

multiple challenges, including the need to have high-quality hypothesis-generating questionnaire(s) that can be used effectively in multijurisdictional investigations. Such a questionnaire was developed in the past for use in the context of foodborne outbreaks caused by bacterial pathogens; that questionnaire is referred to as the Standardized National Hypothesis Generating Questionnaire (SNHGQ). However, not all of the data elements in the SNHGQ are relevant to the parasite *Cyclospora* (e.g., questions about consumption of meat and dairy products); on the other hand, additional data elements (besides those in the SNHGQ) are needed to capture information pertinent to *Cyclospora* and to fresh produce vehicles of infection. Therefore, the Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ) has been developed, by using

core data elements from the SNHGQ and incorporating modifications pertinent to *Cyclospora*.

The core data elements from the SNHGQ were developed by a series of working groups comprised of local, state, and Federal public health partners. Subject matter experts at CDC developed the CNHGQ by modifying the SNHGQ to include and focus on data elements pertinent to *Cyclospora*/cyclosporiasis. Input also was solicited from state public health partners. Because relatively few data elements in the SNHGQ needed to be modified, a full vetting process was determined not to be necessary. The CNHGQ has been designed for administration over the telephone by public health officials, to collect data elements from case-patients or their proxies. The data that are collected will be pooled and analyzed at

CDC, to generate hypotheses about potential vehicles/sources of infection.

CDC requests OMB approval to collect information via the CNHGQ from persons who have developed symptomatic cases of *Cyclospora* infection during periods in which increased numbers of such cases are reported (typically, during spring and summer months). In part because molecular typing methods are not yet available for *C. cayetanensis*, it is important to interview all case-patients identified during periods of increased reporting, to help determine if their cases could be part of an outbreak(s). The CNHGQ is not expected to entail substantial burden for respondents. The estimated total annualized burden associated with administering the CNHGQ is 1,875 hours. There will be no costs to respondents other than 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)
Ill individuals identified with cyclosporiasis	Cyclosporiasis National Hypothesis Generating Questionnaire.	2,500	1	45/60	1,875
Total	1,875

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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-23-23GL; Docket No. CDC-2023-0055]

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 and/or continuing

information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Wastewater Surveillance System for COVID-19 and other infectious disease targets of public health concern. The proposed information collection project aims to collect pathogen and public health target concentration in wastewater, wastewater target variant sequencing data, sewershed spatial files, and associated sewershed-level case data from participating jurisdictions in the United States to inform infectious disease prevention and control efforts.

DATES: CDC must receive written comments on or before September 5, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2023-0055 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 Wastewater Surveillance System for SARS-CoV-2 and other infectious disease targets of public health concern—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This information collection request is built upon a project currently approved under the COVID-19 Public Health Emergency (PHE) PRA Waiver. This expanded information collection request is for three years. The COVID-19 pandemic has demonstrated the need for timely, actionable surveillance data to inform disease prevention and control activities. The genetic material of SARS-CoV-2, the virus that causes COVID-19, has been detected in the feces of infected individuals, regardless of their symptom status. Therefore, sampling and testing wastewater provides a means to assess SARS-CoV-2 infection trends in the community independent of clinical testing or other healthcare indicators. This public health surveillance approach can be used for other infectious diseases or targets, such as mpox, influenza, and antimicrobial resistance. Recommendations for wastewater data collection for specific infectious diseases will be based on

public health need and input from the NWSS Advisory Council comprised of subject matter experts from across CDC.

The Waterborne Disease Prevention Branch (WDPB) in the Division of Foodborne, Waterborne, and Environmental Diseases works to prevent domestic and global water, sanitation, and hygiene related disease. In support of the Centers for Disease Control and Prevention (CDC) COVID-19 response, WDPB established the National Wastewater Surveillance System (NWSS). NWSS serves as a public health tool to provide wastewater surveillance of SARS-CoV-2 infections. In 2022, NWSS was expanded to include environmental surveillance of mpox infections. NWSS was designed to permit the addition or exchange of targets for wastewater infectious disease testing. This built-in flexibility will allow jurisdictions to adapt wastewater testing to changing public health needs, enable rapid responses to outbreaks or emergencies, and support broad capacity to detect future disease threats. Wastewater data have provided impactful information to local public health authorities, whether to confirm trends observed in testing or hospitalization rates, or to assert the need for increased testing or healthcare resources. NWSS has supported jurisdictions throughout the United States to implement wastewater surveillance, and will continue to support state, tribal, local, and territorial (STLT) partners to collect wastewater data. Together with CDC-funded national-level wastewater testing, jurisdictions across the U.S. have submitted data to NWSS that represents approximately 138 million individuals, or 41% of the U.S. population. Data are input to the Data Collation and Integration for Public Health Event Response (DCIPHER) platform for participants to view and analyze in near real time.

