

Health) to communicate priorities for both federal and non-federal stakeholders regarding vaccine research and the development, testing, licensing, production, procurement, distribution, and effective use of vaccines in order to carry out the Program's responsibilities.

The immunization landscape has changed notably since the introduction of the NVP in 2010 and its subsequent implementation plan. New vaccines were developed. New vaccination related technologies were advanced and the passage of the Patient Protection and Affordable Care Act presented a unique opportunity for vaccination with its emphasis on preventive health.

Increased access to immunizations has also changed the dynamic of immunization delivery. While increased demand for immunizations moves us toward the goal of better vaccine coverage and the reduction of vaccine preventable diseases, the costs of administering vaccines have risen over time and created additional stresses on the immunization infrastructure. These include costs for vaccine procurement, costs associated with proper vaccine storage and handling, insurance against loss, opportunity costs, and personnel costs such as managing inventory, vaccine counseling, administration, and entering data into medical records and immunization registries. Moreover, public health departments and local jurisdictions must navigate additional demands such as improving health information technology use, adherence to Meaningful Use requirements, outbreak detection and response, and public health preparedness and response efforts with limited (and oftentimes diminishing) resources. The use of social media and online communications to distribute vaccine information and misinformation has also expanded greatly in the past few years—bringing public trust in vaccines and the immunization system to the forefront of national conversations. Outbreaks of vaccine-preventable diseases such as measles and pertussis have highlighted the need for accessible and ongoing educational materials about the risks of vaccine preventable diseases and the risks and benefits of vaccinations.

Finally, the momentum built from the 2010–2020 Decade of Vaccines Initiative, emerging global health crises such as the Ebola outbreaks in Western Africa, and imported cases of vaccine-preventable diseases such as measles have highlighted that U.S. efforts to support our national vaccine goals must also serve as building blocks for strengthening efforts towards the

detection and prevention of infectious diseases world-wide.

In accordance with the 2010 National Vaccine Plan (NVP), the National Vaccine Program Office (NVPO) is conducting a mid-course review of the NVP to ensure that the goals and objectives are appropriately aligned towards the goals described therein given significant changes in the immunization landscape that have occurred since the NVP was released in 2010. This analysis could include, but may not be limited to, evaluating the priority areas described in the Plan, identifying significant accomplishments and continued areas of opportunity towards the goals and objectives outlined in the 2010 NVP, and developing updated 2015–2020 priorities and indicators to optimize implementation efforts to better align with the current immunization landscape. This input will be used to inform Departmental priorities and activities going forward.

## II. Request for Information

In order to capture non-federal stakeholder input in a targeted and systematic way, NVPO is conducting a Request for Information using an on-line survey tool to compile information regarding the priorities, goals, and objectives within the NVP, significant accomplishments since 2010, remaining gaps, and stakeholder perspectives on priorities of the vaccine and immunization community for the remaining years of the NVP (2016–2020). Finally, stakeholders will also be provided the opportunity to briefly inform NVPO of the top contributions from their organization. A link to the survey and instructions for completing the survey can be accessed via the NVPO Web site at [http://www.hhs.gov/nvpo/vacc\\_plan/index.html#mid-course-review](http://www.hhs.gov/nvpo/vacc_plan/index.html#mid-course-review). All information collected will be aggregated and analyzed to help inform a high level summary of the overall progress towards the goals in the NVP.

All responses to this Request for Information must be submitted by completing the online survey tool. Information collection sponsored by the NVPO required for the purposes of informing the National Vaccine Program and the National Vaccine Plan is not subject to Chapter 35 of title 44, United States Code [the Paperwork Reduction Act] as indicated in 42 U.S.C. 300aa–1 note (section 321 of Pub. L. 99–660).

All survey submissions will become part of the public record and subject to public disclosure. While the survey tool does not solicit identifying information, submissions that contain this

information will not be edited to remove any identifying.

## III. Potential Responders

HHS invites input from a broad range of stakeholders including individuals and organizations that have interests in vaccines and immunization efforts and goals outlined in the 2010 National Vaccine Plan.

Examples of potential responders include, but are not limited to, the following:

- General public;
- advocacy groups, non-profit organizations, and public interest organizations;
- academics, professional societies, and healthcare organizations;
- public health officials and immunization program managers;
- physician and non-physician providers that administer immunization services, including pharmacists and community vaccinators
- representatives from the private sector.

