

## Vice, Rudith (CDC/NCEZID/OD)

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**From:** NCEZID PRAmailbox (CDC)  
**Sent:** Tuesday, July 22, 2025 11:37 AM  
**To:** jeanpublic1@gmail.com  
**Subject:** RE: blaming more diseases on animals, but usda farm stds make them sick as can be

Thank you for reaching out and sharing your concerns. The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) received your comment regarding the annual revisions to OMB package 0920-0666, which were posted in the Federal Register for the required public commenting process. We will take your comment into consideration.

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**From:** jean public <[jeanpublic1@gmail.com](mailto:jeanpublic1@gmail.com)>  
**Sent:** Saturday, July 19, 2025 5:10 PM  
**To:** OMB-Comments (CDC) <[omb@cdc.gov](mailto:omb@cdc.gov)>; [info@icandecide.org](mailto:info@icandecide.org); [jeanpublic1@gmail.com](mailto:jeanpublic1@gmail.com); [letters@nytimes.com](mailto:letters@nytimes.com); [yourviews@app.dom](mailto:yourviews@app.dom)  
**Subject:** Re: blaming more diseases on animals, but usda farm stds make them sick as can be

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

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public comment on federal register - i want a receipt from your agency that you have received this

you tell the public to go to [regulations.gov](https://www.regulations.gov) to submit comments, but when the public goes to [regulations.gov](https://www.regulations.gov) and puts in docket 2025-13512 or cdc 2020091, no such proposal is there for comment. are you trying to fool the public or what that this continually goes on at your agency. most agencies don't do this sleight of hand, but zirger comments always do. i think zirger is unfit for the job. he can't seem to use the [regulations.gov](https://www.regulations.gov) website as it should be used. he inconveniences the public endlessly, telling them to use a postal stamp to write. nobody does that anymore. where is the email address. and why doesn't the [regulations.gov](https://www.regulations.gov) website work as the other agencies use it. yours is the only one that purposely does not work right so that you get to delete comments you don't like as if you never received them. i would like a receipt for this comment emailed to me to prove it went through

why can't the us govt work as it should?

you lie to the public in the proposal. this agency has never reduced the budget to the ameridn taxpayers. and the slipshod ineffective work you do wastes our tax dollars in all respects. last 20 years trillions of dollars have gone to this agency.this agency holds back information from the public. one of your agency employees still working there deletes foia requests. how ugly is that. in addition your agency has told the court you wont release information from your agency for 76 years. is that cooperation with the us public. steal our molney and dont give any information on what you are spending it on.where did transparency vanish.

this agency infects the us public with covid and then pushes an ineffective vaccine which you lie and propaandize about.waste waste [waste.no](#) researchshoudl be sent to any chinese lab ever. this agency makes diseases to infect poor people. blood safety is severely compromised by gay blood introduced into regular blood supply.your biovigilenace activites get a grade of zero or f minus . neonatal gets a grade of zero or f minus for your work, which is substandard, harming babies with a vaccinesonly testsed for 5 days. medical safety activities by this aency get a grade of zero of f minus for substandard work.your data is dishonest, untruthful and made up. it is political and moneygrubbing data.

there is no healthcare quality at cdc. this agency is about robbing the us public and making yourselves rich like fauci did.the collection of data from healthcare fcilities in the vhsn is substandard, designed to make the network look safe when it is the larget killer of patients in the entire world imo. masssive numbers of paeitns die in hsoptials. leading caus eof [death.no](#) problem areas are ever identified. all hospitals are considered ok and never investigated.

no states should use this dishonest info for any purpose. it is slipshod and dishonest data imo.using tax \$ to write this tripe that is in ths proppsal is criminal imo. cdc sucks to the nth degree. is idshonest. fire the lot. lets start fresh. jean publicee [jeanpublic1@gmail.com](mailto:jeanpublic1@gmail.com), they cant even put out a proposal that works iwth [regulatoins.gov](http://regulatoins.gov)

On Fri, Jul 18, 2025 at 2:12 PM jean public <[jeanpublic1@gmail.com](mailto:jeanpublic1@gmail.com)> wrote:

they are treated as widgets in a factory

[Federal Register Volume 90, Number 136 (Friday, July 18, 2025)]

[Notices]

[Pages 33952-33957]

From the Federal Register Online via the Government Publishing Office [[www.gpo.gov](http://www.gpo.gov)]

[FR Doc No: 2025-13512]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-25-0666; Docket No. CDC-2025-0091]

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.

