

roster of committee members may be obtained from Debbie M. Jackson, Senior Program Analyst, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2339, Hyattsville, MD 20782, (301) 458-4614, djackson@cdc.gov; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site <http://www.ncvhs.hhs.gov/>.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: October 22, 2007.

James Scanlon,

Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 07-5434 Filed 10-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Availability of Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine

AGENCY: Office of the Secretary, Health and Human Services.

ACTION: Notice of availability.

SUMMARY: The Department of Health and Human Services (HHS) and the Department of Homeland Security (DHS) are seeking public comment on the draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine. The draft Guidance is now available on the HHS Web site.

DATES: Submit comments on or before December 31, 2007.

Instructions for Submitting Comments: Electronic responses are preferred and may be addressed to Panfluvaccine@hhs.gov. Written responses should be addressed to U.S. Department of Health and Human Services, Room 434E, 200 Independence Avenue, SW., Washington, DC 20201, Attention: Pandemic Influenza Vaccine Prioritization Guidance Comments. A copy of the Notice and the full text of the draft Guidance are also available on the PandemicFlu.Gov Web site at <http://www.pandemicflu.gov/vaccine/prioritization.html> and at <http://www.aspe.hhs.gov/panflu/>

[vaccinepriorities.html](http://www.pandemicflu.gov/vaccine/prioritization.html). Please follow instructions for submitting responses.

The submission of comments in response to this notice should not exceed 25 pages, not including appendices and supplemental documents. Any information you submit will be made public. Consequently, do not send proprietary, commercial, financial, business confidential, trade secret, or personal information that you do not wish to be made public.

Public Access: Responses to this notice will be available to the public in the HHS Public Reading Room, 200 Independence Avenue, SW., Washington, DC 20201. Please call (202) 690-7453 between 9 a.m. and 5 p.m. to arrange access.

FOR FURTHER INFORMATION CONTACT: Hui-Hsing Wong, M.D., Office of the Assistant Secretary for Planning and Evaluation, (202) 205-0519.

SUPPLEMENTARY INFORMATION: Influenza viruses have threatened the health of animal and human populations for centuries. A pandemic occurs when a novel strain of influenza virus emerges that has the ability to infect and be passed between humans. Because humans have little immunity to the new virus, a worldwide epidemic, or pandemic, can ensue.

Three human influenza pandemics occurred in the 20th century. In the U.S., each pandemic led to illness in approximately 30 percent of the population and death in between 2 in 100 and 2 in 1000 of those infected. It is projected that a modern pandemic, absent effective control measures, could result in the death of 200,000 to 2 million people in the U.S. alone.

A critical part of the United States Government (USG) strategy to control the spread of a pandemic and reduce its health and societal impact is through the use of vaccines. The USG is working toward a goal of expanding domestic influenza surge capacity to produce pandemic influenza vaccines for the entire population within six months of a pandemic declaration. However, at the beginning of a pandemic, the limited supply of existing pandemic influenza vaccines will require that their distribution and administration be prioritized.

Accordingly, the Homeland Security Council *Implementation Plan for the National Strategy for Pandemic Influenza* required the Department of Health and Human Services (HHS) in coordination with the Department of Homeland Security (DHS) to convene a federal interagency working group to draft a guidance to assist State and local

governments, communities, tribal and territorial governments, and the private sector in planning an effective and consistent pandemic response. The USG embarked on a rigorous and collaborative process to seek input from all interested parties in developing a strategy to emerge from a pandemic with minimal levels of illness, death, and disruption to our society and economy.

The draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine outlines the USG's goal of targeting the early production of pandemic vaccines to reduce the impact on health and minimize disruption to society and the economy and describes the scientific and ethical framework for how this guidance was developed. As part of the guidance, a tiered prioritization for vaccines in severe pandemics is being proposed with the following objectives considered to be the most important: (1) Protect those who are essential to the pandemic response and provide care for persons who are ill; (2) protect those who maintain essential community services; (3) protecting children; and (4) protect workers who are at greater risk of infection as a result of their job. Protecting those who maintain homeland and national security was also considered a significant Federal objective. The ultimate goal of pandemic vaccination is to provide vaccines to all persons in the United States who choose to be vaccinated by 6 months after the declaration of a pandemic.

