

1. *First Federal Bancorp*, Columbia, Mississippi; to become a bank holding company upon the conversion of its wholly-owned thrift subsidiary, First Federal Bank for Savings, Columbia, Mississippi, to a state nonmember bank, to be known as First Southern Bank, Columbia, Mississippi.

Board of Governors of the Federal Reserve System, December 5, 2005.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E5-7060 Filed 12-7-05; 8:45 am]

BILLING CODE 6210-01-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Advisory Committee on Blood Safety and Availability

**AGENCY:** Department of Health and Human Services, Office of the Secretary.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Advisory Committee on Blood Safety and Availability (ACBSA) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will take place Thursday, January 5, 2006 and Friday, January 6, 2006 from 9 a.m. to 5 p.m.

**ADDRESSES:** Marriott Crystal Gateway, 1700 Jeff Davis Highway, Arlington, VA 22202.

**FOR FURTHER INFORMATION CONTACT:** Jerry A. Holmberg, PhD, Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Room 250, Rockville, MD 20852, (240) 453-8809, FAX (240) 453-8456, e-mail [jholmberg@osophs.dhhs.gov](mailto:jholmberg@osophs.dhhs.gov).

**SUPPLEMENTARY INFORMATION:** The ACBSA will meet to review progress and solicit additional input regarding numerous recommendations made during the past year. Additionally, the Committee will discuss strategies for vigilant detection and management of emerging or re-emerging infectious and non-infectious events of transfusion since it is a necessary first step toward the goal of reducing the risk of transfusion-transmitted diseases as well as disease transmission through other vital products such as bone marrow,

progenitor cells, tissues, and organs. The Committee will also be asked to review current literature and hear subject matter experts on the H5NI avian flu virus and provide recommendations for preparations which should be considered for the nation's blood supply if a pandemic influenza or similar pandemic event occurs. Recommendations on the impact of a pandemic on the availability of blood, organs, and other tissue will be requested.

Public comment will be solicited at the meeting and will be limited to five minutes per speaker. Anyone planning to comment is encouraged to contact the Executive Secretary at his/her earliest convenience. Those who wish to have printed material distributed to Advisory Committee members should submit thirty (30) copies to the Executive Secretary prior to close of business January 3, 2006. Likewise, those who wish to utilize electronic data projection to the Committee must submit their materials to the Executive Secretary prior to close of business January 3, 2006.

**Jerry A. Holmberg,**

*Executive Secretary, Advisory Committee on Blood Safety and Availability.*

[FR Doc. E5-7084 Filed 12-7-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-06-0009]

#### 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 404-639-4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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. Written comments should be received within 60 days of this notice.

#### Proposed Project

National Disease Surveillance Program—I. Case Reports—Revision—(NCID), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Formal surveillance of 18 separate reportable diseases has been ongoing to meet the public demand and scientific interest in accurate, consistent, epidemiologic data. These ongoing disease reports include: Active Bacterial Core Surveillance (ABCs), Creutzfeldt-Jakob Disease (CJD), Cyclospora, Dengue, Hantavirus, Idiopathic CD4+T-lymphocytopenia, Kawasaki Syndrome, Legionellosis, Lyme disease, Malaria, Plague, Q Fever, Reye Syndrome, Tick-borne Rickettsial Disease, Trichinosis, Tularemia, Typhoid Fever, and Viral Hepatitis. Tularemia is a new addition to this submission. Case report forms from state and territorial health departments enable CDC to collect demographic, clinical, and laboratory characteristics of cases of these diseases. This information is used to direct epidemiologic investigations, identify and monitor trends in reemerging infectious diseases or emerging modes of transmission, to search for possible causes or sources of the diseases, and develop guidelines for prevention and treatment. The data collected will also be used to recommend target areas most in need of vaccinations for selected diseases and to determine development of drug resistance.

Because of the distinct nature of each of the diseases, the number of cases reported annually is different for each. There is no cost to respondents other than their time.

## ESTIMATE OF ANNUALIZED BURDEN TABLE

Form	Number of respondents	Number of responses per respondent	Total responses	Hrs/response	Total burden
ABCs .....	329	21	6909	10/60	1152
CJD .....	20	2	40	20/60	13
Cyclospora .....	55	10	550	15/60	138
Dengue Case Investigation .....	55	182	10,010	15/60	2,503
Hantavirus Pulmonary Syndrome .....	40	3	120	20/60	40
Idiopathic CD4+T-lymphocytopenia .....	10	2	20	10/60	3
Kawasaki Syndrome .....	55	8	440	15/60	110
Legionellosis Case Report .....	23	11.7	269	20/60	90
Lyme Disease Report .....	52	261	20,020	5/60	1,668
Malaria Case Surveillance Report .....	55	20	1,100	15/60	275
Plague Case Investigation Report .....	55	0.20	11	20/60	4
Q Fever .....	55	1	55	10/60	9
Reye's Syndrome Case Surveillance Report .....	50	1	50	20/60	17
Tick-borne Rickettsial Disease Case Report .....	55	18	990	10/60	165
Trichinosis Surveillance Case Report .....	55	0.70	39	20/60	13
Tularemia .....	55	2.2	121	20/60	40
Typhoid Fever Surveillance Report .....	55	7	385	20/60	128
Viral Hepatitis Case Record .....	55	200	11,000	25/60	4,583
Total .....					10,950

Dated: December 2, 2005.

**Joan Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. E5-7038 Filed 12-7-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-06-06AK]

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

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GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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#### Proposed Project

Collection of Customer Survey Data Pertaining to the CDC Web site—New—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Executive Order 12862 directs agencies that provide significant services directly to the public to survey customers to determine the kind and quality of services they need and their level of satisfaction with existing

services. The Centers for Disease Control and Prevention (CDC), National Center for Health Marketing (NCHM), seeks to obtain approval to conduct customer satisfaction surveys and usability tests of the CDC Web site, <http://www.cdc.gov> on an ongoing basis. By collecting customer satisfaction and Web site usability information, CDC will be enabled to serve, and respond to, the ever-changing demands of website users. These users include individuals (patients, educators, students, etc.), interested communities, partners, healthcare providers, and businesses. Survey information will augment current Web content, delivery, and design research which is used to understand the Web user, and more specifically, the CDC user community. Primary objectives are to ensure: (1) CDC's Web site meets its customer needs and (2) the Web site meets the wants, preferences, and needs of its target audiences. Findings will help to: (1) Understand the user community and how to better serve Internet users; (2) discover areas requiring improvement in either content or delivery; (3) determine how to align Web offerings with identified user need(s); and (4) explore methods for offering, presenting and delivering information most effectively. There are no costs to respondents other than their time.