

management practices is deficient. There is high potential that the earnings performance or capital position will be adversely affected by market risk.

5. A rating of 5 indicates that control of market risk sensitivity is critically deficient and the level of market risk taken by the institution is an imminent threat to its viability.

Dated at Washington, DC, this 14 day of May 2026.
Federal Financial Institutions Examination Council.

Amol B. Vaidya,
Executive Secretary.

[FR Doc. 2026-09944 Filed 5-18-26; 8:45 am]

BILLING CODE 7535-01-6714-01-6210-01-4810-33-4810-AM:P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Notice of Board Meeting

DATES: May 28, 2026 at 10:00 a.m. ET

ADDRESSES: Telephonic. Dial-in (listen only) information: Number: 1-202-599-1426, Code: 462 484 163#; or via web: <https://www.frtib.gov/>.

FOR FURTHER INFORMATION CONTACT: James Kaplan, Director, Office of External Affairs, (202) 864-7150.

SUPPLEMENTARY INFORMATION:

Board Meeting Agenda

Open Session

1. Approval of the April 28, 2026, Board Meeting Minutes
2. Approval of the November 6, 2025, ETAC Meeting Minutes
3. Monthly Reports
 - (a) Participant Report
 - (b) Investment Report
 - (c) Legislative Report
4. Quarterly Reports
 - (d) Metrics
5. Annual Financial Audit Presentation
6. Office of Participant Experience Office Update

Closed Session

7. Information Covered under 5 U.S.C. 552b(c)(9)(B).

Authority: 5 U.S.C. 552b(e)(1).

Dated: May 15, 2026.

Dharmesh Vashee,
General Counsel, Federal Retirement Thrift Investment Board.

[FR Doc. 2026-09976 Filed 5-18-26; 8:45 am]

BILLING CODE 6760-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP); Notice of Charter Re-Establishment

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Committee management; Withdrawal of notice of committee charter renewal; Notice of committee charter re-establishment.

SUMMARY: Pursuant to the Public Health Service Act, as amended, and the Federal Advisory Committee Act, as amended, the Centers for Disease Control and Prevention (CDC) announces the re-establishment of the Advisory Committee on Immunization Practices (ACIP). A notice of committee charter renewal for the ACIP, which was published in the **Federal Register** on April 6, 2026, is hereby withdrawn. In this document, the CDC also announces the determination that the re-establishment of the ACIP is necessary and in the public interest in connection with the Department of Health and Human Services' (HHS) performance of its duties.

FOR FURTHER INFORMATION CONTACT:

ACIP Secretariat, Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21-12, Atlanta, Georgia 30329-4027. Email: ACIP@cdc.gov.

SUPPLEMENTARY INFORMATION: In accordance with the Federal Advisory Committee Act, as amended (5 U.S.C. 1001 *et seq.*), CDC is providing notice of the re-establishment of the charter of the ACIP, CDC, HHS. This charter is being re-established for a two-year period.

Withdrawal of previously published notice: The notice of charter renewal published on April 6, 2026 (91 FR 17279) is hereby withdrawn due to an administrative error in meeting the revised public notification timing requirements under the revised Federal Advisory Committee Act regulations, as amended in December 2025 (41 CFR 102-3.65). As a result, the charter lapsed and the committee must be re-established.

Public Interest Determination

Pursuant to 41 CFR 102-3.60(a), to establish, renew, reestablish, or merge a discretionary (agency discretion) advisory committee, an agency must first consult with the General Services

Administration's Committee Management Secretariat (the Secretariat) and, as part of the consultation, provide a written public interest determination approved by the head of the agency to the Secretariat with a copy to the Office of Management and Budget. In addition, pursuant to 41 CFR 102-3.35, an agency shall follow the same consultation process and document in writing the same determination of need before creating a subcommittee under a discretionary committee that is not made up entirely of members of a parent advisory committee.

Information on the following factors for the committee is provided to the Secretariat to demonstrate that re-establishing the committee is in the public interest:

1. *Annual budget:* Estimated annual costs for operating the Committee, including (i) Federal personnel (3) and other Federal internal costs are \$1,080,340; (ii) proposed compensation and travel expense payments for up to 19 members is \$42,750; and (iii) reimbursable costs are \$83,106.

2. If applicable, the total dollar value of grants expected to be recommended during the fiscal year, \$0.

3. Criteria for selecting members to ensure the committee has the necessary expertise and fairly balanced membership: To identify nominees capable of maintaining fairly balanced membership who collectively represent a balanced range of scientific, clinical, and public health expertise relevant to the ACIP's mission to advise and provide recommendations to the CDC Director on vaccines and immunizations, CDC conducts broad outreach using multiple channels. Outreach is designed to reach interested parties, as appropriate to the Committee's function, and stakeholders likely to possess the expertise and perspectives identified above. Outreach priorities may change as vacancies arise and as the Committee's agenda evolves.

In conducting outreach and screening candidates, the Designated Federal Officer (DFO) as well as the ACIP Secretariat assess current and anticipated Committee needs based on the charter, the active work plan, upcoming vacancies, and any identified gaps in expertise or perspectives. Consideration is given to geographic diversity, diversity of relevant work settings, and the need for balanced expertise across clinical medicine, immunization practice, immunology, infectious diseases, epidemiology, biostatistics and data analysis, vaccine safety and effectiveness evaluation, health economics, public health implementation, health systems and