**Emerging Infections Programs (EIP)**

 **OMB Control Number** **0920-0978**

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**Non-Substantive Change Request**

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**Justification for Change Request for OMB 0920-0978**

This is a nonmaterial/non-substantive change request for OMB No. 0920-0978, expiration date 02/26/2026, for the Emerging Infections Programs (EIP). All requested changes represent minor modifications to already-approved instruments including revised formatting, rewording, new answer options, and the addition/subtraction of a limited number of questions.

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions, local health departments, public health and clinical laboratories, infection control professionals, and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

Activities in the EIP Network in which all applicants must participate are:

* Active Bacterial Core surveillance (ABCs): active population-based laboratory surveillance for invasive bacterial diseases.
* Foodborne Diseases Active Surveillance Network (FoodNet): active population-based laboratory surveillance to monitor the incidence of select enteric diseases.
* Influenza Hospitalization Surveillance Network (FluSurv-NET): active population-based surveillance for laboratory confirmed influenza-related hospitalizations.
* Healthcare-Associated Infections-Community Interface (HAIC) surveillance: active population-based surveillance for healthcare-associated pathogens and infections.

This non-substantive change request is for changes to the disease-specific data elements for ABCs, FoodNet, FluSurv-NET, and HAIC. The changes made to all forms under this non-substantive request will aid in improving surveillance efficiency and data quality to clarify the burden of disease and possible risk factors for disease. This information can be used to inform strategies for preventing disease and negative outcomes. Specifically, changes were made for clarification purposes, to assist data collectors in capturing data in a standardized fashion to improve accuracy. As a result of proposed changes, the estimated annualized burden is expected to increase by 392 hours, from 55,394 to 55,786. The data elements and justifications are described below.

The forms for which approval for changes are being sought include:

**ABCs:**

1. 2023 ABCs Case Report Form
2. 2023 ABCs Neonatal Infection Expanded Tracking Form

**Food Net:**

1. FoodNet Active Surveillance Data Elements List
2. FoodNet Hemolytic Uremic Syndrome
3. Diagnostic Laboratory Practices and Volume Data Elements List

**FluSurv-NET:**

1. FluSurv-Net Influenza Hospitalization Surveillance Network Case Report Form
2. FluSurv-NET/RSV-NET Laboratory Survey
3. COVID-19 Vaccination Status on FluSurv-NET Cases (optional form)
4. Patient/Proxy Influenza Vaccination Phone Script and Consent Form (Pediatric/Adult) in Spanish (Form deleted)

**HAIC:**

1. 2020 Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) Infection Case Report Form
2. 2020 Invasive Methicillin-sensitive *Staphylococcus aureus* (MSSA) Infection Case Report Form
3. Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacterales / Invasive Escherichia coli (iEC) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF)
4. Carbapenem-Resistant Enterobacterales (CRE) and Carbapenem-Resistant Acinetobacter baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF)
5. CDI Case Report and Treatment Form
6. CDI Annual Surveillance Officers Survey
7. Annual Survey of Laboratory Testing Practices for *C. difficile* Infections
8. Candidemia Case Report
9. Laboratory Testing Practices for Candidemia Questionnaire
10. Invasive Staphylococcus aureus Supplemental Surveillance Officer
11. Invasive *Staphylococcus aureus* Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)

**Estimated Annualized Burden Hours**

As a result of proposed changes to forms highlighted in yellow, the estimated annualized burden is expected to increase by 392 hours, from 55,394 to 55,786. The figures highlighted in red are the forms where there was a change in burden hours.

