

Board of Governors of the Federal Reserve System, August 6, 2004.

Robert deV. Frierson,

*Deputy Secretary of the Board.*

[FR Doc. 04-18410 Filed 8-11-04; 8:45 am]

BILLING CODE 6210-01-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Notice of Interest Rate on Overdue Debts

Section 30.13 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest as fixed by the Secretary of the Treasury after taking into consideration private consumer rates of interest prevailing on the date that HHS becomes entitled to recovery. The rate generally cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities." This rate may be revised quarterly by the Secretary of the Treasury and shall be published quarterly by the Department of Health and Human Services in the **Federal Register**.

The Secretary of the Treasury has certified a rate of 11¾% for the quarter ended June 30, 2004. This interest rate will remain in effect until such time as the Secretary of the Treasury notifies HHS of any change.

Dated: August 4, 2004.

Shirl Ruffin,

*Acting Deputy Assistant Secretary, Finance.*

[FR Doc. 04-18364 Filed 8-11-04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-04-0274]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

CDC Model Performance Evaluation Program (MPEP) for Retroviral and AIDS-Related Testing, OMB No. 0920-0274—Revision—Public Health Practice Program Office (PHPO), Centers for Disease Control and Prevention (CDC).

In 1986, the Centers for Disease Control and Prevention (CDC) implemented the Model Performance Evaluation Program (MPEP) to evaluate the performance of laboratories conducting testing to detect human immunodeficiency virus type 1 (HIV-1) antibody (Ab), and to support CDC's mission of improving public health and preventing disease through continuously improving laboratory practices.

High-quality HIV-1 antibody testing is essential to meeting the public health objectives for the prevention and control of this retrovirus infection. High-quality CD4+ T-cell determinations and HIV-1 viral RNA (viral load) determinations are essential to HIV-infected patient care and management, and the mission of

reducing retrovirus-associated morbidity and mortality. Prevention programs, diagnostic clinics, and seroprevalence studies rely not only on accurate antibody testing results to document HIV infection but also accurate CD4+ T-cell determinations and HIV-1 viral RNA determinations. The impetus for developing this program came from the recognized need to assess the quality of retroviral and AIDS-related laboratory testing and to ensure that the quality of testing was adequate to meet medical and public health needs. The objectives of the MPEP are to: (1) Develop appropriate methods for evaluating quality in laboratory testing systems (including test selection, sample collection, and reporting and interpreting test results); (2) develop strategies for identifying and correcting testing quality failures; and (3) evaluate the effect of testing quality on public health.

This external quality assessment program will be made available at *no cost* (for receipt of sample panels) to sites conducting testing to detect human immunodeficiency virus type 1 (HIV-1) antibody (Ab), CD4+ T-cell determinations, and HIV-1 viral RNA determinations. This program will offer laboratories/testing sites an opportunity for:

- Assuring accurate tests are being provided by the laboratory/testing site through external quality assessment;
- Improving testing quality through self-evaluation in a non-regulatory environment;
- Testing well-characterized samples from a source outside the test kit manufacturer;
- Discovering potential testing problems so that procedures can be adjusted to eliminate them;
- Comparison of testing results with others at a national and international level; and
- Ability to consult with CDC staff to discuss testing issues.

The burden is estimated to be approximately 1057 hours.

| Form name  | Number of respondents | Number of responses per respondent | Average burden per response (in hrs.) |
|--|-----------------------|------------------------------------|---------------------------------------|
| Enrollments (new) .....                          | 100                   | 1                                  | 3/60                                  |
| HIV Testing Survey .....                         | 1,000                 | 1                                  | * 1                                   |
| CD4+ T-cell determinations Survey .....          | 325                   | 1                                  | *30/60                                |
| HIV-1 Ab PE Results Form .....                   | 900                   | 2                                  | 10/60                                 |
| HIV-1 RNA PE Results Form .....                  | 210                   | 2                                  | 10/60                                 |
| CD4+ T-cell determinations PE Results Form ..... | 300                   | 2                                  | 10/60                                 |

\* Both the HIV and the CD4+ T-cell determinations surveys are performed every other year; therefore, the total hour burden for these two surveys are divided by two.

