

address provided below, no later than 5:00 p.m. ET on March 11, 2019.

**ADDRESSES:** Electronic responses are strongly preferred and may be addressed to [HepHIVStrategies@hhs.gov](mailto:HepHIVStrategies@hhs.gov). Written responses should be addressed to: U.S. Department of Health and Human Services, Room L001, 330 C Street SW, Washington, DC 20024. Attention HIV/ Viral Hepatitis RFI.

**FOR FURTHER INFORMATION CONTACT:** Nathan Fecik, MPH regarding HIV or Corinna Dan, RN, MPH regarding viral hepatitis, in the Office of HIV/AIDS and Infectious Disease Policy, (202) 795-7697.

**SUPPLEMENTARY INFORMATION:** The NHAS and NVHAP have served as roadmaps for the national response to HIV and viral hepatitis in the United States. They have been of great value in establishing and monitoring indicators of progress toward important national public health goals, setting expectations, identifying opportunities for stakeholder engagement across sectors, and improving transparency and accountability. As a nation, we have made significant progress toward achieving the goals for both strategies, but ongoing challenges and disparities remain.

The NHAS and the NVHAP were developed with input from nonfederal stakeholders who are committed to working toward shared national goals and aligning efforts across sectors. The strategies allow flexibility to adapt to: Scientific advances; changes in the needs of people with and at-risk for these infections; emerging threats to our progress toward eliminating HIV and viral hepatitis, such as the opioid crisis; and other factors including social determinants of health and stigma that affect the health of people with and at risk for these infections.

This request for information seeks public input on improving efficiency, effectiveness, coordination, and accountability of HIV and viral hepatitis prevention, care, treatment, and cure policies, services, and programs at all levels and for all types of stakeholders. The feedback received will inform the next edition of two separate strategies: (1) The National HIV/AIDS Strategy; and (2) the National Viral Hepatitis Action Plan. Please indicate the national strategy to which each comment applies. If submitting comments for both strategies please submit two separate responses. Topics of interest include, but are not limited to, the following:

(1a) What components of the NHAS do you think should be maintained? What changes should be made to the NHAS? This may include changes to the

structure, goals, and indicators, key areas of focus and/or populations, and annual reporting processes by federal agencies. This may also include areas of the current strategy that should be scaled back or areas of the current strategy that should be expanded or scaled up.

(1b) What components of the NVHAP do you think should be maintained? What changes should be made to the NVHAP? This may include changes to the structure, goals, and indicators, key areas of focus and/or populations, and annual reporting processes by federal agencies. This may also include areas of the current strategy that should be scaled back or areas of the current strategy that should be expanded or scaled up.

(2a) Specific recommendations you think will improve the efficiency, effectiveness, accountability, and impact of the national response to HIV.

(2b) Specific recommendations you think will improve the efficiency, effectiveness, accountability, and impact of the national response to viral hepatitis.

(3a) What specific actions should the federal government and others take to improve the coordination of funding and delivery of HIV services?

(3b) What specific actions should the federal government and others take to improve the coordination of funding and delivery of viral hepatitis services?

(4a) What monitoring and evaluation strategies would further improve HIV prevention, care, and treatment?

(4b) What monitoring and evaluation strategies would further improve viral hepatitis prevention, care, and treatment?

Dated: January 29, 2019.

**Tammy R. Beckham,**

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

[FR Doc. 2019-01695 Filed 2-7-19; 8:45 am]

**BILLING CODE 4150-28-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0937-New]

### Agency Information Collection Request: 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the

following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before March 11, 2019.

**ADDRESSES:** Submit your comments to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or via facsimile to (202) 395-5806.

**FOR FURTHER INFORMATION CONTACT:** Sherrette Funn, [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or (202) 795-7714. When submitting comments or requesting information, please include the document identifier 0937-New-30D and project title for reference.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Title of the Collection:* SMARTool Pilot Replication Project.

*Type of Collection:* OMB No. 0937-NEW—Office of the Assistant Secretary for Health (OASH).