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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 National Healthcare Safety Network (NHSN). NHSN provides  
facilities, states, regions, and the nation with data necessary to  
identify problem areas, measure the progress of prevention efforts, and  
ultimately eliminate healthcare-associated infections (HAIs)  
nationwide.

DATES: CDC must receive written comments on or before September 16,  
2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2025-  
0091 by either of the following methods:

Federal eRulemaking Portal: [www.regulations.gov](http://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](http://www.regulations.gov).

Please note: Submit all comments through the Federal eRulemaking  
portal ([www.regulations.gov](http://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](mailto: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 Healthcare Safety Network (NHSN) (OMB Control No. 0920-0666, Exp. 12/31/2027)--Revision--National Center for Emerging and Zoonotic Infection Diseases (NCEZID), Centers for Disease Control and Prevention (CDC)

#### Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), National

Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) collects data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control No. 0920-0666. NHSN provides facilities, states, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs) nationwide. NHSN allows healthcare facilities to track blood safety errors and various healthcare-associated infection prevention practice methods such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates.

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NHSN currently has eight components: Patient Safety (PS), Healthcare Personnel Safety (HPS), Biovigilance (BV), Long-Term Care Facility (LTCF), Outpatient Procedure (OPC), Dialysis, Neonatal, and Medication Safety Component.

Data reported under the Patient Safety Component are used to determine the magnitude of the healthcare-associated adverse events and trends in the rates of the events, in the distribution of pathogens, and in the adherence to prevention practices. Data will help detect changes in the epidemiology of adverse events resulting from new medical therapies and changing patient risks. Additionally, reported data is being used to describe the epidemiology of antimicrobial use and resistance and to better understand the relationship of antimicrobial therapy to this rising problem.

Under the Healthcare Personnel Safety Component, protocols and data on events--both positive and adverse--are used to determine: (1) the magnitude of adverse events in healthcare personnel; and (2) compliance with immunization and sharps injuries safety guidelines.

Under the Biovigilance Component, data on adverse reactions and incidents associated with blood transfusions are reported and analyzed to provide national estimates of adverse reactions and incidents.

Under the Long-Term Care Facility Component, data is captured from skilled nursing facilities. Reporting methods under the LTCF component have been created by using forms from the PS Component as a model with modifications to specifically address the specific characteristics of LTCF residents and the unique data needs of these facilities reporting into NHSN. The Respiratory Tract Infection Form (RTI)--will not to be used by NHSN users, but as part of an EIP project with 4 EIP sites. The Form is titled Denominators for Healthcare Associated Infections (HAIs): Respiratory Tract Infections. The purpose of this form is to allow testing prior to introducing a new module and forms to NHSN users. The CDC's Epidemiology Research & Innovations Branch (ERIB) team will use the form to perform field testing of variables to explore the

utilization, applicability, and data collection burden associated with these variables. This process will inform areas of improvement prior to incorporating the new module, including protocol, forms, and instructions into NHSN.

The Dialysis Component offers a simplified user interface for dialysis users to streamline their data entry and analysis processes as well as provide options for expanding in the future to include dialysis surveillance in settings other than outpatient facilities.

The Outpatient Procedure Component (OPC) gathers data on the impact of infections and outcomes related to operative procedures performed in Ambulatory Surgery Centers (ASCs). The OPC is used to monitor two event types: Same Day Outcome Measures and Surgical Site Infections (SSIs).

The Neonatal Component focuses on premature neonates and the healthcare associated events that occur because of their prematurity. This component currently has one module, which includes Late Onset-Sepsis and Meningitis.

The Medication Safety Component tracks medication safety and adverse drug events that are among the most common causes of iatrogenic harm in U.S. hospitals.

NHSN has increasingly served as the operating system for HAI reporting compliance through legislation established by the states. As of July 2023, 37 states, the District of Columbia and the City of Philadelphia, Pennsylvania have opted to use NHSN as their primary system for mandated reporting. Reporting compliance is completed by healthcare facilities in their respective jurisdictions, with emphasis on those states and municipalities acquiring varying consequences for failure to use NHSN. Additionally, healthcare facilities in five U.S. territories (Puerto Rico, American Samoa, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands) are voluntarily reporting to NHSN. Additional territories are projected to follow with similar use of NHSN for reporting purposes.

