

conclusions regarding the extent to which they meet a particular principle or minimum standard.²⁴ The Board notes that the CPSS and CPSS-IOSCO have developed implementation measures and assessment methodologies that can assist system operators in structuring their self-assessments.²⁵ Accordingly, payment system operators are encouraged to consult Section 7 of the Core Principles for guidance when developing their self-assessments and in measuring the extent to which the system meets each principle. Likewise system operators for securities settlement systems and central counterparties are encouraged to consult the assessment methodology for the relevant minimum standards for further guidance on each minimum standard and are encouraged to respond to the key questions included therein.²⁶ A system may consult the Board for assistance with respect to the principles and minimum standards and the completion of its assessment. Second, to further ensure system accountability for accuracy and completeness, the Board expects the system's senior management and board of directors to review and approve self-assessments upon completion. Third, to achieve broad disclosure, the system is expected to make its self-assessments readily available to the public, such as by posting the self-assessment on the system's public Web site. Finally, in order for self-assessments to reflect correctly the system's current rules, procedures, and operations, the Board expects a systemically important system to update the relevant parts of the self-assessment following material changes to the system or its environment. At a minimum, a systemically important system would be expected to review its

self-assessment annually to ensure continued accuracy.

As part of its ongoing oversight of systemically important payments and settlement systems, the Federal Reserve will review published self-assessments by systems subject to the Board's authority to ensure the Board's policy objectives and expectations are being met.²⁷ Where necessary, the Federal Reserve will provide feedback to these systems regarding the content of their self-assessments and their effectiveness in achieving the policy objectives discussed above.²⁸ The Board acknowledges that payments and settlement systems vary in terms of the scope of instruments they settle and markets they serve. It also recognizes that systems may operate under different legal and regulatory constraints and within particular market infrastructures or institutional frameworks. The Board will consider these factors when reviewing self-assessments and in evaluating how a systemically important system addresses a particular principle or minimum standard and complies with the policy generally. Where the Board does not have exclusive authority over a systemically important system, it will encourage appropriate domestic or foreign financial system authorities to promote self-assessments by systemically important systems as a means to achieve greater safety and efficiency in the financial system.

By order of the Board of Governors of the Federal Reserve System, June 22, 2006.

Jennifer J. Johnson,

Secretary of the Board.

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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), Health and Human Services (HHS).

ACTION: Notice.

²⁴ System operators should use one of the following assessment categories to describe the extent to which the system meets a particular principle or minimum standard: Observed, broadly observed, partly observed, or non-observed. The assessment should contain information robust enough to enable users and other interested persons to assess the risks associated with the system. The Board, however, does not expect payments and settlement systems to disclose publicly sensitive information that would expose system vulnerabilities or otherwise put the system at risk (e.g., specific business continuity plans).

²⁵ The Core Principles include an implementation summary for each principle. The CPSS, however, has not developed an assessment methodology for the Core Principles. In November 2002, CPSS-IOSCO published an Assessment Methodology for the Recommendations for SSS available at <http://www.bis.org/publ/cpss51.htm>. In November 2004, CPSS-IOSCO published the CCP Recommendations and an Assessment Methodology available at <http://www.bis.org/publ/cpss64.htm>.

²⁶ The assessment methodologies for the CPSS-IOSCO Recommendations include key questions to assist an assessor in determining to what extent a system meets a particular minimum standard.

²⁷ Any review of an assessment by the Federal Reserve should not be viewed as an approval or guaranty of the accuracy of a system's self-assessment.

²⁸ If the Federal Reserve materially disagrees with the content of a system's self-assessment, it will communicate its concerns to the system's senior management and possibly to its board of directors, as appropriate. The Federal Reserve may also discuss its concerns with other relevant financial system authorities, as appropriate.

SUMMARY: The Centers for Disease Control and Prevention (CDC), Coordinating Center for Infectious Disease (CCID), through its component Centers and Divisions 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). CCID uses epidemiologic, laboratory, clinical, and biostatistical sciences to control and prevent bacterial and mycotic infectious disease. The Centers also conduct applied research in a variety of settings, and translate the findings of this research into public health practice.

The purpose of this announcement is to make interested parties aware that CCID is currently engaged in a research activity to establish and evaluate an intravenous infusion rabbit model for delivery of therapeutic molecules for the treatment of inhalation anthrax. The activity is in the early stage of feasibility assessment. The protocols for these studies may be made available to interested parties upon request. The short term objective of making these protocols available is to promote standardization of the approach to in vivo model development for anthrax therapy evaluation to meet the Nation's bioterrorism defense needs. The longer term objective is to develop these or subsequent protocols into standardized in vivo models that may meet the Food and Drug Administration (FDA) acceptance criteria for product development and licensure.

Interested organizations may request an electronic copy of the protocols by contacting CDC at the address below. To ensure a response, requests must be submitted within thirty days of publication of this notice.

