WNV crossed the Atlantic and reached the Western hemisphere and is now the major vector-borne cause of viral encephalitis worldwide. The prospective exclusive license territory may be worldwide and the field of use may be limited to live attenuated West Nile Virus vaccines for use in humans or animals.

West Nile virus (WNV) is a positive-strand RNA virus of the family Flaviviridae, part of the Japanese encephalitis virus serocomplex that includes important human pathogens such as M healed Valley encephalitis, Japanese encephalitis, and St. Louis encephalitis viruses. WNV has been present in Africa and Asia for decades and has usually been associated with mild illness that includes symptoms of low-grade fever, headache, rash, myalgia, and arthralgia. Recently, WNV has spread rapidly across the Western hemisphere and is now the major vector-borne cause of viral encephalitis in the United States. By 2010, 3 million adults were estimated to have been infected with WNV in the United States, with nearly 13,000 cases of neuroinvasive disease, almost half of which occurred in adults greater than 60 years of age. In this age group, WNV infection can cause hepatitis, meningitis, and encephalitis, leading to paralysis, coma, and death. WNV is considered an emerging infection in the United States and presents a significant public health threat. This epidemiological trend of WNV suggests that the United States can expect periodic WNV outbreaks, underscoring the need for a safe and effective vaccine to protect at-risk populations, especially older adults.

WNV is also a significant worldwide public health threat. Starting in the mid-1990s, the frequency, severity, and geographic range of WNV outbreaks increased, and outbreaks of WNV meningitis and encephalitis affecting primarily adults struck Bucharest, Romania, in 1996, Volgograd, Russia, in 1999, and Israel, in 2000. WNV crossed the Atlantic and reached the Western hemisphere in the summer of 1999 when a cluster of patients with encephalitis was reported in the metropolitan area of New York City, New York, in the United States, and within 3 years the virus had spread to most of the contiguous U.S. and the neighboring countries of Canada and Mexico. In addition, although few human cases have been reported, WNV has also been found in Central and South America through surveillance studies in field specimens, suggesting a potential risk for an outbreak in humans. In the approximately eighty (80) years since its discovery, the virus has propagated to a vast region of the globe and is now considered the most important causative agent of viral encephalitis worldwide.

No vaccine exists today to prevent WNV. The methods and compositions of this invention provide a means for prevention of WNV infection by immunization with live attenuated, immunogenic viral vaccines against WNV.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license will be royalty bearing, and the prospective exclusive license may be granted unless within fifteen (15) days from the date of this published notice, the National Institute of Allergy and Infectious Diseases receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

Complete applications for a license in the prospective field of use that are filed in response to this notice will be treated as objections to the grant of the contemplated Exclusive Commercialization Patent License Agreement. Comments and objections submitted 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: May 24, 2017.

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

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BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging: Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.
for the development of effective and coma. Thus, there is an urgent need such as altered consciousness, seizures, P. falciparum complications of 2015. One of the most deadly which resulted in 429,000 deaths in and life threatening in young children, endemic areas, malaria is malaria. PNAS 112(42): 13075–13080. (2015) Targeting glutamine metabolism rescues mice from late-stage cerebral malaria. FNAS 112(42): 13075–13080. Intellectual Property: HHS Reference Disclosure Agreement will be required applications listed below may be obtained by communicating with the indicated licensing contact at 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 patent applications.

SUPPLEMENTARY INFORMATION:
Technology description follows.

Methods for Treating Cerebral Edema and Restoring Blood-Brain Barrier Integrity

Description of Technology: There are nearly 600 million clinical cases of Plasmodium falciparum malaria annually. For most individuals living in endemic areas, malaria is uncomplicated and resolves with time. However, malaria can become severe and life threatening in young children, which resulted in 429,000 deaths in 2015. One of the most deadly complications of P. falciparum infection is cerebral malaria (HCM) characterized by the onset of severe neurological signs such as altered consciousness, seizures, and coma. Thus, there is an urgent need for the development of effective adjunctive therapies that can be used in conjunction with anti-malarials to treat children with HCM. The inventors, listed below, have discovered that glutamine antagonists can be used to treat mice with experimental cerebral malaria (ECM) in conjunction with anti-malarials. It was found that glutamine antagonist, 6-diazo-5-L-norleucine (DON) successfully restored blood-brain barrier integrity and decreased brain swelling in ECM mice. This finding suggests that glutamine antagonists may be effective in treating neurological damage in HCM patients.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404, as well as for further development and evaluation under a research collaboration.

Potential Commercial Applications:
• Therapeutic for cerebral malaria

Competitive Advantages:
• Effective adjunctive therapeutics for cerebral malaria are not available.

Development Stage: Pre-Clinical.
Inventors: Susan K. Pierce, NIAID, NIH, Johnathan Powell, Johns Hopkins University.


Intellectual Property: HHS Reference Disclosure Agreement will be required to receive copies of unpublished patent applications.

Supplementary Information:
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