

general population. However, we will be able to identify how our sample compares to national data, and our data

will be weighted to be proportionally reflective of the U.S. population by race/ethnicity.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN¹

Participant subgroup	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
No. to read the survey invitation					
Youth (aged 13–17)	125,000	1	125,000	0.016 (1 minute)	2,084
Young adults (aged 18–24)	125,000	1	125,000	0.016 (1 minute)	2,084
Total	250,000	.....	.....	.....	4,168
No. to complete the consent and screener					
Youth (aged 13–17)	3,750	1	3,750	0.116 (7 minutes)	438
Young adults (aged 18–24)	3,750	1	3,750	0.116 (7 minutes)	438
Total	7,500	.....	.....	.....	876
No. to complete main study					
Youth (aged 13–17)	2,500	1	2,500	0.333 (20 minutes)	834
Young adults (aged 18–24)	2,500	1	2,500	0.333 (20 minutes)	834
Total	5,000	.....	.....	.....	1,668
Total .....	.....	.....	.....	.....	6,712

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

FDA's burden estimate is based on prior experience with research that is similar to this proposed study (OMB control number 0910–0848). Applying assumptions from previous experience in conducting similar studies, approximately 250,000 respondents from an internet panel will be recruited via an email invitation, which is estimated to take 1 minute to read and respond. An estimated 7,500 (3,750 youth and 3,750 young adults) respondents will provide assent and consent and be screened to yield the desired sample size of 5,000 total (2,500 youth and 2,500 young adults) participants. The consent/screening process is estimated to take an average of 7 minutes per respondent. Participants that qualify for the study will be automatically directed to begin the online survey, which is estimated to take an average of 20 minutes per respondent.

The total estimated burden for the data collection is 6,712 hours.

Dated: February 10, 2022.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2022–03387 Filed 2–16–22; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact Lisa L. Reyes, Clerk of Court, United States Court of Federal Claims, 717 Madison Place NW, Washington, DC 20005, (202) 357–6400. For information on HRSA's role in the Program, contact the Director, National

Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 08N146B, Rockville, Maryland 20857; (301) 443–6593, or visit our website at: <https://www.hrsa.gov/vaccinecompensation/index.html>.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.*, provides that those seeking compensation are to file a petition with the United States Court of Federal Claims and to serve a copy of the petition to the Secretary of HHS, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or

manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that “[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**.” Set forth below is a list of petitions received by HRSA on December 1, 2021, through December 31, 2021. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master “shall afford all interested persons an opportunity to submit relevant, written information” relating to the following:

1. The existence of evidence “that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,” and

2. Any allegation in a petition that the petitioner either:

a. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table but which was caused by” one of the vaccines referred to in the Table, or

b. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine” referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the United States Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, 5600 Fishers Lane, 08N146B, Rockville, Maryland 20857. The Court’s caption (*Petitioner’s Name v. Secretary of HHS*) and the docket number assigned to the

petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Carole Johnson,
Administrator.

