ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Respondents state epidemiologists / Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
National Respiratory & Enteric Virus Surveillance System (NREVSS)	90	52	10/60
Rabies (electronic)	50	12	8/60
Rabies (paper)	3	12	15/60
Waterborne Diseases Outbreak Form	57	1	20/60
Cholera and other *Vibrio* illnesses	450	1	20/60
Outbreak Report of Suspected Viral Gastroenteritis (Clicivirus surveillance)	20	5	5/60
Listeria Case Form	53	1	30/60
HABISS data entry form	10	12	8
HABISS monthly reporting form	10	12	30/60

Dated: May 5, 2010.

Maryam I. Daneshvar,

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

[FR Doc. 2010–11178 Filed 5–10–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10–09BQ]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Examining In-vehicle Exposures to Air Pollutants and Corresponding Health Outcomes of Commuters—New—National Center for Environmental Health, (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

Numerous studies have found associations between ambient fine particulate matter ($PM_{2.5}$) and adverse cardiovascular outcomes. Several recent epidemiologic studies suggest that vehicle-related emissions, in particular, may be linked to many of the these adverse effects and that specific sub-populations may be more susceptible to health risks due to their enhanced exposures to vehicle-related $PM_{2.5}$ sources. Commuters are a potentially susceptible, yet poorly characterized, sub-population. Importantly, recent epidemiologic studies indicate that specific sub-groups, including those with asthma, may be at risk to cardio respiratory health effects due to their pre-existing health condition. A more complete understanding of in-vehicle exposures for the commuter population, especially those with asthma, is therefore becoming increasingly necessary as commuting durations and roadway congestion have steadily increased throughout the U.S. during the last 20 years. The National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC) will conduct this study to characterize in-vehicle exposures to traffic-related air pollutants among commuters, with and without asthma, and any health impacts that these exposures may have on the commuter.

A total of 40 participants (20 adults with physician-diagnosed asthma and 20 healthy adults) living in the Atlanta metro area will be recruited for participation in this study. Participants will be excluded if they meet specific criteria including: ever being diagnosed with severe asthma, ever suffering a myocardial infarction, smoking tobacco products, or ever being diagnosed with a pulmonary disease such as emphysema, chronic obstructive pulmonary disorder (COPD), or any type of lung cancer, will be excluded.

Prior to their scheduled commute, participants will complete a one-time baseline questionnaire to assess medical history and general exposures. Additionally, a short symptom diary recording any respiratory symptoms will be completed by the participant prior to the commute and health measurements for lung function, lung inflammatory markers, heart rate, and biomarkers of systemic inflammation will be conducted by a trained field technician. In-vehicle exposures to particulate matter and other air pollutants will then be measured for all participants during their commute. After the commute, the symptom diary and health measurements will be conducted again to assess any potential changes in respiratory and cardiovascular health effects. Each participant will conduct the commute two times during the study year. The information learned from the health measurements and diary entries before and after the commute will be important in better understanding the potential acute health impacts associated with exposures to in-vehicle traffic pollutants and respiratory and cardiovascular health, and whether urban commuters—especially those with asthma—should be viewed as a susceptible sub-population given their enhanced exposures to $PM_{2.5}$ and gas-phase pollutants.

There is no cost to participants other than their time. The estimated annual burden hours are 180 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Instrument type	No. of respondents	No. of responses per respondent	Average burden per respondent (in hours)
Eligible participants	Baseline questionnaire	40	1	20/60
	Symptom survey	40	5	2/60
	Scripted commute data collection	40	2	2

Dated: May 5, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–11180 Filed 5–10–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director; Notice of Charter Renewal for the National Science Advisory Board for Biosecurity

In accordance with Title 41 of the U.S. Code of Federal Regulations, Section 102–3.65(a), notice is hereby given that the Charter for the National Science Advisory Board for Biosecurity (NSABB) was renewed for an additional two-year period on April 7, 2010.

It is determined that NSABB is in the public interest in connection with the performance of duties imposed on the Department of Health and Human Services by law, and that these duties can best be performed through the advice and counsel of this group.

Inquiries may be directed to Jennifer Spaeth, Director, Office of Federal Advisory Committee Policy, Office of the Director, National Institutes of Health, 6701 Democracy Boulevard, Suite 1000, Bethesda, Maryland 20892 (Mail code 4875), Telephone (301) 496–2123, or *spaethj@od.nih.gov.*

Dated: May 4, 2010.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–11043 Filed 5–10–10; 8:45 am]

BILLING CODE 4140–01–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.

Erythroid Progenitor Cell Line for Hematological Disease Applications

Description of Invention: Plasmodium vivax (malaria) is a significant health concern in many parts of Asia, Latin America, North Africa, and the Middle East. There is a lack of continuous culture systems for this pathogen. The subject technology is an erythroid progenitor continuous cell line (termed CD36E) identified by erythroid markers CD36, CD33, CD44, CD71, CD235, and globoside. These CD36E cells are heterozygous for Fya and Fyb (Duffy antigen). Due to recent evidence that *Plasmodium vivax* (*P. vivax*) can infect erythroid progenitor cells (reference: YX Ru *et al.* and T Panichakul *et al.*), these cells can be potentially used for culturing *P. vivax* and other species of malaria. This in turn could aid development of malaria related treatments and/or products. In addition, the cell line can also be used for other hematological disease applications that involve red blood cells or red blood cell precursors. The CD36E cells also produce alpha, beta, and chi hemoglobin and therefore may be used for research involving hemoglobin.

Applications:

- Culture system for *Plasmodium* species (malaria)
- Hematological diseases

Advantages: Immortalized erythroid progenitor cell line.

Development Status: In vitro data can be provided upon request.

Market:

- Malaria
- Anti-malaria drug screening
- Hematological diseases
- Hemoglobin

Inventors: Susan Wong, Neal S. Young, Ning Zhi (NHLBI).

Relevant Publications:

1. YX Ru *et al.* Invasion of erythroblasts by Pasmodium vivax: A new mechanism contributing to malarial anemia. Ultrastruct Pathol. 2009 Oct;33(5):236–242. [PubMed: 19895296].

2. T Panichakul *et al.* Production of erythropoietic cells in vitro for continuous culture of Plasmodium vivax. Int J Parasitol. 2007 Dec;37(14):1551–1557. [PubMed: 17610880].

Patent Status: HHS Reference No. E–151–2010/0—Research Tool. Patent protection is not being pursued for this technology.

Licensing Status: Available for biological materials licensing.

Licensing Contact: Kevin W. Chang, Ph.D.; 301–435–5018; *changke@mail.nih.gov.*

Collaborative Research Opportunity: The National Heart Lung and Blood Institute, Hematology Branch, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize the CD36E cell line. Please contact Cecilia Pazman, Ph.D., at *pazmance@mail.nih.gov* for more information.

Parvovirus B19 Codon Optimized Structural Proteins for Vaccine and Diagnostic Applications

Description of Invention: Parvovirus B19 (B19V) is the only known pathogenic human parvovirus. Infection by this viral pathogen can cause transient aplastic crisis in individuals with high red cell turnover, pure red cell aplasia in immunosuppressed patients, and hydrops fetalis during