The following table is updated for the entire 0920-0978 burden table. The forms included in this change request are highlighted:

*Table A.12-A1. Estimated Annualized Burden Hours*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Respondent | Form Name | No. of respondents | No. of responses per respondent  | Avg. burden per response (in hours) | Current Total burden (in hours) | ProposedTotal burden (in hours) |
| State Health Department | ABCs Case Report Form | 10 | 809 | 20/60 | 2697 | 2697 |
| ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form | 10 | 127 | 10/60 | 212 | 212 |
| ABCs *H. influenzae* Neonatal Sepsis Expanded Surveillance Form  | 10 | 6 | 10/60 | 10 | 10 |
| ABCs Severe GAS Infection Supplemental Form | 10 | 136 | 20/60 | 453 | 453 |
| ABCs Neonatal Infection Expanded Tracking Form  | 10 | 37 | 20/60 | 123 | 123 |
| FoodNet Campylobacter | 10 | 970 | 21/60 | 3395 | 3395 |
| FoodNet Cyclospora | 10 | 42 | 10/60 | 70 | 70 |
| FoodNet Listeria monocytogenes | 10 | 16 | 20/60 | 53 | 53 |
| FoodNet Salmonella | 10 | 855 | 21/60 | 2993 | 2993 |
| FoodNet Shiga toxin producing E. coli | 10 | 290 | 20/60 | 967 | 967 |
| FoodNet Shigella | 10 | 234 | 10/60 | 390 | 390 |
| FoodNet Vibrio | 10 | 46 | 10/60 | 77 | 77 |
| FoodNet Yersinia | 10 | 55 | 10/60 | 92 | 92 |
| FoodNet Hemolytic Uremic Syndrome | 10 | 10 | 1 | 100 | 100 |
| FoodNet Clinical Laboratory Practices and Testing Volume | 10 | 70 | 10/60 | 233 | 117 |
| FluSurv-NetInfluenza Hospitalization Surveillance Network Case Report Form | 14 | 776 | 25/60 | 3183 | 4526 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | FluSurv-NetInfluenza Hospitalization Surveillance Project Vaccination Phone Script and Consent Form (English/Spanish) | 14 | 22 | 10/60 | 278 | 51 |
| FluSurv-NetInfluenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults) | 14 | 70 | 5/60 | 278 | 82 |
| FluSurv-NET Laboratory Survey | 14 | 16 | 10/60 | 26 | 37 |
| COVID Vaccination Status on FluSurv-NET cases (optional) – *(new form)* | 7 | 776 | 0 |  | 0 |
| HAIC - MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB)  | 10 | 500 | 28/60 | 2333 | 2333 |
| HAIC - MuGSI Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL/iEC)  | 10 | 4200 | 25/60 | 19,600 | 19,600 |
| HAIC - Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) Infection Case Report Form  | 10 | 322 | 28/60 | 1605 | 1503 |
| HAIC - Invasive Methicillin-sensitive *Staphylococcus aureus* (MSSA) Infection Case Report Form  | 10 | 466 | 28/60 | 2217 | 2175 |
| HAIC - CDI Case Report and Treatment Form  | 10 | 1650 | 38/60 | 10450 | 10450 |
| HAIC Candidemia Case Report | 10 | 170 | 40/60 | 1134 | 1134 |
| HAIC- Annual Survey of Laboratory Testing Practices for *C. difficile* Infections | 10 | 16 | 17/60 | 51 | 46 |
| HAIC- CDI Annual Surveillance Officers Survey | 10 | 1 | 15/60 | 3 | 3 |
| HAIC- Emerging Infections Program *C. difficile Surveillance Nursing Home Telephone Survey (LTCF)* | 10 | 45 | 5/60 | 38 | 38 |
| HAIC- Invasive *Staphylococcus aureus* Laboratory Survey | 10 | 11 | 20/60 | 37 | 37 |
| HAIC- Invasive *Staphylococcus aureus* Supplemental Surveillance Officers Survey | 10 | 1 | 10/60 | 2 | 2 |
| HAIC- Laboratory Testing Practices for Candidemia Questionnaire | 10 | 20 | 14/60 | 43 | 47 |
| HAIC MuGSI CA CP-CRE Health interview  | 10 | 10 | 30/60 | 50 | 50 |
| HAIC MuGSI Supplemental Surveillance Officer Survey  | 10 | 1 | 15/60 | 3 | 3 |
| HAIC Death Ascertainment Project  | 10 | 8 | 1440/60 | 1,920 | 1,920 |
| **TOTAL** |  | **55,394** | **55,786** |