

OMB Control # 0920-1422

National Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action

Request for OMB approval of a Revision of a Currently Approved Collection

September 14, 2026

Supporting Statement A

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Table of Contents

1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of Information Collection.....	4
3. Use of Improved Information Technology and Burden Reduction.....	6
4. Efforts to Identify Duplication and Use of Similar Information.....	6
5. Impact on Small Businesses or Other Small Entities.....	6
6. Consequences of Collecting the Information Less Frequently.....	6
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	7
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.	7
9. Explanation of Any Payment or Gift to Respondents.....	8
10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.....	8
11. Institutional Review Board (IRB) and Justification for Sensitive Questions.....	8
12. Estimates of Annualized Burden Hours and Costs.....	9
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	13
14. Annualized Cost to the Government.....	13
15. Explanation for Program Changes or Adjustments.....	14
16. Plans for Tabulation and Publication and Project Time Schedule.....	14
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	14
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	14
Attachments.....	15

- **Goal of the study:** The goal of the National Wastewater Surveillance System (NWSS) data collection is to provide community-level wastewater surveillance data, trends and/or detections of respiratory viruses and other emerging infectious diseases to better inform public health action.
- **Intended use of the resulting data:** Data from wastewater surveillance will be used to track infection trends or disease presence in communities where samples are collected and serve to inform the general public of disease risks, and as an independent data source to alert public health officials and professionals.
- **Methods to be used to collect data:** Wastewater data collection is coordinated by health departments in collaboration with wastewater utilities, testing laboratories, and CDC, and may also be conducted by private labs contracted or data-sharing with CDC. Utilities or partners collect grab or composite (time-weighted or flow-weighted) samples at least weekly, which are shipped to laboratories for RNA/DNA extraction, quantification (with controls), and, when applicable, targeted or non-targeted sequencing. Laboratories submit sampling metadata and testing results to CDC platforms (1CDP and AMD) via bulk upload or API; health departments may also upload sewershed spatial files and optionally de-identified clinical case crosswalks.
- **The subpopulation to be studied:** United States communities, including, but not limited to states, counties, cities, territories, and tribal communities where participating wastewater utilities or public health partners are conducting wastewater sampling.
- **How data will be analyzed:** Wastewater data for higher-prevalence pathogens (e.g., RSV, Influenza A) will be standardized and aggregated into a wastewater viral activity level (WVAL) metric to compare trends across jurisdictions and over time. Data for lower-prevalence pathogens (e.g., H5 avian influenza, monkeypox, measles) will be reported as detections and may include frequency-of-detection classifications (e.g., persistent or intermediate). Results, including sequencing-based variant analyses when available, will be displayed on internal dashboards and public webpages using maps, tables, and summary boxes.

1. Circumstances Making the Collection of Information Necessary

The National Wastewater Surveillance System (NWSS) is collecting, analyzing, and distributing wastewater testing data to participating communities to complement existing surveillance activities for respiratory diseases such as RSV, Influenza and other emerging infectious diseases of public health concerns to better inform public health action. Wastewater surveillance provides community-level infection data quickly and efficiently because it relies on a pooled community sample and does not depend on people having access to healthcare, people seeking healthcare when sick, or availability of testing. Therefore, wastewater surveillance is an independent measure of disease incidence that can be implemented in many communities since nearly 80 percent of U.S. households are served by municipal wastewater collection systems.

As a cost- and time-efficient screening approach—one wastewater sample captures the infection status of thousands to millions of individuals—wastewater surveillance can potentially provide data on under-reported diseases or those for which current testing is insufficient. In addition, wastewater surveillance can track emerging health threats, such as measles, avian influenza, and may serve as an early detection system for other known infectious diseases. Examples include the coordinated poliovirus surveillance and response in London, and focused monitoring of populations at higher risk for severe disease in Toronto. CDC continues to work to better understand how wastewater surveillance can be used to detect and respond to other infectious disease threats. This data collection will inform participating communities about trends of emerging infectious diseases to better inform public health action through community-level wastewater testing.

This is a Revision Information Collection Request (ICR) for an existing collection currently approved under the COVID-19 public health emergency PRA. The request is to approve 3 more years of information collection from date of approval.

