

functions are instruments used to collect data from human subjects who are serving as test fixture surrogates to perform tests while wearing the respirator being evaluated. Such instruments are completed by the human subject or test operator and are limited to specific information required for the test. Approvals under 42 CFR part 84 offer corroboration that approved respirators are produced to certain quality standards. Although 42

CFR part 84 Subpart E prescribes certain quality standards, it is not expected that requiring approved quality standards will impose an additional cost burden over similarly effective quality standards that are not approved under 42 CFR part 84.

Manufacturers with current approvals are subject to site audits by the Institute or its agents. Audits may occur periodically (typically every second year), or because of a reported issue.

Approximately 50% of the sites are audited each year, each having a primary point of contact. It is estimated that the average number of site audits over the next three years will be 89. One additional form was added to the collection to assist with scheduling

CDC requests OMB approval for an additional three years of data collection. The estimated annual burden hours are 113,708.

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)
Business or other for-profit	Standard Application Form for the Approval of Respirators.	120	4	229	109,920
Business or other for profit	Audit	89	2	16	2,848
Member of the general public	Human Participant-Consent	425	1	12/60	85
Member of the general public	Human Participant-Subject Payment Information.	425	1	24/60	170
Member of the general public	Human Participant-Questionnaire	425	1	12/60	85
Member of the general public	Human Participant-Information Sheet.	150	1	4	600
Total					113,708

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 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–26–1422]

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 Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action” 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 February 24, 2026, to obtain comments from the public and affected agencies. CDC received 463 comments 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 Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action (OMB Control No. 0920–1422, Exp. 12/31/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Rapid Response Research and Surveillance Branch (R3SB) in the Division of Infectious Disease Readiness and Innovation works to reduce disease burden through collaboration with an integrated network of public health partners to rapidly respond to infectious diseases of public health concern. The branch also leads nation-wide wastewater surveillance, an innovative public health tool to monitor infectious disease threats regardless of symptoms

and clinical testing. The National Wastewater Surveillance System (NWSS) was established in 2020 at CDC and continues to serve as a public health tool to provide wastewater surveillance for SARS-CoV-2. It has since expanded to include wastewater surveillance for emerging infectious diseases of public health concern such as Influenza, RSV, monkeypox virus, and measles, and is designed to permit the rapid addition or exchange of infectious disease targets for wastewater testing. This built-in flexibility will allow jurisdictions to adapt wastewater surveillance to changing public health needs, enable rapid responses to outbreaks or emergencies, and support broad capacity to detect future infectious disease threats. Wastewater surveillance data of infectious diseases have provided impactful information to local public health authorities to confirm trends observed in testing or hospitalization rates, and to assert the need for increased testing or healthcare resources. From local universities to statewide efforts, wastewater surveillance has provided data for early warning of disease outbreaks, with an approximate 4–6-day lead time relative to clinical surveillance. NWSS currently supports 64 US jurisdictions, including 50 states and the District of Columbia, six major cities, seven territories, six tribes, and two tribe-serving organizations to implement wastewater surveillance. Together with CDC-funded national-level wastewater testing, data submitted to NWSS covers

approximately 142 million people, or about 42% of the US population. NWSS will continue to support state, tribal, local, and territorial (STLT) partners to collect wastewater data for rapid and effective public health action.

NWSS-One CDC Platform (1CDP) accepts data from US jurisdictional partners, allowing them to submit, view, and analyze wastewater detections and trends in near real time. These data may then be used at the state, tribal, local, and territorial level to communicate with the public or to inform public health decision makers. Wastewater surveillance can be especially impactful in underserved populations where clinical testing is limited, or health care seeking is reduced. Wastewater surveillance provides aggregated, anonymized data at the community level to indicate RSV and influenza infection trends, measles prevalence, and data on other infectious disease targets. This data collection could also help inform jurisdictions early about outbreaks leading to efficient resource allocation, providing health departments with additional, independent surveillance data to assess community-level infections.