NHSN's data is used to aid in the tracking of HAIs and guide infection prevention activities/practices that protect patients. The Centers for Medicare and Medicaid Services (CMS) and other payers use these data to determine incentives for performance at healthcare facilities across the US and surrounding territories, and members of the public may use some protected data to inform their selection among available providers. Each of these parties is dependent on the completeness and accuracy of the data. CDC and CMS work closely and are fully committed to ensuring complete and accurate reporting, which are critical for protecting patients and guiding national, state, and local prevention priorities. CMS collects some HAI data and healthcare personnel influenza vaccination summary data, which is done on a voluntary basis as part of its Fee-for-Service Medicare quality reporting programs, while others may report data required by a federal mandate.

Facilities that fail to report quality measure data are subject to partial payment reduction in the applicable Medicare Fee-for-Service payment system. CMS links their quality reporting to payment for Medicare-eligible acute care hospitals, inpatient rehabilitation facilities, long-term acute care facilities, oncology hospitals, inpatient psychiatric facilities, dialysis facilities, and ambulatory surgery centers. Facilities report HAI data and healthcare personnel influenza vaccination summary data to CMS via NHSN as part of CMS's quality reporting programs to receive full payment. Still, many healthcare facilities, even in states without HAI reporting legislation, submit limited HAI data to NHSN voluntarily.

NHSN's data collection updates continue to support the incentive programs managed by CMS. For example, survey questions support requirements for CMS' quality reporting programs. Additionally, CDC has collaborated with CMS on a voluntary National Nursing Home Quality Collaborative, which focuses on recruiting nursing homes to report HAI data to NHSN and to retain their continued participation.

The ICR was previously approved in April 2025 for 4,508,255 burden hours. The proposed changes in this Revision include modifications to 67 existing data collection forms and the addition of three new forms. CDC requests OMB approval for an estimated 4,453,792 annual burden hours.

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Estimated Annualized Burden Hours

Type of respondents	Form No. & name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Infection Preventionist/ Microbiologist.	57.100 NHSN Registration Form.	2,000	1	5/60	167
Infection Preventionist/ Microbiologist.	57.101 Facility Contact Information.	2,000	1	10/60	333
Infection Preventionist/ Microbiologist.	57.102 NHSN Help Desk Customer Satisfaction Survey.	26,400	1	2/60	880
Infection Preventionist/ Microbiologist.	57.103 Patient Safety Component--Annu	5,400	1	138/60	12420

Infection Preventionist/ Microbiologist.	al Hospital Survey. 57.104 NHSN Facility Administrator Change Request Form.	800	1	5/60	67
Epidemiologists.....	57.105 Group Contact Information.	1,000	1	5/60	83
Infection Preventionist/ Microbiologist.	57.106 Patient Safety Monthly Reporting Plan.	7,821	12	15/60	23463
Infection Preventionist/ Microbiologist.	57.108 Primary Bloodstream Infection (BSI).	6,000	12	43/60	51600
Infection Preventionist/ Microbiologist.	57.111 Pneumonia (PNEU).	1,800	2	33/60	1980
Infection Preventionist/ Microbiologist.	57.112 Ventilator- Associated Event (VAE).	5,463	8	31/60	22580
Infection Preventionist/ Microbiologist.	57.113 Pediatric Ventilator- Associated Event (PedVAE).	334	1	33/60	184
Infection Preventionist/ Microbiologist.	57.114 Urinary Tract Infection (UTI).	6,000	12	25/60	30000
Infection Preventionist/ Microbiologist.	57.115 Custom Event.	600	91	38/60	34580
Infection Preventionist/ Microbiologist.	57.116 Denominators for Neonatal Intensive Care Unit (NICU).	1,100	12	240/60	52800
Infection Preventionist/ Microbiologist.	57.117 Denominators for Specialty Care Area (SCA)/ Oncology (ONC).	500	12	300/60	30000
Infection Preventionist/ Microbiologist.	57.118 Denominators for Intensive Care Unit (ICU)/ Other locations	5,500	60	300/60	1650000

