

Vaccines, including boosters, continue to be the most important public health tool for fighting COVID-19, and CDC recommends that all people get vaccinated against COVID-19 as soon as they are eligible and stay up to date with their vaccinations.³ When the Order was first issued in January 2021, the United States and countries around the world were just embarking on efforts to vaccinate their populations and learn about emerging variants. Now, as of June 9, 2022, 70.9% of the U.S. population five years of age and older has received a primary series.⁴ Additionally, booster shots are recommended for and available to individuals five years of age and older;⁵ second booster shots are now recommended for adults ages 50 years or older and people ages 12 years and older who are moderately or severely immunocompromised.⁶ The increased percentage of individuals who are not only fully vaccinated with a primary series but have also received one or more booster doses strengthens community and individual protection against serious illness from SARS-CoV-2 and reduces the associated strain on healthcare infrastructure. We know that the now-dominant Omicron variant, though more transmissible than prior variants, has generally caused less severe disease among those who are infected. COVID-19 vaccination still remains an effective measure to prevent

medically significant disease, hospitalizations, and deaths.

Similarly, the availability of efficacious and accessible treatments adds a powerful layer of protection against severe COVID-19 that was not available in January 2021.⁷ The U.S. Government's commitment to making such medications available and the ability to produce variant-specific treatments are critical components of the next phase of the fight against COVID-19. The observed reduction in severity of COVID-19 cases and ongoing effective use of pharmaceutical interventions contribute greatly to minimize medically significant disease and largely prevent excessive strain on the healthcare sector at this stage in the pandemic.⁸

Therefore, based on these considerations, I have concluded that continuation of the Order is not currently necessary.⁹ There being no operational need to delay implementation of this rescission for more than a short period of time, it shall

⁷ National COVID-19 Preparedness Plan—March 2022, <https://www.whitehouse.gov/wp-content/uploads/2022/03/NAT-COVID-19-PREPAREDNESS-PLAN.pdf> (last visited Mar. 30, 2022). Antiviral pills will also be added to the stockpile for the first time. See also *Information About COVID-19 EUAs for Medical Devices*, U.S. Food and Drug Administration, <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs> (updated June 3, 2022); FDA News Release: Coronavirus (COVID-19) Update: FDA Authorizes First Oral Antiviral for Treatment of COVID-19, U.S. Food and Drug Administration, <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-oral-antiviral-treatment-covid-19> (Dec. 22, 2021).

⁸ Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/indicators-monitoring-community-levels.html> (updated Mar. 4, 2022); *Nationwide COVID-19 Infection- and Vaccination-Induced Antibody Seroprevalence (Blood donations)*, Centers for Disease Control and Prevention, <https://covid.cdc.gov/covid-data-tracker/#nationwide-blood-donor-seroprevalence> (last updated Feb. 18, 2022).

⁹ This Order is not a legislative rule within the meaning of the Administrative Procedure Act ("APA") but rather a rescission of a previous Order undertaken as an emergency action under the existing authority of 42 U.S.C. 264(a) and 42 CFR 71.20, 71.31(b), which was taken without notice and comment. In the event that a court determines this rescission qualifies as a legislative rule under the APA, notice and comment and a delay in effective date are not required because the prior Order was established without notice and comment and there is good cause to lift that restriction immediately, given the current judgment that it is unnecessary to prevent the introduction of COVID-19 into the United States and to seek comment prior to the effective date of this notice would be impracticable and contrary to the public interest. 5 U.S.C. 553(b)(3)(B). Further, while this Order is major under the Congressional Review Act "CRA", it is not necessary to delay the effective date for similar reasons of good cause. 5 U.S.C. 808(2).

take effect for all aircraft departing from their point of origin on or after Sunday, June 12, 2022, at 12:01 a.m. Eastern Daylight Time (EDT). Importantly, CDC continues to recommend that all travelers remain up to date with vaccination against COVID-19 and get tested for current infection with a viral test before and after they travel, and after any known exposure to a person with COVID-19, so they can take appropriate precautions to reduce the risk of transmission while infectious. Furthermore, CDC continues to recommend that people wear masks in indoor public transportation settings.

Effective Date

This rescission shall be effective for all aircraft departing their point of origin on or after June 12, 2022, at 12:01 a.m. EDT.

Sherri Berger,

Chief of Staff, Centers for Disease Control and Prevention.

[FR Doc. 2022-13022 Filed 6-13-22; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Single-Source Cooperative Agreement To Fund Ministry of Health (MOH)—Trinidad & Tobago (TT)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately \$2,000,000 for Year 1 of funding to the Ministry of Health—Trinidad & Tobago. This award will help build national capacity of TT to treat HIV and other diseases of public health importance impacting people living with HIV (PLHIV) and populations affected by HIV, as well as move progress towards achieving the 95-95-95 goals and ensure sustainable control of the epidemic in TT. Funding amounts for years 2-5 will be set at continuation.

DATES: The period for this award will be September 30, 2022, through September 29, 2027.

FOR FURTHER INFORMATION CONTACT: Douan Kirivong, Center for Global Health, Centers for Disease Control and Prevention, 142 Old Hope Road,

³ COVID-19 Vaccines Work, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html> (updated Dec. 23, 2021). See also Thompson MG, Natarajan K, Irving SA, et al. Effectiveness of a Third Dose of mRNA Vaccines Against COVID-19—Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance—VISION Network, 10 States, August 2021–January 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:139–145 (Jan. 28, 2022). DOI: <http://dx.doi.org/10.15585/mmwr.mm7104e3> (attributing decline of vaccine effectiveness to waning vaccine-induced immunity over time, possible increased immune evasion by SARS-CoV-2 variants, or a combination of these and other factors and finding that receiving a booster shot was highly effective at preventing COVID-19-associated emergency department and urgent care encounters and preventing COVID-19-associated hospitalizations).

