

HOME ENVIRONMENT AND CHILDHOOD ASTHMA IN A RURAL IOWA COUNTY

Erik R. Svendsen*†, Stephen J. Reynolds*†, James A. Merchant*, Allison L. Naleway*§, Ann M. Stromquist*, Peter S. Thorne*

*University of Iowa College of Public Health, Iowa City, IA †Current: USEPA RTP, NC ‡Current: Colorado State University, Fort Collins, CO §Current: Marshfield Medical Research Foundation, Marshfield, WI

Introduction: Childhood asthma is epidemic throughout the industrialized world. Most literature reports lower asthma and allergy prevalence rates among rural and agricultural populations. In Round I of the Keokuk County Rural Health Study (KCRHS) (a rural longitudinal cohort study), a relatively high rate of childhood asthma prevalence was found: 16.3%. Further study was warranted to explain the high prevalence.

Methods: A nested case-control study was performed within Round II of the KCRHS. Extensive home environmental assessments were performed, in addition to enhanced clinical evaluations.

Results: In univariate analysis, allergy and sensitization (especially to farm, grass, and mold antigens), increasing exposure to mold/water damage, and always used wood to heat were significantly associated with asthma prevalence. Atopy (OR: 3.73, 95% CI: 1.21-11.42) and mildew/water damage exposure (OR: 2.45, 95%CI: 1.20-5.00) were significantly associated with asthma prevalence even after adjusting for male gender, severe chest illness prior to 2 years of age, and high-risk birth in a multiple logistic regression.

Conclusions: Increasing farm and mold exposures were significantly associated with increased asthma prevalence, independent of gender, early severe chest illnesses, and neo-natal risk factors.

This abstract does not necessarily represent EPA policy.

This abstract is funded by: NIOSH/CDC: UO7/CCU706145 & ROI OH14364.

IDENTIFICATION AND LEVELS OF INDOOR ENVIRONMENTAL IRRITANTS

IN HOMES OF ASTHMATIC CHILDREN IN BAYAMON, PUERTO RICO. E. Montalegre, DVM, Ph.D.,¹ B. Fernández, MT.,¹ A. Delgado, RT.,¹ L. Fernández BS.,¹ A. Román,¹ J. Rodríguez-Santana MD.,² D. Zavala D. Ph.D.,¹ V. Medina RT, D., Chardón, MD, M. Bayona, MD, PhD.³

¹ Ponce School of Medicine, Ponce, PR, ² Pediatric Pulmonary Program, San Juan, PR ³ University of North Texas, Fort Worth, Tx. Puerto Rico has one of the highest prevalence of asthma in the USA, and the diversity and concentrations of allergens is not known. A cross-sectional study was conducted in Bayamon, Puerto Rico to identify and quantify common allergens, inhalable serine proteases and endotoxins. A total of 126 pediatric asthma cases were included in the study and dust samples were obtained from the entire mattress and from the bed floor.

The presence of mite (*D. p. 1*, *D. f. 1*, Group 2), cockroach (*B. g. 1* and *B. g. 2*), cat (*F. d. 1*), dog (*C. f. 1*), mold (*A. l. 1*) and rat (*R. n. 1*) allergens were determined. In addition, endotoxins were detected by the Limulus Lysate Test, and serine proteases by their specific substrates. The results strongly suggest that exposures to allergen concentration levels are low. Only house dust mites and cockroaches had more than half of the patients exposed to sensitizing levels. In both cases, the percent of patients exposed to high levels of allergens capable of triggering asthma symptoms was 25.3% and 10% respectively. However, the number of asthmatic exposed to these levels is minimal. In contrast, 79.5% of the asthmatic children were exposed to endotoxin concentrations greater than 100 EU/mg dust, a suggested cut-off level for clinical relevance. In conclusion, our study strongly suggests that the current indoor concentrations of allergens which traditionally are associated with asthma symptoms may not be applicable to the asthmatic population in Bayamon, Puerto Rico. Although we can not rule out the role of allergens derived from domestic mites or from other sources as sensitizing agents, endotoxins may play a more important role than allergens in the induction of asthma symptoms leading to asthma attacks. Also, serine proteases, in conjunction with endotoxins, may play an adjuvant role in asthma clinical manifestations. Funded by The Environmental Protection Agency, Grant # X-99276201-3.