With this notice, the USG requests comment from the public and interested stakeholders on the draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine.

Specifically, the USG invites comments on the following:

The framework for establishing pandemic influenza vaccine priorities, including the—

- (1) approach for defining:
 - a. Target groups,
 - b. The clusters of target groups in the categories,
 - c. The levels within categories,
 - d. The tiers across categories.

(2) The extent to which the prioritization guidance addresses the stated program objectives.

(3) The extent to which the guidance is likely to lead to fair and ethical allocation and targeting of pandemic influenza vaccine across the population.

The text of the draft guidance is available in html and pdf formats through the *PandemicFlu.Gov* Web site at <http://www.pandemicflu.gov/vaccine/prioritization.html> and the HHS Web site at <http://www.aspe.hhs.gov/panflu/>

vaccinepriorities.html. For those who may not have Internet access, a hard copy can be requested from the point of contact, Hui-Hsing Wong, Office of the Assistant Secretary for Planning and Evaluation (202) 205-0519.

Date: October 24, 2007.

RADM W. Craig Vanderwagen,

Assistant Secretary for Preparedness and Response.

[FR Doc. 07-5435 Filed 10-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 11 a.m.–4 p.m., November 27, 2007.

Place: Audio Conference Call via Federal Telecommunications System Conferencing. The USA toll free dial in number is 1-866-659-0537 with a pass code of 9933701.

Status: Open to the public, but without a public comment period.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC.

NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, most recently, August 3, 2007, and will expire on August 3, 2009.

Purpose: This Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: The agenda for the conference call includes: FY 2008 New Site Profiles and New Procedures for SC&A; Procedures to Select New Contractor for ABRWH; Work Group Updates; Sandia-Livermore Update and Future Activities; Chapman Valve Reports from DOE and DOL; Dow Chemical Report from DOE; SEC and Site Profile Matrices Update; Subcommittee for Dose Reconstruction Reviews Report of the 4th and 5th Sets of Individual Dose Reconstructions, and the Summary Report on the First 100 Cases; Rocky Flats Update; Discussion of Board Procedures; Status of and Plans for Future Board Activities; and Board Working Time.

The agenda is subject to change as priorities dictate. Because there is not a public comment period, written comments may be submitted. Any written comments received will be included in the official record of the meeting and should be submitted to the contact person below well in advance of the meeting.

Contact Person for More Information: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226. Telephone (513) 533-6825, Fax (513) 533-6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: October 25, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7-21505 Filed 10-31-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Request for Nominations

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill seven (7) upcoming vacancies on the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

Authority: 42 U.S.C. 294f, Section 756 of the PHS Act, as amended. The Advisory Committee is governed by provisions of Public Law (Pub. L.) 92-463, as amended (5 U.S.C. Appendix 2) which sets forth standards for the formation and use of advisory committees.

DATES: The Agency must receive nominations on or before December 31, 2007.

ADDRESSES: All nominations are to be submitted by mail to Louis D. Coccodrilli, Designated Federal Official, ACICBL, Bureau of Health Professions (BHP), HRSA, Parklawn Building, Room 9-05, 5600 Fishers Lane; Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Adriana Guerra, Public Health Fellow, Division of Medicine and Dentistry, by e-mail aguerra@hrsa.gov or telephone, (301) 443-6194.

SUPPLEMENTARY INFORMATION: Under the authorities that established the ACICBL, the Federal Advisory Committee Act of October 6, 1972 (Pub. L. 92-463), and section 2119 of the Act, 42 U.S.C. 00aa-19, as added by Public Law 99-660 and amended, HRSA is requesting nominations for seven (7) voting members.

The ACICBL provides advice and recommendations to the Secretary and to the Congress concerning policy, program development and other matters of significance related to interdisciplinary, community-based training grant programs authorized under sections 751-756, Title VII, Part D of the Public Health Service Act. The ACICBL prepares an annual report describing the activities conducted