Authorizing legislation: Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment 01)

2. Purpose and Use of Information Collection

The purpose of the National Wastewater Surveillance System (NWSS) data collection is to provide community-level data on infectious disease targets of concern to better inform public health action.

Data from wastewater will be used to estimate infection trends or disease presence in the communities from which samples are collected. Wastewater surveillance is a public health tool that captures a pooled, community sample of relevant infectious disease data, even in communities with asymptomatic infections or individuals who do not seek health care. Using a real-time, public health data platform called One CDC Platform (1CDP) for concentration data and CDC's Advanced Molecular Detection (AMD) platform for sequencing data, participating jurisdictions and other wastewater partners can store, analyze, and display wastewater data. Wastewater data can provide important disease prevalence information in areas with limited clinical testing capacity, helping affirm public health actions (such as community outreach, or healthcare provider alerts), and indicate when further public health interventions may be necessary. For example, past studies have demonstrated that wastewater surveillance data correlate well to cases and may provide a 4-to-11-day lead time on coronavirus virus disease (COVID-19) clinical case increases; this provides valuable time for resource allocation and communication with public health entities. Experiences confirm that wastewater surveillance for monkeypox virus can provide similar benefits in efforts to focus communications to local clinical services and/or active case finding. Wastewater data on other infectious disease targets may provide additional public health value

3. Use of Improved Information Technology and Burden Reduction

NWSS works closely with public health oriented non-governmental organizations (Association of Public Health Laboratories, Association of State and Territorial Health Officials, Council of State and Territorial Epidemiologists, and National Association of County and City Health Officials,) to help harmonize partner support efforts and avoid duplication of work or data collection.

4. Efforts to Identify Duplication and Use of Similar Information

The National Wastewater Surveillance System (NWSS) coordinates efforts with several partners and ensures no duplication of work or data collection. HHS and CDC convened the National Sewage Surveillance Interagency Leadership (NSSIL) Committee, composed of representatives from CDC, HHS, EPA, NIH, USGS, NSF, DHS, FDA, DHS, DoW and VA to facilitate this goal. NWSS also works closely with public health oriented non-governmental organizations (APHL, ASTHO, CSTE, NACCHO, NEHA, WEF and WRF) to help harmonize partner support efforts and avoid duplication of work or data collection.

To avoid duplicative reporting of case data, NWSS requests a minimal set of case data (unique case identifier, local case identifier, reporting jurisdiction, and residential wastewater utility service area name) to link with existing, submitted case data already at the CDC. This linking provides NWSS with a complete record of identified infectious disease cases but only requires the reporting jurisdiction to compile a list of simplified identifiers.

5. Impact on Small Businesses or Other Small Entities

This data collection will not involve or impact small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently

Wastewater surveillance is a leading indicator of infectious disease trends and provides a 4-to-6-day advanced warning on several clinical case disease increases (e.g., COVID 19, RSV, measles). Wastewater surveillance may provide similar benefits for other infectious diseases, which affords valuable time for resource allocation, communication with public health entities, focusing additional testing and surveillance efforts and public health information campaigns.

Collecting this information less frequently will mean that advanced warning provided by wastewater surveillance will be severely decreased, thus lessening the value of this data collection to public health officials and the general public, and decreasing awareness of public health threats. Less frequent data collection will also mean that important changes in trends in infectious diseases will also be missed which will hinder the ability of public health professionals to make rapid, timely decisions to protect public health.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. A 60-day Federal Register Notice was published in the *Federal Register* on February 24, 2026, vol. 91 No. 8884 (Attachment 02). CDC received 463 comments (Attachments 14 and 15) related to this notice. A large majority of comments (N=460, 99.35%) were supportive of wastewater surveillance, while only 3 comments (0.65%) were suggesting changes to CDC data collection in general.

- Of the 460, 435 comments shared common language and 18 were duplicates.

Comment: “My name is XX, and I live in XX. I strongly support continued funding for the CDC's National Wastewater Surveillance System. Wastewater monitoring is a cost-effective approach to disease surveillance across a wide range of infectious diseases. It leverages existing infrastructure to provide vital early warning data at a fraction of the cost of widespread clinical testing or emergency response after outbreaks escalate. This critical tool also strengthens U.S. national security by detecting biothreats early and keeps families and communities safe from emerging infectious disease threats. I urge the CDC to fully fund the National Wastewater Surveillance System”.

Response:

Thank you for your comments and for sharing your perspective. We appreciate hearing from community members about the National Wastewater Surveillance System (NWSS). CDC values this input as we work to protect public health and evaluate program priorities. Your views will be considered as CDC continues to assess and support surveillance efforts that help detect infectious threats and inform timely public health action

CDC Response: The current notice by the CDC National Wastewater Surveillance System (NWSS) is intended to inform the public of a proposed public health data collection and solicit feedback and comment. This notice is not intended to notify of a decrease in funding or closure of the NWSS program. NWSS appreciates the widespread support demonstrated in comments to this notice.

- Of the 460, 25 comments expressed strong support for CDC's wastewater surveillance program.

Response:

Thank you for your strong and thoughtful support for the National Wastewater Surveillance System (NWSS). We appreciate hearing how wastewater data inform public health decision-making, provide early warnings of outbreaks, and offer a cost-effective, unbiased complement to clinical testing. Your requests to sustain and expand funding, geographic coverage, pathogen monitoring, and for CDC leadership to promote standardization are noted and valued. We remain committed to evaluating and sustaining NWSS to protect communities and national health security, and welcome continued engagement and ideas for improvement.

We are highlighting 5/25 comments that expressed strong support for the program.

a. Comment:

I am the Director of Health and Human Services for the City of Stamford, CT. My comments are directed toward a proposed information collection project titled: National Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action. Data is collected by jurisdictions and submitted to CDC for analysis and presentation for public awareness and health actions. In Stamford the National Wastewater Surveillance System (NWSS) and our participation in WastewaterSCAN have become indispensable for monitoring community-level viral loads, particularly as clinical testing data has become less comprehensive. These data allow our department to proactively adjust public health messaging and resource allocation based on objective, real-time trends observed at our local treatment plant serving approximately 140,000 residents. Continued federal support for this program is essential for maintaining our city's ability to detect and respond to emerging infectious threats before they result in increased clinical burden.

Response:

Thank you for your comment and for sharing your perspective as Director of Health and Human Services for the City of Stamford. CDC values input from local public health partners about the National Wastewater Surveillance System (NWSS). We recognize that wastewater data—such as the trends you monitor for your treatment plant serving roughly 140,000 residents—can provide timely, objective information to guide public health messaging, resource allocation, and early response. Your views will be considered as CDC evaluates and prioritizes surveillance efforts to support jurisdictions in detecting and responding to emerging infectious threats.

b. Comment:

Wastewater surveillance is cheap, cost effective, and critical infrastructure-- it helps doctors on the front lines know what to look for (and save them diagnostic testing), it helps detect, prevent and control outbreaks, and provides information so that people can make their own informed decisions on personal safety. When new emerging threats emerge, like covid, monkeypox, birdflu-- it can rapidly detect if the disease is in a community (and when it is not), and help keep businesses and schools open. This is so much cheaper than the alternative ways to get this information (individual testing or waiting for people to get sick). But this system needs to not only be fully funded, it needs to be expanded, in order to live up to its potential. Please fund wastewater surveillance!

Response:

Thank you for your support for wastewater surveillance. We appreciate your points that NWSS is a cost-effective critical infrastructure that provides early, community-level warning of emerging threats, supports clinical and public health decision-making, and helps keep businesses and schools open.

c. Comment:

The National Wastewater Surveillance System (NWSS) is an important tool for public health. Since its nationwide implementation in 2020 as a way to monitor the SARS-CoV-2 pandemic, it has transformed into a national hub for early detection of emerging diseases. Healthcare is expensive and sometimes inaccessible to communities in our country. NWSS provides a way for public health workers to see the trends of seasonal and emerging pathogens in a community, even if that community isn't seeking care. This allows for prompt public health action. With vaccination rates decreasing over time, NWSS will become even more important for our nation's public health to identify outbreaks of vaccine preventable diseases. NWSS has also been beneficial in monitoring large gatherings, including the FIFA World Cup that will be held in North America this spring and summer. Wastewater surveillance is a non-intrusive and anonymous way to track disease trends. I recommend that NWSS continue to collect this invaluable data.