List of Petitions Filed

1. Frances C. Nwokoro, Southlake, Texas, Court of Federal Claims No: 21–2240V
2. Briahna Bryant, Duluth, Minnesota, Court of Federal Claims No: 21–2241V
3. Michael Burch Vessels, Bowling Green, Kentucky, Court of Federal Claims No: 21–2243V
4. Samira Belarbi, Sugarland, Texas, Court of Federal Claims No: 21–2244V
5. Martha Buck, Windsor, Maine, Court of Federal Claims No: 21–2246V
6. Edward Garren, Inglewood, California, Court of Federal Claims No: 21–2247V
7. Erin O’Leary, Chicago, Illinois, Court of Federal Claims No: 21–2249V
8. Sherri Allen, Ocean, New Jersey, Court of Federal Claims No: 21–2251V
9. Lance Zeimetz, Holly Hill, Florida, Court of Federal Claims No: 21–2252V
10. Daniel Stewart Botti, Hillsboro, Oregon, Court of Federal Claims No: 21–2256V
11. Jose Ruiz, San Bernardino, California, Court of Federal Claims No: 21–2257V
12. Lauri E. Hill, Ridgefield, Connecticut, Court of Federal Claims No: 21–2259V
13. Shawn Blau, Fairfield, Connecticut, Court of Federal Claims No: 21–2263V
14. James Carter, Godfrey, Illinois, Court of Federal Claims No: 21–2264V
15. Christine Vardaro, Dorchester, Massachusetts, Court of Federal Claims No: 21–2265V
16. Holly O’Dea as Personal Representative of the Estate of Dolores Williams, Deceased, Alamo, California, Court of Federal Claims No: 21–2267V
17. Mitchel Friedt, Howell, Michigan, Court of Federal Claims No: 21–2268V
18. Suzanne Tanner on behalf of L.T., Phoenix, Arizona, Court of Federal Claims No: 21–2269V
19. Sotiria Hambos, Columbia, New Jersey, Court of Federal Claims No: 21–2273V
20. Elizabeth P. Gombeyski, Narragansett, Rhode Island, Court of Federal Claims No: 21–2274V
21. Richard G. Morrison, Huntley, Illinois, Court of Federal Claims No: 21–2277V
22. Alberto Abraham, Schaumburg, Illinois, Court of Federal Claims No: 21–2279V
23. Rhonda Barefield, Cleveland, Texas, Court of Federal Claims No: 21–2282V
24. Theresa A. Winning, Marshall, Missouri, Court of Federal Claims No: 21–2285V
25. Cindy Overton, Fort Worth, Texas, Court of Federal Claims No: 21–2286V
26. Desiree Jackson on behalf of S.J., Phoenix, Arizona, Court of Federal Claims No: 21–2287V
27. Mallory Johnson, Greeley, Colorado, Court of Federal Claims No: 21–2288V
28. Dennis W. Blake, Westwood, New Jersey, Court of Federal Claims No: 21–2290V
29. Jose Tomas Siniscalchi, Miami, Florida, Court of Federal Claims No: 21–2293V
30. Leah M. Fetzer, Howell, New Jersey, Court of Federal Claims No: 21–2294V
31. Francis Miller, Washington, District of Columbia, Court of Federal Claims No: 21–2295V
32. Thomas and Danielle Blinstrubas on behalf of C.B., Phoenix, Arizona, Court of Federal Claims No: 21–2296V
33. Cynthia Cevora, Norfolk, Virginia, Court of Federal Claims No: 21–2297V
34. Eric Guilliod, Maumee, Ohio, Court of Federal Claims No: 21–2299V
35. Raymond Keane and Mary Keane on behalf of G.K., Springfield, Massachusetts, Court of Federal Claims No: 21–2300V
36. Alyssa Wilfong, Phoenix, Arizona, Court of Federal Claims No: 21–2301V
37. Daniel Wolin, Cleveland, Ohio, Court of Federal Claims No: 21–2302V
38. Paula Shirk, Brooklyn, New York, Court of Federal Claims No: 21–2303V
39. Suzette Harrigal, Brookhaven, Mississippi, Court of Federal Claims No: 21–2304V
40. Clarence Cherry on behalf of The Estate of Mark A. Cherry, Deceased, Toledo, Ohio, Court of Federal Claims No: 21–2306V
41. Joseph McIssac, Phoenix, Arizona, Court of Federal Claims No: 21–2308V
42. William M. Roberson, Nashville, Tennessee, Court of Federal Claims No: 21–2309V
43. Joey Dylla, San Antonio, Texas, Court of Federal Claims No: 21–2310V
44. Anna Reeves on behalf of L.R., Phoenix, Arizona, Court of Federal Claims No: 21–2318V
45. Kristy Dougherty, Santa Rosa, California, Court of Federal Claims No: 21–2319V
46. Debra Peterson, Santa Clarita, California, Court of Federal Claims No: 21–2320V
47. Debra Metcalf, Council Bluffs, Iowa, Court of Federal Claims No: 21–2321V
48. Judy Jasper, Louisville, Kentucky, Court of Federal Claims No: 21–2322V
49. Adriana Solar on behalf of Belkis Correal, Deceased, North Palm Beach, Florida, Court of Federal Claims No: 21–2326V
50. Laurencia Ampedu on behalf of J.A., Phoenix, Arizona, Court of Federal Claims No: 21–2328V
51. Sarah Winjum on behalf of K.C., Phoenix, Arizona, Court of Federal Claims No: 21–2329V
52. Sherry Burd on behalf of E.B., Phoenix, Arizona, Court of Federal Claims No: 21–2331V
53. Cassy Martell, Skowhegan, Maine, Court of Federal Claims No: 21–2335V
54. Elizabeth Elwell, Tekamah, Nebraska, Court of Federal Claims No: 21–2336V
55. Randolph Isaac Schmitke, Greensboro, North Carolina, Court of Federal Claims No: 21–2337V
56. Carol Carchietta, Pennington, New Jersey, Court of Federal Claims No: 21–2338V
57. John Sullivan, Dover, New Hampshire, Court of Federal Claims No: 21–2341V
58. Simon Legault, Pooler, Georgia, Court of Federal Claims No: 21–2343V
59. David Moore, Henderson, North Carolina, Court of Federal Claims No: 21–2344V
60. Ouafae Suber, New York, New York,

- Court of Federal Claims No: 21–2345V
 61. Sandra Kline as the Administrator of the Estate of Richard Kline, Deceased, Toledo, Ohio, Court of Federal Claims No: 21–2347V
 62. Mark Stevens, Kingwood, Texas, Court of Federal Claims No: 21–2348V
 63. Hugh Neal, Jr., Lancaster, California, Court of Federal Claims No: 21–2352V
 64. Kathleen M. Wise, Memphis, Tennessee, Court of Federal Claims No: 21–2354V
 65. Hope Ann Cole, Englewood, New Jersey, Court of Federal Claims No: 21–2356V
 66. Andrew Jones, Beverly Hills, California, Court of Federal Claims No: 21–2357V

[FR Doc. 2022–03447 Filed 2–16–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day Information Collection: Indian Health Service Information Security Ticketing and Incident Reporting

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection Office of Management and Budget (OMB) Control Number 0917–0041, titled, Information Security Ticketing and Incident

Reporting. The purpose of this notice is to allow 60 days for public comment. A copy of the draft supporting statement is available at www.regulations.gov (see Docket ID IHS_FRDOC_001).

DATES: *Comment Due Date:* April 18, 2022. Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

ADDRESSES: Submit comments, requests for more information on the collection, or requests to obtain a copy of the data collection instrument and instruction to Mr. Benjamin Koshy, by one of the following methods:

- *Mail:* Mr. Benjamin T. Koshy, Indian Health Service, 5600 Fishers Lane, STOP 07E30, Rockville, MD 20857.
- *Phone:* (301) 443–5389.
- *Email:* Benjamin.Koshy@ihs.gov.

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact Evonne Bennett, Information Collection Clearance Officer at: Evonne.Bennett@ihs.gov or 301–443–4750.

SUPPLEMENTARY INFORMATION: This previously approved information collection project was last published in the **Federal Register** on February 14, 2018 (83 FR 6600), and allowed 30 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires April 30, 2022, to OMB for approval of an extension, and to solicit comments on specific aspects for the proposed information collection.

Title: 0917–0041, “Information Security Ticketing and Incident Reporting.”

Form(s) and Form number(s): Incident Reporting Form, Form F07–02b.

OMB Control Number: 0917–0041.

Need and Use of Information Collection: This information collection activity provides a means for federal employees, Tribal employees, contractors, and other non-federal employees to report IHS information technology (IT) security and privacy incidents. This information collection has three purposes: to notify the CSIRT of an incident, provide updates about an open incident, and indicate resolution of an existing incident. The information collection furthers the IHS’s ability to use secure IT, to enhance response time to IT incidents, and to maintain the agency’s healthcare information security posture. This information collection also allow IHS to process privacy incidents and breaches within the IHS, in keeping with internal and external requirements.

Members of Affected Public: Federal employees, Tribal employees, contractors, and other non-federal employees accessing IHS IT systems.

Status of the Proposed Information Collection: Extension request.

Type of Respondents: Individuals.

The table below provides: Types of data collection instruments, estimation to number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hours.

Data collection instrument(s)	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
IHS Federal and Non-Federal Staff	1700	1	1700	15/60	425
Total	1700	1	1700	15/60	425

* For ease of understanding, the average burden per response is 15 minutes.

There are no direct costs to respondents to report.

Requests for Comments: Your written comments and/or suggestions are invited on one or more of the following points:

(a) Whether the information collection activity is necessary to carry out an agency function;

(b) whether the agency processes the information collected in a useful and timely fashion;

(c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);

(d) whether the methodology and assumptions used to determine the estimates are logical;

(e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments submitted in response to this notice will be made available to the public by publishing them in the 30-day **Federal Register** notice for this information collection. For this reason,

please do not include information of a confidential nature, such as sensitive personal information or proprietary information. If comments are submitted via email, the email address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the internet. Please note that responses to this public comment request containing any routine notice about the confidentiality of the communication will be treated as public comments that may be made available to the public