	(not NICU or SCA).				
Infection Preventionist/ Microbiologist.	57.120 Surgical Site Infection (SSI).	3,800	12	13/60	9880
Infection Preventionist/ Microbiologist.	57.121 Denominator for Procedure.	3,800	12	13/60	9880
Epidemiologists.....	57.122 HAI Progress Report State Health Department Survey.	55	1	50/60	46
Pharmacist.....	57.123 Antimicrobial Use and Resistance (AUR)- Microbiology Data Electronic Upload Specification Tables-Initial Set-up.	2,200	1	4800/60	176000
Pharmacist.....	57.123 Antimicrobial Use and Resistance (AUR)- Microbiology Data Electronic Upload Specification Tables-Yearly Maintenance.	3,300	2	120/60	13200
Pharmacist.....	57.123 Antimicrobial Use and Resistance (AUR)- Microbiology Data Electronic Upload Specification Tables-Monthly.	5,500	12	5/60	5500
Pharmacist.....	57.124	1,500	1	2400/60	60000

Pharmacist.....	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Initial Set-up. 57.124	4,000	1	120/60	8000
Pharmacist.....	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Yearly Maintenance. 57.124	5,500	12	5/60	5500
Infection Preventionist/ Microbiologist.	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Monthly. 57.126 MDRO or CDI Infection Form.	720	12	33/60	4752
Infection Preventionist/ Microbiologist.	57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	5,500	29	15/60	39875
Infection Preventionist/ Microbiologist.	57.128 Laboratory- identified MDRO or CDI Event.	4,800	12	23/60	22080
Infection Preventionist/ Microbiologist.	57.129 Adult Sepsis.	50	12	28/60	280
Infection Preventionist/ Microbiologist.	57.130 Infectious	3,650	365	35/60	777146

Information Technology.....	Diseases of Public Health Concern. 57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Initial Set up.	5,500	1	1620/60	148500
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Information Technology.....	57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Yearly Maintenance.	5,500	1	1200/60	110000
Infection Preventionist/ Microbiologist.	57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-Infection Preventionist.	5,500	4	10/60	3667
Infection Preventionist/ Microbiologist.	57.132 Patient Safety Digital Reporting Plan (RPS CSV).	5,500	365	2/60	66917
Infection Preventionist/ Microbiologist.	57.133 Patient Safety Attestation.	3,500	1	10/60	583
Infection Preventionist/ Microbiologist.	57.137 Long-Term Care Facility	6,270	1	135/60	14108

	Component--Annual Facility Survey.				
Infection Preventionist/ Microbiologist.	57.138 Laboratory-identified MDRO or CDI Event for LTCF.	286	24	22/60	2517
Infection Preventionist/ Microbiologist.	57.139 MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	738	12	10/60	1476
Infection Preventionist/ Microbiologist.	57.140 Urinary Tract Infection (UTI) for LTCF.	373	24	37/60	5520
Infection Preventionist/ Microbiologist.	57.141 Monthly Reporting Plan for LTCF.	546	12	5/60	546
Infection Preventionist/ Microbiologist.	57.142 Denominators for LTCF Locations.	724	12	35/60	5068
Infection Preventionist/ Microbiologist.	57.143 Prevention Process Measures Monthly Monitoring for LTCF.	434	12	5/60	434
Infection Preventionist/ Microbiologist.	57.145 Long Term Care Antimicrobial Use (LTC-AU) Module-Digital Upload Specification Tables.	16,500	12	5/60	16500
Infection Preventionist/ Microbiologist.	57.150 LTAC Annual Survey.	395	1	100/60	658
Infection Preventionist/ Microbiologist.	57.151 Rehab Annual Survey.	395	1	84/60	553
Occupational Health RN/ Specialist.	57.211 Weekly Healthcare	117	12	25/60	585

Occupational Health RN/ Specialist.	Personnel Influenza Vaccination Cumulative Summary for Non- Long-Term Care Facilities- Manual. 57.211 Weekly	3,080	12	20/60	12320
Occupational Health RN/ Specialist.	Healthcare Personnel Influenza Vaccination Cumulative Summary for Non- Long-Term Care Facilities-.CSV. 57.214 Annual	22,440	1	120/60	44880
Occupational Health RN/ Specialist.	Healthcare Personnel Influenza Vaccination Summary-Manual. 57.214 Annual	1,920	1	55/60	1760
Occupational Health RN/ Specialist.	Healthcare Personnel Influenza Vaccination Summary-.CSV. 57.215 Seasonal	15,426	1	45/60	11570
Medical/Clinical Laboratory Technologist.	Survey on Influenza Vaccination Programs for Healthcare Personnel. 57.300	57	1	30/60	29
Medical/Clinical Laboratory Technologist.	Hemovigilance Module Annual Survey. 57.301 Adverse Reaction Investigaton Form.	47	5	20/60	78
Medical/Clinical Laboratory Technologist.	Transfusion 57.302	3	1	5/60	1

Medical/Clinical Laboratory Technologist.	Transmitted Infections (TTI) Rapid Alert Form. 57.303	3	1	60/60	3
Infection Preventionist/ Microbiologist.	Transfusion Transmitted Infections (TTI) Investigation Form. 57.400	350	1	10/60	58
Infection Preventionist/ Microbiologist.	Outpatient Procedure Component--Annu al Ambulatory Surgery Center Survey. 57.401	350	12	10/60	700
Infection Preventionist/ Microbiologist.	Outpatient Procedure Component--Mont hly Reporting Plan. 57.402	50	1	42/60	35
[[Page 33956]]					
Infection Preventionist/ Microbiologist.	Outpatient Procedure Component--Deno minators for Same Day Outcome Measures. 57.403	50	400	20/60	6667
Infection Preventionist/ Microbiologist.	Outpatient Procedure Component--SSI 57.404	300	100	22/60	11000

Infection Preventionist/ Microbiologist.	Denominator. 57.405 Outpatient Procedure Component--Surg ical Site (SSI) Event.	300	36	39/60	7020
Infection Preventionist/ Microbiologist.	57.408 Monthly Survey Patient Days & Nurse Staffing.	2,500	12	300/60	150000
Infection Preventionist/ Microbiologist.	57.500 Outpatient Dialysis Center Practices Survey.	6,900	1	149/60	17135
Infection Preventionist/ Microbiologist.	57.501 Dialysis Monthly Reporting Plan.	7,400	12	5/60	7400
Infection Preventionist/ Microbiologist.	57.502 Dialysis Event.	7,400	30	49/60	181300
Infection Preventionist/ Microbiologist.	57.503 Denominator for Outpatient Dialysis.	7,400	12	10/60	14800
Infection Preventionist/ Microbiologist.	57.504 Prevention Process Measures Monthly Monitoring for Dialysis.	1,730	12	60/60	20760
Infection Preventionist/ Microbiologist.	57.507 Home Dialysis Center Practices Survey.	550	1	65/60	596
Information Technology.....	57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module- IT Initial Set up.	5,500	1	1620/60	148500
Information Technology.....	57.600 Neonatal Component FHIR	5,500	1	1200/60	110000

Infection Preventionist/ Microbiologist.	Measure-Late Onset Sepsis Meningitis (LOSMEN) Module- IT Yearly Maintenance. 57.600 Neonatal Component FHIR	5,500	6	6/60	3300
Infection Preventionist/ Microbiologist.	Measure-Late Onset Sepsis Meningitis (LOSMEN) Module- Infection Preventionist. 57.600 Neonatal Component Late	5,500	12	2/60	2200
Infection Preventionist/ Microbiologist.	Onset Sepsis Meningitis (LOSMEN) Module CDA Data Collection- Infection Preventionist. 57.601 Late Onset Sepsis/ Meningitis Denominator Form: Late Onset Sepsis/ Meningitis Denominator Form: Data Table for monthly electronic upload.	300	6	5/60	150
Infection Preventionist/ Microbiologist.	57.602 Late Onset Sepsis/ Meningitis Event Form: Data Table for Monthly Electronic Upload.	300	6	5/60	150
Information Technology.....	57.700 Medication	5,500	1	1620/60	148500

Information Technology.....	Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)-IT Initial Set up. 57.700	5,500	1	1200/60	110000
Infection Preventionist/ Microbiologist.	Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)-IT Yearly Maintenance. 57.700	5,500	4	10/60	3667
Infection Preventionist/ Microbiologist.	Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)-Infection Preventionist. 57.701	10	1	180/60	30
Registered Nurse.....	Safety Component--Annual Hospital Survey. 57.800 Billing Code Data: 837I Upload.	5,500	4	5/60	1833
Epidemiologist.....	57.801 External Validation Summary Report.	20	2	15/60	10
Information Technology.....	57.802 Bed Capacity-IT Initial Set Up.	25	1	20/60	8
Information Technology.....	57.803 All Hazards.	540	365	5/60	16425

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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. 2025-13512 Filed 7-17-25; 8:45 am]

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