Response:

Thank you for your support for the National Wastewater Surveillance System. We appreciate your points that NWSS provides anonymous, non-intrusive, community-level early detection of seasonal and emerging pathogens, supports public health action in underserved areas, aids monitoring around large gatherings like the World Cup. Your recommendation to continue collecting this data is noted and valued.

d. Comment:

Hello - I run a wastewater surveillance program, testing for SARS-CoV-2 and flu. We are also preparing to test for STIs and whooping cough. This technology is expanding to include a range of pathogens of concern.

Here are some reasons this type of surveillance is so powerful. 1. It is an affordable means to passively sample communities for a range of pathogens - viral and bacterial. 2. It captures all demographics, unlike standard case data that are biased by who seeks care and testing, 3. It can be used to inform and drive public health interventions. This is an exciting time for wastewater surveillance. With detection methods now clearly established for many pathogens, the community is developing best practices for using the data to support public health. This includes how to share the data with the public and clinicians. For the latter, the data are already being used to inform the types of testing being done in communities (helping to reduce testing costs) as well as PPE and staffing for ERs/hospitals. We are working with public health communicators and clinicians to use the data to help inform the community on when to get their flu vaccinations and on seeking care for illnesses, particularly STIs.

Response:

Thank you for sharing your experience running a wastewater surveillance program. We appreciate that wastewater testing is an affordable, unbiased way to monitor multiple pathogens, inform public health actions, and guide clinical testing and resource planning. Your work on expanding targets, developing best practices, and coordinating with clinicians and

communicators is valuable; we thank you for your continued collaboration and input as NWSS evolves.

e. Comment:

The Entomological Society of America (ESA) appreciates the opportunity to provide input on the proposed data collection associated with the National Wastewater Surveillance System (NWSS). As the world's largest organization serving the professional and scientific needs of entomologists, ESA represents approximately 7,000 researchers, educators, and practitioners dedicated to safeguarding our nation's agriculture, ecosystems, and public health.

ESA strongly supports the continued development and strategic expansion of wastewater-based epidemiology as a tool to advance public health preparedness and response. While NWSS demonstrated clear value during the COVID-19 pandemic, its application to other infectious diseases, particularly mosquito-borne arboviruses, represents a significant and underutilized opportunity to strengthen national biosurveillance capacity.

Wastewater surveillance offers unique advantages for the detection of vector-borne diseases, particularly in identifying human infections that may otherwise go unnoticed. For example, approximately 80% of infections with West Nile virus are asymptomatic, limiting the effectiveness of traditional clinical surveillance systems. Wastewater monitoring can provide an early indication of viral circulation within human populations prior to the appearance of clinically apparent cases, thereby enabling more timely public health interventions. This capability is especially valuable in jurisdictions with limited mosquito surveillance infrastructure or inconsistent vector testing coverage.

At the same time, ESA emphasizes that wastewater surveillance should be viewed as complementary to, not a replacement for, robust entomological surveillance programs.

Mosquito-based surveillance remains the most direct method for detecting pathogen activity in the environment and serves as an early warning system for spillover risk because diseases generally circulate first among mosquito populations in local communities before human cases begin to appear. Monitoring vector populations allows for proactive vector control interventions, such as targeted larvicide or adulticide application, which can reduce transmission risk before human infections occur. Maintaining and strengthening these programs is essential to an integrated, prevention-focused public health strategy.

The integration of wastewater surveillance with traditional vector surveillance is particularly promising for diseases such as dengue, where transmission dynamics are highly localized due to the behavior of vectors like *Aedes aegypti*. In such contexts, sparse mosquito trapping networks may fail to detect infected vectors, whereas wastewater surveillance can capture signals from infected individuals within a

community. This complementary approach enhances spatial resolution and improves the likelihood of early detection, especially in urban or resource-limited settings.

In conclusion, ESA supports the ongoing research into and expansion of NWSS to include vector-borne disease applications and encourages continued investment in integrated

surveillance systems that combine wastewater and entomological data streams. Such an approach will improve situational awareness, enable earlier interventions, and ultimately reduce the burden of vector-borne diseases.

