

holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 23, 2004.

**A. Federal Reserve Bank of Chicago** (Patrick Wilder, Managing Examiner)  
230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *NRBC Holding Corporation*, Chicago, Illinois; to become a bank holding company by acquiring 100 percent of the voting shares of The National Republic Bank of Chicago, Chicago, Illinois.

Board of Governors of the Federal Reserve System, January 23, 2004.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-04-23]

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

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on

proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: National Electronic Disease Surveillance System (NEDSS)—New—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

#### Background

CDC is responsible for the collection and dissemination of nationally notifiable diseases' information and for monitoring and reporting the impact of epidemic influenza on mortality, Public Health Services Act (42 U.S.C. 241). In April 1984, CDC Epidemiology Program Office (EPO) in cooperation with Cities, State and Territorial Epidemiologists (CSTE) and epidemiologists in six states began a pilot project, the Epidemiologic Surveillance Project (ESP), designed to demonstrate the efficiency and effectiveness of computer transmission of surveillance data between CDC and the state health departments. Each state health department used its existing computerized disease surveillance system to transmit specific data concerning each case of a notifiable disease, and CDC technicians developed computer software to automate the transfer of data from the state to CDC.

In June 1985, CSTE passed a resolution supporting ESP as a workable system for electronic transmission of notifiable disease case reports from the states/territories to CDC, and as the program was extended beyond the original group of states, EPO began to provide software, training and technical

support to state health department staff overseeing the transition from hard-copy to automated transmission of surveillance data.

By 1989, all 50 states were using this computerized disease surveillance system, which was then renamed the National Electronic Telecommunications System for Surveillance (NETSS) to reflect its national scope. Core surveillance data are transmitted to CDC by the states and territories through NETSS. NETSS has a standard record format for data transmitted and does not require the use of a specific software program. The ability of NETSS to accept records generated by different software programs is what made it useful for the efficient integration of surveillance systems nationwide.

Since 1999, CDC, Epidemiology Program Office (EPO) has worked with CSTE, state and local public health system staff, and other CDC disease prevention and control program staff to identify information and information technology standards to support integrated disease surveillance. That effort is now focused on development of the National Electronic Disease Surveillance System (NEDSS), coordinated by CDC's Deputy Director for Integrated Health Information Systems.

NEDSS will electronically integrate and link together a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information to CDC and state and local health departments. Consistent with recommendations supported by our state and local surveillance partners and described in the 1995 report, *Integrating Public Health Information and Surveillance Systems*, NEDSS will include data standards, an internet based communications infrastructure built on industry standards, and policy-level agreements on data access, sharing, burden reduction, and protection of confidentiality. To support NEDSS, CDC is supporting the development of an information system, the NEDSS Base System (NBS), which will use NEDSS technical and information standards, (<http://www.cdc.gov/od/hissb/doc/NEDSSBaseSysDescription.pdf>). We are requesting a three-year clearance of the NBS data that is not currently covered by an existing clearance. There are currently no costs to respondents because their costs will be covered by a grant from the CDC. However, there may be future costs associated with their participation in the NBS.

Respondents	Activity	No. of respondents	No. of responses/ respondent	Average burden/re-sponse (in hrs)	Total burden hours
State Health Departments .....	Typing and gathering of the data .....	16	10,000	2/60	5,333
	Transmission of the data .....	16	52	1	832
Total .....	.....	.....	.....	.....	6,165

Dated: January 22, 2004.  
**Alvin Hall,**  
*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Public Notice**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This is a request for information only. It is not a request for proposal and does not commit the government to issue a solicitation, make an award, or pay any costs associated with responding to this announcement. All submitted information shall remain with the government and will not be returned.

The Centers for Disease Control and Prevention (CDC), National Center for Infectious Disease (NCID), Division of Bacterial and Mycotic Diseases (DBMD) through its component Branches has lead technical responsibility for a number of Category A, B and C bioterrorism agents and their associated toxins (*Bacillus anthracis*, *Clostridium botulinum*, *Brucella* spp., *Burkholderia* spp., *Staphylococcus* enterotoxin B, other food- or waterborne bacterial pathogens, and other bacterial agents). DBMD uses epidemiologic, laboratory, clinical, and biostatistical sciences to control and prevent bacterial and mycotic infectious disease. The Division also conducts applied research in a variety of settings, and translates the findings of this research into public health practice.

DBMD is seeking to evaluate commercial products, or products in development, for *in vitro* comparison of immunotherapeutic and immunoprophylactic antibody treatments for anthrax. Specifically these may include monoclonal and polyclonal antibody toxin inhibitors and

inhibitors of intracellular anthrax toxin function. CDC will coordinate the evaluation of products in a range of *in vitro* and *in vivo* models. Data obtained from this comparative analysis will be used by CDC and DHHS in making recommendations and decisions on development of an appropriate procurement strategy to meet the nation's bioterrorism defense needs.

Interested organizations that have candidate products are invited to submit documentation for CDC to assess whether the offered product(s) are at a sufficient stage of development to be included in this comparative analysis. As a minimum, submitted information should be sufficient for CDC to assess the following for each candidate product:

- a. Pre-clinical animal efficacy studies.
- b. Pre-clinical pharmacokinetic studies.
- c. Biochemical analysis to include:

Binding affinity measurements for monoclonal antibodies.  
 Animal species (if applicable).  
 Epitope or domain binding targets (if available).  
 Mass value assignment for antigen-specific antibody levels (e.g. Anti-PA specific IgG concentration).

Organizations that have products selected by CDC for this comparative analysis will be required to submit data packages with as much detail as possible for the pre-clinical studies, and to enter into an appropriate agreement prior to the transfer of any material to CDC.

Sample agreements may be viewed at the following Web site: <http://www.cdc.gov/od/ads/techtran/forms.htm>. All information submitted to CDC will be kept confidential as allowed by relevant federal law, including the Freedom of Information Act (5 U.S.C. 552), and the Trade Secrets Act (18 U.S.C. 1905). Only information submitted by February 1, 2004, will be reviewed to determine if the offered product(s) will be acceptable for possible inclusion in this comparative analysis.

Responses are preferred in electronic format and can be e-mailed to the attention of Michael J. Detmer at [MDetmer@cdc.gov](mailto:MDetmer@cdc.gov). Mailed responses

can be sent to the following address: Michael J. Detmer, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Rd., NE., Mail Stop C-09, Atlanta, GA 30333.

**FOR FURTHER INFORMATION CONTACT:**  
**Technical:** Dr. Conrad Quinn, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., NE., Mail Stop D-11, Atlanta, GA 30333. Telephone (404) 639-2858, e-mail at [cquinn@cdc.gov](mailto:cquinn@cdc.gov).

**Business:** Lisa Blake-DiSpigna, Technology Development Coordinator, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., NE., Mail Stop E-51, Atlanta, GA 30333. Telephone (404) 498-3262, e-mail at [lblake-dispigna@cdc.gov](mailto:lblake-dispigna@cdc.gov).

Dated: January 22, 2004.

**Joseph R. Carter,**  
*Deputy Chief Operating Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. 04-1906 Filed 1-28-04; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Statement of Organization, Functions, and Delegations of Authority**

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 68 FR 62456-62459, dated November 4, 2003) is amended to reorganize the Management Analysis and Services Office, Office of the Chief Operating Officer.

Section C-B, Organization and Functions, is hereby amended as follows:

Revise the functional statement for the *Management Analysis and Services*