jurisdictions, including 49 state health departments, 39 localities, Puerto Rico, and Washington DC. Each program consists of two required components; a surveillance component and a prevention component. OD2A recipients implement a combination of activities across nine state strategies and eight local strategies within these components to gain access to high quality, complete, and timelier data on opioid prescribing and overdoses, and to use those data to inform prevention and response efforts in their jurisdictions.

In the previously approved iteration of this information collection request (ICR), the information collected surrounding OD2A recipient feedback on their experiences receiving TA has been invaluable in improving TA delivery. The feedback provided in the original data collection instruments was also used to improve the TA Strategy of OD2A at large. Further information gathering will enhance TA perspectives and needs to utilize the Division of Overdose Prevention (DOP) TA Center resource effectively and responsibly.

Training and TA is essential to building knowledge and strengthening the capacity of recipients to implement and evaluate OD2A program strategies. CDC developed and deployed a TA hub (hereafter referred to as the DOP TA Center) to deliver comprehensive technical assistance and training to support the successful implementation and evaluation of surveillance and prevention activities. The DOP TA Center is designed to enhance the efficiency, coordination, and effectiveness of TA efforts by streamlining and centralizing the provision of overdose surveillance and prevention TA. TA to OD2A recipients is divided into four different levels with multiple modes of TA delivery and involves a wide range of TA providers including CDC staff, internal and external subject matter experts (SMEs) and program partners as well as Tanaq and ICF staff. The TA levels are used to direct the process for engaging stakeholders to support program recipients and triage appropriate resources to support their needs.

This package aims to extend approval for the instruments previously approved. CDC requests OMB approval for an estimated 388 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
OD2A (OD2A in States and OD2A: LOCAL) Recipients.	TA Feedback Form Individual	618	2	5/60	103
	TA Feedback Form Universal	617	2	5/60	103
	Annual Technical Assistance Survey.	162	1	10/60	27
	Implementation Feedback Survey	18	1	15/60	5
	Email invitation for Annual Survey	900	1	2/60	30
	Focus Groups Email invitation	600	1	2/60	20
	Focus Group Session	100	1	1	100
Total					388

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–22881 Filed 11–9–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2024–D–2707]

Validation of Certain In Vitro Diagnostic Devices for Emerging Pathogens During a Section 564 Declared Emergency; Guidance for Industry and Food and Drug Administration Staff; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the availability of a final guidance titled ''Validation of Certain In Vitro Diagnostic Devices for Emerging Pathogens During a Section 564 Declared Emergency.'' The guidance describes general recommendations for the validation of in vitro diagnostic devices (IVDs) for emerging pathogens during an applicable declaration of public health emergency (PHE). This guidance and the associated template include the recommendations that apply to test data and information submitted in a pre-Emergency Use Authorization (EUA), an EUA request, or to a test offered as described in an applicable enforcement discretion policy.

DATES: The announcement of the guidance is published in the **Federal Register** on November 10, 2026.

ADDRESSES: You may submit either electronic or written comments on Agency guidances at any time as follows:

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No. FDA–2024–D–2707 for ''Validation of Certain In Vitro Diagnostic Devices for Emerging Pathogens During a Section 564 Declared Emergency.'' Received comments will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

You may submit comments on any guidance at any time (see 21 CFR 10.115(g)(5)).

An electronic copy of the guidance document is available for download from the internet. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance. Submit written requests for a single hard copy of the guidance document titled ''Validation of Certain In Vitro Diagnostic Devices for Emerging Pathogens During a Section 564 Declared Emergency'' to the Office of Policy, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 5441, Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist that office in processing your request.

FOR FURTHER INFORMATION CONTACT: Toby Lowe, Center for Devices and Radiological Health, Food and Drug Administration, 301–796–6512.

SUPPLEMENTARY INFORMATION:

I. Background

The guidance describes general recommendations for the validation of IVDs for emerging pathogens to help test manufacturers better prepare for future outbreaks by clarifying FDA's recommendations for test validation during an applicable declaration under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act). Accurate and reliable IVDs are critical to the diagnosis, tracking, treatment, and interruption of transmission of infectious diseases during outbreaks, as well as for diagnosing and treating diseases or conditions caused by chemical, biological, radiological, or nuclear threats. These recommendations apply to test data and information submitted in a pre-EUA, an EUA request, or to a test offered as described in an applicable enforcement discretion policy. This guidance and the associated template address recommendations from two independent assessments of FDA's response to COVID–19. Specifically, FDA selected Booz Allen Hamilton to do such an independent assessment, which culminated in an October 2021 report, ''Emergency Use Authorization Assessment—Final Report,'' that recommended FDA ''Develop a framework for how to conduct validation of diagnostic tests for emerging pathogens in the setting of a declared PHE.'' Similarly, the Health and Human Services Office of the Inspector General's September 2022 report, ''FDA Repeatedly Adapted Emergency Use Authorization Policies To Address the Need for COVID–19 Testing,'' recommended that FDA ''Develop a suite of EUA templates for future emergencies involving novel pathogens'' and ''Expand and improve resources'' on the EUA process among other actions FDA has taken or is taking.