Thank you again for the opportunity to weigh in to support this important, emerging tool for protecting public health. Please do not hesitate to contact Erin Cadwalader, Ph.D., ESA Director of Strategic Leadership and Policy, at ecadwalader@entsoc.org, if you have any questions or require additional information.

Response:

Thank you for ESA's thoughtful input. We appreciate your support for expanding wastewater-based epidemiology and agree that NWSS has clear potential for detecting undercounted or asymptomatic infections (e.g., West Nile virus) and for strengthening surveillance where mosquito monitoring is limited.

We also concur that wastewater surveillance should complement—not replace—entomological surveillance. Integrating wastewater and mosquito data can improve early detection and guide targeted interventions, particularly for localized threats like dengue.

Thank you again for your input and for offering your partnership.

- 3 comments were from the same person and were submitted on different days.

Comment: CDC needs to track the organisms and substances (bacteria, viruses, toxins, environmental agents) in real time to prevent potential public health threats. Using FHIR Terminology services (e.g. SNOMED CT with FHIR, Value Set Compose language with FHIR) will allow for scalable and interoperable public health surveillance to detect and respond to outbreaks before they become epidemics or a pandemic.

The CDC needs to work with the NLM, CMS, ASTP/ONC, and the recognized coordinating entity on integrating FHIR terminology services at scale to prevent outbreaks.

Comment: HHS, CMS, ASTP/ONC and the CDC should accelerate the movement to FHIR-ize with AI the National Electronic Disease Surveillance System (NEDSS) and the National Syndromic Surveillance Program (NSSP), and the National Wastewater Surveillance System (NWSS) to exchange public health disease surveillance data and public health syndromic surveillance data. In addition, the states need to do state to state FHIR with AI exchange for NEDSS, NSSP, and NWSS.

This will be useful for contact tracing, case investigations, outbreak detection etc.

FHIR Terminology services APIs integration with the CDC will help with standardizing exposure reporting across centers, allow for automated queries and more importantly, support real time data exchange with NWSS, NEDSS, and NSSP during public health emergencies.

Comment: The CDC needs to modernize the terminology infrastructure to eliminate CSVs and spreadsheets for terminology exchange from file based semantics towards API based terminology services infrastructure.

Case reporting needs to be done in real time and syndromic surveillance needs to be continuously updated.

As a result, no CSVs nor spreadsheets will need to be reconciled between local, state public health departments. In addition, there will not be inconsistent value sets adopted across the states, territories, and the CDC.

This will transform the CDC infrastructure for syndromic surveillance data using FHIR terminology services at scale.

Response:

Thank you for your comment and for your recommendations on integrating FHIR terminology services to improve public health surveillance. CDC values input on ways to enhance interoperability and scalability across systems such as NWSS, NEDSS, and NSSP. We recognize the potential benefits of standardized terminology and real-time data exchange for outbreak detection, case investigation, and public health response, and will consider stakeholder perspectives as CDC collaborates with partners and evaluates opportunities to advance data standards and system interoperability.

B. No consultations outside of CDC occurred.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide remuneration or incentives to participants.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

Activities do not involve the collection of Personally Identifiable Information (PII). CDC's Information Systems Security Officer reviewed this submission and determined that the Privacy Act does not apply (Attachment 16). The data is completely anonymous. It is data collected from community wastewater not attached to any individual.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

Institutional Review Board (IRB)

NCEZID's Human Subjects Advisor has determined that this information collection is not research involving human subjects. IRB approval is not required (Attachment 13)

The project was determined to be non-research public health surveillance.

Justification for Sensitive Questions

No sensitive questions are asked.

