**Emerging Infections Programs (EIP)**

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

**Expiration Date:09/30/2027**

**Program Contact**

Sonja Mali Nti-Berko, MPH

Emerging Infections Program

Rapid Response Research and Surveillance Branch (RRRSB)

Division of Infectious Disease Readiness and Innovation (DIDRI)

National Center for Emerging and Zoonotic Infectious Disease (NCEZID)

U.S. Centers for Disease Control and Prevention (CDC)

1600 Clifton Rd NE

Atlanta, GA 30333

office 770.488.4780

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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 09/30/2027, 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 decrease by 1,470 hours, from 41,483 to 40,013. The data elements and justifications are described below.

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

**ABCs:**

ABC.100.1 ABCs Case Report Form

ABC.100.2 ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form

ABC.100.5 ABCs Neonatal Infection Expanded Tracking Form

**Food Net:**

FN200.1-FN200.8 FoodNet Active Surveillance Data Elements List

**FluSurv-NET:**

FSN.300.1 FluSurv-NET Case Report Form

**HAIC:**

HAIC.400.1 Multi-Site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form

HAIC.400.4 Invasive Staphylococcus aureus HAIC Case Report

HAIC.400.6 Invasive Staphylococcus aureus Supplemental Surveillance Officer Survey

HAIC.400.7 CDI Case Report and Treatment Form

HAIC.400.8 Annual Survey of Laboratory Testing Practices for C. difficile Infections

HAIC.400.9 CDI Annual Surveillance Officers Survey

HAIC.400.11 Candidemia CRF

HAIC.400.12 Laboratory Testing Practices for Candidemia

**Estimated Annualized Burden Hours**

As a result of proposed changes to forms highlighted in yellow, the estimated annualized burden is expected to decrease by 1,470 hours, from 41,483 to 40,013.

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

**2024 - Estimated Annualized Burden Hours**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Respondent | Form Number | Form Name | No. of respondents | No. of responses per respondent  | Avg. burden per response (in hours) | CurrentTotal burden (in hours) |
| State Health Department | ABC.100.1 | ABCs Case Report Form | 10 | 809 | 20/60 | 2697 |
| ABC.100.2 | ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form | 10 | 127 | 10/60 | 212 |
| ABC.100.3 | ABCs *H. influenzae* Neonatal Sepsis Expanded Surveillance Form  | 10 | 6 | 10/60 | 10 |
| ABC.100.4 | ABCs Severe GAS Infection Supplemental Form | 10 | 136 | 20/60 | 453 |
| ABC.100.5 | ABCs Neonatal Infection Expanded Tracking Form  | 10 | 37 | 20/60 | 123 |
| FN.200.1 | FoodNet Campylobacter | 10 | 550 | 21/60 | 1925 |
| FN.200.2 | FoodNet Cyclospora | 10 | 42 | 10/60 | 70 |
| FN.200.3 | FoodNet Listeria monocytogenes | 10 | 16 | 20/60 | 53 |
| FN.200.4 | FoodNet Salmonella | 10 | 855 | 21/60 | 2993 |
| FN.200.5 | FoodNet Shiga toxin producing E. coli | 10 | 290 | 20/60 | 967 |
| FN.200.6 | FoodNet Shigella | 10 | 234 | 10/60 | 390 |
| FN.200.7 | FoodNet Vibrio | 10 | 46 | 10/60 | 77 |
| FN.200.8 | FoodNet Yersinia | 10 | 55 | 10/60 | 92 |
| FN.200.9 | FoodNet Hemolytic Uremic Syndrome | 10 | 10 | 1 | 100 |
| FN.200.10 | FoodNet Clinical Laboratory Practices and Testing Volume | 10 | 70 | 10/60 | 117 |
| FSN.300.1 | FluSurv-Net Influenza Hospitalization Surveillance Network Case Report Form | 15 | 576 | 25/60 | 3600 |
| FSN.300.2 | FluSurv-Net Influenza Hospitalization Surveillance Project Vaccination Phone Script and Consent Form (English/Spanish) | 13 | 16 | 10/60 | 34 |
| FSN.300.3 | FluSurv-Net Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults) and notification letter | 13 | 126 | 5/60 | 136 |
| FSN.300.4 | FluSurv-NET Laboratory Survey | 15 | 16 | 10/60 | 40 |
| HAIC.400.1 | HAIC- Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF) | 11 | 1581 | 29/60 | 8406 |
| HAIC.400.2 | HAIC MuGSI CA CP-CRE Health interview  | 10 | 10 | 30/60 | 50 |
| HAIC.400.3 | HAIC MuGSI Supplemental Surveillance Officer Survey  | 11 | 1 | 20/60 | 4 |
| HAIC.400.4 | HAIC- Invasive *Staphylococcus aureus* Infection Case Report Form | 10 | 788 | 29/60 | 3809 |
| HAIC.400.5 | HAIC- Invasive *Staphylococcus aureus* Laboratory Survey | 10 | 11 | 9/60 | 17 |
| HAIC.400.6 | HAIC- Invasive *Staphylococcus aureus* Supplemental Surveillance Officers Survey | 10 | 1 | 11/60 | 2 |
| HAIC.400.7 | HAIC - CDI Case Report and Treatment Form  | 10 | 1650 | 38/60 | 10450 |
| HAIC.400.8 | HAIC- Annual Survey of Laboratory Testing Practices for *C. difficile* Infections | 10 | 16 | 17/60 | 45 |
| HAIC.400.9 | HAIC- CDI Annual Surveillance Officers Survey | 10 | 1 | 15/60 | 3 |
| HAIC.400.10 | HAIC- Emerging Infections Program *C. difficile Surveillance Nursing Home Telephone Survey (LTCF)* | 10 | 45 | 5/60 | 38 |
| HAIC.400.11 | HAIC Candidemia Case Report Form | 10 | 170 | 40/60 | 1133 |
| HAIC.400.12 | HAIC- Laboratory Testing Practices for Candidemia Questionnaire | 10 | 20 | 14/60 | 47 |
| HAIC.400.13 | HAIC Death Ascertainment Project  | 10 | 8 | 24 | 1,920 |
| **TOTAL** |  | **40,013** |