

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form No. & name	Number of respondents	Number of responses per respondent	Average burden per response (min/hour)
57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module FHIR/CDA Digital Measure Reporting Plan—Infection Preventionist	5,500	12	2/60
57.601 Late Onset Sepsis/Meningitis Denominator Form: Late Onset Sepsis/Meningitis Denominator Form: Data Table for monthly electronic upload	300	6	5/60
57.602 Late Onset Sepsis/Meningitis Event Form: Data Table for Monthly Electronic Upload	300	6	5/60
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO)—Infection Preventionist	5,500	1	5/60
57.701 Medication Safety Component—Annual Hospital Survey	10	1	150/60
57.800 Claims Data Upload	5,500	12	5/60
57.800 Claims Data—Initial IT Set-Up	5,500	1	45/60
57.801 External Validation Summary Report	20	2	15/60
57.802 Bed Capacity—IT Initial Set Up	25	1	20/60
57.803 Daily Facility Operating Status	3,826	730	5/60
57.900 NHSN FHIR digital Quality Measures (dQMs) Facility Technical Assessment for NHSNLink UI	50	1	25/60
57.901 NHSNCoLab Pilot Site Demographics	21	1	25/60
57.902 NHSNCoLab Pilot Site Technical Assessment	21	1	25/60

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 Office of Public Health Ethics and
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 Disease Control and Prevention.*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-1408]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) received approval from the Office of Management and Budget (OMB) to conduct the National Center for Health Statistics (NCHS) Rapid Surveys System (RSS) [OMB 0920-1408], which includes fielding several surveys per year. The 06/30/2023 clearance approved the Round 1 survey. A second, third, fourth, fifth, sixth, and seventh round of the RSS were additionally approved. In accordance with the Terms of Clearance, NCHS will publish a 30-day **Federal Register** Notice announcing each new survey so that public comments can be received about the specific content of each survey. This notice includes specific details about the questions that would be asked in the eighth round of the RSS and serves to allow 30 days for public and affected agency comments, consistent with OMB's terms of clearance.

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 www.reginfo.gov/public/do/PRA>Main. 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

Rapid Surveys System (RSS) Round 8 (OMB Control No. 0920-1408, Exp. 6/30/2026) National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, collect data about the health of the population of the United States. The RSS (OMB control No. 0920-1408) collects data on emerging public health topics, attitudes, and behaviors using cross-sectional samples from two commercially available, national probability-based online panels. The RSS then combines these data to form estimates that approximate national representation in ways that many data collection approaches cannot. The RSS collects data in contexts in which decision makers' need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

The RSS complements NCHS's current household survey systems. As quicker turnaround surveys that require less accuracy and precision than CDC's more rigorous population representative surveys, the RSS incorporates multiple mechanisms to carefully evaluate the resulting survey data for their appropriateness for use in public health surveillance and research (e.g., hypothesis generating) and facilitate

continuous quality improvement by supplementing these panels with intensive efforts to understand how well the estimates reflect populations at most risk. The RSS data dissemination strategy communicates the strengths and limitations of data collected through online probability panels as compared to more robust data collection methods.

The RSS has three major goals: (1) to provide CDC and other partners with time-sensitive data of known quality about emerging and priority health concerns; (2) to use these data collections to continue NCHS's evaluation of the quality of public health estimates generated from commercial online panels; and (3) to improve methods to communicate the appropriateness of public health estimates generated from commercial online panels. The RSS is designed to have several rounds of data collection each year with data being collected by two contractors with probability panels. A cross-sectional nationally representative sample will be drawn from the online probability panel maintained by each of the contractors. As part of the base (minimum sample size), each round of data collection will collect 2,000 responses per quarter. The RSS can be expanded by increasing the number of completed responses per round or the number of rounds per year as needed up to a maximum of 28,000 responses per year per contractor or 56,000 total responses per year.

Additionally, each data collection may

include up to 2,000 additional responses per quarter (8,000 for the year) to improve representativeness. This increases the maximum burden by up to 16,000 responses per year. The RSS may also target individual surveys to collect data only from specific subgroups within existing survey panels and may supplement data collection for such groups with additional respondents from other probability or nonprobability samples. An additional 12,000 responses per year may be used for these developmental activities.

Each Round's questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institute, and Offices, and other HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from Components 1 and 2 to provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from Components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in Components 1 and 2. NCHS submits a 30-day **Federal Register** Notice with information on the contents of each round of data collection.

NCHS calibrates survey weights from the RSS to gold standard surveys.

Questions used for calibration in this round of RSS will include social and work limitation, health information technology use, telephone use, language used at home and in other settings, and civic engagement. All of these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data.

Finally, all RSS rounds will include several questions that were previously on NHIS or other suitable federal surveys for benchmarking to evaluate data quality. Panelists in the RSS will be asked about health status, chronic conditions, disability, whole person health, social support and loneliness, social connectivity and isolation, depressive symptoms (PHQ-8), social determinants of health, and health care access and utilization.

Round 8 will include content on artificial intelligence and help seeking behaviors, and selected content from the National Survey on Drug Use and Health (NSDUH) including substance use prevalence, risk perception of certain substance use, recovery from drug and alcohol use and mental health problems, and suicidal thoughts, plans, and attempts. The estimated total annual burden hours for the three-year approval period remains at 28,079 burden hours. The NCHS RSS Round 8 (2026) data collection is based on 6,000 complete surveys (2020 hours). There are 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)
Adults 18+	Survey: NCHS RSS Round 8	6,000	1	20/60
Adults 18+	Cognitive Interviews	20	1	1

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-0009]

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 "National Disease Surveillance Program—I. Case Reports" 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 July 28, 2025, to obtain comments from the public and affected agencies. CDC received three 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