12. Estimates of Annualized Burden Hours and Costs

NWSS collects two data components from participating jurisdictions and partners: 1. wastewater concentration and sequencing data and 2. sewershed spatial files. Wastewater concentration data include quantitative results and metadata for infectious disease targets measured in wastewater and are submitted to CDC through the NWSS-1CDP platform using approved secure submission methods, including the online bulk upload tool, secure file upload, API-based automated transfer, or manual data entry, in accordance with the NWSS-1CDP data dictionary. Wastewater sequencing data, which are used to detect and characterize pathogen variants present in wastewater samples, continue to be generated by participating laboratories as part of routine NWSS-supported activities. Sequencing workflows and data submission pathways are managed through CDC's Advanced Molecular Detection (AMD) infrastructure; laboratories conduct sequencing, prepare associated metadata, and transmit sequencing outputs through the processes established by the AMD program. Although sequencing data follows a separate technical submission pathway, the laboratory and analytical activities required for sequencing are included in the total burden estimate for wastewater measurement data collection.

The average annualized burden to collect wastewater concentration and sequencing data (Component 1) was estimated using workflows derived from pilot activities and updated to reflect current NWSS operations. This estimate served as the basis for determining the average annualized burden to collect wastewater concentration and sequencing data for other infectious disease targets. The estimated burden to collect wastewater concentration data includes wastewater sample collection, recording and transport preparation; laboratory processing and analysis, including sequencing when applicable; data compilation; and data transmission through the appropriate CDC systems (attachment 07, screenshot of online bulk upload tool, or API submission; and attachment 08, CSV bulk upload template). This process is estimated at 2 hours and 19 minutes per sample.

Based on the anticipated number of wastewater samples submitted annually by 64 NWSS-funded jurisdictions and tribal partners, and the CDC-contracted national laboratory, comprising data collection for 25 infectious disease targets of public health concern, and additional sequencing data collection that includes wastewater target variant sequencing as well as optional targeted sequencing for a broad set of infectious diseases from 1 in 10 samples, we estimated the combined annual burden for wastewater concentration and sequencing data collection to be 452,955 hours.

The second data component, sewershed spatial data collection and submission, was estimated based on the same early pilot study referenced above. Using the NWSS 1CDP upload tool, pilot states submitted to CDC available sewershed data for wastewater utilities that were collecting wastewater samples, and we determined the average annualized burden for this effort. This burden estimate includes 1) the time for the health departments to identify and contact a sewershed data source (i.e., wastewater utility, county or city GIS office, geospatial data repository, etc.), 2) the time for the data source to locate and verify the accuracy of the spatial files, 3) the time for the health department to process, clean, and convert spatial data to the requested GeoJSON file format, and 4) submit the spatial file to the NWSS 1CDP platform. For the above steps, we estimate the completion time to be 1 hour, 30 minutes, 1 hour, and 5 minutes, respectively, for a total of 2 hours 35 minutes per spatial file. Based on this average burden and the anticipation that NWSS will receive approximately 213 spatial files on each of the sewersheds for which we do not yet have these data, we estimate the combined annual time burden to be 550 hours. This data collection is required once but may need to be updated in subsequent years.

Based on the above approximations, the estimated maximum annual burden for all potential data collection (components 1 + 2), including all optional public health target testing and wastewater targeted sequencing, is 453,505 hours.

Table A: Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Annual Burden Hours
State, tribal,	Component 1 Forms:	64	2,080	139/60	308,395

local, territorial health departments	Attachment_02_Component_1_NWSS_Data_Dictionary_v6.3.0_2026_05_19.xlsx Attachment_03_Component_1_Wastewater_Master_Reference_Guide_v4-2-2.xlsx Attachment 04_Component-1_BioSample_ww_template_v1.9_NWSS.xlsx Attachment 05-Component-1_SRA_ww_template_v5.8_nwss.xlsx Attachment-06_Component-1_NCBI_DCIPHER_Crosswalk_DataDictionary.csv_NEW.xlsx Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf Attachment_08_Component_1_NWSS_1CDP_Wastewater_Data_CSV_Template_v4_All_Fields_NEW.csv				
Private laboratory	Component 1 Forms: Attachment_02_Component_1_NWSS_Data_Dictionary_v6.3.0_2026_05_19.xlsx Attachment_03_Component_1_Wastewater_Master_Reference_Guide_v4-2-2.xlsx Attachment 04_Component-1_BioSample_ww_template_v1.9_NWSS.xlsx Attachment 05-Component-1_SRA_ww_template_v5.8_nwss.xlsx Attachment_06_Component_1_NCBI_DCIPHER_Crosswalk_DataDictionary_New.xlsx Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf	1	Up to 62,400 (800 samples per week plus 400 sequenced samples per week is 62,400 annually)	139/60	144,560

