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Docket: CDC-2026-0827
Advancing Violence Epidemiology in Real-Time (AVERT)

Comment On: CDC-2026-0827-0001
Advancing Violence Epidemiology in Real-Time (AVERT) 2026-10513

Document: CDC-2026-0827-0002
Comment from Tefera, Mercy

Submitter Information

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General Comment

My name is Mercy, and I am a registered nurse currently training to become an Advanced Practice Registered Nurse (APRN). My clinical experience in acute care gives me a first-hand look at the real-time challenges frontline staff face regarding Emergency Department (ED) safety, community violence, and rapid decision-making. I am writing to express my strong support for the CDC's proposed data collection renewal for the AVERT program.

This comment addresses Docket No. CDC-2026-0827 regarding the Paperwork Reduction Act renewal for the Advancing Violence Epidemiology in Real-Time (AVERT) project. AVERT collects near-real-time ED data on violence-related injuries and acute mental health conditions using the National Syndromic Surveillance Program (NSSP) BioSense Platform.

As a future APRN, I know how vital it is to translate public health data quickly into clinical safety and community support. Relying on lagging mortality databases delays critical intervention by months or years. AVERT fixes this by delivering near-real-time data, allowing local health systems to deploy hospital-based violence intervention programs (HVIPs) and crisis teams the moment surges happen. Real-time tracking is also essential for protecting healthcare staff. Research by Oztermeli et al. (2023) highlights just how pervasive ED violence is globally, showing that physicians and nurses are the primary targets, accounting for over 75% of severe reported violent incidents in the ED (55.2% directed at physicians and 21.3% at nurses). Furthermore, violent events overwhelmingly cluster in high-volume zones like examination rooms (58.2%), observation areas (24.1%), and triage units (11.3%), with verbal violence comprising 98.6% of cases as a primary indicator of escalating tension. By monitoring ED visits in real time, AVERT helps hospital leadership spot high-risk trends in specific units or shifts, allowing them to adjust staffing, security, and de-escalation protocols before a situation turns dangerous. Additionally, the CDC correctly calculated the minimal burden of this project; reducing it to just 18 total annual hours through automated NSSP scripts is a smart, efficient use of federal resources.

To make AVERT data even more useful on the ground, I recommend that the CDC develop bi-directional feedback dashboards to ensure health departments share automated, aggregate AVERT data directly back with local ED leadership and clinical staff to guide real-time staffing and safety decisions. Furthermore, the CDC should encourage health departments to cross-reference AVERT syndromic data with local social vulnerability metrics to address the root socioeconomic causes of community violence.

Renewing AVERT is a low-cost, high-impact decision that strengthens public health surveillance while keeping frontline workers and patients safe. To recap, the CDC should create direct feedback loops for local ED teams and integrate social vulnerability metrics into reporting. I strongly urge OMB and the CDC to approve this extension.

Sincerely,
Mercy Tefera, MN, RN
NNP Student
Emory University

References
Oztermeli, A. D., Oztermeli, A., Şancı, E., & Halhallı, H. C. (2023). Violence in the Emergency Department: What Can We Do?. Cureus, 15(7), e41909. https://doi.org/10.7759/cureus.41909

Vedavyas, Archana (CDC/NCIPC/OD) (CTR)

From: NCIPC OMB (CDC) <ncipcomb@cdc.gov>
Sent: Thursday, August 13, 2026 1:11 PM
To: MTEFERA2017@gmail.com
Subject: Docket: CDC-2026-0827 - Advancing Violence Epidemiology in Real-Time (AVERT)

Dear Ms.Tefera,

As required under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520) this letter is a response to your public comment. We appreciate your comment, which will be taken into account.

Please do not hesitate to contact us if we can be of further assistance.

Best regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention