

TABLE 3—ESTIMATED ANNUAL THIRD-PARTY DISCLOSURE BURDEN ¹

Activity; 21 CFR section	Number of respondents	Number of disclosures per respondent	Total annual disclosures	Average burden per disclosure	Total hours
Nutrient labeling; §§ 107.10(a) and 107.20	5	13	65	8	520

¹ There are no capital costs or operating and maintenance costs associated with the information collection.

We estimate compliance with our infant formula labeling requirements in §§ 107.10(a) and 107.20 requires 520 hours annually.

Dated: November 23, 2020.

Lauren K. Roth,

Acting Principal Associate Commissioner for Policy.

[FR Doc. 2020–26537 Filed 12–1–20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Information: HIV National Strategic Plan 2021–2025 Available for Public Comment

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services’ (HHS) Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the Office of the Assistant Secretary for Health (OASH) announces the draft HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021–2025) (HIV Plan) available for public comment. The draft HIV Plan may be reviewed at www.hiv.gov.

DATES: All comments must be received by 5:00 p.m. ET on December 14, 2020 to be considered.

ADDRESSES: All comments must be submitted electronically to HIVPlanComments@hhs.gov to be considered.

FOR FURTHER INFORMATION CONTACT: Harold J. Phillips, OIDP, Harold.Phillips@hhs.gov, 202–725–8872.

SUPPLEMENTARY INFORMATION: The National HIV/AIDS Strategy, first released in 2010 and updated in 2015, changed the way that Americans talk about HIV and the ways that stakeholders prioritize and coordinate resources and deliver prevention and care services that support people with HIV or at risk for HIV. As a result, the nation’s new HIV infections have declined from their peak in the mid-1980s—although remaining stable over

the past decade—and people with HIV in care and treatment are living longer, healthier lives. In 2018 the estimated number of new HIV infections was 36,400. A robust prevention toolbox that includes pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and syringe services programs (SSPs) has lowered a person’s risk of acquiring HIV. Research in recent years has proven that people with HIV who take antiretroviral therapy achieve and maintain an undetectable viral load, not protect their health but also have effectively no risk of transmitting HIV through sex.

This stability in the annual number of new infections, though, has further illuminated opportunities for focused efforts. According to the most recent available data, less than one-half (38.9%) of the U.S. population have ever been tested for HIV ¹ and an estimated 161,800 (14%) people with HIV are unaware of their status.² Only 63% of people diagnosed with HIV are virally suppressed.³ Approximately 80% of new HIV infections are due to people who do not know they have HIV or are not receiving regular care,⁴ and only 18% of the approximately 1.2 million people indicated for PrEP are receiving it.^{5,6}

¹ National HIV Testing Day—June 27, 2019. *MMWR*. 2019;68:561. doi: <http://dx.doi.org/10.15585/mmwr.mm6825a1>.

² Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. *HIV Surveillance Supplemental Report* 2020;25(1). Accessed September 28, 2020. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

³ Harris NS, Johnson AS, Huang YLA, et al. *Vital Signs:* status of human immunodeficiency virus testing, viral suppression, and HIV preexposure prophylaxis—United States, 2013–2018. *MMWR*. 2019;68:1117–1123. doi: <http://dx.doi.org/10.15585/mmwr.mm6848e1>.

⁴ Li Z, Purcell DW, Sansom SL, et al. *Vital Signs:* HIV transmission along the continuum of care—United States, 2016. *MMWR*. 2019;68:267–272. Figure 1. doi: <http://dx.doi.org/10.15585/mmwr.mm6811e1>.

⁵ Harris NS, Johnson AS, Huang YLA, et al. *Vital Signs:* status of human immunodeficiency virus testing, viral suppression, and HIV preexposure prophylaxis—United States, 2013–2018. *MMWR*. 2019;68:1117–1123. doi: <http://dx.doi.org/10.15585/mmwr.mm6848e1>.

⁶ Centers for Disease Control and Prevention. HIV Surveillance Data Tables (early release): Core indicators for monitoring the Ending the HIV Epidemic initiative (preliminary data): HIV

To respond and address the HIV public health epidemic, OASH through OIDP, in collaboration with a steering committee composed of a wide array of federal partners, has led and coordinated development of the HIV Plan. Opportunities for public input were provided, and public comments received were reviewed and analyzed, to help inform development of the components of the HIV Plan. The HIV Plan covers the entire country, provides a roadmap across the federal government, non-federal partners and stakeholders in all sectors of society, and encourages integration of several key components that are vital to our collective work.

The HIV Plan is the nation’s third consecutive national HIV strategy. It sets forth bold targets for ending the HIV epidemic in the United States by 2030, including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. The HIV Plan articulates goals, objectives, and strategies to prevent new infections, treat people with HIV to improve health outcomes, reduce HIV-related disparities, and better integrate and coordinate the efforts of all partners to end the HIV epidemic in the United States. The HIV Plan also establishes indicators to measure progress, with quantitative targets for each indicator, and designates populations disproportionately impacted by and at risk for HIV as well as key areas of focus.