*Abstract:* The Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS), is requesting approval by OMB of a new information collection request. OASH is updating the Center for Relationship Education's Systematic Method for Assessing Risk-Avoidance Tool (SMARTool), a tool for sexual risk avoidance (SRA) curriculum developers and implementing organizations (IOs) to ensure that their SRA curricula are grounded in evidence. In an effort to assess the SMARTool's impact, OASH aims to conduct a formative evaluation to (1) provide preliminary evidence on the effectiveness of SRA curricula that are aligned with the SMARTool, (2) derive lessons learned to improve the implementation of SRA curricula, and (3) develop and test baseline and follow-up questionnaires that assess SRA program effects on the key SMARTool constructs. The evaluation will be conducted with an estimated four IOs. The evaluation will use quantitative and qualitative methods and will include both a process evaluation and an outcome evaluation.

*Need and Proposed Use of the Information:* To enhance the rigor of the evaluation, a comparison group will be identified for each IO, if possible. This

would enable an assessment of whether any changes identified in individual and contextual risk and protective factors in the intervention group differ from those in the comparison group. The process evaluation will describe in detail each IO's program, how it was delivered, and factors that may have influenced the success of the program's implementation. Process evaluation data

are necessary for the interpretation of outcome findings and to inform efforts to improve program implementation. Depending on their performance on measures of reliability and validity, the baseline and follow-up questionnaires may be made available to organizations planning to evaluate curricula that are aligned with the SMARTool.

*Likely Respondents:* Respondents will include participants in each of the IOs' SRA programs (9th or 10th grade youth), their parent(s), program facilitators, representatives of schools participating in the program (e.g., school principals), and school or school district administrative staff.

#### EXHIBIT 1—TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (hours)
<b>Outcome Evaluation</b>					
Parents .....	Parental consent .....	2,356	1	5/60	196
High school students .....	Youth Assent .....	2,356	1	5/60	196
	Baseline survey .....	2,356	1	30/60	1,178
	Follow-up survey .....	2,120	1	30/60	1,060
School or school district administrative staff.	Classroom roster report .....	24	1	120/60	48
<b>Process Evaluation</b>					
Program Facilitators .....	Process Evaluation Facilitator Session Log.	48	20	15/60	240
Program Facilitators .....	Process Evaluation Facilitator Survey.	38	1	25/60	16
High school students .....	Process Evaluation Participant Survey.	1,060	1	10/60	177
Program facilitators, site representatives.	Process Evaluation Key Informant Interviews.	24	1	60/60	24
Teachers .....	Attendance form .....	48	20	5/60	80
Total burden .....	.....	.....	.....	.....	3,135

**Terry Clark,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. 2019-01595 Filed 2-7-19; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the National Vaccine Advisory Committee

**AGENCY:** National Vaccine Program Office, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that a meeting is scheduled to be held of the National Vaccine Advisory Committee (NVAC). The meeting will be open to the public via teleconference; a public comment session will be held during the meeting.

**DATES:** The meeting will be held on Monday, March 25, 2019. The confirmed meeting times and agenda will be posted on the NVAC website at <http://www.hhs.gov/nvpo/nvac/meetings/index.html> as soon as they become available.

**ADDRESSES:** Instructions regarding attending this meeting will be posted one week prior to the meeting at: <http://www.hhs.gov/nvpo/nvac/meetings/index.html>. Pre-registration is required for members of the public who wish to attend the meeting and who wish to participate in the public comment session. Individuals who wish to attend the meeting and/or participate in the public comment session should register at <http://www.hhs.gov/nvpo/nvac/meetings/index.html>.

**FOR FURTHER INFORMATION CONTACT:** Ann Aikin, Acting Designated Federal Officer, at the National Vaccine Program Office, U.S. Department of Health and Human Services, Room 715H, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. Phone: (202) 690-5566; email: [nvac@hhs.gov](mailto:nvac@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. 300aa-1), the Secretary of HHS was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The NVAC was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program's responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

During the March 2019 NVAC meeting, sessions will consist of presentations on reducing disparities, removing barriers to adult immunization, and reducing financial burdens to vaccination. Please note that agenda items will be related to the charge of the Committee and are subject to change as priorities dictate. Information on the final meeting agenda will be posted prior to the meeting on