneumonia.

- (3) Characterize clinical features of severe pneumonia hospitalizations.

- b. Facilitate diagnostics for respiratory syndromes posing immediate threats/concerns (e.g., SARS, pandemic influenza, a bioterrorism agent).

- (1) When SARS-associated coronavirus (SARS-CoV) diagnostics become available to state laboratories: Detect SARS-CoV positive patients (including those who don't have a known epidemiologic link).

- (2) Characterize the rate of SARS-CoV positivity among severe pneumonia cases.

- (3) Expand facilitated diagnostic testing to other agents of concern as they arise and diagnostics become available.