

directly, see Travelers Group, Inc., and Citicorp, 84 Fed. Res. Bull. 985 (1998).

Board of Governors of the Federal Reserve System, May 16, 2000.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

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**BILLING CODE 6210-01-P**

## FEDERAL TRADE COMMISSION

### Children's Online Privacy Protection

**AGENCY:** Federal Trade Commission (FTC).

**ACTION:** Notice of opportunity to participate and obtain co-sponsorship in agency public awareness campaign.

**SUMMARY:** The FTC seeks to identify organizations interested in participating in the FTC's public awareness campaign concerning the Children's Online Privacy Protection Act and the FTC Rule that implements the Act. Participation by such organizations will involve the development and dissemination of informational materials co-sponsored by the FTC. Interested parties should submit a written statement explaining their interest and qualifications.

**DATES:** The FTC has not established a deadline, but it encourages interested organizations to submit the requested statement as early as possible.

**FOR FURTHER INFORMATION CONTACT:** Mr. Randy Satterfield, (202) 326-3407, Office of Consumer and Business Education, Bureau of Consumer Protection, FTC, 600 Pennsylvania Avenue, NW, Washington, DC 20580, or rsatterfield@ftc.gov.

**SUPPLEMENTARY INFORMATION:** Effective April 21, 2000, the Children's Online Privacy Protection Rule, 16 CFR Part 312, issued by the FTC to implement the Children's Online Privacy Protection Act (COPPA), 15 U.S.C. 6501 *et seq.*, prohibits unfair or deceptive acts or practices in connection with the collection, use, or disclosure of personally identifiable information from and about children on the Internet. The Commission voted to issue its final Rule on October 20, 1999, and the Rule was published at 64 FR 59888 (November 3, 1999).

To promote greater public awareness of the Rule and the COPPA, the FTC has initiated a Children's Online Privacy Protection Act Communications Campaign ("COPPA Communications Campaign"). The Campaign is designed to provide parents, guardians, youngsters, teachers, and other members of the public with information about privacy on the Internet and the law's

protections. The Campaign will help parents understand the legal obligations of Web site operators under the COPPA as well as options that parents have for protecting their children's personal information. You can visit the Campaign's Web site at the following Internet address: [www.ftc.gov/kidzprivacy](http://www.ftc.gov/kidzprivacy).

The Commission believes that encouraging the active involvement of a wide variety of corporations, associations, organizations, and other entities in this effort will lead to a broad and effective educational campaign. Thus, as part of its Campaign, the FTC is seeking to foster the efforts of other public and private for-profit and non-profit organizations in the development and dissemination of informational materials about COPPA and the FTC's Rule, by allowing such organizations to list the FTC as a co-sponsor in connection with their materials, subject to FTC staff review and approval of such materials. (Interested organizations should note at the outset that this co-sponsorship program will not be funded or supported by agency grant, contract, or otherwise, so each organization is expected to bear its own costs of participation.)

The Commission requests that organizations interested in pursuing such co-sponsorship opportunities submit a written statement to the FTC contact listed above, describing the background and nature of the organization's interest or role in children's privacy and/or the Internet, and the organization's experience and expertise in developing and disseminating public information materials addressing those issues. The statement must also describe the organization's ability to reach the target audiences discussed above, including the organization's financial, managerial, and operational capacity and resources for the printing, production, and distribution of brochures or booklets, public service spots, videos, Web-based promotions, posters, flyers, advertising, etc. The statement must also include any other information that may be relevant, such as pertinent individual or organizational affiliations and the potential, if any, for apparent or actual conflicts of interest. In addition, the statement must expressly acknowledge the organization's understanding and agreement that FTC co-sponsorship, if any, of the organization's activities would not be funded or supported by agency grant, contract, or otherwise, would not create any financial or property right in any natural or artificial person, and would be subject to FTC review and approval of the public

information materials or activities to be co-sponsored. Finally, an authorized representative of the organization must sign the statement. The FTC will consider the organization's statement and other information made available to or obtained by the agency in determining whether it should co-sponsor or continue to co-sponsor a particular organization's public information efforts.

By direction of the Commission.