The order of goals, objectives, and strategies does not indicate any prioritization, and many are intertwined. The following are the HIV Plan’s vision and four goals:

Vision: The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment and lives free from stigma and discrimination. This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race,

diagnoses and linkage to HIV medical care, 2019 (reported through December 2019); and preexposure prophylaxis (PrEP)—2018, updated. *HIV Surveillance Data Tables* 2020;1(2). Accessed October 16, 2020. <https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/index.html>.

ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

Goals

1. Prevent new HIV infections;
2. Increase knowledge of HIV status;
3. Reduce HIV-related disparities and health inequities; and
4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

Information Needs

The draft HIV Plan may be reviewed at: www.hiv.gov.

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

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

Each commenter is limited to a maximum of seven pages.

Authority: 77 FR 15761 (March 16, 2012).

Dated: November 25, 2020.

B. Kaye Hayes,

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

[FR Doc. 2020-26586 Filed 12-1-20; 8:45 am]

BILLING CODE 4150-43-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; 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 on Alcohol Abuse and Alcoholism Initial Review Group Neuroscience Review Subcommittee.

Date: March 3, 2021.

Time: 8:30 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute of Health, National Institute on Alcohol Abuse and Alcoholism, 6700 B Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Beata Buzas, Ph.D., Scientific Review Officer, Extramural Project Review Branch, Office of Extramural Activities, National Institute on Alcohol Abuse and Alcoholism, 6700B Rockledge Drive, Room 2116, MSC 6902, Bethesda, MD 20892, 301-443-0800, bbuzas@mail.nih.gov. (Catalogue of Federal Domestic Assistance Program Nos. 93.271, Alcohol Research Career Development Awards for Scientists and Clinicians; 93.272, Alcohol National Research Service Awards for Research Training; 93.273, Alcohol Research Programs; 93.891, Alcohol Research Center Grants; 93.701, ARRA Related Biomedical Research and Research Support Awards., National Institutes of Health, HHS)

Dated: November 25, 2020.

Patricia B. Hansberger,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2020-26561 Filed 12-1-20; 8:45 am]

BILLING CODE 4140-01-P

INTERNATIONAL TRADE COMMISSION

[Investigation Nos. 701-TA-631 and 731-TA-1463-1464 (Final)]

Forged Steel Fittings From India and Korea

Determinations

On the basis of the record¹ developed in the subject investigations, the United States International Trade Commission ("Commission") determines, pursuant to the Tariff Act of 1930 ("the Act"), that an industry in the United States is materially injured by reason of imports of forged steel fittings from India and Korea, provided for in subheadings 7307.92.30, 7307.92.90, 7307.93.30, 7307.93.60, 7307.93.90, 7307.99.10, 7307.99.30, and 7307.99.50 of the Harmonized Tariff Schedule of the United States, that have been found by the U.S. Department of Commerce ("Commerce") to be sold in the United States at less than fair value ("LTFV"), and to be subsidized by the government of India.²

Background

The Commission instituted these investigations effective October 23, 2019, following receipt of petitions filed

with the Commission and Commerce by Bonney Forge Corporation ("Bonney"), Mount Union, Pennsylvania, and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union ("USW"), Pittsburgh, Pennsylvania. The final phase of the investigations was scheduled by the Commission following notification of preliminary determinations by Commerce that imports of forged steel fittings from India were subsidized within the meaning of section 703(b) of the Act (19 U.S.C. 1671b(b)) and sold at LTFV within the meaning of 733(b) of the Act (19 U.S.C. 1673b(b)). Notice of the scheduling of the final phase of the Commission's investigations and of a public hearing to be held in connection therewith was given by posting copies of the notice in the Office of the Secretary, U.S. International Trade Commission, Washington, DC, and by publishing the notice in the **Federal Register** on June 19, 2020 (85 FR 37109). In light of the restrictions on access to the Commission building due to the COVID-19 pandemic, the Commission conducted its hearing through written testimony and video conference on October 15, 2020. All persons who requested the opportunity were permitted to participate.

The Commission made these determinations pursuant to §§ 705(b) and 735(b) of the Act (19 U.S.C. 1671d(b) and 19 U.S.C. 1673d(b)). It completed and filed its determinations in these investigations on November 25, 2020. The views of the Commission are contained in USITC Publication 5137 (November 2020), entitled *Forged Steel Fittings from India and Korea: Investigation Nos. 701-TA-631 and 731-TA-1463-1464 (Final)*.

By order of the Commission.

Issued: November 25, 2020.

Jessica Mullan,

Attorney Advisor.

[FR Doc. 2020-26579 Filed 12-1-20; 8:45 am]

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¹ The record is defined in § 207.2(f) of the Commission's Rules of Practice and Procedure (19 CFR 207.2(f)).

² Vice Chair Randolph J. Stayin not participating.