

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–0666]

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 Healthcare Safety Network” 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 January 17, 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 Healthcare Safety Network (OMB Control No. 0920–0666, Exp. 5/31/2025)—Revision—National Center for Emerging and Zoonotic Infectious 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 data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control No. 0920–0666. During the early stages of its development, NHSN began as a voluntary surveillance system in 2005 managed by DHQP. NHSN provides facilities, health departments, states, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs) nationwide. NHSN also allows healthcare facilities to track blood safety errors and various HAI prevention practice methods such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates.

Three diseases (Influenza A (H5), Marburg, and Oropouche) were added to the “Pathogens of High Consequence” form through an Emergency Information Collection Request (ICR) in December 2024. This ICR originally expired 12/31/2027, but when the new data elements were added through the emergency submission, the new expiration date became 5/31/2025. This revision is to request three-year approval for the changes made to the “Pathogens of High Consequence” form in addition to the remaining 84 forms in this package. The total burden is estimated to be 4,509,135 hours annually.

ESTIMATED ANNUALIZED BURDEN HOURS

Form No. & name	Number of respondents	Number of responses per respondent	Avg. burden per response (min./hour 60)
57.100 NHSN Registration Form	2,000	1	5/60
57.101 Facility Contact Information	2,000	1	10/60
57.102 NHSN Help Desk Customer Satisfaction Survey	26,400	1	2/60
57.103 Patient Safety Component—Annual Hospital Survey	5,400	1	137/60
57.104 NHSN Facility Administrator Change Request Form	800	1	5/60
57.105 Group Contact Information	1,000	1	5/60
57.106 Patient Safety Monthly Reporting Plan	7,821	12	15/60
57.108 Primary Bloodstream Infection (BSI)	6,000	12	42/60
57.111 Pneumonia (PNEU)	1,800	2	34/60
57.112 Ventilator-Associated Event (VAE)	5463	8	32/60
57.113 Pediatric Ventilator-Associated Event (PedVAE)	334	1	34/60
57.114 Urinary Tract Infection (UTI)	6,000	12	24/60
57.115 Custom Event	600	91	39/60
57.116 Denominators for Neonatal Intensive Care Unit (NICU)	1,100	12	240/60
57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC)	500	12	300/60
57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) ..	5,500	60	300/60
57.120 Surgical Site Infection (SSI)	3,800	12	14/60
57.121 Denominator for Procedure	3,800	12	14/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form No. & name	Number of respondents	Number of responses per respondent	Avg. burden per response (min./hour 60)
57.122 HAI Progress Report State Health Department Survey	55	1	50/60
57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables—Initial Set-up	2,200	1	4800/60
57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables—Yearly Maintenance	3,300	2	120/60
57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables—Monthly	5,500	12	5/60
57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables—Initial Set-up	1,500	1	2400/60
57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables—Yearly Maintenance	4,000	1	120/60
57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables—Monthly	5,500	12	5/60
57.125 Central Line Insertion Practices Adherence Monitoring	500	213	26/60
57.126 MDRO or CDI Infection Form	720	12	34/60
57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	5,500	29	15/60
57.128 Laboratory-identified MDRO or CDI Event	4,800	12	24/60
57.129 Adult Sepsis	50	12	28/60
57.130 Infectious Diseases of Public Health Concern	3,650	365	35/60
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT—CDI, VTE, Adult Sepsis, RPS, NVAP)—IT Initial Set up	5,500	1	1620/60
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT—CDI, VTE, Adult Sepsis, RPS, NVAP)—IT Yearly Maintenance	5500	1	1200/60
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT—CDI, VTE, Adult Sepsis, RPS, NVAP)—Infection Preventionist	5,500	4	10/60
57.132 Patient Safety Digital Reporting Plan (RPS CSV)	5,500	365	2/60
57.133 Patient Safety Attestation	3,500	1	10/60
57.137 Long-Term Care Facility Component—Annual Facility Survey	6,270	1	135/60
57.138 Laboratory-identified MDRO or CDI Event for LTCF	286	24	23/60
57.139 MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF	738	12	10/60
57.140 Urinary Tract Infection (UTI) for LTCF	373	24	38/60
57.141 Monthly Reporting Plan for LTCF	546	12	5/60
57.142 Denominators for LTCF Locations	724	12	35/60
57.143 Prevention Process Measures Monthly Monitoring for LTCF	434	12	5/60