Dated: August 5, 2004.

Alvin Hall,

Director, Management Analysis and Services  
Office, Centers for Disease Control and  
Prevention.

[FR Doc. 04-18437 Filed 8-11-04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 05005]

#### Use of Electronic Data To Improve Antimicrobial Use; Notice of Intent To Fund Single Eligibility Award

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to evaluate the use of electronically-initiated interventions associated to educational interventions to improve antimicrobial use in hospitals. The Catalog of Federal Domestic Assistance number for this program is 93.283.

##### B. Eligible Applicant

Assistance will be provided only to the Cook County Bureau of Health Services, Hekoteon Institute. For the past five years (12/98 thru 11/2004), the Cook County Bureau of Health Services has been awarded funds under Program Announcement 98039 entitled "Programs to Prevent the Emergence and Spread of Antimicrobial Resistance: Chicago Antimicrobial Resistance Project (CARP)." The CARP project has an existing computer-based surveillance system with the ability to merge patient-level pharmacy and lab (micro, renal function, etc.) data; an algorithm developed and tested to detect patient receiving potentially redundant antimicrobial therapy; the ability to electronically assess antibiotic use and antibiotic starts from date warehouse and data on redundant antimicrobial use. CARP also has data on about 1189 inpatients: 192 received potentially redundant antibiotics; in 71 percent, the use of redundant antibiotics was inappropriate. Following identification of inappropriate use, 98 percent of episodes were corrected by a clinical pharmacist. Further evaluation is critical to assess educational interventions that could be generalized to several healthcare facilities where a pharmacist is not available.

##### C. Funding

Approximately \$250,000 is available in FY 2005 to fund this award. It is expected that the award will begin on or before December, 2004, and will be made for an 18-month budget period within a project period of up to 18-months. Funding estimates may change.

##### D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, telephone: 770-488-2700.

For technical questions about this program, contact: Denise Cardo, M.D., Project Officer, Centers for Disease Control and Prevention, National Center for Infectious Diseases, 1600 Clifton Road, NE., Mailstop A-07, Atlanta, GA 30333, telephone: 404-498-1160, e-mail: DCardo@cdc.gov.

Dated: August 6, 2004.

William P. Nichols,

Acting Director, Procurement and Grants  
Office, Centers for Disease Control and  
Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 2003D-0229]

#### Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Guidance for Industry on Continuous Marketing Applications; Pilot 2— Scientific Feedback and Interactions During Development of Fast Track Products Under the Prescription Drug User Fee Act

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Guidance for Industry: Continuous Marketing Applications; Pilot 2—Scientific Feedback and Interactions During Development of Fast Track Products Under PDUFA" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

##### FOR FURTHER INFORMATION CONTACT:

Karen L. Nelson, Office of Management Programs (HFA-250), Food and Drug

Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1482.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of February 26, 2004 (69 FR 8978), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0518. The approval expires on June 30, 2007. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: August 5, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Recruitment of Sites for Assignment of Corps Personnel

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: General notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that the listing of entities, and their Health Professional Shortage Area (HPSA) scores, that will receive priority for the assignment of National Health Service Corps (NHSC) personnel (Corps Personnel) for the period July 1, 2004 through June 30, 2005 is posted on the NHSC Web site at <http://nhsc.bhpr.hrsa.gov/resources/fedreg-hpol/>. This list specifies which entities are eligible to receive assignment of Corps members who are participating in the NHSC Scholarship Program; the NHSC Loan Repayment Program; and Corps members who have become Corps members other than pursuant to contractual obligations under the Scholarship or Loan Repayment Programs. Please note that not all vacancies associated with sites on this list will be for Corps members, but could be for individuals serving an obligation to the NHSC through the Private Practice Option.