**Donald S. Clark,**

*Secretary.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-31-00]

#### Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

#### Proposed Projects

1. Evaluation of Viral Hepatitis Educational Materials—New—National Center for Infectious Disease (NCID). The purpose of the proposed study is to assess the usefulness of hepatitis educational materials developed and distributed by the Hepatitis Branch, CDC. Annually, 125,000–200,000 Americans are infected with hepatitis A virus (HAV) and results in approximately 100 deaths. The estimated cost associated with HAV infections is estimated at \$200 million a year in medical care and lost work days. An estimated 1 million to 1.25 million Americans are chronically infected with hepatitis B virus (HBV) and 4,000 to 5,000 die each year due to resultant cirrhosis and liver cancer. The estimated cost associated with HBV infections is estimated at \$700 million a year in medical care and lost work days. It is estimated that 3.9 million

Americans have been infected with hepatitis C virus (HCV), 2.7 million of which are chronically infected. Not including the cost of liver

transplantation, the estimated cost associated with HCV infections is \$600 million a year in medical care and lost work days.

The annual burden hours are estimated to be 2403.

Form name	Number of respondents	Number of responses/respondent	Avg. burden per responses (in hours)
Phone .....	20	1	10/60
Written .....	14400	1	10/60

Dated: May 16, 2000.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Program Announcement 00080]

**Optimizing Strategies To Provide Sexually Transmitted Disease (STD) Partner Services; Notice of Availability of Funds**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement research program for Optimizing Strategies to Provide STD Partner Services. CDC is committed to achieving the health promotion and disease prevention objective of "Healthy People 2010", a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus area(s) of Sexually Transmitted Diseases. For the conference copy of "Healthy People 2010", visit the Internet site: <http://www.health.gov/healthypeople>. The goal of this cooperative agreement research program is to develop and evaluate the delivery of cost-effective, innovative, and confidential approaches to providing effective partner services within a time frame that interrupts the chain of STD transmission. Partner services (PS) are a critical component of STD control and prevention in public health practice.

Initially, this process was named "contact tracing," but was renamed "partner notification" in the past two decades. Three primary strategies for partner notification are described in the literature, although other variations are also employed. The most common

strategies are patient referral (patients are encouraged to notify sexual partners); provider referral, (health care staff, traditionally in the health department, notify partners); or contract referral (a time limit is agreed upon for patient referral, after which provider referral is initiated). In this program announcement, "partner services" is used to describe the constellation of services that should be provided to the sexual partners of individuals in whom a sexually transmitted disease has been detected and treated.

The purpose of PS is to break the chain of infection and re-infection that can occur when a STD is treated in only a part of a sexual dyad or network. STDs are often asymptomatic, many infected individuals are unaware of their infection, thus symptom-driven patient presentation for diagnosis and treatment fails to reach many people with STDs. PS may shorten the duration of infection in many additional individuals by identifying, treating, and counseling the sex partners of patients with STDs. Furthermore, PS offers a unique opportunity to assist at-risk, infected and uninfected people to adopt safer behaviors that will enable them to remain STD-free and is a key component of public health practice. The objectives of partner services include identifying, locating, notifying, testing, treating, and providing counseling to reduce STD risk for the sex partners of an individual diagnosed with chlamydia, gonorrhea, syphilis, trichomoniasis, herpes, or human immunodeficiency virus (HIV).

Despite the importance of partner services in public health practice, relatively little scientific information is available on the impact on disease transmission or cost effectiveness of various approaches, particularly for STDs that are treated in the private sector. Another limitation of the current science base is that existing data on partner services has been generated from federal, state, and local public health programs that have a legal responsibility to provide PS. This information does not reflect partner services in other clinical settings where

the majority of STD diagnosis and treatment take place. At least half of STD care is sought from private providers. Therefore, further research across the full spectrum of STD treatment providers with respect to PS is clearly needed. Current data from a national survey of providers suggests that the most common method of notification in the private sector is patient referral, although the rate of new infections uncovered in the private sector from this method is not known. Fewer than 5 percent of providers reported engaging in provider referral and less than 50 percent consistently reported patients' names to health departments after a diagnosis of chlamydia, gonorrhea, syphilis, or HIV infection. Case reporting from providers and from laboratories enables the local health department to provide partner services. However, providers may also diagnose and treat presumptively without performing a laboratory test, and relatively little is known about case reporting or partner services following presumptive treatment.

Provider-perceived barriers to offering partner services include concerns about negative effects on relationships with patients and their partners, lack of training and time for these activities, and lack of reimbursement.

Nevertheless, providers agreed that PS could promote appropriate behavior and attitude change, and reduce (re)infection rates. In summary, this survey confirmed that the effectiveness of PS in the private sector is unknown and reporting of names to agencies that conduct PS is limited.

Current methods of PS require substantial time and effort from public health staff, although data estimating the magnitude of the reduction in STD incidence or prevalence within communities that is attributable to PS are currently lacking. Recent advances in STD detection and treatment, information system hardware and software, and behavioral interventions offer an unprecedented opportunity to:

- (1) Design and evaluate innovative strategies that increase the effectiveness of partner elicitation;