E. Process by which the nominating organization will measure the use of these products and impact of such use.

6. Topic Selection

Factors that will be considered in the selection of topics for AHRQ evidence report and technology assessment topics include:

A. Burden of disease including severity, incidence and/or prevalence or relevance of the organization/financial topic to the general population and/or AHRQ's priority;

B. Controversy or uncertainty about the topic and availability of scientific data to support the systematic review and analysis of the topic;

C. Total costs associated with a condition, procedure, treatment, technology, or organization/financial topic taking into account the number of people needing such care, the unit cost of care, and related or indirect costs;

D. Potential for reducing clinically significant variations in the prevention, diagnosis, treatment, or management of a disease or condition; or in changing the use of a procedure or technology; informing and improving patient and/or provider decision making; improving health outcomes; and/or reducing costs;

E. Relevance to the needs of the Medicare, Medicaid and other Federal healthcare programs; and

F. Nominating organization's plan to disseminate derivative products, measure use and impact of these products on outcomes, or otherwise incorporate the report into its managerial or policy decision making.

7. Submission of Nominations

Topics nominations should be submitted to Kenneth Fink, MD, MGA, MPH, Director Evidence-based Practice Centers (EPC) Program, Center for Outcomes and Evidence, AHRQ, 540 Gaither Road, Rockville, MD 20850. Electronic submissions to *epc@ahrq.gov* are preferred.

Dated: September 12, 2005.

Carolyn M. Clancy,

Director.

[FR Doc. 05–18870 Filed 9–20–05; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–05–04OP]

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 the CDC Reports Clearance Officer at (404) 371–5983. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Delayed Symptoms Associated with the Convalescent Period of a Dengue Infection—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Dengue is a vector-borne febrile disease of the tropics transmitted most often by the mosquito Aedes aegypti. Symptoms of the acute disease include fever, headache, rash, retro-orbital pain, myalgias, arthralgias, vomiting, abdominal pain and hemorrhagic manifestations.

A number of symptoms are mentioned in the medical literature as associated with the convalescent period after dengue infection, including depression, dementia, loss of sensation, paralysis of lower and upper extremities and larynx, epilepsy, tremors, manic psychosis, amnesia, loss of visual acuity, hair loss, and peeling of skin. The evidence for these findings has derived mainly from case series and case reports, but no analytic study has been conducted to define the timing, frequency, and severity of these symptoms, and quantity the magnitude of the association between dengue infection and each of these disorders.

The objective of this study is to compare mental health disorders and other delayed complications associated with dengue infection and convalescence among study groups. The study will be conducted in Puerto Rico, where dengue is endemic, in collaboration with Dengue Branch of the Centers for Disease Control and Prevention. Laboratory positive confirmed cases of dengue, laboratory negative suspected dengue cases, and neighborhood controls will be prospectively enrolled in the study. Telephone interviews will be conducted and information will be collected prospectively regarding symptoms experienced during the first five months after the onset of symptoms of a dengue infections. There are no costs to the respondents other than their time. The estimated annualized burden is 426 hours.

ESTIMATED TOTAL ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Screeners	810	2	1/60
Laboratory positive confirmed dengue	200	2	20/60
Dengue negative control	200	2	20/60
Neighborhood control	200	2	20/60

Joan Karr,

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

[FR Doc. 05–18786 Filed 9–20–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

(30 Day–05–04KJ)

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 the CDC Reports Clearance Officer at (404) 371–5983 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, via fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of the Poison HELP Campaign—to Enhance Public Awareness of the National Poison Toll-Free Number, Poison Center Access and Poison Prevention—New—The National Center for Injury Prevention and Control (NCIPC).

Background and Brief Description

Every day more than 6,000 calls about poison emergencies are placed to poison control centers (PCCs) throughout the United States. Although PCCs clearly save lives and reduce healthcare costs, the system that delivers care and prevents poisoning is comprised of more than 131 telephone numbers and thousands of disjointed local prevention efforts.

As a result a national media campaign was launched to establish a national toll-free helpline entitled Poison Help (1–800–222–1222) that the general public, health professionals, and others can use to access poison emergency services and prevention information 24 hours a day, seven days a week. The Poison Help campaign is the only national and regional media effort to promote awareness and use of the national toll-free number. The prospective audience for the Poison Help campaign is very broad—any person at any time is a potential user.

To evaluate the campaign's current performance a General Population Survey will be conducted with 2,500 households in the United States. The General Population Survey supplies unique and essential information that provides CDC and HRSA with data on variations in awareness and use of the national toll-free number. These data will also suggest which campaign messages about poison prevention or available PCC services have resonated most strongly with various audiences. Results will be used to make comparisons with future evaluation activities and to make improvements to future campaign efforts. There is no cost to respondents other than their time. The total annualized estimated burden hours are 382.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Screened Households	2,940	1	1/60
Survey Respondents	2,500	1	8/60

Dated: September 15, 2005.

Betsey S. Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Centers for Disease Control and Prevention.

[FR Doc. 05–18790 Filed 9–20–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Government-Owned Inventions: Availability for Licensing and Cooperative Research and Development Agreements (CRADAs)

AGENCY: Centers for Disease Control and Prevention, Technology Transfer Office, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The invention named in this notice is owned by agencies of the United States Government and is available for licensing in the United States (U.S.) in accordance with 35 U.S.C. 207, and is available for cooperative research and development agreements (CRADAs) in accordance with 15 U.S.C. 3710a, to achieve expeditious commercialization of results of federally funded research and development. A U.S. non-provisional patent application and a PCT application have been filed. National stage foreign patent applications claiming priority to the PCT application are expected to be filed within the appropriate deadlines to extend market coverage for U.S. companies and may also be available for licensing.

ADDRESSES: Licensing and CRADA information, and information related to the technology listed below, may be obtained by writing to Suzanne Seavello Shope, J.D., Technology Licensing and Marketing Scientist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop K–79, 4770 Buford Highway, Atlanta, GA 30341, telephone (770) 488–8613; facsimile (770) 488–8615; or e-mail *sshope@cdc.gov.* A signed Confidential Disclosure Agreement (available under Forms at *http://www.cdc.gov/tto*) will be required to receive copies of unpublished patent applications and other information.

Diagnostics

Development of Real-Time PCR Assay for Detection of Pneumococcal DNA and Diagnosis of Pneumococcal Disease

The ability to diagnose pneumococcal pneumonia is limited by the lack of a sensitive, specific, and accurate laboratory assay. Using the PsaA (pneumococcal protein A) protein gene, CDC researchers have designed unique primers and probes and developed a real-time PCR assay for detection of pneumococcal DNA in serum and other sterile site body fluids for the diagnosis of pneumococcal disease. The PCR assay provides a tool for accurate diagnosis by clinicians, and for determination of the effectiveness (efficacy) of newly licensed pneumococcal polysaccharide-conjugate