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

The National Survey of Syringe Services Programs (NSSSP) (OMB Control No. 0920–1359, Exp. 1/31/2027)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The primary purpose of the National Survey of Syringe Services Programs (NSSSP) is to strengthen and improve the ability of CDC and local and state partners to monitor and evaluate syringe services programs (SSPs) nationally, with the overall goal of supporting, sustaining, and improving SSPs nationwide and reducing infectious disease and other harms related to drug use. Findings from the 2022–2025 survey successfully characterized operational characteristics and services, funding resources, community relations, and key operational successes and challenges. The 2026 survey is currently being implemented. Revisions are being requested to address the increasing number of SSPs nationwide, updated infectious disease and substance use prevention, testing, and treatment modalities, additional SSP services provided, and additional information on overdose prevention and reversals.

The project will include all SSPs that are listed in a publicly available directory of all known SSPs in the United States maintained by the North American Syringe Exchange Network (NASEN; *https://nasen.org*). The project will also include SSPs in NASEN's directory that do not wish to be publicly listed but have agreed to be contacted for research purposes, SSPs belonging to NASEN's buyers' club that are not part of the directory, respondents to prior RTI Arnold Ventures Surveys of SSPs that are not part of NASEN's directory, and other SSPs proactively identified through searching state health department websites, funding agencies, state and regional networks, regional conferences, partner organization networks or webinars and via social media. SSPs will be sent a letter of invitation to participate in a 35-minute program survey. Participating programs will have the option of completing the survey via different modalities to enhance feasibility and comfort in completing the survey, for example via the Research Electronic Data Capture (REDCap) or a similarly secure web-based application. Other modalities for survey administration will include a coordinated telephone or videoconferencing interview. SSPs will be sent reminder letters for an approximately 6-month data collection period.

The survey will include questions on operational characteristics and services, funding resources, community relations, and key operational successes and challenges. Approximately 1000 SSPs will be able to participate in the survey. We anticipate that approximately 20% of SSPs will decline to complete the survey, yielding approximately 800 completed surveys per year. However, given that it is challenging to predict future response rates, we are requesting enough burden hours to allow 100% of SSPs to respond to the survey. We estimate that it will take 35 minutes to complete the survey, regardless of how the respondent chooses to complete it (*i.e.,* self-administered online or interviewer-administered by phone or videoconferencing). SSPs that do not respond to the initial survey invitation will be given reminders to complete the survey over the duration of the survey implementation period. CDC requests OMB approval for an estimated 583 annual burden hours. There are no costs to respondents other than their time.

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)
All participating SSPs	National Survey of Syringe Services Programs.	1000	1	35/60	583
Total					583

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

[30Day-26–0696]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''National HIV Prevention Program Monitoring and Evaluation (NHM&E)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on November 21, 2025, to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

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 of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

National HIV Prevention Program Monitoring and Evaluation (NHM&E) (OMB Control No. 0920–0696, Exp. 1/31/2028)—Revision—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC requests a revision to the National HIV Prevention Program Monitoring and Evaluation (NHM&E) information collection, currently approved under OMB Control No. 0920–0696. Approval of this Revision will allow collection of standardized HIV prevention program evaluation data from health departments (HDs) and community-based organizations (CBOs) who receive federal funds for HIV prevention activities. This evaluation and reporting process ensures that CDC receives consistent data from both HD and CBO grantees. To develop the initial standardized NHM&E data variables, CDC consulted extensively with representatives from HDs, CBOs, and national partners including The National Alliance of State and Territorial AIDS Directors and Urban Coalition of HIV/AIDS Prevention Services.

Health departments and CBOs that receive federal HIV prevention funds must report non-identifying, standardized evaluation data to CDC. These data are necessary to: (1) accurately assess the extent of HIV prevention efforts, identify the types of agencies providing services, evaluate the resources allocated to those services, determine the populations being served, and understand how these efforts have contributed to a reduction in HIV transmission; and (2) ensure accountability to stakeholders by informing them about HIV prevention activities and the use of funds for HIV prevention nationwide. CDC HIV prevention program grantees will collect, enter or upload, and report agency-identifying information, intervention information, client demographics and behavioral risk characteristics. Data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry or uploading to an approved CDC data system.

The Revision of the currently approved ICR is intended to accommodate the new reporting requirements for CDC's newest prevention program cooperative agreement (CDC–RFA–PS24–0047) and includes the following changes and adjustments: (1) additions and updates to Race and Ethnicity data collection, in alignment with OMB's SPD–15 directives; (2) deletion and modification of variables in alignment with Executive Orders; (3) deletion and modification of PrEP-related variables in alignment with screening and eligibility recommendation changes; (4) inclusion of antiretroviral therapy, post-exposure prophylaxis, Mpox, tuberculosis, Hepatitis B, and modification of response options for Hepatitis C, Chlamydia, Gonorrhea, and Syphilis testing, treatment, and referral variables; (5) modification of variables and response options for Essential Support Services screening, determination, referral, and provision variables; and (6) addition of new jurisdiction-level aggregate and qualitative variables.

CDC requests OMB approval for an estimated 324,386 burden hours. The increase in burden hours is mostly due to a re-evaluation of the time required for funded CBOs to conduct data related activities. There are no additional 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)
Health departments	HIV testing & prevention services template	59	2	1,427
Community-based organizations.	HIV testing & prevention services template	114	2	520
Community-based organizations.	HIV testing & prevention services template	36	2	520

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

[30Day-26–0338]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S.'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on September 9, 2025, to obtain comments from the public and affected agencies. CDC did not receive any public comments in response to this notice. This notice serves to allow an additional 30 days for public and affected agency comments.

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 of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S. (OMB Control No. 0920–0338)—Reinstatement without Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Smokeless tobacco products (SLT) are associated with many health problems. Using smokeless tobacco can lead to nicotine addiction; causes cancer of the mouth, esophagus, and pancreas; is associated with diseases of the mouth; can increase risks for early delivery and stillbirth when used during pregnancy; can cause nicotine poisoning in children; and may increase the risk for death from heart disease and stroke.

The CDC's Office on Smoking and Health (OSH) has the primary responsibility for the HHS smoking and health program. As required by the Comprehensive Smokeless Tobacco Health Education Act of 1986 (CSTHEA, 15 U.S.C. 4401 *et seq.,* Pub. L. 99–252), CDC collects a list of ingredients added to tobacco in the manufacture of smokeless tobacco products and a specification of the quantity of nicotine contained in each product. HHS has delegated responsibility for implementing the required information collection to CDC's OSH. Respondents are manufacturers, packagers, or importers (or their representatives) of smokeless tobacco products. Respondents are not required to submit specific forms. However, they are required to meet reporting guidelines and to submit the ingredient report by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies that are required to report ingredients added to other consumer products. Typically, respondents submit a summary report to CDC with the ingredient information for multiple products, or a statement that there are no changes to their previously submitted ingredient report. Respondents may submit the required information to CDC through a designated representative. The information collection is subject to strict confidentiality provisions.

Ingredient reports for new SLT products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to CDC by mailing a written report on the respondent's letterhead, by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted. Annual submission reports are mailed to Attention: FCLAA Program Manager, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS S107–7, Atlanta, GA 30341–3717.

Upon receipt and verification of the annual nicotine and ingredient report, CDC issues a Certificate of Compliance to the respondent. As deemed appropriate by the Secretary of HHS, HHS is authorized to use the information to report to Congress the health effects of ingredients, research activities related to the health effects of ingredients, and other information that the Secretary determines to be of public interest.

CDC requests OMB approval for an estimated 18,843 annual burden hours. There are no costs to respondents other than their time.