Standardized National Hypothesis Generating Questionnaire (SNHGQ). However, not all of the data elements in the SNHGQ are relevant to the parasite *Cyclospora* (*e.g.,* questions about consumption of meat and dairy products); on the other hand, additional data elements not included in the SNHGQ are needed to capture information pertinent to *Cyclospora* and to fresh produce vehicles of infection. Therefore, the Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ) has been developed, by using core data elements from the SNHGQ and incorporating modifications pertinent to *Cyclospora.*

The core data elements from the SNHGQ were developed by a series of working groups comprised of local, state, and federal public health partners. Subject matter experts at CDC developed the CNHGQ by modifying the SNHGQ to include and focus on data elements pertinent to Cyclospora/cyclosporiasis. Input also was solicited from state public health partners. Because relatively few data elements in the SNHGQ needed to be modified, a full vetting process was determined not to be necessary. The CNHGQ has been designed for administration over the telephone by public health officials (or their proxies), to collect data elements from case-patients. Collected data will be pooled and analyzed at CDC, to generate hypotheses about potential vehicles/sources of infection.

CDC requests OMB approval to collect information via the CNHGQ from persons who have developed symptomatic cases of *Cyclospora* infection during periods in which increased numbers of such cases are reported (typically, during spring and summer months). In part because molecular typing methods for *C. cayetanensis* cannot independently identify genetically linked clusters, it is important to interview all case-patients identified during periods of increased reporting, to help determine if their cases could be part of an outbreak(s).

CDC requests OMB approval for an estimated 2,100 total annualized burden hours (approximately 2,800 individuals interviewed x 45 minutes/response). There will be 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)	Total burden (in hours)
Ill individuals identified with cyclosporiasis.	Cyclosporiasis National Hypothesis Generating Questionnaire.	2,800	1	45/60	2,100
Total					2,100

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26–1359; Docket No. CDC–2026–0859]

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 National Survey of Syringe Services Programs (NSSSP). This program was created to assess and monitor SSP operational characteristics and services, funding resources, community relations, and key operational and programmatic successes and challenges, and to support timely analysis and dissemination of national program evaluation survey findings.

DATES: CDC must receive written comments on or before August 3, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0859 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

The National Survey of Syringe Services Programs (NSSSP) (OMB Control No. 0920–1359, Exp. 1/31/2027)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The primary purpose of the National Survey of Syringe Services Programs (NSSSP) is to strengthen and improve the ability of CDC and local and state partners to monitor and evaluate syringe services programs (SSPs) nationally, with the overall goal of supporting, sustaining, and improving SSPs nationwide and reducing infectious disease and other harms related to drug use. Findings from the 2022–2025 survey successfully characterized operational characteristics and services, funding resources, community relations, and key operational successes and challenges. The 2026 survey is currently being implemented. Revisions are being requested to address the increasing number of SSPs nationwide, updated infectious disease and substance use prevention, testing, and treatment modalities, additional SSP services provided, and additional information on overdose prevention and reversals.

The project will include all SSPs that are listed in a publicly available directory of all known SSPs in the United States maintained by the North American Syringe Exchange Network (NASEN; *https://nasen.org*). The project will also include SSPs in NASEN's directory that do not wish to be publicly listed but have agreed to be contacted for research purposes, SSPs belonging to NASEN's buyers' club that are not part of the directory, respondents to prior RTI Arnold Ventures Surveys of SSPs that are not part of NASEN's directory, and other SSPs proactively identified through searching state health department websites, funding agencies, state and regional networks, regional conferences, partner organization networks or webinars and via social media. SSPs will be sent a letter of invitation to participate in a 35-minute program survey. Participating programs will have the option of completing the survey via different modalities to enhance feasibility and comfort in completing the survey, for example via the Research Electronic Data Capture (REDCap) or a similarly secure web-based application. Other modalities for survey administration will include a coordinated telephone or videoconferencing interview. SSPs will be sent reminder letters for an approximately 6-month data collection period.

The survey will include questions on operational characteristics and services, funding resources, community relations, and key operational successes and challenges. Approximately 1000 SSPs will be able to participate in the survey. We anticipate that approximately 20% of SSPs will decline to complete the survey, yielding approximately 800 completed surveys per year. However, given that it is challenging to predict future response rates, we are requesting enough burden hours to allow 100% of SSPs to respond to the survey. We estimate that it will take 35 minutes to complete the survey, regardless of how the respondent chooses to complete it (*i.e.,* self-administered online or interviewer-administered by phone or videoconferencing). SSPs that do not respond to the initial survey invitation will be given reminders to complete the survey over the duration of the survey implementation period. CDC requests OMB approval for an estimated 583 annual burden 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)	Total burden (in hours)
All participating SSPs	National Survey of Syringe Services Programs.	1000	1	35/60	583
Total					583

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26–0696]

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 HIV Prevention Program Monitoring and Evaluation (NHM&E)'' 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 November 21, 2025, to obtain comments from the public and affected agencies. CDC received one comment 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.