Wastewater surveillance provides aggregated, anonymized data at the community level to indicate trends in infections. These data can be especially impactful in underserved populations where clinical testing is limited or health care seeking is reduced. Wastewater data collection could inform locations that require greater resource allocation early in outbreaks and provide health departments with additional surveillance data to assess community-level infection trends. Wastewater data collection will be coordinated by health department jurisdictions through close collaboration with wastewater utilities, testing

laboratories, and by CDC through national-level testing contracts that cover up to 500 wastewater utility sites. There are three data components comprising this collection request. For data collection Component 1, wastewater utilities or partners will collect single time point, time-weighted composite, or flow-weighted composite samples from wastewater influent lines or at other points in the collection stream at regular intervals, such as once a week. The wastewater samples will be shipped, along with their associated sampling metadata, to testing laboratories where pathogen- or target-specific RNA or DNA will be quantified for up to 30 targets (*e.g.*, SARS-CoV-2, mpox, influenza, antibiotic resistance, etc.). For some wastewater samples, target sequencing will be conducted to help public health officials monitor infectious disease variant trends (*e.g.*, SARS-CoV-2). The testing laboratory will deliver wastewater sample collection and laboratory testing data to the jurisdiction health department, or directly to the CDC from national-level testing, to compile, review, and submit to CDC through the NWSS DCIPHER platform.

For data collection Component 2, jurisdiction health departments will work with participating utilities to obtain spatial files of the utility service areas, also called a sewershed. These sewershed spatial files will be uploaded by jurisdiction health departments into the NWSS DCIPHER platform.

For data collection Component 3, health department jurisdictions may choose to develop a line list of reported cases of specific infections (*e.g.*, COVID-19, mpox, influenza, antibiotic resistant infections, etc.) associated with the participating wastewater utility service areas. The health department jurisdiction will submit to CDC the line list of deidentified cases into the NWSS DCIPHER platform.

The proposed data collection will occur over three years. Based on previous pilot data collection and additional estimates from 2022–2023 U.S. case numbers in the CDC National Notifiable Disease Surveillance System (NNDSS), it is estimated that 166,400 wastewater samples and 2,198,736 sewershed-level case data files will be collected and reported to NWSS each year, while 1,100 sewershed spatial files will only need to be submitted once during the three-year period. In total, the estimated annual burden for all data collection components for this request is 571,013 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
State, tribal, local, territorial health departments.	Component 1 Forms: NWSS Data Dictionary v5.0.0; CDC Seq Manifest Data Dictionary; BioSample_WW Template v1.9; SRA Template v5.7 NWSS; NCBI DCIPHER Crosswalk_Data Dictionary; NWSS_DCIPHER Wastewater Data CSV Upload Template; Component 1–2–3 NWSS DCIPHER CSV Bulk Upload Tool.	55	2,080	139/60	265,026
Private laboratory	Component 1 Forms: Component; NWSS Data Dictionary v5.0.0; CDC Seq Manifest Data Dictionary; BioSample WW Template v1.9; SRA WW Template v5.7; NCBI DCIPHER Crosswalk Data Dictionary; NWSS DCIPHER Wastewater Data CSV Upload Template v3; Component 1–2–3 NWSS DCIPHER CSV Bulk Upload Tool.	1	52,000	139/60	120,467
State, tribal, local, territorial health departments.	Component 2 Forms: Sewershed Spatial Files (No Form); Component 1–2–3 NWSS DCIPHER CSV Bulk Upload Tool.	55	20	5/60	92
Wastewater utilities	Component 2 Forms: Sewershed Spatial Files (No Form); Component 1–2–3 NWSS DCIPHER CSV Bulk Upload Tool.	1,100	1	2	2,200
State, tribal, local, territorial health departments.	Component 3 Forms: NWSS COVID Case Data Dictionary; NWSS DCIPHER Case Data CSV Upload Template; NWSS DCIPHER Sewershed Name Crosswalk CSV Upload Template; Component_1–2–3 NWSS DCIPHER CSV Bulk Upload Tool.	55	39,977	5/60	183,228
Total	571,013

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–1204]

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 “Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS)” 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 March 6, 2023 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:

(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 “<http://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

Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS) (OMB Control No. 0920–1204, Expiration Date 11/30/2023)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).