0920–1432, Exp. 5/31/2025)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) offers numerous powerful resources to anticipate, prevent, and address outbreaks of infectious diseases. From researchers to emergency responders; from laboratories to surveillance of mobile populations; from collaborations at the Federal level to partnerships at the local level, NCEZID keeps people safe from threats like anthrax, Ebola virus, Zika virus, sepsis, mpox, and foodborne illnesses like *Salmonella.* These efforts are vital to protect and save lives.

The ability to effectively communicate with the public about these threats is one of NCEZID's most vital roles. Particularly during an outbreak, it is critical that the public understands what is happening and why, and trusts and follows public health leaders' guidance. Recent public health responses to COVID–19 and mpox have underscored the need to improve the speed and content of health communications, particularly among populations at higher risk for zoonotic and infectious diseases. This Rapid Message Testing & Message Development System enables NCEZID to collect information vital to the development of clear, salient, relevant, appealing, and persuasive messages related to outbreaks and other emerging and zoonotic diseases. The system also allows for the relatively rapid testing of messages when the need arises within the Center, prior to the dissemination of those messages and associated communications materials. The data collection is intended to ensure NCEZID messages are clear, salient, appealing, and persuasive to target audiences. Data will guide revisions to existing or draft messages, inform the development of new messages, and otherwise enable message developers to make optimal decisions about message content, format, and dissemination so that NCEZID's messages effectively reach and resonate with their intended audiences.

Data collection methods proposed for this system include in-depth interviews, online or in-person focus groups, and online surveys. CDC requests OMB approval for an estimated 3,431 annual burden hours. There is no cost to respondents other than their time.

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)
General public	Surveys Question Bank	10,000	1	10/60	1,667
General public	Screening and Recruitment Question Bank.	2,880	1	5/60	240
Healthcare and specialty audiences	Screening and Recruitment Question Bank.	3,600	1	5/60	300
General public	Focus Groups Question Bank	288	1	2	576
Healthcare and specialty audiences	Focus Groups Question Bank	288	1	2	576
Healthcare and specialty audiences	In-Depth Interviews Question Bank	72	1	1	72
Total					3,431

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. 2025–10907 Filed 6–13–25; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–1317; Docket No. CDC–2025–0023]

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 National Healthcare Safety Network (NHSN) Respiratory Data. This data collection is designed to standardize the data elements collected across the country regarding the impact of respiratory viruses on healthcare facilities.

DATES: CDC must receive written comments on or before August 15, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0023 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 COVID–19 and respiratory virus data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control No. 0920–1317. NHSN is the only national system that collects surveillance data on healthcare-associated infections, infection prevention process measures, healthcare personnel safety measures, such as blood and body fluid exposures and vaccination practices, and adverse events related to the transfusion of blood and blood products. NHSN existing platform allows facilities to share data immediately with local, state, and national partners for impact monitoring, decision-making, and surveillance activities. The NHSN COVID–19 modules are designed to standardize the data elements collected across the country regarding the impact of the COVID–19 and other respiratory viruses on healthcare facilities. In collecting standardized data, NHSN provides a vendor-neutral platform and a national lens into the burden hospitals are experiencing in a way that is designed to support the public health response. NHSN is a platform that exists in nearly all acute-care hospitals, nursing homes, and dialysis facilities in the U.S. and can provide a secure, sturdy infrastructure.

The NHSN data collection was previously approved in January 2025 for 3,557,181 responses and 1,731,823 annual burden hours. The proposed changes in this Revision include modifications to 10 existing data collection forms and a change in the title to more accurately reflect data that is collected. CDC requests OMB approval for an estimated annual 1,567,929 burden hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form No.	Form	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours
57.101	Hospital Respiratory Data Form (Weekly) (user entry)	1,148	52	202/60	20,0977
57.101	Hospital Respiratory Data Form (Weekly) (.csv import)	3,444	52	29/60	86,559
57.101	Hospital Respiratory Data Form (Weekly) (API)	1,786	52	15/60	23,218
57.102	Hospital Respiratory Data Form (Daily) (user entry)	492	365	58/60	17,3594
57.102	Hospital Respiratory Data Form (Daily) (.csv import)	1,476	365	29/60	26,0391
57.102	Hospital Respiratory Data Form (Daily) (API)	765	365	15/60	69,806
57.140	National Healthcare Safety Network (NHSN) Registration Form	11,500	1	5/60	958
57.155	Point of Care Testing Results—Manual	3,135	150	11/60	86,213
57.155	Point of Care Testing Results—CSV	3,135	150	11/60	86,213
57.216	Optional Person Level Reporting of Weekly COVID–19 Vaccination for Long-Term Care Residents (manual).	1,669	52	61/60	88,234
57.216	Optional Person Level Reporting of Weekly COVID–19 Vaccination for Long-Term Care Residents (.csv).	167	52	61/60	8,829
57.217	Optional Person Level Reporting of Weekly COVID–19 Vaccination for Healthcare Personnel (manual).	96	52	61/60	5,075
57.217	Optional Person Level Reporting of Weekly COVID–19 Vaccination for Healthcare Personnel (.csv).	106	52	61/60	5,604
57.218	Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (manual).	13,123	52	25/60	28,4332
57.218	Weekly Respiratory Pathogen and Vaccination Summary for Residents of Long-Term Care Facilities (csv).	1,526	52	20/60	26,451
57.219	Healthcare Personnel COVID–19 Vaccination Cumulative Summary (manual).	11,360	12	45/60	102,240
57.219	Healthcare Personnel COVID–19 Vaccination Cumulative Summary (.csv).	4,107	12	40/60	32,856
57.509	Weekly Patient COVID–19 Vaccination Cumulative Summary for Dialysis Facilities—Manual.	107	12	45/60	963
57.509	Weekly Patient COVID–19 Vaccination Cumulative Summary for Dialysis Facilities—.CSV.	2,802	12	40/60	22,416
57.510	COVID–19 Module Dialysis Outpatient Facility—manual	500	12	20/60	2,000
57.510	COVID–19 Module Dialysis Outpatient Facility—.csv	500	12	10/60	1,000

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form No.	Form	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours
Total	.....	.....	.....	.....	1,567,929

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. 2025–10863 Filed 6–13–25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–25–0004; Docket No. CDC–2025–0007]

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 Traveler Risk Assessment and Management Activities during Disease Outbreaks. The purpose of this Generic information collection request (ICR) is to aid in CDC's responsibility to ensure the successful implementation of traveler management in an efficient and timely manner during disease outbreaks.

DATES: CDC must receive written comments on or before August 15, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0007 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

Traveler Risk Assessment and Management Activities during Disease Outbreaks—New—National Center for Emerging and Zoonotic Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC intends use this Generic information collection request (ICR) in the event of a disease outbreak overseas that would necessitate the public health assessment and/or monitoring of travelers arriving in the U.S. Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into and within the United States. Under its delegated authority, DGMH works to fulfill this responsibility through a variety of activities (including the operation of port health stations) at U.S. ports of entry and administration of foreign quarantine regulations; 42 Code of Federal Regulation part 71, specifically 42 CFR 71.20 Public health prevention measures to detect communicable disease.

Additionally, on February 21, 2020, CDC issued an interim final rule (IFR) to amend its Foreign Quarantine regulations, to enable CDC to require airlines to collect, and provide to CDC, certain data regarding passengers and crew arriving from foreign countries for the purposes of health education, treatment, prophylaxis, or other appropriate public health interventions, including travel restrictions. CDC's authority for collecting such data is contained in 42 CFR 71.4.

Under this IFR, airlines must transmit these data to CDC within 24 hours of an order. The order *Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated*