

Authority: 5 U.S.C. 552b (e)(1).

Dated: July 9, 2025.

Stefanie George,

Acting General Counsel, Federal Retirement Thrift Investment Board.

[FR Doc. 2025–13038 Filed 7–11–25; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–0978; Docket No. CDC–2025–0057]

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 Emerging Infections Program (EIP). The EIP is a population-based surveillance program that collects data via active, laboratory case findings and is used for detecting, identifying, and monitoring emerging pathogens.

DATES: CDC must receive written comments on or before September 12, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0057 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

Emerging Infections Program (OMB Control No. 0920–0978, Exp. 9/30/2027)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

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.

A Revision is being submitted to make existing collection instruments clearer, consolidate forms and to add new forms. These forms will allow the EIP to better detect, identify, track changes in laboratory testing methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

CDC requests OMB approval for an estimated 40,731 burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form No.	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
State Health Department.	ABC.100.1	ABCs Case Report Form	10	984	20/60	3278
	ABC.100.2	ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form.	10	127	10/60	212
	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	2,993
	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	3,600
	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	1,581	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 <i>Staphylococcus aureus</i> Infection Case Report Form.	10	788	29/60	3,809
	HAIC.400.5	HAIC-Invasive <i>Staphylococcus aureus</i> Laboratory Survey.	10	11	9/60	17
	HAIC.400.6	HAIC-Invasive <i>Staphylococcus aureus</i> Supplemental Surveillance Officers Survey.	10	1	11/60	2
	HAIC.400.7	HAIC-CDI Case Report and Treatment Form.	10	1,650	38/60	10,450
	HAIC.400.8	HAIC-Annual Survey of Laboratory Testing Practices for <i>C. difficile</i> 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 <i>C. difficile</i> Surveillance Nursing Home Telephone Survey (LTCF).	10	45	5/60	38
	HAIC.400.11	HAIC Candidemia Case Report Form ...	10	170	40/60	1,133
	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
	HAIC.400.14	HAIC MuGSI KPC and NDM treatment collection form.	10	60	60/60	600
Total	40,731

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

[FR Doc. 2025–13102 Filed 7–11–25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–1154; Docket No. CDC–2025–
0058]

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 Generic
Clearance for CDC/ATSDR Formative
Research and Tool Development. This
information collection request is
designed to allow CDC to conduct
formative research information
collection activities used to inform
aspects of surveillance,
communications, health promotion, and
research project development.

DATES: Written comments must be
received on or before September 12,
2025.

ADDRESSES: You may submit comments,
identified by Docket No. CDC–2025–
0058 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
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FOR FURTHER INFORMATION CONTACT: To
request more information on the
proposed project or to obtain a copy of
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instruments, contact Jeffrey M. Zirger,
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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
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or sponsor. In addition, the PRA also
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concerning each proposed collection of
information, including each new
proposed collection, each proposed
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data collection as described below.

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comments that will help:

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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
respond, including through the use of
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 costs.

Proposed Project

Generic Clearance for CDC/ATSDR
Formative Research and Tool
Development (OMB Control No. 0920–
1154, Exp. 3/31/2026)—Extension—
Office of Science (OS), Centers for
Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and
Prevention (CDC) requests approval for
an Extension of a Generic Clearance for
CDC/ATSDR Formative Research and
Tool Development. This information
collection request is designed to allow
CDC to conduct formative research
information collection activities used to
inform many aspects of surveillance,
communications, health promotion, and
research project development at CDC.
Formative research is the basis for
developing effective strategies including
communication channels, for
influencing behavior change. It helps
researchers identify and understand the
characteristics, interests, behaviors and
needs of target populations that
influence their decisions and actions.

Formative research is integral in
developing programs, as well as
improving existing and ongoing
programs. Formative research looks at
the community in which a public health
intervention is being or will be
implemented and helps the project staff
understand the interests, attributes and
needs of different populations and
persons in that community. Formative
research occurs before a program is
designed and implemented, or while a
program is being conducted.

At CDC, formative research is
necessary for developing new programs
or adapting programs that deal with the
complexity of behaviors, social context,
cultural identities, and health care that
underlie the epidemiology of diseases
and conditions in the U.S. CDC
conducts formative research to develop
public-sensitive communication
messages and user-friendly tools prior to
developing or recommending
interventions, or care. Sometimes these
studies are entirely behavioral but most
often they are cycles of interviews and
focus groups designed to inform the
development of a product.

Products from these formative
research studies will be used for
prevention of disease. Findings from
these studies may also be presented as
evidence to disease-specific National
Advisory Committees, to support
revisions to recommended prevention
and intervention methods, as well as
new recommendations.

Much of CDC's health communication
takes place within campaigns that have
fairly lengthy planning periods and/or
timeframes that accommodate the
standard federal process for approving
data collections. Short-term qualitative
interviewing and cognitive research
techniques have previously proven
invaluable in the development of
scientifically valid and population-