DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; HIV COMORBIDITIES AND RESERVOIRS.

Date: November 8, 2024.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, NIDDK, Democracy II, Suite 7000A, 6707 Democracy Boulevard, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Maria E. Davila-Bloom, Ph.D., Scientific Review Officer, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, 6707 Democracy Boulevard, Rm. 7017, Bethesda, MD 20892–5452, (301) 594–7637, *davila-bloomm@extra.niddk.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: September 18, 2024.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–21736 Filed 9–23–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

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Name of Committee: National Institute of General Medical Sciences Special Emphasis Panel; Review of Support for Research Excellence (SuRE) Program and Support for Research Excellence—First Independent Research (SuRE-First) Award (R16).

Date: October 31–November 1, 2024.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, National Institute of General Medical Sciences, Natcher Building, 45 Center Drive, Bethesda, Maryland 20892 (Virtual Meeting).

Contact Person: John J. Laffan, Ph.D., Scientific Review Officer, Office of Scientific Review, National Institute of General Medical Sciences, National Institutes of Health, Natcher Building, 45 Center Drive, Room 3AN18J, Bethesda, Maryland 20892, 301–594–2773, *laffanjo@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program No. 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: September 18, 2024.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–21740 Filed 9–23–24; 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, HHS.

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is available for licensing 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.

FOR FURTHER INFORMATION CONTACT: Haiqing Li at 240–627–3708, or *lihai@mail.nih.gov.* Licensing information may be obtained by communicating with the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852: tel. 301–496–2644. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished information related to the invention.

SUPPLEMENTARY INFORMATION: Technology description follows:

Monoclonal Antibodies That Bind to the Underside of Influenza Viral Neuraminidase

Description of Technology

Current influenza vaccines mainly induce antibodies against the surface glycoprotein hemagglutinin (HA) that block viral attachment to its host receptors and viral membrane fusion to the host cell. The immunodominant head region of HA undergoes antigenic drift and antibodies directed to the head confer little cross-protections between strains or subtypes.

Researchers at the Vaccine Research Center of the National Institute of Allergy and Infectious Diseases have identified human monoclonal antibodies that each bind distinct epitopes on the less abundant yet critical viral surface glycoprotein neuraminidase (NA). These antibodies, isolated from convalescent individuals with confirmed influenza A H3N2 infection, inhibit viral propagation of a wide range of human H3N2, swine-origin variant H3N2, and H2N2 viruses and confer pre-exposure and post-exposure protection from lethal H3N2 infection in mice. Cryo-electron microscopy revealed that two of these antibodies bind non-overlapping epitopes covering the underside of the NA head, thus defining a potential vaccine target.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404.

Potential Commercial Applications

- Prevention or treatment of influenza infection
- Testing influenza antigens

Competitive Advantages

- Improved breadth of protection relative to influenza HA-targeting antibodies

Development Stage: Preclinical.

Inventors: Masaru Kanekiyo (NIAID), Sarah Andrews (NIAID), Julia Lederhofer (NIAID), Yaroslav Tsybovsky (Leidos Biomedical Research).

Publications: Protective human monoclonal antibodies target conserved sites of vulnerability on the underside of influenza virus neuraminidase. Lederhofer, Julia et al. Immunity, Volume 57, Issue 3, 574–586.e7.

Intellectual Property: PCT/US2023/071194 filed 28 July 2023 (NIH Ref. No. E–177–2022).

Licensing Contact: To license this technology, please contact Haiqing Li at 240–627–3708, or *lihai@mail.nih.gov,* and reference E–177–2022.

Dated: September 18, 2024.

Christopher M. Kornak,

Acting Deputy Director, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.

[FR Doc. 2024–21742 Filed 9–23–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Time-Sensitive Obesity review.

Date: October 29, 2024.

Time: 2:00 p.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, NIDDK Democracy II, Suite 7000A, 6707 Democracy Boulevard, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Michele L. Barnard, Ph.D., Scientific Review Officer, National Institute of Diabetes and Digestive and Kidney, National Institute of Health, 6707 Democracy Boulevard, Rm. 7353, Bethesda, MD 20892–2542, (301) 594–8898, *barnardm@extra.niddk.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: September 18, 2024.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–21737 Filed 9–23–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Proposed Project: New: The Center for Substance Abuse Prevention Online Reporting Tool and Grant Programmatic Progress Report to replace Division of State Programs—Management Reporting Tool (DSP–MRT) (OMB No. 0930–0354).

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Prevention (CSAP) is requesting approval from the Office of Management and Budget (OMB) to monitor CSAP discretionary grant programs through administration of a suite of data collection instruments for grant compliance and programmatic performance monitoring.

This package describes the data collection activities and proposed instruments. Grant compliance monitoring will be conducted via a single data collection instrument to be completed by all CSAP discretionary grant recipients. Programmatic performance monitoring will be conducted via a suite of data collection instruments with each instrument tailored to a specific CSAP discretionary program. This request for data collection will replace OMB No. 0930–0354: Division of State Programs—Management Reporting Tool.

CSAP intends to monitor six grant programs through this data collection effort:

- *Strategic Prevention Framework—Partnerships for Success (SPF–PFS):* The purpose of the SPF–PFS program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs. In addition, the program is intended to expand and strengthen the capacity of local community prevention providers to implement evidence-based prevention programs. With this program, SAMHSA aims to strengthen state and community level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking, marijuana, tobacco, electronic cigarettes, opioids, methamphetamine, and heroin.
- *Sober Truth on Preventing Underage Drinking (STOP Act):* The purpose of this program is to prevent and reduce alcohol use among youth and young adults ages 12–20 in communities throughout the United States through evidence-based screening, programs and curricula, brief intervention strategies, consistent policy enforcement, and environmental changes that limit underage access to alcohol as authorized by 42 U.S.C. 290bb–25b. The program aims to: (1) address norms regarding alcohol use by youth, (2) reduce opportunities for underage drinking, (3) create changes in underage drinking enforcement efforts, (4) address penalties for underage use, and/or (5) reduce negative consequences associated with underage drinking.
- *Strategic Prevention Framework for Prescription Drugs (SPF Rx):* The purpose of the SPF Rx grant program is to provide resources to help prevent and address prescription drug misuse within a State or locality. The program is designed to raise awareness about the dangers of sharing medications as well as the risks of fake or counterfeit pills purchased over social media or other unknown sources, and work with pharmaceutical and medical communities on the risks of overprescribing. Whether addressed at the state level or by an informed community-based organization, the SPF Rx program will raise community awareness and bring prescription substance misuse prevention activities and education to schools, communities, parents, prescribers, and their patients. In addition, grant recipients will be required to track reductions in opioid related overdoses and incorporate relevant prescription and overdose data