The NWSS collects and analyzes community-level wastewater to detect and track respiratory viruses and other emerging infectious diseases, providing timely data to inform public health actions. Participating health departments, utilities, and laboratories (including private labs under CDC agreements) collect grab or composite influent samples at least weekly, ship

samples and metadata to testing labs for RNA/DNA quantification and, when indicated, sequencing, and submit concentration data to 1CDP and sequence data to CDC's Advanced Molecular Detection (AMD) platform. Wastewater data serve as a pooled community signal—useful even when infections are asymptomatic or clinical testing is limited—and can estimate infection trends, provide early warning (e.g., prior correlations with COVID-19 case increases), and guide interventions such as targeted outreach or provider alerts. The system covers U.S. communities (states, counties, cities, territories, and tribal areas) where sampling occurs, and results are analyzed using standardized metrics—such as a wastewater viral activity level for higher-prevalence pathogens and detection/frequency metrics for lower-prevalence pathogens—with visualization via dashboards, maps, and tables; sequenced samples are further examined for genetic variants.

CDC requests OMB approval for a continuation of the NWSS data collection for an additional three years. Modifications to the data collection package include and update on platform used to collect data from the Data Collation and Integration for Public Health Event Response (DCIPHER) to 1CDP, minor updates and removal of several attachments, and a reduction in the estimated burden that resulted from the NWSS no longer collecting case data. The total estimated annualized burden is 453,505 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State, tribal, local, territorial health departments.	Component 1 Forms: • Attachment_02_Component_1_NWSS_Data_Dictionary_v6.3.0_2026_05_19.xlsx. • Attachment_03_Component_1_Wastewater_Master_Reference_Guide_v4-2-2.xlsx. • Attachment_04_Component-1_BioSample_ww_template_v1.9_NWSS.xlsx. • Attachment_05-Component-1_SRA_ww_template_v5.8_nwss.xlsx. • Attachment-06_Component-1_NCBI_DCIPHER_Crosswalk_DataDictionary.csv_NEW.xlsx. • Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf. • Attachment_08_Component_1_NWSS_1CDP_Wastewater_Data_CSV_Template_v4_All_Fields_NEW.csv.	64	2,080	139/60
Private laboratory	Component 1 Forms: • Attachment_02_Component_1_NWSS_Data_Dictionary_v6.3.0_2026_05_19.xlsx.	1	Up to 62,400 (800 samples per week plus 400 sequenced samples per week is 62,400 annually).	139/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State, tribal, local, territorial health departments and wastewater utilities.	- Attachment 03 Component 1 Wastewater Master Reference Guide v4–2–2.xlsx. - Attachment 04 Component-1 BioSample ww_template v1.9 NWSS.xlsx. - Attachment 05-Component-1_SRA_ww_template v5.8 nwss.xlsx. - Attachment 06 Component 1 NCBI DCIPHER Crosswalk DataDictionary New.xlsx. - Attachment 07 Component 1 2 NWSS DCIPHER BulkUploadTool_screenshot_NEW.pdf. - Attachment 08 Component 1 NWSS 1CDP Wastewater Data_CSV_Template v4 All_Fields_NEW.csv. - Attachment-10 Component-1_CDC_seq_manifest_data_dict.xlsx. Component 2 Forms: - Sewershed spatial files, no form required - Attachment 07 Component 1 2 NWSS DCIPHER BulkUploadTool_screenshot_NEW.pdf. - Attachment 09-Component-2 NWSS DCIPHER Sewershed Name Crosswalk CSV Upload_Template_NEW.xlsx.	213	1	155/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0286; Docket No. CDC–2026–1618]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Public Health

Crisis Response (PHCR) Cooperative Agreement. The Public Health Crisis Response (PHCR) Cooperative Agreement provides rapid funding to help existing public health programs respond to major public health emergencies and crises.

DATES: CDC must receive written comments on or before December 4, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1618 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;