EPIDEMIC CYCLES OF ASTHMA HOSPITALIZATION OF CHILDREN IN CANADA, AUSTRALIA AND NEW ZEALAND

N. Johnston, M.R. Sears, Firestone Institute for Respiratory Health and McMaster University, Hamilton, Ontario, Canada.

In the Northern Hemisphere asthma hospitalization of children, hypothetically associated with exposure to viruses and allergens, peaks in late September coincident with the start of the fall season and school year. We wished to explore whether patterns of hospitalization of children for asthma in the Southern Hemisphere have seasonal patterns that are the reverse of those found in the Northern and their relation to the school calendar. We obtained records of all hospitalizations for respiratory disease from Canada (excluding Quebec) and New Zealand from 1995 to 2000 and from Australia from 1996 to 1999. These included 52,354 hospitalizations for asthma of children aged 2 to 14 in Canada, 19,358 in New Zealand and 42,244 in Australia (excluding Queensland). Hospitalization rates were similar in Australia and New Zealand in the 2 to 4 and 5 to 14 age groups (Australia 10.8 and 3.4, NZ 11.0 and 3.1), roughly double the rates found in Canada (5.8 and 1.6). Australia and New Zealand had a consistent trough in asthma hospitalization rates in week 2,3 or 4 of the year rising to a peak in week 7 or 8 followed by a rapid decline. A second intense peak occurred in week 19 or 20 in both countries. In all three countries peaks of asthma hospitalization occur following school return but these and the annual cycle are almost identical in pre-school (2-4) and school-aged (5-14) children. Cycles of hospitalization for respiratory tract infections in children are quite different to those for asthma showing major peaks in the winter months in all three countries. Asthma cycles observed in Australia and New Zealand were not seasonally analogous to those in Canada. This study demonstrates that asthma is a disease with distinct hemispheric cycles of exacerbation offering opportunities to further investigate its aetiology.

The Firestone Institute

This abstract is funded by:

INCREASING INCIDENCE OF SELF-REPORTED ASTHMA IN ADULTS IN NORWAY

Brogger, J., Bakke, P.S., Eide, G.E., Gulsvik, A.

Dept. of Thoracic Medicine, Institute of Medicine, University of Bergen, Norway

Rationale: The prevalence of asthma in adults has increased. Has the incidence of asthma also increased in adults?

Methods: We conducted a cross-sectional questionnaire survey of the population born from 1927 to 1982, in the counties of Oslo and Hordaland in Norway in 1998/99 (n=20,000). A self-completed postal questionnaire was used, with a telephone follow-up study. Subjects reported the age at which they got the disease. Incidence was analyzed with Kaplan-Meier estimates, and Cox regression analysis, adjusting for smoking habit. Those born in 1927 were the reference group. Interactions between year of birth and gender were estimated.

Results: There was a gradual increase in the risk of asthma by year of birth, beginning with those born around 1950. The incidence of asthma was higher for females than males (p<0.01). The increase was higher for asthma debut younger than 10 years than asthma debut after 10 years of age (p<0.01). The incidence for those born after 1970 was more than 2 and 5 times that of the reference group, for males and females, respectively.

Conclusion: The incidence of asthma increases with year of birth. There is a higher increase in incidence among females.

Funded by Norwegian Research Council

This abstract is funded by:

DECREASE IN MORTALITY RATE OF ASTHMA IN TAIWAN

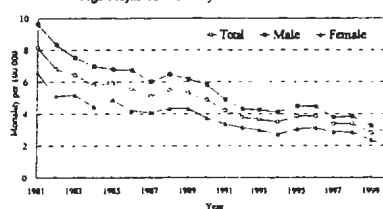
Lu-Cheng Kuo, Pan-Chyr Yang, Sow-Hsong Kuo

National Taiwan University Hospital, Taipei, Taiwan

Introduction: The mortality rates of asthma in most countries have increased since 1980s. In order to understand the trend of asthma (ICD-9 code 493) mortality in Taiwan, the data from the National Health Statistics from 1981 through 2000 were analyzed. Mortality in different age groups and age-adjusted mortality rates were calculated for observation of the trend in this 20-year period. **Results:** The age-adjusted mortality rate of asthma decreased from 8.17 to 2.37 per 100,000 of population in 20 years. This trend was most obvious in the age groups above 35 years, eg. from 4.05 to 1.20 in the age group of 35 to 54 years and from 47.43 to 13.44 in the age group of 55 to 74 years. The mortality rate of asthma in the age group of 15 to 34 years remained the same.

Summary: The mortality rate of asthma steadily decreased in Taiwan in recent 20 years, especially in the age groups above 35 years.

Age-Adjusted Mortality of Asthma in Taiwan



This abstract is funded by:

ASTHMA CONTROL IN EIGHT ASIA-PACIFIC AREAS

CKW Lai on behalf of the AIRIAP Steering Committee

RATIONALE The Asthma Insights and Reality in Asia-Pacific (AIRIAP) study documents asthma symptoms, their impact on daily-life activities and approaches to treatment. **METHODS** Adults from eight urban areas (mainland China, Hong Kong, Korea, Malaysia, The Philippines, Singapore, Taiwan, Vietnam) were surveyed using a self-reported questionnaire on asthma morbidity and management, completed face-to-face. **RESULTS** 2,315 adults (≥ 16 years) participated in the survey. Vietnam, mainland China and Korea had the highest rates of severe persistent asthma (19%, 17% and 16%, respectively) and Singapore the lowest (4%). More than two-thirds of each sample reported a degree of impairment in normal physical exertion. Many adults required urgent care in the emergency room, by hospitalisation or in another facility; 85% in Hong Kong, 29% in Singapore and 31-48% elsewhere. Regular care was less common with 50-89% of patients having follow-up visits with a doctor only when symptomatic. Quick-relief bronchodilator medication was most common in Philippines (91%), lowest in China (27%), and 28-72% elsewhere. The use of inhaled corticosteroids (ICS) in patients with severe persistent asthma was lowest in Korea (0%); the highest use was only 28% in Taiwan and 22% in Singapore and Vietnam. **CONCLUSIONS** AIRIAP identified widespread sub-optimal control of asthma in the Asia-Pacific region, as well as under-use of preventative treatment in adults. This demonstrates a need for better routine care of asthma patients, to minimise impact on quality of life and avoid reliance on emergency treatment as a pathway of care.

This abstract is funded by: GlaxoSmithKline

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ABSTRACTS

2002 International Conference

May 17–22, 2002 • Atlanta, Georgia

Contents	A3
Sunday, May 19	A11
Monday, May 20	A235
Tuesday, May 21	A453
Wednesday, May 22	A695
Index	A837
Late-Breaker Abstracts	B1

This special supplement of the *American Journal of Respiratory and Critical Care Medicine* contains abstracts of the scientific papers to be presented at the 2002 International Conference. The abstracts appear in order of presentation, from Sunday, May 19 through Wednesday, May 22 and are identified by session code numbers. To assist in planning a personal schedule at the Conference, the time and place of each presentation is also provided.

Bennett, William D. (Bill)

From: Bennett, William D. (Bill)
Sent: Wednesday, June 18, 2003 11:21 AM
To: Dickerson, Richie
Subject: RE: Grant Summary for R43-OH-04173

Thanks, I suspect that this is it. I can probably get the rest of the information from GMIS now that I have a complete number to work with. I suspect that this is a training (ERC) cooperative agreement/grant hybrid.

-----Original Message-----

From: Dickerson, Richie
Sent: Wednesday, June 18, 2003 10:12 AM
To: Bennett, William D. (Bill)
Subject: RE: Grant Summary for R43-OH-04173

The following is the only info I can come up with. No other information was in our system and I show no file for current or closed out.

R01 CC714364
University of Iowa
9/30/1997 - 9/29/2000
James Merchant, M.D.
Iowa City, IA

-----Original Message-----

From: Bennett, William D. (Bill)
Sent: Wednesday, June 18, 2003 9:00 AM
To: Dickerson, Richie
Subject: RE: Grant Summary for R43-OH-04173

Well that is probably because I did not send the correct number. However, the number cited by the author also appears to be incorrect as it is R01-OH-14364. Here is the current citation we are working on. Is it possible for you to identify the grant based on this information? The authors are from the College of Public Health, University of Iowa, Iowa City, Iowa.

NN: 20022919

NA:

AU: Thorne-PS; Kelly-KM; Metwali-N; Stromquist-A; Merchant-JA

TI: Evaluation of Allergen Sensitivity By Skin Prick Testing and Specific IgE in Asthmatic Children and Matched Controls in a Rural Cohort

SO: Am. J. Respir. Crit. Care Med., 2002 Apr 165(8)(Suppl.):A127

-----Original Message-----

From: Dickerson, Richie
Sent: Wednesday, June 18, 2003 5:46 AM
To: Bennett, William D. (Bill)
Subject: RE: Grant Summary for R43-OH-04173

Sorry, but I can't find anything under that number (004364).

