

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 15, 1996.

A. Federal Reserve Bank of Richmond (Lloyd W. Bostian, Jr., Senior Vice President) 701 East Byrd Street, Richmond, Virginia 23261, and Federal Reserve Bank of Atlanta (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

1. *Barnett Bank, Inc.*, Jacksonville, Florida; *Crestar Financial Corporation*, Richmond, Virginia; *First Union Corporation*, Charlotte, North Carolina; *NationsBank Corporation*, Charlotte, North Carolina; *Southern National Corporation*, Winston-Salem, North Carolina; *Wachovia Corporation*, Winston-Salem, North Carolina (collectively, Applicants), to acquire or retain control of 5 percent or more of the voting shares of *Southeast Switch, Inc.* (SES), after its merger with *Internet, Inc.* (Internet). SES currently operates the HONOR electronic funds transfer (EFT) network, and Internet currently operates the MOST EFT network. The merged company (Company) proposes to provide data processing services, pursuant to § 225.25(b)(7) of the Board's Regulation Y, and management consulting services to depository institutions for EFT-related activities, pursuant to § 225.25(b)(11) of the Board's Regulation Y. Applicants state that Company's data processing activities will consist of automated teller machine (ATM), point of sale (POS), point of banking, scrip and gateway services, group purchasing for participants, ATM and POS terminal driving, card authorization services, card production and issuance and related functions, electronic benefit transfer services, automated clearinghouse services processing, electronic bill payment, check verification, proprietary ATM services for non-financial entities, private financial network services, and card fraud detection services. Applicant have prior authority to engage in these activities.

Applicants seek approval to conduct the proposed activities throughout the United States, Bermuda, Canada, Mexico, Central America and the Caribbean.

Board of Governors of the Federal Reserve System, October 28, 1996.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 96-28050 Filed 10-31-96; 8:45 am]

BILLING CODE 6210-01-F

Sunshine Meeting Notice

TIME AND DATE: 10:00 a.m., Wednesday, November 6, 1996.

PLACE: Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 21st Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Proposals relating to Federal Reserve System benefits.
2. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.
3. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION:

Mr. Joseph R. Coyne, Assistant to the Board; (202) 452-3204. You may call (202) 452-3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: October 30, 1996.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 96-28221 Filed 10-30-96; 10:23 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clarification of Human Immunodeficiency Virus Screening Practices for Organ Donors

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

ACTION: Notice.

SUMMARY: In 1994, the Centers for Disease Control and Prevention (CDC) published revised guidelines for preventing transmission of human immunodeficiency virus through transplantation of human tissue and organs.¹ The guidelines were developed to minimize the risk of HIV transmission to transplant recipients while maintaining the availability of suitable donor organs/tissue. In developing the document, CDC sought assistance from public and private health professionals, including expert

¹ CDC. Guidelines for preventing transmission of human immunodeficiency virus through transplantation of human tissue and organs. *MMWR* 1994;43(No. RR-8).

consultants involved in organ/tissue transplantation, to ensure that the diverse circumstances surrounding transplants were considered. Reports from the organ procurement and transplantation community have indicated that, in attempts to ensure the highest level of safety, the guidelines have been interpreted in a way which has further compromised the already limited supply of human organs. The purpose of this notice is to clarify the recommendations concerning the use of organs from potential donors who test HIV-antibody negative but who have behavioral risk factors for HIV infection. The provisions in this notice apply only to screening of organ donors; they do not apply to screening of tissue, blood, or other donors.

FOR FURTHER INFORMATION CONTACT:

Martha F. Rogers, M.D., Division of HIV/AIDS Prevention, CDC, Mailstop E-45, 1600 Clifton Road, Atlanta, GA 30333, telephone 404-639-6130.

SUPPLEMENTARY INFORMATION: The prevention of HIV transmission from transplantation of human organs is based primarily on two considerations: (a) careful screening of potential donors for behaviors that place them at high risk of acquiring HIV infection; and (b) HIV-antibody testing of blood samples obtained from the potential donor. According to the 1994 guidelines, potential donors who test HIV-antibody negative but have one or more behavioral exclusionary criteria may be accepted as donors if

The risk to the recipient of not performing the transplant is deemed to be greater than the risk of HIV transmission and disease (e.g., emergent, life-threatening illness requiring transplantation when no other organs/tissues are available and no other lifesaving therapies exist). In such a case, informed consent regarding the possibility of HIV transmission should be obtained from the recipient.¹

CDC recognizes the life-extending and -enhancing properties of organ transplantation. Therefore, when a potential organ donor tests HIV-antibody negative but has behavioral risk factors for HIV infection, the decision to accept an organ for transplantation should be made after consideration of the relevant risk factors for the individual recipient and with recognition of the very low incidence of HIV transmission in such situations. CDC recognizes the need for transplant centers, not organ procurement organizations, to deal with matters of patient consent in this setting.

In accepting an organ for transplantation, transplant teams should assess immediately the medical and