



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-1422]

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 Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action” 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 February 24, 2026, to obtain comments from the public and affected agencies. CDC received 463 comments 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. 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

National Wastewater Surveillance System for Infectious Diseases to Inform Public Health Action (OMB Control No. 0920-1422, Exp. 12/31/2026) – Revision – National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Rapid Response Research and Surveillance Branch (R3SB) in the Division of Infectious Disease Readiness and Innovation works to reduce disease burden through collaboration with an integrated network of public health partners to rapidly respond to infectious diseases of public health concern. The branch also leads nation-wide wastewater surveillance, an innovative public health tool to monitor infectious disease threats regardless of

symptoms and clinical testing. The National Wastewater Surveillance System (NWSS) was established in 2020 at CDC and continues to serve as a public health tool to provide wastewater surveillance for SARS-CoV-2. It has since expanded to include wastewater surveillance for emerging infectious diseases of public health concern such as Influenza, RSV, monkeypox virus, and measles, and is designed to permit the rapid addition or exchange of infectious disease targets for wastewater testing. This built-in flexibility will allow jurisdictions to adapt wastewater surveillance to changing public health needs, enable rapid responses to outbreaks or emergencies, and support broad capacity to detect future infectious disease threats. Wastewater surveillance data of infectious diseases have provided impactful information to local public health authorities to confirm trends observed in testing or hospitalization rates, and to assert the need for increased testing or healthcare resources. From local universities to statewide efforts, wastewater surveillance has provided data for early warning of disease outbreaks, with an approximate 4-6-day lead time relative to clinical surveillance. NWSS currently supports 64 US jurisdictions, including 50 states and the District of Columbia, six major cities, seven territories, six tribes, and two tribe-serving organizations to implement wastewater surveillance. Together with CDC-funded national-level wastewater testing, data submitted to NWSS covers approximately 142 million people, or about 42% of the US population. NWSS will continue to support state, tribal, local, and territorial (STLT) partners to collect wastewater data for rapid and effective public health action.

NWSS-One CDC Platform (1CDP) accepts data from US jurisdictional partners, allowing them to submit, view, and analyze wastewater detections and trends in near real time. These data may then be used at the state, tribal, local, and territorial level to communicate with the public or to inform public health decision makers. Wastewater surveillance can be especially impactful in underserved populations where clinical testing is limited, or health care seeking is reduced. Wastewater surveillance provides aggregated, anonymized data at the community level to indicate RSV and influenza infection trends, measles prevalence, and data on other infectious

disease targets. This data collection could also help inform jurisdictions early about outbreaks leading to efficient resource allocation, providing health departments with additional, independent surveillance data to assess community-level infections.

The NWSS collects and analyzes community-level wastewater to detect and track respiratory viruses and other emerging infectious diseases, providing timely data to inform public health actions. Participating health departments, utilities, and laboratories (including private labs under CDC agreements) collect grab or composite influent samples at least weekly, ship samples and metadata to testing labs for RNA/DNA quantification and, when indicated, sequencing, and submit concentration data to 1CDP and sequence data to CDC's Advanced Molecular Detection (AMD) platform. Wastewater data serve as a pooled community signal—useful even when infections are asymptomatic or clinical testing is limited—and can estimate infection trends, provide early warning (e.g., prior correlations with COVID-19 case increases), and guide interventions such as targeted outreach or provider alerts. The system covers U.S. communities (states, counties, cities, territories, and tribal areas) where sampling occurs, and results are analyzed using standardized metrics—such as a wastewater viral activity level for higher-prevalence pathogens and detection/frequency metrics for lower-prevalence pathogens—with visualization via dashboards, maps, and tables; sequenced samples are further examined for genetic variants.

CDC requests OMB approval for a continuation of the NWSS data collection for an additional three years. Modifications to the data collection package include an update on platform used to collect data from the Data Collation and Integration for Public Health Event Response (DCIPHER) to 1CDP, minor updates and removal of several attachments, and a reduction in the estimated burden that resulted from the NWSS no longer collecting case data. The total estimated annualized burden is 453,505 hours.

Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)
State, tribal, local, territorial health departments	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.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	64	2,080	139/60
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	1	Up to 62,400 (800 samples per week plus 400 sequenced samples per week is	139/60

	• 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 • 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		62,400 annually)	
State, tribal, local, territorial health departments and wastewater 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

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. 2026-20351 Filed: 10/2/2026 8:45 am; Publication Date: 10/5/2026]