-----Original Message-----

From: Bennett, William D. (Bill)
Sent: Tuesday, June 17, 2003 4:49 PM
To: Dickerson, Richie
Subject: RE: Grant Summary for R43-OH-04173

Well, I have another one, R01-OH-004364. This is probably still active, but we have a published abstract that references the number and in order to complete the NIOSHTIC-2 record we need the usual summary page information.

-----Original Message-----

From: Dickerson, Richie
Sent: Tuesday, June 17, 2003 2:16 PM
To: Bennett, William D. (Bill)
Subject: RE: Grant Summary for R43-OH-04173

Got cha.....I'll try and have to you tomorrow. :)

-----Original Message-----

From: Bennett, William D. (Bill)
Sent: Tuesday, June 17, 2003 2:06 PM
To: Dickerson, Richie
Subject: RE: Grant Summary for R43-OH-04173

No, actually the abstract is about the only item on the summary page that we don't use. I need the start and end dates, funding amount, performing organization, program area, etc.

-----Original Message-----

From: Dickerson, Richie
Sent: Tuesday, June 17, 2003 2:04 PM
To: Bennett, William D. (Bill)
Subject: RE: Grant Summary for R43-OH-04173

Are you just needing the abstract?

-----Original Message-----

From: Bennett, William D. (Bill)
Sent: Tuesday, June 17, 2003 9:59 AM
To: Dickerson, Richie
Subject: Grant Summary for R43-OH-04173

I need the grant summary information for the subject grant. I have a copy of the final report in electronic format in our files, but I don't have any of the summary information with the report.

Thanks

GMISP125 THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM 06/24/03
GMISM035 GRANT AWARD RECORD 17:12
AH07AH00 (SCREEN NO.1)

AWARD NO.....: 714364 PROGRAM CODE.....: R01 AWARD DATE.: 09/26/1997
CRS EIN.: 1-426004813-A1 AWARD TYPE.....: G FED CAT NO.....: 93.262
CIO CODE.....: NIOSH OBJ CLASS.....: 41.41 PHS LIST NO: C0-215-T99
PROJ PER FROM: 09/30/1997 PROJ PER TO: 09/29/2000 ANNOUNCEMENT NO.: 97025
PREV AWARD NO: PROGRAM CATEGORY...: 15 FC CODE.....:

PROGRAM NAME: AUTHORIZATION: PHS ACT (U.S.C. 241) OSH OF 1970

CHILDHOOD AGRICULTURAL SAFETY AND HEALTH RESEARCH
GRANTEE NAME...: UNIVERSITY OF IOWA
BUSINESS OFFICE: THE UNIVERSITY OF IOWA
STREET.....: 100 GILMORE HALL
CITY.....: IOWA CITY
STATE: IA ZIP CODE: 52242-1320 PHONE:(319) 335-2109-

PROJ DIRECTOR..: JAMES A. MERCHANT, PROFESSOR
DEPARTMENT.....: PREVENTIVE MED & INTERNAL MEDICINE
STREET.....: 124 IREH/OAKDALE CAMPUS
CITY.....: IOWA CITY
STATE: IA ZIP CODE: 52242-5000 PHONE:(319) 335-9833-

DISPLAY PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU

GMISP125 THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM 06/24/03
GMISM036 GRANT AWARD RECORD 17:12
AH07AH00 (SCREEN NO.2)

AWARD NO.: 714364 SPECIALIST CODE:.....: HEL7 CONG DISTRICT:..... 1
PMS PAY CODE:... P INSTITUTION CODE:... 3972901 ORG DESCRIPTORS: 19--10
ETHNIC CODE:... 9 PMS CLOSEOUT DATE: 05/23/2003
CLOSEOUT FIRST LETTER DATE: 06/16/2000 CONTAINS RESEARCH ACTIVITY(S): N

GRANTS MANAGEMENT OFFICER:... LISA T. GARBARINO
PROJECT OFFICER:..... LEE SANDERSON
PROJECT OFFICER TITLE:..... NIOSH

REMARKS:
YEAR 03 CONTINUATION AWARD

FOOTNOTES:
ATTACHED: Y
HUMAN EXEMPTION: N IRB DATE: 10/15/1998 IRB DUE DATE: 10/15/1999
DISPLAY PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU

GMISP125
GMISM037
AH07AH00

THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM
GRANT AWARD RECORD
(SCREEN NO.3)

06/24/03
17:12

AWARD NO: 714364
ACTION TYPE...: 5

YEAR.....: 3
AMEND NO.:

