other multi-jurisdictional sources. All patient records are fully de-identified and securely transmitted to the CDC six times a year. Data managers at each of the 16 clinical facilities across 12 jurisdictions receiving funding are responsible for transmitting validated datasets for these activities to CDC every other month. This reflects 2,880 burden hours for Strategy A Health Department data management. Participating Strategy A clinics are also required to administer a one-time clinic patient survey between years 2–5 of the cycle. Clinic patient surveys will be conducted with approximately 3,000 patients across all funded sites for a total of five minutes each, resulting in 250 burden hours.

The second core data collection activity, Strategy B, includes: (1) abstraction, recoding, and reporting of all gonorrhea and syphilis cases in the collaborating jurisdiction; (2) enhanced investigations of a random sample of diagnosed individuals; and (3) Health Department abstraction and registry matching for a complete census of reported cases. Enhanced investigations include clinical data abstraction from providers, registry matching, and brief demographic and behavioral interviews. SSuN recipients implement data collection protocols that provide uniformly coded data on demographics, risk factors, clinical care, laboratory data, and healthcare-seeking behaviors, which are compiled into a national dataset after quality assurance at the CDC. For Activity 1, data managers at participating health jurisdictions are responsible for transmitting validated datasets case datasets to CDC every other month, resulting in 2,640 burden hours. In 2023, there were 187,833 cases of gonorrhea diagnosed and reported across the 11 Strategy B SSuN jurisdictions. Approximately 7%, or 13,148 gonorrhea cases were randomly sampled for enhanced investigation. Over past cycles, approximately 50% of patients contacted for investigations responded; we estimate this will result in 1,083 burden hours for patients with gonorrhea.

The estimated burden hours for this revised collection decreases from the previously approved 7,510 to 7,237 due to decreases in the number of participating clinical sites and expected number of interviews conducted by funded jurisdictions, a result of declines in reported gonorrhea cases. CDC requests OMB approval for an estimated 7,237 annual burden hours. There are no additional costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response	Total response burden (hours)
Data managers at sentinel STI clinics.	Electronic Clinical Record Abstraction.	16	6	4	384
General Public—Adults (persons diagnosed with gonorrhea).	Patient interviews for a random sample of gonorrhea cases.	6,500	1	10/60	1,083
Data Managers: local/state health departments (strategy A).	Data cleaning/validation, HIV registry matching and data transmissions for all activity components.	12	6	40	2,880
Data Managers: local/state health departments (strategy B).	Data cleaning/validation, HIV registry matching and data transmissions for all activity components.	11	6	40	2,640
General Public—Adults (persons presenting for care in STI Clinics).	Clinic patient surveys	3,000	1	5/60	250
Total					7,237

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0765; Docket No. CDC–2025–0915]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Fellowship Management System (FMS). The Fellowship Management System is an information technology platform through which CDC invites and manages applications to CDC fellowship programs from potential fellows and host sites. FMS also is used by some programs to monitor fellows' progress.

DATES: CDC must receive written comments on or before February 3, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0915 by either of the following methods:

• *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.

• *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.* Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7118; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Fellowship Management System (FMS) (OMB Control No. 0920–0765, Exp. 03/31/2026)—Revision—National Center for State, Tribal, Local, and Territorial Infrastructure and Workforce (NCSTLTIW), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC's Division of Workforce Development (DWD) requests a three-year Revision to continue the use of the CDC Fellowship Management System (FMS) to collect data under the approved OMB Control No. 0920–0765. The mission of DWD is to provide leadership in public health training and education, and manage innovative, evidence-based programs to prepare the health workforce to meet public health challenges of the 21st century. Professionals in public health, epidemiology, medicine, economics, information science, veterinary medicine, nursing, public policy, and other related disciplines seek opportunities, through CDC fellowships, to broaden their knowledge and skills to improve the science and practice of public health. CDC fellows are assigned to state, tribal, local, and territorial public health agencies; federal government agencies, including CDC and Department of Health and Human Services' (HHS) operational divisions; and, in some cases, non-governmental organizations.