Responses are preferred in electronic format and can be e-mailed to the attention of Dr. Conrad Quinn at CQUINN@CDC.GOV. Mailed responses can be sent to the following address: Dr. Conrad Quinn, Division of Bacterial Diseases, Coordinating 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.

Business: Dr. Conrad Quinn, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton R., NE., Mail Stop E-51, Atlanta, GA 30333. Telephone (404) 639-2858, e-mail at CQUINN@CDC.GOV.

Dated: June 20, 2006.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Fees for Sanitation Inspections of Cruise Ships

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

ACTION: Request for public comment on proposed modification of fee structure

for vessel sanitation inspections beginning fiscal year 2007.

SUMMARY: CDC began charging fees to conduct sanitation inspections of cruise vessels in 1988. The purpose of these charges is to recover full costs of operating the Vessel Sanitation Program. CDC is requesting comments to the modified fee schedule; the modified fee schedule includes an additional vessel size, the "mega-sized" vessel, for any vessel that is greater than 120,000 Gross Registered Tons (GRT). A modified fee schedule would go into effect in the beginning of the next fiscal year, October 2007.

DATE: Submit all comments on or before August 1, 2006.

ADDRESSES: Send comments to: David L. Forney, Chief, Vessel Sanitation Program, National Center for Environmental Health/VSP, Centers for Disease Control, 4770 Buford Highway, NE., Mailstop F-23, Atlanta, Georgia 30341-3724; Telephone: (770) 488-7333; E-mail: Dforney@cdc.gov.

SUPPLEMENTARY INFORMATION:

$$1. \frac{\text{total cost of VSP}}{\text{weighted number of annual inspections}} = \text{average cost per inspection}$$

2. Average cost per inspection x Approximate cost (\$US) Per GRT = per-ship inspection cost.

To get the per-ship inspection cost:

1. Divide the total operating cost of VSP by estimated number of inspections to get the average cost per inspection and then;

2. Multiply the average inspection cost by a factor based on the ship size/cost factor to arrive at an approximate per-ship inspection cost.

The size/cost factor was established in the proposed fee schedule published in the **Federal Register** on July 17, 1987 (52 FR 27060), and revised in a schedule published in the **Federal Register** on November 28, 1989 (54 FR 48942). The proposed revised size/cost factor is presented in Appendix A.

Background

The CDC conducts sanitation inspections of passenger cruise ships under 42 CFR 71.41.

The fee schedule for sanitation inspections of passenger cruise ships inspected under the Vessel Sanitation Program (VSP) was first published in the **Federal Register** on November 24,

1987 (52 FR 45019), and CDC began collecting fees on March 1, 1988. The fee structure covers the operating cost of the VSP which includes salaries, benefits, travel and per diem, supplies, contract services, printing, shipping, average equipment and instrument requirements, and appropriate support costs.

Applicability

The fees will apply to all passengers cruise vessels for which inspections are conducted as part of CDC's VSP.

Dated: June 20, 2006.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention (CDC).

Appendix A

SIZE/COST FACTOR

Vessel size	GRT ¹	Approximate cost (\$US) per GRT
Extra Small ...	< 3,001	0.25
Small	3,001-15,000	0.50
Medium ...	15,001-30,000	1.00

Purpose

The purpose of revising the fee schedule is to cover increasing operational costs of the Vessel Sanitation Program. Because of the significant increase in complexity and size, mega-category vessels will require more inspectors in order to conduct a comprehensive sanitation inspection within the timeframe that a vessel is in port. Currently, the extra large category (*i.e.* all ships greater than 60,000 GRT) is the largest vessel category in the fee schedule. When the schedule was created in 1988, no vessels larger than 60,000 GRT existed. VSP is proposing the revised fee schedule to accommodate the current trends in vessel size and complexity.

Proposed Modifications to the Fee Schedule

The proposed modification to the fee schedule adds a mega-category ship which includes any vessel greater than 120,000 GRT. In 2007, approximately eight ships will meet this criterion.

Formula for the Fee Schedule

The formula used to determine the fees is as follows:

SIZE/COST FACTOR—Continued

Vessel size	GRT ¹	Approximate cost (\$US) per GRT
Large	30,001-60,000	1.50
Extra Large ...	60,000-120,000	2.00
Mega*	>120,001	2.50

*New Vessel Size Category.

¹Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping.

EXAMPLE FEE SCHEDULE

[Based on fiscal year 2006 Fees]

Vessel size	GRT ¹	Fee (\$U.S.)
Extra Small ...	< 3,000	1,300
Small	3,001-15,000	2,600
Medium ...	15,001-30,000	5,200
Large	30,001-60,000	7,800
Extra Large ...	60,001-120,000	10,400
Mega*	>120,001	15,600

*New Vessel Size Category.

¹Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping.