Dated:November 2, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity OSI), Office of the Associate Director for Science OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–27835 Filed 11–15–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–0819]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance (OMB No. 0920–0819, Expiration 08/31/2012)—Reinstatement with Change—National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Because the STD epidemiology in the United States is changing rapidly, CDC must continue to monitor disease indicators that are included in the STD surveillance currently being implemented. CDC is proposing to continue electronic information collection which includes information elements that are integrated into the existing nationally notifiable STDs. These information elements are beyond the scope of the OMB-approved collection called Weekly and Annual Morbidity and Mortality Reports (MMWR, OMB #0920–0007). This ongoing collection will have a title change from ''Sexually Transmitted Disease (STD) Morbidity Surveillance'' to ''Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance and provides evidence to better define STD distribution and epidemiology in the United States. The surveillance system modifies several data elements currently included in the MMWR collection and add others to produce a set of sensitive indicators. This surveillance will continue to provide the evidence to enhance our understanding of STDs, develop intervention strategies, and evaluate the impact of ongoing control efforts. CDC works closely with state and local STD control programs to monitor and respond to STD outbreaks and trends in STD-associated risk behavior. Users of data include, but are not limited to, congressional offices, state and local health agencies, health care providers, and other health-related groups.

CDC disseminates all STD surveillance information through the MMWR series of publications, including the MMWR, the CDC Surveillance Summaries, the Recommendations and Reports, and the annual Summary of Notifiable Diseases, United States. Additionally, DSTDP publishes an annual STD-specific surveillance summary and supplements in hard copy and on the Internet *http://www.cdc.gov/std/Stats/.* CDC will use the findings from this and other STD surveillance to develop guidelines, control strategies, and impact measures that monitor trends in STDs in the United States. We expect a total of 57 sites in state, city, and territory health departments will be submitting STD morbidity information to CDC each week.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 989.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Types of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	Electronic STD Case report	50	52	20/60
Territorial Health Agencies	Electronic STD Case report	5	52	20/60
City and county health departments	Electronic STD Case report	2	52	20/60

Dated: November 2, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–27832 Filed 11–15–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Breast Cancer in Young Women (ACBCYW)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 9:30 a.m.–3:30 p.m. EST, December 13, 2012.

Place: The meeting will be held via teleconference.

Teleconference login information is as follows:

For Public:

TOLL-FREE PHONE #: 800–857–4875.

Participant passcode: 9377.

Net Conference URL: *https://www.mymeetings.com/nc/join/.*

Conference number: PW6978681.

Audience passcode: 9377, or

Public can join the event directly:

https://www.mymeetings.com/nc/join.php?i=PW6978681&p=9377&t=c.

There is also a toll number for anyone outside of the USA:

TOLL # 1–212–287–1661.

Participant passcode: 9377.

Please go to the ACBCYW meeting Web page to register for this meeting:

http://www.cdc.gov/cancer/breast/what_cdc_is_doing/conference.htm.

Status: Open to the public, limited only by the number of phone lines available.

Purpose: The committee provides advice and guidance to the Secretary, HHS; the Assistant Secretary for Health; and the Director, CDC, regarding the formative research, development, implementation and evaluation of evidence-based activities designed to prevent breast cancer (particularly among those at heightened risk) and promote the early detection and support of young women who develop the disease. The advice provided by the Committee will assist in ensuring scientific quality, timeliness, utility, and dissemination of credible appropriate messages and resource materials.

Matters To Be Discussed: The agenda will include discussions on approaches to increase awareness of clinicians/practitioners regarding topics such as breast health, symptoms, diagnosis, and treatment of breast cancer in young women; and information needs and delivery mechanisms for women at higher risks for developing breast cancer.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Temeika L. Fairley, Ph.D., Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 5770 Buford Hwy, NE., Mailstop K52, Atlanta, Georgia 30341, Telephone (770) 488–4518, Fax (770) 488–4760, Email: *acbcyw@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and Agency for Toxic Substances and Disease Registry.

Dated: November 8, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–27901 Filed 11–15–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Prospective Grant of Co-Exclusive License: Veterinary Vaccines for Rift Valley Fever Virus

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

ACTION: Notice.

SUMMARY: This is a notice in accordance with 35 U.S.C. 209(e) and 37 CFR 404.7(a)(1)(i) that the Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), is thinking about giving a co-exclusive license in Africa, in the field of use of veterinary vaccines, to practice the inventions listed in the patent applications referred to below to Deltamune Ltd., having a place of business in Centurion, South Africa. The patent rights in these inventions have been assigned to the government of the United States of America. The patent applications(s) to be licensed are:

US Provisional Application 61/016,065, filed 12/21/2007, entitled ''Development of Rift Valley Fever Virus Utilizing Reverse Genetics,'' US Provisional Application 61/042,987, filed 4/7/2008, entitled ''Recombinant Rift Valley Fever (RVF) Viruses and Method of Use,'' PCT Application PCT/US2008/087023, filed 12/16/2008, entitled ''Recombinant Rift Valley Fever (RVF) Viruses and Method of Use,'' US National Stage Application 12/809,561, filed 6/18/2010, entitled ''Recombinant Rift Valley Fever (RVF) Viruses and Methods of Use,'' and all related continuing and foreign patents/patent applications for the technology family. CDC Technology ID No. I–008–08.

Status: Pending.

Priority Date(s):

61/042,987: 4/7/2008

61/016,065: 12/21/2007

The planned co-exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7.

Technology: The technology allows for the generation of precisely defined attenuated vaccine constructs that contain complete deletions of critical virulence factors of Rift Valley Fever (RVF) virus. These attenuated vaccines constructs still have the ability to induce robust protective immunity following the administration of a single vaccine dose in a rat model of lethal disease. The vaccines can protect immunized animals against virulent virus challenge. The vaccine candidates also allow for the differentiation of naturally infected and vaccinated animals—a feature that is critical in agricultural settings. This approach will allow for the rapid generation of effective, safe RVF vaccine candidates to control and prevent the spread of wild-type RVF virus in a variety of settings, including preventing the infection of humans or animals during endemic, epidemic or epizootic situations in affected countries, or for prophylactic use among humans in high risk occupational settings, or following intentional release of RVF virus during bioterrorism.

DATES: Only written comments and/or applications for a license which are received by CDC on or before December 17, 2012 will be considered.

ADDRESSES: Requests for a copy of these patent applications, inquiries, comments, and other materials relating to the planned license should be directed to Donald Prather, J.D., Ph.D., Technology Licensing and Marketing Specialist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, Mailstop K–79, Atlanta, GA 30341, Telephone: (770) 488–8612; Facsimile: (770) 488–8615; Email: *dmprather@cdc.gov*.

SUPPLEMENTARY INFORMATION: Applications for a license filed in response to this notice will be treated as objections to giving the planned license.

Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: November 8, 2012.

J. Ronald Campbell,

Director, Division of Executive Secretariat, Centers for Disease Control and Prevention.

[FR Doc. 2012–27896 Filed 11–15–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Prospective Grant of Exclusive License: Veterinary Vaccines for Rift Valley Fever Virus

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

ACTION: Notice.

SUMMARY: This is a notice in accordance with 35 U.S.C. 209(e) and 37 CFR 404.7(a)(1)(i) that the Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), is thinking of giving a co-exclusive license in Africa, and an exclusive license in all territories other than Africa, in the field of use of veterinary vaccines, to practice the inventions listed in the patent applications referred to below to Merial Limited, having a place of business in Duluth, Georgia. The patent rights in these inventions have been assigned to the government of the United States of America. The patent application(s) to be licensed are:

US Provisional Application 61/016,065, filed 12/21/2007, entitled ''Development of Rift Valley Fever Virus Utilizing Reverse Genetics,'' US Provisional Application 61/