Viral Hepatitis: Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis 2014–2016, details more than 150 actions to be undertaken between 2014 and 2016 by 20 federal agencies and offices from across the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), Justice (DOJ), and Veterans Affairs (VA). While the Viral Hepatitis Action Plan describes efforts to be undertaken by federal stakeholders, many of the successes our nation has seen in the fight against viral hepatitis have resulted from non-federal efforts including those of health departments, academic researchers, community-based organizations, professional organizations, education and advocacy groups, private industry, and other stakeholders. The Viral Hepatitis Action Plan provides a framework around which all stakeholders can engage to strengthen the nation's response to viral hepatitis and envisions active involvement of and innovation by a broad mix of partners from both public and private sectors.

The updated Action Plan describes four main goals to be achieved by 2020:

- Increase in the proportion of persons who are aware of their hepatitis B virus (HBV) infection, from 33% to 66%.
- Increase in the proportion of persons who are aware of their hepatitis C virus (HCV) infection, from 45% to 66%.
- Reduce by 25% the number of new cases of HCV infection.
- Eliminate mother-to-child transmission of HBV.

This request for information seeks public comment on several key areas with respect to non-federal efforts undertaken throughout calendar years 2014–2015 that are consistent with the four main goals of the Viral Hepatitis Action Plan. Comments are sought on (but not limited to) the following:

1. Describe the type of organization or group with which you are affiliated (*e.g.*, advocacy, private industry, health care, local, or state government, etc.).
2. What is the most significant need your community/clients experience with respect to combating viral hepatitis?
3. What activities conducted in 2014 and 2015 demonstrated the greatest advances toward reaching the goals of the Viral Hepatitis Action Plan? Responses are invited (but not limited to) viral hepatitis activities in the following areas:

a. Raising awareness about viral hepatitis among the general public, specific targeted populations, and/or community leaders;

b. Training and/or increasing capacity of health care providers to prevent, diagnose, treat viral hepatitis;

c. Developing strategies to promote timely viral hepatitis diagnosis and linkage to care;

d. Developing/implementing clinical decision support tools and/or improved protocols in clinical settings that improve viral hepatitis health outcomes;

e. Implementing strategies to educate women of child-bearing age and high risk groups about mother-to-infant transmission of hepatitis B;

f. Reaching people who inject drugs with viral hepatitis information and services;

g. Improving viral hepatitis infection prevention awareness and initiatives in medical settings;

h. Developing strategies to foster stakeholder collaboration and sustainable programs; and

i. Other (please specify).

4. Please include relevant information such as the dates of implementation; names of collaborating organizational partners; related Action Plan goal(s); geographic area and populations served, quantitative findings and outcomes such as number of tests done, proportion of positives identified; and links to online tools, resources, and publications.

Please limit responses to four pages, single-sided, double spaced, 10 point font.

Selected activities will be compiled and made available to federal partners, stakeholders, and the public in order to foster further expansion, innovation, and collaboration toward achieving the goals of the Viral Hepatitis Action Plan. Reponses to this RFI will also be used to inform future HHS strategic planning and implementation.

Dated: December 7, 2015.

Ronald O. Valdiserri,

Deputy Assistant Secretary for Health, Infectious Diseases, Office of the Assistant Secretary for Health.

[FR Doc. 2015–31131 Filed 12–9–15; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Girija Dasmahapatra, Ph.D., Virginia Commonwealth University: Based on the report of an inquiry conducted by Virginia Commonwealth University (VCU), the willingness of the Respondent to settle this matter, and analysis conducted by ORI in its oversight review, ORI found that Dr. Girija Dasmahapatra, former Instructor, Department of Internal Medicine, VCU, engaged in research misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grants R01 CA063753, R01 CA093738, and R01 CA100866.

ORI found that false data were included in the following eleven (11) publications:

- *Blood* 107:232–40, 2006 Jan (hereafter referred to as ''*Blood* 2006'')
- *Blood* 115:4478–87, 2010 Jun 3 (hereafter referred to as ''*Blood* 2010'')
- *British Journal of Haematology* 161:43–56, 2013 Apr (hereafter referred to as ''*BJH* 2013'')
- *Cancer Biology & Therapy* 8:808–19, 2009 May (hereafter referred to as ''*CBT* 2009'')
- *Clinical Cancer Research* 13:4280–90, 2007 Jul (hereafter referred to as ''*CCR* 2007'')
- *Leukemia* 19:1579–89, 2005 Sep (hereafter referred to as ''*Leuk* 2005'')
- *Leukemia Research* 30:1263–1272, 2006 (hereafter referred to as ''*LR* 2006'')
- *Molecular Cancer Therapeutics* 10:1686–97, 2011 Sep (hereafter referred to as ''*MCT* 2011'')
- *Molecular Cancer Therapeutics* 11:1122–32, 2012 May (hereafter referred to as ''*MCT* 2012'')
- *Molecular Cancer Therapeutics* 13:2886–97, 2014 Dec (hereafter referred to as ''*MCT* 2014'')
- *Molecular Pharmacology* 69:288–98, 2006 Jan (hereafter referred to as ''*MP* 2006'')

