Background and Brief Description

In October, 2006, CDC recommended specific strategies to reduce transmission of multi-drug resistant organisms, including MRSA, in U.S. hospitals. Currently detailed data on ongoing MRSA prevention efforts at hospitals reporting to CDC surveillance systems is unknown. CDC has developed a survey to assess MRSA prevention programs in place at health care facilities reporting MRSA infection data to CDC through established surveillance systems. In this project, infection control practitioners in all hospitals that participate in the MRSA portion of the Active Bacterial Core Surveillance System will be surveyed electronically three times. There will be an initial baseline survey and then two follow-up surveys, each a year apart. The surveys will determine if changes in infection control practice correlate with changes in rates of MRSA infections. The proposed survey will provide data that can be used to assess progress toward achieving CDC's Health Protection Goals. The survey will also provide data on facility-based MRSA prevention policies and procedures that may affect MRSA infection rates. These results will inform CDC in the prevention and control of MRSA.

This proposed project supports CDC's Goal of ''Healthy People in Healthy Places'' and its Strategic Goal to ''Increase the number of health care institutions that comply with evidence based guidelines for infection control.''

There is no cost to respondents other than their time to complete the survey. The total estimated annualized burden hours are 105 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Infection Control Practitioners	210	1	30/60

Dated: November 8, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–22314 Filed 11–14–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–0728]

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) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

The National Electronic Disease Surveillance System (NEDSS)—Extension—National Center for Public Health Informatics (NCPHI), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is responsible for the dissemination of nationally notifiable diseases information and for monitoring and reporting the impact of epidemic influenza on mortality, Public Health Services Act (42 U.S.C. 241). Since April 1984, CDC Epidemiology Program Office (EPO) has been working with the Council of State and Territorial Epidemiologists (CSTE) to demonstrate the efficiency and effectiveness of computer transmission of surveillance data between CDC and the state health departments.

By 1989, all 50 states were using this computerized disease surveillance system, which was then renamed the National Electronic Telecommunications System for Surveillance (NETSS) to reflect its national scope (OMB numbers 0920–0447 and 0920–0007).

Beginning in 1999, CDC, Epidemiology Program Office (EPO) worked with CSTE, state and local public health system staff, and other CDC disease prevention and control program staff to identify information categories and information technology standards to support integrated disease surveillance. That effort is now focused on development and completion of the National Electronic Disease Surveillance System (NEDSS), coordinated by CDC's National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services (DISSS).

States will continue to use portions of NETSS to transmit data to CDC. One of the reasons for providing NETSS to NEDSS data mapping is to identify what data elements in NETSS correspond to data elements in NEDSS. Those elements mapped from NETSS to NEDSS were collected in OMB number 0920–0007.

NEDSS will electronically integrate and link together a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information to CDC and state and local health departments. Consistent with recommendations supported by our state and local surveillance partners and described in the 1995 report, *Integrating Public Health Information and Surveillance Systems,* NEDSS includes data standards, an internet based communications infrastructure built on industry standards, and policy-level agreements on data access, sharing, burden reduction, and protection of confidentiality.

To support NEDSS, CDC has developed an information system, the NEDSS Base System (NBS), which uses NEDSS technical and information standards. The NBS is currently deployed to 16 states, including AL, AR, ID, MD, ME, MT, NE, NM, NV, RI, SC, TN, TX, VA, VT, and WY.

CDC is requesting a three-year OMB clearance extension of collecting the NEDSS data. There are no costs to respondents other than their time. The average total annualized burden for the Weekly Morbidity Reports and the Annual Summary Report is 9,384 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Weekly Reporting			
States	50	52	3
Territories	5	52	1.5
Cities	2	52	3
Annual Reporting			
States	50	1	16
Territories	5	1	10
Cities	2	1	16

Dated: November 8, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–22315 Filed 11–14–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Human T-box Transcription Factor Brachyury as a Target for Cancer Immunotherapy: Identification of Epitopes of Human Brachyury as Targets for T-cell Mediated Lysis of Tumors

Description of Technology: Identification of tumor antigens is essential in advancing immune-based therapeutic interventions in cancer. Transcription factors that control mesoderm have been implicated in tumor cell invasion and metastasis. Brachyury, a member of the T-box transcription factor family, is a highly conserved protein and a fundamental player in mesoderm (epithelial-to-mesenchymal transition, i.e. EMT) specification in multicellular organisms.

This invention describes the identification of the human transcription factor Brachyury as a novel target for cancer immunotherapy for the treatment of several tumors such as tumors of lung, intestine, stomach, kidney, bladder, uterus, ovary, and testis, and chronic lymphocytic leukemia. This is the first demonstration that (a) a T-box transcription factor and (b) a molecule implicated in mesodermal development (EMT) can be a potential target for human T-cell mediated cancer immunotherapy.

Applications:

1. Brachyury can be targeted for cancer immunotherapy.

2. Epitopes of the Brachyury protein that could be used to expand human T-lymphocytes for T-cell mediated lysis of tumors.

3. The technology can be developed as a cancer vaccine.

Advantages:

1. This technology can be delivered with the U.S. government owned fowl pox vector.

2. *In vitro* proof of concept data are available.

Benefits: This is the first demonstration that (a) a T-box transcription factor and (b) a molecule implicated in mesodermal development (EMT) can be a potential target for human T-cell mediated cancer immunotherapy. This technology has the potential of becoming a successful therapy for metastatic cancers.

Inventors: Jeffrey Schlom, *et al.* (NCI, CCR, LTIB)

Development Status: In vivo studies are ongoing.

Relevant Publication: C Palena, DE Polev, KY Tsang, RI Fernando, M Litzinger, LL Krukovskaya, AV Baranova, AP Kozlov, J Schlom. The human T-box mesodermal transcription factor Brachyury is a candidate target for T-cell-mediated cancer immunotherapy. Clin Cancer Res. 2007 Apr 15;13(8):2471–2478.

Patent Status: U.S. Provisional Application filed 28 Feb 2007 (HHS Reference No. E–074–2007/0–US–01).

Licensing Status: This technology is available for licensing under an exclusive or non-exclusive patent license.

Licensing Contact: Michelle Booden, PhD.; 301/451–7337; *boodenm@mail.nih.gov.*

Collaborative Research Opportunity: The National Cancer Institute, Center for Cancer Research, Laboratory of Tumor Immunology and Biology is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize cancer vaccines aimed at targeting Brachyury. Please contact John D. Hewes, PhD. at 301–435–3121 or *hewesj@mail.nih.gov* for more information.

Diagnostic Ovarian Cancer Biomarkers

Description of Technology: Ovarian cancer is one of the most common malignancies. Warning symptoms generally do not occur until the tumor has already spread beyond the ovary. As a result, patients are diagnosed with advanced stages of ovarian cancer and their prognosis is poor. Five year