national, state, and local prevention priorities.

This Revision includes an update to add three diseases included as part of Form 57.130—Pathogens of High Consequence. The original collection captured the number of patients newly admitted and currently hospitalized with certain diseases in acute care hospitals (*e.g.,.* Crimean-Congo Hemorrhagic Fever (CCHF), Dengue, Ebola, Lassa, Measles, Mpox, MERS-CoV, Nipah, and Toxigenic Vibrio cholerae) broken down by adult patients and pediatric patients. Three additional diseases are being added to the data collection, Influenza A (H5), Marburg, and Oropouche. Influenza A (H5) has been on the CDC's Office of Readiness and Response website as an active response. Marburg and Oropouche were recently added to the website as active responses due to international outbreaks. It is crucial for CDC to be aware of cases of these select infectious diseases of public health concern to help ensure that local and state authorities are equipped to contain and prevent further spread. Facilities enrolled in the NHSN Patient Safety Component will be asked to select the specific diseases they are reporting on and then provide the overall number of patients hospitalized with confirmed disease along with stratification of disease in adult and pediatric patients. The data collection will be collected electronically via the NHSN application.

This Revision requests OMB approval for an estimated 111,021 annual burden hours to be added to Form 57.130—Pathogens of High Consequence. The total estimated annual burden hours for the NHSN package will be increased to 4,508,255. Participation is required for healthcare facilities that report through the NHSN platform. There is no cost 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)	Total burden (in hours)
Infection Preventionist/Microbiologist	57.130 Pathogens of High Consequence.	3,650	365	5/60	111,021
Total					4,508,255

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

[60Day–25–0469; Docket No. CDC–2024–0105]

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 Program of Cancer Registries Cancer Surveillance System. This information collection creates a Cancer Registry that provides useful data on cancer incidence, trends, and outcomes.

DATES: CDC must receive written comments on or before March 10, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0105 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–D74, 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–D74, 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 Program of Cancer Registries Cancer Surveillance System (OMB Control No. 0920–0469, Exp. 1/31/2026)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2021, the most recent year for which complete incidence information is available, almost 620,000 people died of cancer and more than 1.8 million were diagnosed with cancer. It is estimated that 17 million Americans are currently alive with a history of cancer. In the U.S., State/Territory-based central cancer registries (CCR) are the only method for systematically collecting and reporting population-based information about cancer incidence and outcomes such as survival. These data are used to measure the changing incidence and burden of each cancer; identify populations at increased or increasing risk; target preventive measures; and measure the success or failure of cancer control efforts in the United States.

In 1992, Congress passed the Cancer Registries Amendment Act which established the National Program of Cancer Registries (NPCR). The NPCR provides support for State/Territory-based cancer registries that collect, manage, and analyze data about cancer cases. The State/Territory-based cancer registries report information to CDC through the National Program of Cancer Registries Cancer Surveillance System (NPCR CSS), (OMB Control No. 0920–0469). CDC plans to request OMB approval to continue collecting this information for three years. Data definitions will be updated to reflect changes in national standards for cancer diagnosis and coding. No changes to the total estimated annualized burden hours or number of respondents are anticipated.

The NPCR CSS allows CDC to collect, aggregate, evaluate, and disseminate cancer incidence data at the national level. The NPCR CSS is the primary source of information for the *United States Cancer Statistics* (*USCS*), which CDC has published annually since 2002. The latest *USCS* report published in 2024 provided cancer statistics for 98% of the U.S. population from all cancer registries in the United States. Prior to the publication of *USCS,* cancer incidence data at the national level were available for only 14% of the population of the United States. The NPCR CSS also allows CDC to monitor cancer trends over time, describe geographic variation in cancer incidence throughout the country, and provide incidence data on populations by race, ethnicity, and other demographic and tumor characteristics and data on rare cancers. These activities and analyses further support CDC's planning and evaluation efforts for state and national cancer control and prevention. In addition, datasets can be made available for secondary analysis.

Respondents are NPCR-supported CCRs in 46 U.S. States, three Territories, and the District of Columbia. Fifty CCRs submit data elements specified for the Standard NPCR CSS Report. Each CCR is asked to transmit two data files to CDC per year. The first NPCR CSS Standard file, submitted in January, is a preliminary report consisting of one year of data for the most recent year of available data. CDC evaluates the preliminary data for completeness and quality and provides a report back to the CCR. The second NPCR CSS Standard file, submitted in November, contains cumulative cancer incidence data from the first diagnosis year for which the cancer registry collected data with the assistance of NPCR funds (*e.g.,* 1995) through 12 months past the close of the most recent diagnosis year (*e.g.,* 2022). The cumulative file is used for analysis and reporting. The burden for each file transmission is estimated at two hours per response. Because cancer incidence data are already collected and aggregated at the state level, the additional burden of reporting the information to CDC is small.

All information is transmitted to CDC electronically. Participation is required as a condition of the cooperative agreement with CDC. CDC requests OMB approval for an estimated 200 annual burden hours. There are no costs to respondents except 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)
Central Cancer Registries in States, Territories, and the District of Columbia.	Standard NPCR CSS Report	50	2	2	200
Total	.....	.....	.....	.....	200

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

[Docket No. CDC–2025–0002]

Establishing a Road Map for Accelerated Diagnosis and Treatment of HCV Infection in the United States

AGENCY: Centers for Disease Control and Prevention, Health, and Human Services (HHS).

ACTION: Notice of public meeting and request for comment.

SUMMARY: The Centers for Disease Control and Prevention (CDC) announces a two-day convening hosted and facilitated by the Association of Public Health Laboratories (APHL) to discuss hepatitis C diagnostics. Leaders from public health, laboratory, medical, academic, and industry sectors will have the opportunity to provide individual input, without building a consensus, on accelerating the diagnosis of current hepatitis C virus (HCV)