A notice of availability of the draft guidance appeared in the **Federal Register** of January 7, 2025 (90 FR 1168). FDA considered comments received and revised the guidance as appropriate in response to the comments, including providing consolidated and streamlined test validation recommendations applicable across diagnostic test types, adding language emphasizing flexibility in the validation recommendations and addressing challenges at different stages of an outbreak, and clarifying FDA's focus on the most important and least burdensome information to collect and/or submit during a section 564 declared emergency.

This guidance is being issued consistent with FDA's good guidance practices regulation (21 CFR 10.115). The guidance represents the current thinking of FDA on Validation of Certain In Vitro Diagnostic Devices for Emerging Pathogens During a Section 564 Declared Emergency. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations.

FDA considered the applicability of Executive Order 14192, per OMB guidance in M–25–20, and finds this action to be neither an E.O. regulatory action nor an E.O. deregulatory action.

II. Electronic Access

Persons interested in obtaining a copy of the guidance may do so by downloading an electronic copy from the internet. A search capability for all Center for Devices and Radiological Health guidance documents is available at *https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/guidance-documents-medical-devices-and-radiation-emitting-products.* This guidance document is also available at *https://www.regulations.gov, https://www.fda.gov/regulatory-information/search-fda-guidance-documents.* Persons unable to download an electronic copy of ''Validation of Certain In Vitro Diagnostic Devices for Emerging

Pathogens During a Section 564 Declared Emergency'' may send an email request to *CDRH-Guidance@fda.hhs.gov* to receive an electronic copy of the document. Please use the document number GUI00007020 and complete title to identify the guidance you are requesting.

III. Paperwork Reduction Act of 1995

While this guidance contains no new collection of information, it does refer to previously approved FDA collections of information. The previously approved collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3521). The collections of information in the following table have been approved by OMB:

21 CFR part; guidance; or FDA form	Topic	OMB control No.
''Emergency Use Authorization of Medical Products and Related Authorities; Guidance for Industry and Other Stakeholders''.	Emergency use authorization	0910–0595
807, subpart E	Premarket notification	0910–0120
814, subparts A through E	Premarket approval	0910–0231
814, subpart H	Humanitarian Use Devices; Humanitarian Device Exemption.	0910–0332
812	Investigational Device Exemption	0910–0078
860, subpart D	De Novo classification process	0910–0844
''Administrative Procedures for CLIA Categorization'' and ''Recommendations: Clinical Laboratory Improvement Amendments of 1988 (CLIA) Waiver Applications for Manufacturers of In Vitro Diagnostic Devices''.	CLIA Administrative Procedures; CLIA Waivers	0910–0607
800, 801, 809, and 830	Medical Device Labeling Regulations; Unique Device Identification.	0910–0485
820	Current Good Manufacturing Practice (CGMP); Quality System (QS) Regulation.	0910–0073
50, 56	Protection of Human Subjects and Institutional Review Boards.	0910–0130

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–22883 Filed 11–9–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors, National Institute on Aging.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual grant applications conducted by the National Institute On Aging, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Board of Scientific Counselors, National Institute on Aging.

Date: October 19–21, 2027.

Closed: October 19, 2027, 8:00 a.m. to 9:00 a.m.

Agenda: Executive Session; Board Business.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Open: October 19, 2027, 9:00 a.m. to 11:45 p.m.

Agenda: Review of Labs and PI's.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Closed: October 19, 2027, 11:45 a.m. to 2:15 p.m.

Agenda: Review of Labs and PI's.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Open: October 19, 2027, 2:15 p.m. to 3:15 p.m.

Agenda: Review of Labs and PI's.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Closed: October 19, 2027, 3:15 p.m. to 5:00 p.m.

Agenda: Review of Labs and PI's; Executive Session; Adjournment.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Closed: October 20, 2027, 8:00 a.m. to 4:30 p.m.

Agenda: Executive Session; Board Business.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Open: October 20, 2027, 9:00 a.m. to 11:00 p.m.

Agenda: Review of Labs and PI's.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Closed: October 20, 2027, 11:00 a.m. to 4:30 p.m.

Agenda: Review of Lab's and PI's; Executive Session; Adjournment.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Hybrid.

Closed: October 21, 2027, 8:00 a.m. to 9:00 a.m.

Agenda: Executive Session; Board Business.

Address: National Institutes of Health, National Institutes on Aging, Biomedical Research Center, 3rd Floor/Room 3C211, 251 Bayview Blvd., Baltimore, MD 21224.

Meeting Format: Hybrid.