	Attachment_08_Component_1_NWSS_1CDP_Wastewater_Data_CSV_Template_v4_All_Fields_NEW.csv Attachment-10_Component-1_CDC_seq_manifest_data_dict.xlsx				
State, tribal, local, territorial health departments and waste water utilities	Component 2 Forms: Sewershed spatial files, no form required Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf Attachment_09-Component-2_NWSS_DCIPHER_Sewershed_Name_Crosswalk_CSV_Upload_Template_NEW.xlsx	213	1	155/60	550 (collection only required once)
Total					453,505

B. Estimated Annualized Burden Costs

The annualized cost to respondents were based upon mean hourly wage rates for water and wastewater treatment plant and system operators, epidemiologists, biological technicians information published on the *Bureau of Labor Statistics-May 2024 National Occupational Employment and Wage Estimates* website, [Occupational Employment and Wage Statistics](#).

Type of Respondent	Form Name	Total Burden hours	Hourly Wage Rate	Total Respondent Costs	Wage Rate Multiplier	Fully loaded Cost Burden
State, tribal, local,	Component 1 Forms: Attachment_02_Component_1_NWSS_Data_Dictionar	308,395	\$47.50	14,648,762	X2	29,297,524

territorial health departments	y_v6.3.0_2026_05_19.xlsx Attachment_03_Component_1_Wastewater_Master_Reference_Guide_v4-2-2.xlsx Attachment 04_Component-1_BioSample_ww_template_v1.9_NWSS.xlsx Attachment 05-Component-1_SRA_ww_template_v5.8_nwss.xlsx Attachment-06_Component-1_NCBI_DCIPHER_Crosswalk_DataDictionary.csv_NEW.xlsx Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf Attachment_08_Component_1_NWSS_1CDP_Wastewater_Data_CSV_Template_v4_All_Fields_NEW.csv					
Private laboratory	Component 1 Forms: Attachment_02_Component_1_NWSS_Data_Dictionary_v6.3.0_2026_05_19.xlsx Attachment_03_Component_1_Wastewater_Master_Reference_Guide_v4-2-2.xlsx Attachment 04_Component-1_BioSample_ww_template_v1.9_NWSS.xlsx Attachment 05-Component-1_SRA_ww_template_v5.8_nwss.xlsx Attachment_06_Component_1_NCBI_DCIPHER_Crosswalk_DataDictionary_New.xlsx Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf	144,560	\$35.40	5,117,424	X2	10,234,848

	Attachment_08_Component_1_NWSS_1CDP_Wastewater_Data_CSV_Template_v4_All_Fields_NEW.csv Attachment-10_Component-1_CDC_seq_manifest_data_dict.xlsx					
State, tribal, local, territorial health departments and waste water utilities	Component 2 Forms: Sewershed spatial files, no form required Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf Attachment_09-Component-2_NWSS_DCIPHER_Sewershed_Name_Crosswalk_CSV_Upload_Template_NEW.xlsx	550 (collection only required once)	\$47.50	26,125	X2	52,250
Total			\$19,792,311			\$39,584,622

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no costs to respondents other than their time to participate.

14. Annualized Cost to the Government

The estimated cost for the federal government is calculated to be approximately two GS-15, seven GS-14, twelve GS-13, five GS-11, and one Commission Corp federal government employee salaries at the Atlanta, GA locality based on the OPM General Schedule wage table ([SALARY TABLE 2026-ATL](#)), in addition to contracts and other expenses.

Expense Type	Role	Estimated Cost
Direct Cost to the Federal Government: Federal employees	2 GS-15 FTE	\$421,114.00
	7 GS-14 FTE	\$1,245,216.00
	12 GS-13 FTE	\$2,171,063.00
	5 GS-11 FTE	\$590,765.00
	1 Comm. Corp	<u>\$182,109.00</u>

			\$4,079,267 Fully Loaded Wage Rate: \$8,158,534
Contracts and other expenses	NWSS 1CDP Licensing Cost		\$4,000,000
	NWSS 1CDP Platform, Development, Operations, and Maintenance		\$5,500,000
	NWSS 1CDP Data Management		\$5,212,986
	NWSS 1CDP Onboarding and Customer Support		\$390,000
	Contract Laboratory		\$10,256,000
Total			\$33,166,520

15. Explanation for Program Changes or Adjustments

This is a revision request, built upon one currently approved by OMB No: 0920-1422 expiring on 12/31/2026.

