transfer, the terminal location, and other information. A transaction fee, however, must be disclosed on the receipt, and additionally displayed on or at the terminal, *only if* the fee is included in the amount of the transfer. If such fee is not included in the transfer amount, the receipt need not state the fee and the display requirements are not triggered.

Thus, by way of example, assume that an account-holding institution charges its customer a $1.00 transaction or PIN-use fee each time the customer uses the institution's debit card for an online POS transaction. If the debit card is used at point-of-sale to purchase a $20 item, and the ''amount of the transfer'' on the receipt is identified as ''$21.00'' (that is, the PIN-use fee is included in the amount of the transfer), then the $1.00 fee must be disclosed on the receipt and displayed on or at the terminal, or on the terminal screen. If, however, the ''amount of the transfer'' is identified only as ''$20.00,'' the § 205.9(a) receipt requirements impose no such disclosure obligation. The fees imposed by the account-holding institution would still need to be disclosed under the initial disclosures under § 205.7(b)(5) however, and in the periodic statement sent to the consumer (in either aggregated or segregated form along with other fees) under § 205.9(b)(3), both discussed above.[2]

III. Request for Comment

The Board requests comments on the extent to which these existing EFTA and Regulation E disclosures are adequate and effective in making consumers aware of the circumstances under which account-holding institutions impose a fee, if applicable, when a consumer uses a debit card to make a purchase at point-of-sale. In responding to this request, commenters are asked to address specifically whether the initial disclosures, the disclosures in periodic statements, or any disclosures on receipts at electronic terminals, are effective—either separately, or cumulatively—in providing consumers with sufficient information about such point-of-sale fee practices. To the extent commenters believe that enhanced fee disclosures are recommended, commenters are asked to consider and address whether such disclosures would be more effective as initial disclosures, disclosures provided as part of the consumer's periodic account activity statement, or disclosures included within information available on a terminal receipt. If enhanced disclosures are recommended, commenters are also asked to address whether such PIN-use fees should be separately disclosed, or whether such fees may be aggregated with other disclosed fees.

The Board also solicits specific comment on the need for, and benefits of, requiring additional disclosures in the periodic statement provided by the account-holding financial institution to the consumer. In particular, if commenters believe that additional periodic statement disclosures would be beneficial, commenters are asked to address whether the periodic statement should reflect some or all of the following:

- The amount of each fee imposed by the account-holding financial institution on the consumer in connection with a debit card transaction at point-of-sale;
- The source and recipient of any such fee; and
- A summary of the total amount of such fees for that reporting period, and calendar year-to-date.

IV. Form of Comment Letters

Commenter letters should refer to Docket No. OP–1196 and, when possible, should use a standard typeface with a font size of 10 or 12; this will enable the Board to convert text submitted in paper form to machine-readable form through electronic scanning, and will facilitate automated retrieval of comments for review. Comments may be mailed electronically to *regs.comments@federalreserve.gov.* If accompanied by an original document in paper form, comments may also be submitted on 3½ inch computer diskettes in any IBM-compatible DOS- or Windows-based format.

By order of the Board of Governors of the Federal Reserve System, May 18, 2004.

Jennifer J. Johnson,

Secretary to the Board.

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[2] This provision of the regulation was originally drafted to address fees imposed by entities *other than* the consumer's own institution, but was later amended to also include fees imposed by account-holding entities as well. Although the Board lacks specific data, it is presumed that those account-holding institutions that impose a POS debit transaction fee, or PIN fee, do not include such fee in the ''amount of the transfer'' identified on the receipt, and thus the § 205.9(a)(1) fee disclosure requirements would not be triggered.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–35–04]

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. 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: Assessment of Educational Materials and Information Distribution Systems—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

CDC, National Center for Infectious Diseases, Division of Healthcare Quality Promotion (DHQP) provides public health prevention resources in the form of notices about adverse outcomes, and educational products and materials to assist healthcare personnel in monitoring and preventing infections, antimicrobial resistance, and other adverse events.

The educational materials include slides sets, web-based information and instruction, posters, video conferences, and workbooks. The educational materials may be distributed through the Internet, postal mail, or electronic mail. The notices include important alerts about healthcare-associated disease outbreaks and clusters that may be of national importance. These notices are delivered through a voluntary Rapid Notification System e-mail subscriber list that can also rapidly gather information to assess the scope of these problems in U.S. healthcare facilities and target corrective actions or educational strategies.

To ensure that these important functions are performed efficiently and provide the strongest public health benefit possible, CDC needs to assess their usability and develop strategies to improve quality. In addition, CDC will monitor its DHQP website and other distribution systems (*e.g.* electronic mail, postal mail) and conduct assessments. These assessments will

enable CDC to better assist healthcare personnel in preventing infections, antimicrobial resistance, and other adverse events. Data will be collected using the Internet or printed forms. The estimated annualized burden is 4,855 hours.

Title	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Assessment of Educational Materials	3,125	1	10/60
Assessment of Web site	25,000	1	10/60
Assessment of Knowledge, Attitudes, and Beliefs	1,000	1	10/60

Dated: May 10, 2004.

Alvin Hall,

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

[FR Doc. 04–11278 Filed 5–20–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–54]

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 Sandra Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Gonococcal Isolate Surveillance Project (GISP) (OMB Control No. 0920–0307)—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

CDC is requesting OMB approval for a 3-year extension of the Gonococcal Isolate Surveillance Project (GISP), OMB Control No. 0920–0307. The objectives of GISP are to: (1) Monitor trends in antimicrobial susceptibility of strains of Neisseria gonorrhoeae in the U.S. and (2) characterize resistant isolates. GISAP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations. GISP was begun in 1986 as a voluntary surveillance project and has involved 5 regional laboratories and 28 publicly funded sexually transmitted disease (STD) clinics around the country. The STD clinics submit up to 25 gonococcal isolates per month to the regional laboratories, which measure susceptibility to a panel of antibiotics. Limited demographic and clinical information corresponding to the isolates are submitted directly by the clinics to CDC.

During 1986–2003, GISP has demonstrated the ability to effectively achieve its objectives. The emergence of resistance in the U.S. to fluoroquinolones, commonly used therapies for gonorrhea was identified through GISP and makes ongoing surveillance critical. Emergence of decreased susceptibility to fluoroquinolones among the men having sex with men (MSM) population in the U.S. was also identified through GISP in 2003. Data gathered through GISP were used to change the treatment for gonorrhea for the MSM population in April, 2004.

Under the GISP protocol, clinics are asked to provide 25 isolates per month. However, due to low volume at some site, clinics submit an average of 19 isolates per clinic per month, providing an average of 108 isolates per laboratory per month. For this data collection, a ''response'' is defined as the laboratory processing and data collection/processing associated with an individual gonococcal isolate from an individual patient. Based on previous laboratory experience in analyzing the gonococcal isolates, the estimated burden for each participating laboratory is 1 hour per response. This time estimate includes the time to record control strain data. We estimate 108 gonococcal isolates per laboratory each month (total number of responses per 5 laboratories is 1,296). The estimated time for clinical personnel to abstract data is 11 minutes per response (19 isolates per clinic per month). The estimated annualized burden for this data collection is 7,650 hours. There is no cost to respondents.

Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Laboratory	5	1,296	1	6,480
Clinic	28	228	11/60	1,170
Total	33			7,650