ORI found that Respondent falsified and/or fabricated data by reporting the results of Western blot experiments and mouse imaging experiments that examined interactions between multiple histone deacetylase and/or proteasome inhibitors in several cancer models. Specifically, Respondent duplicated, reused, and/or relabeled Western blot panels and mouse images and claimed they represented different controls and/or experimental results in:

- *Blood* 2006, Figures 2A and 2B (Tubulin), 2C (c-Jun & Tubulin), and 3E and 3F (Tubulin)
- *Blood* 2010, Figures 4A and 4C (JNK & Tubulin)
- *BJH* 2013, Figures 2A and 6B (Tubulin)
- *CBT* 2009, Figure 4B (Actin)
- *CCR* 2007, Figures 3B (PARP) and 6A (Tubulin)

- *Leuk* 2005, Figures 3B (PARP CF) and 4A, 4B, and 4C (Tubulin)
- *LR* 2006, Figure 3D (Actin—BaF/3–WT)
- *MCT* 2011, Figures 2B and 3D (Tubulin) and 6B (0 d—CFZ–2.0mg/Kg & 12 d—CFZ + VOR)
- *MCT* 2012, Figures 3A (JNK & Tubulin, 3B (Tubulin—scram), 3D (Tubulin—pUSE–AKT cl.3), and 6B (CFZ + obato)
- *MCT* 2014, Figures 3A (JNK 1 & Tubulin), 3B (JNK & Tubulin), and 3C (Tubulin)
- *MP* 2006, Figures 1D and 1E (Caspase 3, CF Caspase 3, PARP & Tubulin), 2C (PARP), 3B, 4A, and 4B (Tubulin), 6A (Tubulin—U937–pSFFv 12 hr treatment & U937-Bcl-2-ΔN 24 hr treatment), and 9A (Cox-IV)

Dr. Dasmahapatra has entered into a Voluntary Exclusion Agreement (Agreement) and has voluntarily agreed:

(1) To exclude himself for a period of three (3) years from the effective date of the Agreement from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as ''covered transactions'' pursuant to HHS' Implementation (2 CFR part 376 *et seq*) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the ''Debarment Regulations'');

(2) To exclude himself from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for period of three (3) years, beginning on November 5, 2015; and

(3) That the following publications will be retracted or corrected: *Blood* 2006, *Blood* 2010, *BJH* 2013, *CBT* 2009, *CCR* 2007, *Leuk* 2005, *LR* 2006, *MCT* 2011, *MCT* 2012, *MCT* 2014, and *MP* 2006.

FOR FURTHER INFORMATION CONTACT: Acting Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

Donald Wright,

Acting Director, Office of Research Integrity.

[FR Doc. 2015–31057 Filed 12–9–15; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HOMELAND SECURITY

United States Immigration and Customs Enforcement

Agency Information Collection Activities: Comment Request; Extension of an Information Collection

ACTION: 30-Day notice of information collection for review; G–79A; information relating to beneficiary of Private Bill; OMB Control No. 1653–0026.

The Department of Homeland Security, U.S. Immigration and Customs Enforcement (USICE), is submitting the following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies. This information collection was previously published in the **Federal Register** on September 21, 2015, Vol. 80 No. 23491 allowing for a 60 day comment period. No comments were received on this information collection. The purpose of this notice is to allow an additional 30 days for public comments.

Written comments and suggestions regarding items contained in this notice and especially with regard to the estimated public burden and associated response time should be directed to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the OMB Desk Officer for U.S. Immigration and Customs Enforcement, Department of Homeland Security, and sent via electronic mail to *oira_submission@omb.eop.gov* or faxed to (202) 395–5806.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses.

Overview of This Information Collection

(1) *Type of Information Collection:* Extension of a currently approved information collection

(2) *Title of the Form/Collection:* Information Relating to Beneficiary of Private Bill.

(3) *Agency form number, if any, and the applicable component of the Department of Homeland Security sponsoring the collection:* G–79A; U.S. Immigration and Customs Enforcement

(4) *Affected public who will be asked or required to respond, as well as a brief abstract:* Primary: State, Local, or Tribal Government. Section 404(b) of the Immigration and Nationality Act (8 U.S.C. 1101 note) provides for the reimbursement of States and localities for assistance provided in meeting an immigration emergency. This collection of information allows for State or local governments to request reimbursement.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* 10 responses at 30 minutes (.50 hours) per response.

(6) *An estimate of the total public burden (in hours) associated with the collection:* 300 annual burden hours.

Dated: December 7, 2015.

Scott Elmore,

Program Manager, Forms Management Office, Office of the Chief Information Officer, U.S. Immigration and Customs Enforcement, Department of Homeland Security.

[FR Doc. 2015–31108 Filed 12–9–15; 8:45 am]

BILLING CODE 9111–28–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–5835–N–28]

60-Day Notice of Proposed Information Collection: Multifamily Family Self-Sufficiency (MF FSS) Program Escrow Credit Data

AGENCY: Office of the Assistant Secretary for Housing—Federal Housing Commissioner, HUD.

ACTION: Notice.

SUMMARY: HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the