

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Infection Preventionist/ Microbiologist.	57.403 Outpatient Procedure Component—Denominators for Same Day Outcome Measures.	50	400	20	6,667
Infection Preventionist/ Microbiologist.	57.404 Outpatient Procedure Component—SSI Denominator.	300	100	22	11,000
Infection Preventionist/ Microbiologist.	57.405 Outpatient Procedure Component—Surgical Site (SSI) Event.	300	36	39	7,020
Infection Preventionist/ Microbiologist.	57.408 Monthly Survey Patient Days & Nurse Staffing.	2,500	12	300	150,000
Infection Preventionist/ Microbiologist.	57.500 Outpatient Dialysis Center Practices Survey.	6,900	1	153	17,595
Infection Preventionist/ Microbiologist.	57.501 Dialysis Monthly Reporting Plan	7,400	12	5	7,400
Infection Preventionist/ Microbiologist.	57.502 Dialysis Event	7,400	30	50	185,000
Infection Preventionist/ Microbiologist.	57.503 Denominator for Outpatient Dialysis	7,400	12	10	14,800
Infection Preventionist/ Microbiologist.	57.504 Prevention Process Measures Monthly Monitoring for Dialysis.	1,730	12	60	20,760
Infection Preventionist/ Microbiologist.	57.507 Home Dialysis Center Practices Survey	550	1	65	596
Infection Preventionist/ Microbiologist.	57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module FHIR/CDA Digital Measure Reporting Plan—Infection Preventionist.	5,500	12	2	2,200
Infection Preventionist/ Microbiologist.	57.601 Late Onset Sepsis/Meningitis Denominator Form: Late Onset Sepsis/Meningitis Denominator Form: Data Table for monthly electronic upload.	300	6	5	150
Infection Preventionist/ Microbiologist.	57.602 Late Onset Sepsis/Meningitis Event Form: Data Table for Monthly Electronic Upload.	300	6	5	150
Infection Preventionist/ Microbiologist.	57.700 Medication Safety-Digital Measure Reporting Plan (HYPO)—Infection Preventionist.	5,500	1	5	458
Infection Preventionist/ Microbiologist.	57.701 Medication Safety Component—Annual Hospital Survey.	10	1	150	25
Registered Nurse	57.800 Claims Data Upload	5,500	12	5	5,500
Information Technology	57.800 Claims Data—Initial IT Set-Up	5,500	1	45	4,125
Infection Preventionist/ Microbiologist.	57.800 Patient Safety Component Claims Data Reporting Plan—IT Initial Set Up.	5,500	1	30	2,750
Epidemiologist	57.801 External Validation Summary Report	20	2	15	10
Information Technology	57.802 Bed Capacity—IT Initial Set Up	25	1	20	8
Information Technology	57.803 Daily Facility Operating Status	3,826	730	5	232,748
Information Technology	57.900 NHSN FHIR digital Quality Measures (dQMs) Facility Technical Assessment for NHSNLink UI.	50	1	25	21
Information Technology	57.901 NHSNCoLab Pilot Site Demographics	21	1	25	9
Information Technology	57.902 NHSNCoLab Pilot Site Technical Assessment.	21	1	25	9
Total	3,519,732

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**
**[60 Day–26–1317; Docket No. CDC–2026–
 0760]**
**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
 public and other federal agencies 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
 National Healthcare Safety Network
 (NHSN) Respiratory Data. The NHSN

Respiratory Data collection provides situational awareness of the impact of respiratory diseases including information about COVID-19, influenza, and respiratory syncytial virus (RSV).

DATES: CDC must receive written comments on or before July 13, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2026-0760 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.

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

National Healthcare Safety Network (NHSN) Respiratory Data (OMB Control No. 0920-1317, Exp. 1/31/2028)—Revision—National Center for Emerging and Zoonotic Infection Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) collects respiratory virus data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control Number 0920-1317. CDC's NHSN Hospital Respiratory Data collection will provide situational awareness of the impact of respiratory diseases. Reporting will include information about COVID-19, influenza, and respiratory syncytial virus (RSV). CDC will continue to report hospital respiratory data publicly to permit the recognition of trends at the local, state, and national levels. These data will complement data that CDC collects and disseminates from other sources, such as wastewater, laboratory, and emergency department data, to help ensure there are robust systems to detect and monitor threats and keep the public informed about threats in their area, as well as informing flu and COVID-19 forecasting efforts.