CDC uses FMS to collect, process, and manage data from nonfederal applicants seeking training or public health support services through CDC fellowships. FMS is used by CDC to electronically receive fellowship applications, receive fellowship host site proposals, and, for some programs, track completion of fellowship activities. FMS is a flexible, modern, secure, and robust electronic information system able to meet the unique needs of each CDC fellowship. The system is critical to efficient data and program management for CDC and essential for reducing burden and providing a high-quality user experience for respondents. FMS is key to CDC's ability to protect the public's health by facilitating training opportunities that strengthen the public health workforce.

The proposed Revision has two purposes: (1) streamline the fellowship management functions housed within FMS; and (2) update the time and respondent burdens. For the first purpose, all functions related to tracking fellowship alumni, and many functions related to tracking fellows' activities during their programs, are proposed for removal from the system. These functions are currently unnecessary, and in some cases, duplicative of other data management and collection processes. Embedding them in the new FMS platform was deemed not cost effective at this time. No other changes to the content of the FMS Application or Host Site Modules, or to the number and kind of fellowship programs that use this system, are included in this Revision request. However, the final information collection forms submitted as part of the 30-day **Federal Register** Notice for FMS may contain some minor content changes to those Modules. If so, these will be clearly enumerated and described beforehand in a formally submitted change request.

For the second purpose related to burden changes, this Revision proposes a modest decrease in total time burden. This is the result of more comprehensive estimations for fellow and host site applicants' respondent and time burdens, along with the changes related to streamlining the functions housed in the system. CDC determined that a thorough review of application submission trends and a series of pilot tests to better estimate time burden were warranted for this revision. The estimated burden per response for this revision request reflects the empirical results of application trends and pilot testing. For the FMS Application and Host Site Modules, the burdens based on the pilot test and feedback led to significant decreases in annual respondents and significant increases in estimated time burden per respondent. The time burden increases are conservative and more realistic and do not represent an increase in actual number or kind of questions asked. Below the detailed changes in time and respondents are outlined.

FMS Application Module: The estimated annual number of fellowship applicants is decreased in this request from 5286 to 2500 based on application submission trends from the most recent approval period. In accordance with a reduction in the number of applicants, a reduction in the number of reference letter requests is included as well. Based on the pilot test, in which CDC encouraged more comprehensive assessment of time needed to prepare and submit the information included in these applications, the average burden per response increased from 87 to 163 minutes.

FMS Host Site Module: As with the FMS Application Module, the revised number of host site applicants comes from FMS system reporting for the most recent approval period. New estimated annual number of host site applicants is decreased from 970 to 560 responses. Previously, estimates for the FMS Host Site Module's burden per response were based on the time it would take to fill out the form itself, assuming that responses were largely prepared or known ahead of time. The new estimate, created in part with feedback from former host site applicants, captures the true extent of burden imposed by discussing, drafting, reviewing, and submitting responses to these applications. Average burden per response is increased from 75 to 461 minutes.

FMS Activity Tracking Module: Given the significant reduction in the scope and use of this module, the estimated annual number of activity tracking respondents is decreased from 555 to 100. No change to time burden per response is requested, as CDC assessed the currently approved time burden to be a conservative, accurate estimate.

FMS Alumni Directory: Alumni Module is proposed for deactivation and thus has no burden in this Revision request.

Across these burden changes, compared to the currently approved burden of 13,477 hours annually, the new proposed burden is 12,655 hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Fellowship Applicants	FMS Application Module.	2,500	1	163/60	6,792
Reference Letter Writers	FMS Application Module.	5,000	1	15/60	1,250
Subset of FMS Fellowship Applicants (FMS Application Writing Samples).	FMS Application Module.	220	1	30/60	110
Public Health Agency or Organization Staff	FMS Host Site Module	560	1	461/60	4,303
Public Health Agency or Organization Staff	FMS Activity Tracking Module.	100	2	30/60	200
Fellowship Alumni	FMS Alumni Directory	0	1	37/60	0
Total					12,655

Jeffrey M. Zirger,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–0255; Docket No. CDC–2025–0717]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Resources and Services Database of the CDC National Prevention Information Network (NPIN). The NPIN Resources and Services Database contains entries on approximately 13,100 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country, and is available to the American public.

DATES: CDC must receive written comments on or before February 3, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0717 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.* Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.