Dated: September 25, 2015.

**Michelle Y. Blakely,**

*Senior Advisor and Acting Chief of Operations and Management, National Vaccine Program Office.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### **Request for Public Comment: 60-Day Proposed Information Collection: Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form (OMB NO. 0917–0034)**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice and request for comments. Request for extension of approval.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, Public Law (Pub. L.) 104–13 [44 United States Code (U.S.C.) § 3506(c)(2)(A)], the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection titled, “Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form,” Office of Management and Budget (OMB) Control Number 0917–0034.

This previously approved information collection project was last published in

the **Federal Register** (77 FR 67657) on November 13, 2012, and allowed 30 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires January 31, 2016, to OMB for approval of an extension, and to solicit comments on specific aspects for the proposed information collection. A copy of the supporting statement is available at [www.regulations.gov](http://www.regulations.gov) (see Docket ID IHS-2015-0008).

*Proposed Collection: Title:* 0917-0034, Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. *Type of Information Collection Request:* Extension, without revision, of the currently approved information collection, 0917-0034, IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. There are no program changes or adjustments in burden hours. *Form(s):* 0917-0034, IHS Sharing What

Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. *Need and Use of Information Collection:* The IHS goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission and encourage the creation and utilization of performance driven products/services by IHS, Tribal, and urban Indian health (I/T/U) programs, the Office of Preventive and Clinical Services’ program divisions (*i.e.*, Behavioral Health, Health Promotion/Disease Prevention, Nursing, and Dental) have developed a centralized program database of best practices, promising practices and local efforts (BPPPLE) and resources. The purpose of this collection is to further the development of a database of BPPPLE, resources, and policies which are available to the public on the IHS.gov Web site. This database will be

a resource for program evaluation and for modeling examples of various health care projects occurring in AI/AN communities.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information. The information collected will enable the Indian health systems to: (a) Identify evidence based approaches to prevention programs among the I/T/Us when no system is currently in place, and (b) Allow the program managers to review BPPPLEs occurring among the I/T/Us when considering program planning for their communities.

*Affected Public:* Individuals. *Type of Respondents:* I/T/U health programs’ staff. The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Average burden hour per response, and Total annual burden hour(s).

**ESTIMATED BURDEN HOURS**

Data collection instrument(s)	Number of respondents	Number of responses per respondent	Average burden hour per response	Total annual burden hours
IHS Sharing What Works—BPPPLE Form (OMB Form No. 0917-0034)	100	1	20/60	33.3
Total .....	100	.....	.....	33.3

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Requests for Comments:* Your written comments and/or suggestions are invited on one or more of the following points:

- (a) Whether the information collection activity is necessary to carry out an agency function;
- (b) whether the agency processes the information collected in a useful and timely fashion;
- (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);
- (d) whether the methodology and assumptions used to determine the estimates are logical;
- (e) ways to enhance the quality, utility, and clarity of the information being collected; and
- (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**ADDRESSES:** Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data

collection instrument and instructions to Tamara Clay by one of the following methods:

- *Mail:* Tamara Clay, Information Collection Clearance Officer, 801 Thompson Avenue, TMP, STE 450-30, Rockville, MD 20852-1627.
- *Phone:* 301-443-4750.
- *Email:* [tamara.clay@ihs.gov](mailto:tamara.clay@ihs.gov).
- *Fax:* 301-443-2316.

*Comment Due Date:* December 8, 2015. Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: October 1, 2015.  
**Robert G. McSwain,**  
*Deputy Director, Indian Health Service.*  
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**BILLING CODE 4165-16-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Heart, Lung, and Blood Institute; Notice of Closed Meeting**

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 meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 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:* Heart, Lung, and Blood Initial Review Group, NHLBI Mentored Patient-Oriented Research Review Committee.

*Date:* October 29-30, 2015.  
*Time:* 8:30 a.m. to 12:00 p.m.  
*Agenda:* To review and evaluate grant applications.

*Place:* The William F. Bolger Center, 9600 Newbridge Drive, Potomac, MD 20854.

*Contact Person:* Stephanie Johnson Webb, Ph.D., Scientific Review Officer, Office of Scientific Review/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7196, Bethesda, MD 20892, 301-435-0291, [stephanie.webb@nih.gov](mailto:stephanie.webb@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for