



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25-0978]

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 “Emerging Infections Program (EIP)” 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 14, 2025, to obtain comments from the public and affected agencies. CDC received no comments. 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 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/PRAMain. 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

Emerging Infections Program (OMB Control No. 0920-0978, Exp. 9/30/2027) – Revision - National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases.

Activities of the EIPs fall into the following general categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies. Activities of the EIPs are designed to: (1) address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public

health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease.

Activities in the EIP Network to which all applicants must participate are:

- Active Bacterial Core surveillance (ABCs): active population-based laboratory surveillance for invasive bacterial diseases.
- Foodborne Diseases Active Surveillance Network (FoodNet): active population-based laboratory surveillance to monitor the incidence of select enteric diseases.
- Influenza: active population-based surveillance for laboratory confirmed influenza-related hospitalizations.
- Healthcare-Associated Infections-Community Interface (HAIC) surveillance: active population-based surveillance for healthcare-associated pathogens and infections.

A Revision is being submitted to make existing collection instruments clearer and to add a new form specifically surveying laboratory practices. This form will allow the EIP to better detect, identify, track changes in laboratory testing methodology, gather information about laboratory utilization in the EIP catchment area to ensure that all cases are being captured, and survey EIP staff to evaluate program quality.

CDC requests OMB approval for an estimated 40,733 annual burden hours. There is no cost to respondents other than their time.

Estimated Annualized Burden Hours

Type of Respondent	Form Number	Form Name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hours)
State Health Department	ABC.100.1	ABCs Case Report Form	10	984	20/60

ABC.100.2	ABCs Invasive Pneumococcal Disease in Children and Adults Case Report Form	10	127	10/60
ABC.100.5	ABCs Neonatal Infection Expanded Tracking Form	10	37	20/60
FN.200.1	FoodNet Campylobacter	10	550	21/60
FN.200.2	FoodNet Cyclospora	10	42	10/60
FN.200.3	FoodNet Listeria monocytogenes	10	16	20/60
FN.200.4	FoodNet Salmonella	10	855	21/60
FN.200.5	FoodNet Shiga toxin producing E. coli	10	290	20/60
FN.200.6	FoodNet Shigella	10	234	10/60
FN.200.7	FoodNet Vibrio	10	46	10/60
FN.200.8	FoodNet Yersinia	10	55	10/60
FN.200.9	FoodNet Hemolytic Uremic Syndrome	10	10	1

FN.200.10	FoodNet Clinical Laboratory Practices and Testing Volume	10	70	10/60
FSN.300.1	FluSurv-Net Influenza Hospitalization Surveillance Network Case Report Form	15	576	25/60
FSN.300.2	FluSurv-Net Influenza Hospitalization Surveillance Project Vaccination Phone Script and Consent Form (English/Spanish)	13	16	10/60
FSN.300.3	FluSurv-Net Influenza Hospitalization Surveillance Project Provider Vaccination History Fax Form (Children/Adults) and notification letter	13	126	5/60
FSN.300.4	FluSurv-NET Laboratory Survey	15	16	10/60
HAIC.400.1	HAIC- Multi-site Gram-Negative Surveillance Initiative (MuGSI) Case Report Form (CRF)	11	1581	29/60
HAIC.400.2	HAIC MuGSI CA CP-CRE Health interview	10	10	30/60
HAIC.400.3	HAIC MuGSI Supplemental Surveillance Officer Survey	11	1	20/60
HAIC.400.4	HAIC- Invasive Staphylococcus aureus Infection Case Report Form	10	788	29/60
HAIC.400.5	HAIC- Invasive Staphylococcus aureus Laboratory Survey	10	11	9/60

HAIC.400.6	HAIC- Invasive Staphylococcus aureus Supplemental Surveillance Officers Survey	10	1	11/60
HAIC.400.7	HAIC - CDI Case Report and Treatment Form	10	1650	38/60
HAIC.400.8	HAIC- Annual Survey of Laboratory Testing Practices for C. difficile Infections	10	16	17/60
HAIC.400.9	HAIC- CDI Annual Surveillance Officers Survey	10	1	15/60
HAIC.400.10	HAIC- Emerging Infections Program C. difficile Surveillance Nursing Home Telephone Survey (LTCF)	10	45	5/60
HAIC.400.11	HAIC Candidemia Case Report Form	10	170	40/60
HAIC.400.12	HAIC- Laboratory Testing Practices for Candidemia Questionnaire	10	20	14/60
HAIC.400.13	HAIC Death Ascertainment Project	10	8	24
HAIC.400.14	HAIC MuGSI KPC and NDM treatment collection form	10	60	60/60

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