

comments within 30 days of notice publication.

Proposed Project

Enhancing Data-driven Disease Detection in Newborns (ED3N) (OMB Control No. 0920–1391, Exp. 4/30/2026)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Newborn Screening and Molecular Biology Branch (NSMBB), in the National Center for Environmental Health (NCEH) Division of Laboratory Science (DLS), has the only laboratory in the world devoted to ensuring the accuracy of newborn screening (NBS) tests in every state and more than 78 countries. NSMBB supports NBS programs by conducting research, developing methods, and performing analyses by using complex, state-of-the-art molecular and biochemical techniques for identifying risk factors for diseases of public health importance. Both NSMBB and state NBS programs are experiencing increased data analytic challenges associated with continued expansion of the number of newborn screening diseases, increased complexity of disease detection, and difficulties in correlating disease markers with disease risk. Further, the addition of late-onset diseases to NBS panels necessitates a better way to routinely capture clinical information and outcomes so that NBS programs can fully appreciate the spectrum of disease they are detecting.

The NSMBB is requesting a three-year Paperwork Reduction Act (PRA)

clearance for Enhancing Data-driven Disease Detection in Newborns (ED3N), a national NBS data platform, that will address these analytic and post-analytic challenges and promote sharing of molecular, biochemical, and clinical information amongst NBS partners. The information will better equip NSMBB and newborn screening partners to assess disease risk and will help harmonize approaches for disease detection in newborns. Given the rarity of newborn screening diseases, it is imperative that data be collected and analyzed at a national level in order to glean useful insights and to analyze trends. The NSMBB is best suited to oversee this work given its role in providing technical assistance to NBS programs nationally.

Numerous studies along with presentations by NBS programs suggest that gaps in programmatic resources and expertise are hampering the ability to perform more complex data analytics resulting in low positive predictive values for a number of conditions (which subsequently results in higher false positive and negative rates and downstream burden to families and the medical system). Smaller-scale work on the use of post-analytical tools such as machine learning algorithms have shown that incorporation of these elements into newborn screening can improve detection rates, while reducing false positives. These studies, however, have been limited to single sites and have not been integrated into the daily workflow of high-throughput NBS programs. Without this project, NBS programs will continue to be unable to keep up with the increasing complexity

and future demands of screening, perpetuating inequities in screening across the nation. Since approval, the CDC’s ED3N project has worked with fourteen NBS programs to develop and pilot one of the modules, providing the needed platform to assist states in expanding their screening and interpretation capacity. Additional programs have been engaged in defining the other modules and in piloting data transfer mechanisms.

The estimated annualized burden hours were determined as follows. There are 53 domestic NBS programs in the United States. A “respondent” refers to a single NBS program. Given that data submission will ultimately be accomplished through automatic electronic data transfer, each respondent’s burden hours were split into two estimates: (1) the one-time need to set-up, test, and implement the electronic data transfer mechanism; and (2) the ongoing automatic electronic data transfer occurring after initial set-up. Initial set-up time burden was estimated based on analysis of similar data transfer projects embarked upon by NBS programs as well as brief discussions with NBS Program Laboratory Information Management System vendors. The one-time burden to set-up the data transfer interface was estimated to be 40 hours total, annualized to 14 hours per year per respondent. Ongoing daily data submission burden was estimated assuming one minute for each automatic transfer thereafter. CDC has estimated the total annualized burden for this project to be 1,064 hours per year.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Newborn Screening Programs	Set-up and initial submission of ED3N Data Elements	53	1	14
	Ongoing transfer of ED3N Data Elements	53	365	1/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1273]

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 “Pregnancy Risk Assessment Monitoring System (PRAMS)” 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 419 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

Pregnancy Risk Assessment Monitoring System (PRAMS) (OMB Control No. 0920-1273, Exp. 03/31/2026)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a project of the Centers for Disease Control and Prevention (CDC) and state, territorial, city, or local health departments. Developed in 1987, PRAMS collects jurisdiction-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS provides data not available from other sources. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. PRAMS data are used by researchers to investigate emerging issues in the field of reproductive health and by federal, state and local governments to plan and review programs and policies aimed at reducing health problems among mothers and babies.

PRAMS is a jurisdiction customized survey conducted in 50 sites and covers 81% of all live births in the United States. Information is collected 2–6 months after live birth or stillbirth by mail and web survey with telephone follow-up for non-responders. Because PRAMS uses standardized data collection methods, it allows data to be compared among sites. Jurisdictions can implement the survey on an ongoing basis or as a point-in-time survey. In participating jurisdictions, a sample of women who have recently given birth to a live born or stillborn infant is selected from birth certificates or fetal death files. The sample is stratified based on the site’s population of interest to ensure high-risk populations are adequately represented in the data.

The PRAMS survey instrument for live births is based on a core set of questions common across all jurisdictions that remain the same throughout each phase of data collection. In addition, CDC provides optional standardized modules (pre-grouped questions on a select topic) that jurisdictions may use to customize survey content at the beginning of each phase of data collection. Topics for both the core and standard modules include demographic and background characteristics; health conditions

(which includes chronic conditions such as diabetes, hypertension, mental health, oral health, cancer, as well as pregnancy-induced health conditions and family history of select conditions); health behaviors (including tobacco and alcohol use, substance use [licit and illicit], injury prevention and safety, nutrition, and physical activity); health care services (such as preconception care, prenatal care, postpartum care, contraceptive care, vaccinations, access to care, insurance coverage, receipt of recommended services, and provider counseling received); infant health and development; infant care practices (such as breastfeeding, safe sleep practices); social services received (such as WIC or home visiting); the social context of childbearing (such as intimate partner violence, social support, adverse childhood experiences, and stressful life experiences); and attitudes and feeling about the pregnancy including pregnancy intentions.

At times, jurisdictions may address emerging topics of interest with supplemental modules (pre-grouped questions on a selected topic). Supplemental modules available for site-specific data collection include disabilities, substance use, COVID-19 experiences, and social experiences. New supplemental modules may be developed to address other emergent issues as they arise.

The stillbirth survey may be administered in a smaller number of sites. It includes a single survey instrument.

CDC is seeking approval for a Revision of the PRAMS data collection which currently expires 03/31/2026. OMB approval is requested for three years. The total estimated annual burden is 29,773 hours which is a decrease of 1,495 hours. The change in overall burden results from removal of components already completed: (1) call back surveys (decrease of 1,395 hours), and (2) cognitive and field testing (decrease of 100 hours) since no new questions or supplemental modules are anticipated during the approval window. 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)
Women who recently delivered a live birth.	PRAMS Phase 9 Questionnaire (core questions plus site selected standard modules).	51,556	1	26/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Women who recently delivered a stillbirth.	Supplemental Modules	52,984	1	8/60
	PRAMS Stillbirth Questionnaire	160	1	25/60
Jurisdictions	Submission of data file to CDC	50	12	30/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–0765]

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 “Fellowship Management System” 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 December 5, 2025 to obtain comments from the public and affected agencies. CDC received four comments related to the previous notice; one was substantive. 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

Fellowship Management System (FMS) (OMB Control No. 0920–0765, Exp. 03/31/2026)—Revision—National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPIHW), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of CDC’s Division of Workforce Development (DWD) is to provide leadership in public health training and education and to manage innovative, evidence-based programs to prepare the health workforce to meet public health challenges of the 21st century. Professionals in public health, epidemiology, medicine, economics, information science, veterinary medicine, nursing, public policy, and other related disciplines seek opportunities, through CDC fellowships,

to broaden their knowledge and skills to improve the science and practice of public health. CDC fellows are assigned to state, tribal, local, and territorial public health agencies; federal government agencies, including CDC and Department of Health and Human Services’ (HHS) operating divisions; and, in some cases, non-governmental organizations.

CDC requests OMB approval to continue information collection through the electronic CDC Fellowship Management System (FMS), with changes. The FMS collects, processes, and manages data from nonfederal applicants who seek training or public health support services through CDC fellowships. The FMS has been used to receive fellowship applications, receive fellowship host site proposals, and, for some programs, track completion of fellowship activities. The FMS is a flexible, modern, secure, and robust electronic information system able to meet the unique needs of each CDC fellowship. The system is critical to efficient data and program management for CDC and essential for reducing burden and providing a high-quality user experience for respondents. FMS is key to CDC’s ability to protect the public’s health by facilitating training opportunities that strengthen the public health workforce.

In January 2026, CDC received OMB approval to implement changes to selected questions in the FMS Fellowship Applications module and the FMS Host Site module. These changes support CDC’s ability to effectively manage fellowship programs by collecting timely information that is customized to each fellowship program’s needs. In this Revision, CDC presents updated estimates for utilization of the FMS Fellowship Applications module, the FMS Host Site module, and the FMS Activity Tracking module. The revised estimates are based on a review of trends in participation in DWD fellowships and revised projections for participation in the next three years, feedback from former participants about response burden, and