⁴ COVID Data Tracker, Centers for Disease Control and Prevention, https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-5yr (last visited June 10, 2022).

⁵ COVID Data Tracker Weekly Review: The Time Is Now—Interpretive Summary for June 3, 2022, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html> (June 3, 2022).

⁶ COVID-19 Vaccine Boosters, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html#second-booster> (updated May 24, 2022).

Kingston 6, Jamaica, Telephone: 800–232–6348, Email: bpq7@cdc.gov.

SUPPLEMENTARY INFORMATION: The single-source award will provide high quality prevention, care, and treatment services for PLHIV; strengthen strategic health information; and provide equitable access to comprehensive public health services addressing PLHIV and other diseases impacting PLHIV in TT.

The Ministry of Health is in a unique position to conduct this work, as it is the national authority charged with oversight of the entire health system in TT. The HIV and AIDS Coordinating Unit (HACU) in the MOH leads the Ministry of Health's response in reducing the incidence of HIV infections in TT and mitigating the impact of HIV/AIDS in persons infected and affected nationwide.

Summary of the Award

Recipient: Ministry of Health (MOH)—Trinidad & Tobago (TT).

Purpose of the Award: The purpose of the award is to help build national capacity of TT to treat HIV and other diseases of public health importance impacting PLHIV and populations affected by HIV, as well as move progress towards achieving the 95–95–95 goals and ensure sustainable control of the epidemic in TT.

Amount of Award: The approximate year 1 funding amount will be \$2,000,000 in Federal Fiscal Year (FFY) 2022 funds, subject to the availability of funds. Funding amounts for years 2–5 will be set at continuation.

Authority: This program is authorized under Public Law 108–25 (the United States Leadership Against HIV AIDS, Tuberculosis and Malaria Act of 2003).

Period of Performance: September 30, 2022, through September 29, 2027.

Dated: June 9, 2022.

Terrance Perry,

Chief Grants Management Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022–12847 Filed 6–14–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Public Health Service Act (PHS), Delegation of Authority

Notice is hereby given that I have delegated to the Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), without authority to

redelegate, all authorities vested in the Secretary, under Sections 2695G–2695I, Title XXVI of the PHS Act (42 U.S.C. 300ff–138–300ff–140), as amended. This may not be redelegated.

This delegation is effective upon date of signature. In addition, I hereby affirm and ratify any actions taken by you or your subordinates which involved the exercise of the authorities delegated herein prior to the effective date of this delegation.

Dated: June 9, 2022.

Xavier Becerra,

Secretary.

[FR Doc. 2022–12829 Filed 6–14–22; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Single-Source Cooperative Agreement To Fund Zambia National Public Health Institute (ZNPHI)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the award of approximately \$10,000,000 with an expected total funding of approximately \$50,000,000 over a 5-year period, to Zambia National Public Health Institute. The award will strengthen ZNPHI's public health capacity and to support ZNPHI to work with countries to build strong National Public Health Institutes in the region. The CDC seeks to strengthen NPHIs that are credible, technically expert, and prioritize the protection of the public's health.

DATES: The period for this award will be September 30, 2022, through September 29, 2027.

FOR FURTHER INFORMATION CONTACT:

Shana Eatman, Centers for Disease Control and Prevention, 1825 Century Center, MS V18–3, Atlanta, GA 30345, Telephone: 770–488–3933, E-Mail: DGHPNOFOs@cdc.gov.

SUPPLEMENTARY INFORMATION: The single-source award will allow ZNPHI to implement effective surveillance, laboratory, response, and capacity building functions to enhance the well-being of people in Zambia. ZNPHI will efficiently manage its responsibilities

through transparent and data-driven decision making, robust organizational capacities, and effective internal/external stakeholder communication. ZNPHI will also work with other government of Zambia entities to implement public health strengthening activities. Likewise, ZNPHI will work with other National Public Health Institutes or Ministries of Health in the region to develop or strengthen their public health capacities and functions.

Zambia National Public Health Institute is in a unique position to conduct this work. ZNPHI was established in 2015 and operated under MOH authorities for several years. During this time, they have been funded by the Zambian government and other partners. The ZNPHI Act was passed in 2020, which officially established ZNPHI as an independent agency and the main institution responsible for public health and the national focal point for implementation of the International Health Regulations. ZNPHI's mandate also includes responsibility for the health security for the nation through the establishment and functioning of the public health emergency operations center; national public health laboratory; surveillance; workforce development and through the coordination of public and global health security.

Summary of the Award

Recipient: Zambia National Public Health Institute (ZNPHI).

Purpose of the Award: The purpose of this award is to strengthen ZNPHI's public health capacity and to support ZNPHI to work with countries to build strong National Public Health Institutes in the region. The CDC seeks to strengthen NPHIs that are credible, technically expert, and prioritize the protection of the public's health.

Amount of Award: \$10,000,000 in Federal Fiscal Year (FFY) 2022 funds, with a total estimated \$50,000,000 for the 5-year period of performance, subject to availability of funds. Please note, this NOFO funding strategy is as follows: \$2,000,000 for Core Component 1, and \$8,000,000 in Approved but Unfunded (ABU) Components.

Authority: This program is authorized under Section 307 of the Public Health Service Act [42 U.S.C. 242f] and Section 301(a) [42 U.S.C. 241(a)] of the Public Health Service Act.

Period of Performance: September 30, 2022, through September 29, 2027.