

based, password access protected repository/technical reporting system that replaces an archaic paper reporting system. The MIS allows the accurate, uniform, and complete collection of diabetes program progress information using the Internet.

The number of hours that DPCPs users spend to maintain and use the MIS has increased compared to the initial baseline period. This increase in data collection burden does not directly translate into a greater reporting burden; however, it facilitates better monitoring and tracking of program activities in real-time and helps create an organizational memory. Consequently, diabetes control programs are using the MIS to a great extent as an integral part of their program compared to previous years. DPCPs add updates about their work plans and other activities into the System on an ongoing basis. The hour-burden estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Based on input provided by a representative sample for DPCPs, the total annualized response burden is expected to increase from 4 to 96 hours,

changing the total burden hours from 236 to 5,664. Even though there has been an increase in the burden hours the number of responses remains at one (1), because the DPCPs are only required to report annually to CDC.

The MIS has improved upon the old data collection system by:

- Improving accountability.
- Shortening the information cycle.
- Eliminating non-standard reporting.
- Minimizing unnecessary duplication of data collection and entry.
- Reducing the reporting burden on small state organizations.
- Using plain, coherent, and unambiguous terminology that is understandable to respondents.
- Implementing a consistent system for progress reporting and record keeping processes.
- Identifying the retention periods for record keeping requirements.
- Utilizing modern information technology for data collection and transfer.
- Significantly reducing the amount of paper reports that diabetes prevention and control programs are required to submit.

The MIS also allows CDC to more rapidly respond to outside inquiries concerning a specific diabetes control

activity occurring in the state diabetes prevention and control programs. The data collection requirement has formalized the format and the content of diabetes data reported from the DPCPs and provides an electronic means for efficient collection and transmission to the CDC headquarters.

The MIS has facilitated the staff's ability at CDC to fulfill its obligations under the cooperative agreements; to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the DCP program. It has also supported DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DPCPs and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control diabetes.

Implementation of the MIS has provided for efficient collection of state-level diabetes program data.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 5,664.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
State Diabetes Control and Prevention Program Officers.	Long-Term Objectives Updates	59	1	15
	Process Objectives Updates	59	1	13
	Resource Updates	59	1	10
	Advisory Group Updates	59	1	10
	Surveillance Sources Updates	59	1	10
	Budget Updates	59	1	20
	Staff Position Updates	59	1	10
	Additional Accomplishments Updates	59	1	8

Dated: February 2, 2007.

Joan F. Karr,

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

[FR Doc. E7-2072 Filed 2-7-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Healthcare Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through January 19, 2009.

For information, contact Michael Bell, M.D., Executive Secretary, Healthcare Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention, Department of Health and Human Services, 1600 Clifton Road, NE., Mailstop A-07, Atlanta, Georgia 30333, telephone 404/639-6490 or fax 404/639-4044.

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 the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

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

[FR Doc. E7-2080 Filed 2-7-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Statistics: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Board of Scientific Counselors, National Center for Health Statistics, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through January 19, 2009.

For information, contact Virginia Cain, Ph.D., Executive Secretary, Board of Scientific Counselors, National Center for Health Statistics, Centers for Disease Control and Prevention, Department of Health and Human Services, Metro IV Building, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone 301-458-4395 or fax 301-458-4020.

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 the Agency for Toxic Substances and Disease Registry.

Dated: February 2, 2007.

Elaine L. Baker,

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

[FR Doc. E7-2076 Filed 2-7-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Task Force on Community Preventive Services

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:

Name: Task Force on Community Preventive Services.

Times and Dates: 8 a.m.–5:15 p.m. EST, February 14, 2007. 8 a.m.–12:30 p.m. EST, February 15, 2007.

Place: Centers for Disease Control and Prevention, 2500 Century Parkway, Atlanta, GA 30329.

Status: Open to the public, limited only by the space available.

Purpose: The mission of the Task Force is to develop and publish the *Guide to Community Preventive Services (Community Guide)*, which is based on the best available scientific evidence and current expertise regarding essential public health and what works in the delivery of those services.

Matters to be discussed: Agenda items include: controlling obesity; worksite health promotion and the assessment of health risks with feedback; alcohol outlet density; asthma; updating existing *Community Guide* reviews; and dissemination activities and projects in which the *Community Guide* is used.

Agenda items are subject to change as priorities dictate.

Persons interested in reserving a space for this meeting should call Tony Pearson-Clarke at 404-498-0972 by close of business on February 9, 2007.

Contact person or additional information: Tony Pearson-Clarke, Community Guide Branch, Coordinating Center for Health Information and Service, National Center for Health Marking, Division of Health Communication and Marketing, 1600 Clifton Road, M/S E-69, Atlanta, GA 30333, phone: 404-498-0972.

Dated: January 31, 2007.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E7-2078 Filed 2-7-07; 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

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

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 Centers for Disease Control and Prevention (CDC), Technology Transfer Office, Department of Health and Human Services (DHHS), is contemplating the grant of a limited field of use, exclusive license in China, and a co-exclusive worldwide (excluding China) license to practice the invention embodied in the patent application referred to below to Ringpu (Baoding) Biologics and Pharmaceuticals Co. LTD., having a place of business in Baoding City, Hebei Province, PR China. CDC intends to grant rights to practice this invention (in territories other than China) to no more than two other co-licensees. The patent rights in these inventions have been assigned to the government of the United States of America. The patent application to be licensed is:

Provisional Patent Application

Title: Method of Sequencing Whole Viral Genomes, Related Compositions, and Genome Sequences.

Serial No. 60/727,038.

Filing date: 10/14/2005.

PCT Patent Application

Title: Rabies Virus Compositions and Methods.

Serial No.: N/A.

Filing Date: 10/13/2006.

Domestic Status: N/A.

Issue Date: patent pending.

The prospective 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.

The critical feature of this technology is the ERA rabies virus whole genome DNA sequence. With the availability of the entire rabies genome, a recombinant vaccine can be developed using reverse genetics. The vaccines that can be developed using this genome are fundamentally different from classic ones that are being produced. The technology is being applied to other negative stranded RNA viruses.

ADDRESSES: Requests for a copy of these patent applications, inquiries, comments, and other materials relating to the contemplated license should be directed to Andrew Watkins, Director, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, Mailstop K-79, Atlanta, GA 30341, *telephone:* (770) 488-8610; *facsimile:* (770) 488-8615. Applications for an exclusive license to the territory of China filed in response to this notice will be treated as objections to the grant of the contemplated exclusive license. Only written comments and/or applications for a license which are received by CDC within thirty days of this notice will be