57.145 Long Term Care Antimicrobial Use (LTC—AU) Module—Digital Upload Specification Tables	16,500	12	5/60
57.150 LTAC Annual Survey	395	1	102/60
57.151 Rehab Annual Survey	395	1	102/60
57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities—Manual	117	12	25/60
57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities—CSV	3,080	12	20/60
57.214 Annual Healthcare Personnel Influenza Vaccination Summary—Manual	22,440	1	120/60
57.214 Annual Healthcare Personnel Influenza Vaccination Summary—CSV	1,920	1	55/60
57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel ..	15,426	1	45/60
57.300 Hemovigilance Module Annual Survey	63	1	86/60
57.301 Hemovigilance Module Monthly Reporting Plan	108	12	1/60
57.302 Hemovigilance Module Monthly Incident Summary	9	12	30/60
57.303 Hemovigilance Module Monthly Reporting Denominators	102	12	70/60
57.305 Hemovigilance Incident	13	77	10/60
57.306 Hemovigilance Module Annual Survey—Non-acute care facility	20	1	35/60
57.307 Hemovigilance Adverse Reaction—Acute Hemolytic Transfusion Reaction	8	2	22/60
57.308 Hemovigilance Adverse Reaction—Allergic Transfusion Reaction	50	11	22/60
57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction	9	2	20/60
57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction	19	5	20/60
57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction ..	85	13	20/60
57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction	23	3	20/60
57.313 Hemovigilance Adverse Reaction—Infection	2	2	20/60
57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura	2	1	20/60
57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea	18	3	20/60
57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease	2	1	20/60
57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury	2	1	20/60
57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload ..	40	4	21/60
57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction	15	3	20/60
57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction	39	3	20/60
57.400 Outpatient Procedure Component—Annual Ambulatory Surgery Center Survey ..	350	1	10/60
57.401 Outpatient Procedure Component—Monthly Reporting Plan	350	12	10/60
57.402 Outpatient Procedure Component Same Day Outcome Measures	50	1	43/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form No. & name	Number of respondents	Number of responses per respondent	Avg. burden per response (min./hour 60)
57.403 Outpatient Procedure Component—Denominators for Same Day Outcome Measures	50	400	20/60
57.404 Outpatient Procedure Component—SSI Denominator	300	100	23/60
57.405 Outpatient Procedure Component—Surgical Site (SSI) Event	300	36	40/60
57.408 Monthly Survey Patient Days & Nurse Staffing	2,500	12	300/60
57.500 Outpatient Dialysis Center Practices Survey	6,900	1	150/60
57.501 Dialysis Monthly Reporting Plan	7,400	12	5/60
57.502 Dialysis Event	7,400	30	50/60
57.503 Denominator for Outpatient Dialysis	7,400	12	10/60
57.504 Prevention Process Measures Monthly Monitoring for Dialysis	1,730	12	60/60
57.507 Home Dialysis Center Practices Survey	550	1	65/60
57.600 Neonatal Component FHIR Measure—Late Onset Sepsis Meningitis (LOSMEN) Module—IT Initial Set up	5,500	1	1620/60
57.600 Neonatal Component FHIR Measure—Late Onset Sepsis Meningitis (LOSMEN) Module—IT Yearly Maintenance	5,500	1	1200/60
57.600 Neonatal Component FHIR Measure—Late Onset Sepsis Meningitis (LOSMEN) Module—Infection Preventionist	5,500	6	6/60
57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module CDA Data Collection—Infection Preventionist	5,500	12	2/60
57.601 Late Onset Sepsis/Meningitis Denominator Form: Late Onset Sepsis/Meningitis Denominator Form: Data Table for monthly electronic upload	300	6	5/60
57.602 Late Onset Sepsis/Meningitis Event Form: Data Table for Monthly Electronic Upload	300	6	6/60
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—IT Initial Set up	5,500	1	1620/60
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—IT Yearly Maintenance	5,500	1	1200/60
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—Infection Preventionist	5,500	4	10/60
57.701 Medication Safety Component—Annual Hospital Survey	10	1	180/60
57.800 Billing Code Data: 837I Upload	5,500	4	5/60
57.801 External Validation Summary Report	20	2	15/60
57.802 Bed Capacity—IT Initial Set Up	25	1	20/60
57.803 All Hazards	540	365	5/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–0706]

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 Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI),” 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 October 21, 2024 to obtain comments from the public and affected agencies. CDC did not receive 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:

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