In 2023, the National Wastewater Surveillance System (NWSS) moved from the Waterborne Disease Prevention Branch (WDPB) in the Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) to the Rapid Response Research and Surveillance Branch (R3SB) in the Division of Infectious Disease Readiness and Innovation (DIDRI) as part of CDC's agency-wide reorganization.

We changed the project title from "National Wastewater Surveillance System for COVID-19 and other infectious disease targets of public health concern" to "National Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action," as NWSS has grown and expanded to other emergent infectious diseases in addition to surveilling SARS-CoV-2.

Currently NWSS only supports wastewater surveillance for infectious diseases of public health concern; mention of other potential non-infectious targets was removed from the document. Additionally, the number of infectious diseases being monitored has increased, and the jurisdictions supported by NWSS have expanded.

Furthermore, the data uploading system was updated from the Data Collation and Integration for Public Health Event Response (DCIPHER) to the One CDC Data Platform (1CDP).

Updates to several attachments have been made and new versions are included in this package. Two original documents are no longer used and were removed.

Burden changes: Since the program is no longer collecting case data, the estimated respondent burden will be reduced from 695,941 hours to 453,505 hours.

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be collected and analyzed on a weekly basis with no stated collection/activity end date. Three years of clearance are requested for this recurring data/information collection. Data and analyses will be reported through the NWSS 1CDP system and through NWSS public facing dashboards on a weekly basis. Publications are not expected to be a routine reporting tool for this data collection, but publications describing development of the NWSS data system and collection, along with occasional analytical descriptions of data and findings (e.g., journal manuscripts) are expected approximately every year.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB 3-line header and Burden Statement are not found in the individual data collection instruments and elements referenced because all data submissions to NWSS are conducted through electronic transfers using bulk upload template files that do not accommodate notations or input other than data entry and data communication. CDC will place the PRA burden statement and OMB header on 1CDP. Respondents can navigate to the list of required data elements and instruments from this central location to where they submit the data.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Attachments

- Authorizing Legislation
 - 03_Attachment_01_Authorizing Legislation_Section 301 of the Public Health Service Act (42 USC 241).pdf
- 60-Day FRN
 - 04_Attachment_02- Published 60-Day FRN.pdf
- Information Collection Instruments
 - 05_Attachment_02_Component_1_NWSS_Data_Dictionary_v6.3.0_2026_05_19.xlsx
 - 06_Attachment_03_Component_1_Wastewater_Master_Reference_Guide_v4-2-2.xlsx
 - 07_Attachment 04_Component-1_BioSample_ww_template_v1.9_NWSS.xlsx
 - 08_Attachment 05-Component-1_SRA_ww_template_v5.8_nwss.xlsx
 - 09_Attachment_06_Component_1_NCBI_DCIPHER_Crosswalk_DataDictionary_New.xlsx
 - 10_Attachment_07_Component_1_2_NWSS_DCIPHER_BulkUploadTool_screenshot_NEW.pdf

- o 11_Attachment_08_Component_1_NWSS_1CDP_Wastewater_Data_CSV_Tempalte_v4_All_Fields_NEW.csv.
- o 12_ Attachment_ 09-Component-2_NWSS_DCIPHER_ Sewershed_Name_Crosswalk_CSV_Upload_Template_NEW.xisx
- o 13_ Attachment -10_Component-1_CDC_seq_manifest_data_dict.xlsx
- o 14_ Attachment 13-Human Subjects Determination.pdf
- 60-day Public Comments
 - o 15_ Attachment 14- 60_day_Comments_CDC_2026_0266.csv
 - o 16_ Attachment 15- 60-day-FRN-Summary_Comments.docx
- Privacy Impact Assessment
 - o 17_Attachment 16-Privacy Impact Assessment