FISCAL YEAR.....: 1999
ACTION DATE: 09/13/1999

APPROVED BUDGET (1): GRANT FUNDS ONLY (Y/N): Y
SALARIES WAGES.....: 123,222
FRINGE BENEFITS.....: 28,430
TOTAL PERSONNEL COSTS...: 151,652
CONSULTANT COSTS.....:
EQUIPMENT.....:
SUPPLIES.....: 350
TRAVEL.....: 1,890
OTHER.....: 5,241
CONTRACTUAL COSTS.....:
TRAINEE EXPENSES.....:
TRAINEE STIPENDS.....:
TRAINEE TUITION & FEES.....:
TRAINEE TRAVEL.....:
TOTAL DIRECT COSTS (FA): 159,133

DISPLAY

PF10-RETURN GRANT AWARD MENU

PF16-MAIN MENU

GMISP125 THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM 06/24/03
GMISM125 GRANT AWARD RECORD 17:12
AH07AH00 (SCREEN NO.4)

AWARD NO: 714364 YEAR.....: 3 FISCAL YEAR.....: 1999
ACTION TYPE...: 5 AMEND NO.: ACTION DATE: 09/13/1999

APPROVED BUDGET (2):
INDIRECT COST RATE.....: 25.5000
INDIRECT COST RATE CODE.....: G
INDIRECT COSTS (FA).....: 40,579
SBIR FEE.....:

TOTAL APPROVED BUDGET.....: 199,712
NON FEDERAL SHARE.....:

AWARD COMPUTATION FOR GRANT:
FED SHARE/PHS ASSISTANCE.....: 199,712
UNOB FINANCIAL ASSISTANCE.....:
CUM PRIOR AWARD THIS BUD (FA):
AMOUNT THIS ACTION (FA).....: 199,712

DISPLAY PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU

200 22976
U07 CCU 706145

GMISP125 THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM 06/24/03
GMISM035 GRANT AWARD RECORD 16:48
AH07AH00 (SCREEN NO.1)

AWARD NO.....: 706145 PROGRAM CODE.....: U07 AWARD DATE.: 09/25/2000
CRS EIN.: 1-426004813-A1 AWARD TYPE.....: C FED CAT NO.....: 93.262
CIO CODE.....: NIOSH OBJ CLASS.....: 41.41 PHS LIST NO: CM-279-G01
PROJ PER FROM: 09/30/1990 PROJ PER TO: 09/29/2002 ANNOUNCEMENT NO.: 96047
PREV AWARD NO: PROGRAM CATEGORY...: 16 FC CODE.....:

PROGRAM NAME: AUTHORIZATION: OSHA 1970, SECT 20(A)
CENTERS FOR AGRICULTURAL RESEARCH, EDUCATION, & DISEASE & INJURY PREVENTION
GRANTEE NAME...: THE UNIVERSITY OF IOWA
BUSINESS OFFICE: SPONSORED PROGRAMS
STREET.....: 100 GILMORE HALL
CITY.....: IOWA CITY
STATE: IA ZIP CODE: 52242-1320 PHONE:(319) 335-4189-

PROJ DIRECTOR..: STEPHEN REYNOLDS, PH.D.
DEPARTMENT.....: THE UNIVERSITY OF IOWA
STREET.....: 100 OAKDALE CAMPUS - 140 IREH
CITY.....: IOWA CITY
STATE: IA ZIP CODE: 52242-5000 PHONE:(319) 335-4212-

DISPLAY PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU

GMISP125 THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM 06/24/03
GMISM036 GRANT AWARD RECORD 16:48
AH07AH00 (SCREEN NO.2)

AWARD NO.: 706145 SPECIALIST CODE:.....: SLH3 CONG DISTRICT:..... 1
PMS PAY CODE:... P INSTITUTION CODE:.... 3972901 ORG DESCRIPTORS: 19--10
ETHNIC CODE:.... 9 PMS CLOSEOUT DATE:
CLOSEOUT FIRST LETTER DATE: CONTAINS RESEARCH ACTIVITY(S): Y

GRANTS MANAGEMENT OFFICER:... MILDRED S. GARNER
PROJECT OFFICER:..... GREG J. KULLMAN
PROJECT OFFICER TITLE:.....

REMARKS:
NO COST EXTENTION

FOOTNOTES: 30

ATTACHED:

HUMAN EXEMPTION: N IRB DATE: 01/09/2001 IRB DUE DATE: 01/09/2002

DISPLAY

PF10-RETURN GRANT AWARD MENU

PF16-MAIN MENU

GMISP12S
GMISM037
AH07AH00

THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM
GRANT AWARD RECORD
(SCREEN NO.3)

06/24/03
16:48

AWARD NO: 706145
ACTION TYPE...: 6

YEAR.....: 10
AMEND NO.: 2

FISCAL YEAR.....: 2000
ACTION DATE: 09/27/2001

APPROVED BUDGET (1): GRANT FUNDS ONLY (Y/N): Y
SALARIES WAGES.....: 523,796
FRINGE BENEFITS.....: 148,034
TOTAL PERSONNEL COSTS...: 671,830
CONSULTANT COSTS.....:
EQUIPMENT.....: 1,240
SUPPLIES.....: 9,639
TRAVEL.....: 8,577
OTHER.....: 100,110
CONTRACTUAL COSTS.....: 50,000
TRAINEE EXPENSES.....:
TRAINEE STIPENDS.....:
TRAINEE TUITION & FEES....:
TRAINEE TRAVEL.....:
TOTAL DIRECT COSTS (FA): 841,396

DISPLAY

PF10-RETURN GRANT AWARD MENU

PF16-MAIN MENU

GMISP125 THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM 06/24/03
GMISM125 GRANT AWARD RECORD 16:48
AH07AH00 (SCREEN NO.4)

AWARD NO: 706145 YEAR.....: 10 FISCAL YEAR.....: 2000
ACTION TYPE...: 6 AMEND NO.: 2 ACTION DATE: 09/27/2001

APPROVED BUDGET (2):
INDIRECT COST RATE.....: 22.0000
INDIRECT COST RATE CODE.....: G
INDIRECT COSTS (FA).....: 178,624
SBIR FEE.....:

TOTAL APPROVED BUDGET.....: 1,020,020
NON FEDERAL SHARE.....:

AWARD COMPUTATION FOR GRANT:
FED SHARE/PHS ASSISTANCE.....: 1,020,020
UNOB FINANCIAL ASSISTANCE.....: 61,022
CUM PRIOR AWARD THIS BUD (FA): 958,998
AMOUNT THIS ACTION (FA).....:

DISPLAY PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU

GMISP125
GMISM141
AH07AH00

THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM
GRANT AWARD RECORD
(FSR)

06/24/03
16:48

AWARD NO: 706145 YEAR: 10
UNOBLIGATED AMOUNT: 61,022

UNOB	YEAR	FROM	UNOB	AMOUNT
	9		56,306.00	
	9		4,715.83	
	8		0.17	

PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU

GMISP125
GMISM101
AH07AH00

THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM
GRANT AWARD RECORD
(SCREEN NO.5)

06/24/03
16:48

AWARD NO: 706145

YEAR: 10

FISCAL YEAR: 2000

APPROVED DIRECT ASSISTANCE BUDGET:

PERSONAL SERVICE.....:
TRAVEL.....:
VACCINE.....:
OTHER.....:
OTHER DESCRIPTON:
TOTAL DIRECT COSTS (DA).....:
UNOB DIRECT ASSISTANCE.....:
CUM PRIOR AWARD THIS BUD (DA):
AMOUNT THIS ACTION (DA).....:

COMPETITIVE ACTION (Y/N): N

DISPLAY

PF10-RETURN GRANT AWARD MENU

PF16-MAIN MENU

GMISP125
GMISM038
AH07AH00

THE CDC GRANTS MANAGEMENT INFORMATION SYSTEM
GRANT AWARD RECORD
(SCREEN NO.7)

06/24/03
16:48

AWARD NO.:..... 706145 YEAR:..... 10 FISCAL YEAR:....: 2000
BUD PER FROM: 09/30/2000 BUD PER TO: 09/29/2002 PROGRAM INCOME:.... B
PROJ PER FROM: 09/30/1990 PROJ PER TO: 09/29/2002

RECOMMENDED FUTURE SUPPORT:

YEAR TOTAL DIRECT COST YEAR TOTAL DIRECT COST YEAR TOTAL DIRECT COST

FREQ	REPORT	DUE DATE	REC DATE	LTR 1 DATE	LTR 2 DATE
A	FSR	12/29/2002	02/14/2003		
	PRO REP1	12/29/2002			
	PRO REP2				
	PRO REP3				
	PRO REP4				
	PRO REP5				
	PRO REP6				
	PRO REP7				
	PRO REP8				

DISPLAY PF10-RETURN GRANT AWARD MENU PF16-MAIN MENU