

Despite the widespread availability of effective vaccines, vaccine-preventable diseases (VPDs) remain a significant public health challenge. In particular, rates of non-medical exemptions for childhood vaccines are increasing,⁴ and there have been recent measles outbreaks in the U.S.⁵ and globally, due to growing vaccine hesitancy and coverage levels below the threshold needed for herd immunity. With an estimated cost of \$20,000 per case of measles to the public sector in 2016,⁶ the economic consequences of this and other VPDs, as well as the health consequences, are significant. Furthermore, few adults in any age group are fully vaccinated as recommended by the Advisory Committee on Immunization Practices.² Large disparities in vaccine coverage by race/ethnicity persist, with African Americans, Hispanics, and Asian Americans lagging behind whites in nearly all vaccination coverage rates.⁷ VPDs such as pertussis and hepatitis B continue to take a heavy toll on public health,⁸ with 18,975 cases of pertussis and 3,409 (22,000 estimated) cases of hepatitis B infections reported in the United States in 2017.⁹ In light of these challenges, strengthening the vaccine and immunization enterprise is a priority for HHS.

To respond to the public health challenges of VPDs, OIDP in collaboration with other federal partners is leading the development of the Vaccines National Strategic Plan (Vaccine Plan). This updated plan will recommend vaccine strategies across the lifespan and guide priority actions for the period 2021–2025. While COVID–19 and coronavirus vaccine development are currently changing the landscape of the vaccine enterprise, the Vaccine Plan

has a broad focus on the entire vaccine enterprise and is not focused specifically on any one vaccine or the pandemic response. HHS, through OIDP, seeks input regarding the draft of the Vaccine Plan from subject matter experts and nonfederal partners and stakeholders such as health care providers, national professional organizations, health departments, school administrators, community-based and faith-based organizations, manufacturers, researchers, advocates, and persons affected by VPDs.

The following are the Vaccine Plan's vision and goals. *Vision:* United States will be a place where vaccine-preventable diseases are eliminated through safe and effective vaccination over the lifespan. *Goals:*

1. Foster innovation in vaccine development and related technologies.
2. Maintain the highest possible levels of vaccine safety.
3. Increase knowledge of and confidence in routinely recommended.
4. Increase access to and use of all routinely recommended vaccines.
5. Protect the health of the American public by supporting global immunization efforts.

Information Needs

The draft Vaccine Plan may be reviewed at www.hhs.gov/oidp.

OIDP seeks to obtain feedback from external stakeholders on the following:

1. Do the draft Vaccine Plan's goals, objectives, and strategies appropriately address the vaccine landscape?
2. Are there any critical gaps in the Vaccine Plan's goals, objectives, and strategies? If so, please specify the gaps.
3. Do any of the Vaccine Plan's goals, objectives and strategies cause concern? If so, please specify the goal, objective or strategy, and describe the concern regarding it.

Please be succinct and limit your comments to a maximum of seven pages.

Authority: 42 U.S.C. Section 300aa–3.

Dated: November 17, 2020.

B. Kaye Hayes,

Acting Director, Office of Infectious Disease and HIV/AIDS Policy.

[FR Doc. 2020–25842 Filed 11–20–20; 8:45 am]

BILLING CODE 4150–43–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Closed Meeting

Pursuant to section 10(d) 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 Mental Health Special Emphasis Panel; Mental Health Services Research Special Emphasis Panel.

Date: December 17, 2020.

Time: 2:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Telephone Conference Call).

Contact Person: Nicholas Gaiano, Ph.D., Review Branch Chief, Division of Extramural Activities, National Institute of Mental Health, NIH, Neuroscience Center/Room 6150/MSB 9606, 6001 Executive Boulevard, Bethesda, MD 20892–9606, 301–443–2742, nick.gaiano@nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS)

Dated: November 17, 2020.

Patricia B. Hansberger,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2020–25749 Filed 11–20–20; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Drug Abuse; Notice of Closed Meeting

Pursuant to section 10(d) 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.,

Advisory Committee: Standards for adult immunization practice. Public Health Rep. 2014;129:115–23.

⁴ Omer, S. *et al.* Nonmedical exemptions to school immunization requirements: Secular trends and association of state policies with pertussis incidence. *JAMA*. 2006;296(14):1757–1763.

⁵ <https://www.cdc.gov/measles/cases-outbreaks.html>.

⁶ Lo NC, Hotez P.J. Public Health and Economic Consequences of Vaccine Hesitancy for Measles in the United States. *JAMA Pediatr*. 2017;171(9):887–892. doi:10.1001/jamapediatrics.2017.1695.

⁷ Lu P.J. *et al.* Racial and Ethnic Disparities in Vaccination Coverage Among Adult Populations in the U.S. *Am J. Prev Med*. 2015;49(6 Suppl 4):S412–S425. doi:10.1016/j.amepre.2015.03.005.

⁸ <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf>.

⁹ <https://www.chop.edu/centers-programs/vaccine-education-center/global-immunization/diseases-and-vaccines-world-view>.

¹⁰ Schillie *et al.* Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. *MMWR*. 2018;67(1):1–31.