The NHSN Respiratory Data collection was previously approved in February 2026 for 3,323,021 responses and 1,558,384 burden hours. The proposed changes in this new ICR include revisions to 10 existing data collection forms. These revisions include the addition, modification, or removal of certain questions and the adjustment of burden to more accurately reflect the time needed to respond to the NHSN modules. In this Revision, CDC requests OMB approval for an estimated annual burden of 1,697,390 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form number	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Microbiologist	57.101	Hospital Respiratory Data Form (Weekly) (user entry).	1,148	52	202	200,977
Microbiologist	57.101	Hospital Respiratory Data Form (Weekly) (.csv import).	3,444	52	29	86,559
Information Technology.	57.101	Hospital Respiratory Data Form (Weekly) (API).	1,786	52	15	23,218
Microbiologist	57.102	Hospital Respiratory Data Form (Daily) (user entry).	492	365	58	173,594
Microbiologist	57.102	Hospital Respiratory Data Form (Daily) (.csv import).	1,476	365	29	260,391
Information Technology.	57.102	Hospital Respiratory Data Form (Daily) (API).	765	365	15	69,806
Microbiologist	57.140	National Healthcare Safety Network (NHSN) Registration Form.	11,500	1	5	958
Microbiologist	57.155	Point of Care Testing Results—Manual	3,135	150	11	86,213
Microbiologist	57.155	Point of Care Testing Results—CSV	3,135	150	11	86,213

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form number	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Microbiologist	57.216	Optional Person-Level Reporting of Weekly Respiratory Pathogens Vaccination for Long-Term Care Residents—LTCF Component (manual).	1,071	52	61	56,620
Information Technology.	57.216	Optional Person-Level Reporting of Weekly Respiratory Pathogens Vaccination for Long-Term Care Residents—LTCF Component (.csv).	119	52	63	6,497
Microbiologist	57.217	Optional Person-Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel—HPS and LTCF Components (manual).	1,159	12	61	14,140
Information Technology.	57.217	Optional Person-Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel—HPS and LTCF Components (.csv).	129	12	63	1,625
Microbiologist	57.218	Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (manual).	11,725	52	36	365,820
Information Technology.	57.218	Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (csv).	1,632	52	36	50,918
Microbiologist	57.219	Healthcare Personnel COVID-19 Vaccination Cumulative Summary (manual)—LTC and HPS.	13,328	12	45	119,952
Information Technology.	57.219	Healthcare Personnel COVID-19 Vaccination Cumulative Summary (.csv).	7,501	12	45	67,509
Microbiologist	57.509	Weekly Patient COVID-19 Vaccination Cumulative Summary for Dialysis Facilities—Manual.	107	12	45	963
Microbiologist	57.509	Weekly Patient COVID-19 Vaccination Cumulative Summary for Dialysis Facilities—CSV.	2,802	12	40	22,416
Microbiologist	57.510	COVID-19 Module Dialysis Outpatient Facility—manual.	500	12	20	2,000
Microbiologist	57.510	COVID-19 Module Dialysis Outpatient Facility—.csv.	500	12	10	1,000
Total				1,697,390

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 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**

[30 Day-26-1408]

**Agency Forms Undergoing Paperwork
 Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) received approval from the Office of Management and Budget (OMB) to conduct the National Center for Health

Statistics (NCHS) Rapid Surveys System (RSS), which includes fielding several surveys per year. The June 30, 2023 clearance approved the Round 1 survey. Seven subsequent rounds of the RSS were additionally approved. In accordance with the Terms of Clearance, NCHS will publish a 30-day **Federal Register** Notice announcing each new survey so that public comments can be received about the specific content of each survey. This notice includes specific details about the questions that would be asked in the ninth round of the RSS and serves to allow 30 days for public and affected agency comments, consistent with OMB's terms of clearance.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy