

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Cities	Weekly (Non-automated)	2	52	2	208
Cities	Weekly (DMI Implementation)	2	52	4	416
Cities	Annual	2	1	75	150
Cities	One-time Addition of Diseases and Data Elements.	2	1	2	4
Total	18,354

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-0004]

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 Disease Surveillance Program II—Disease Summaries” 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 January 13, 2026 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. 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 Disease Surveillance Program II. Disease Summaries (OMB Control No. 0920-0004, Exp. 4/30/2026)—Revision—National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests a three-year approval for a Revision with minimal modifications of the National Disease Surveillance Program II. Disease Summaries (OMB

Control No. 0920-0004) information collection. As with previous approvals, these data are essential for measuring trends in diseases, evaluating the effectiveness of current preventive strategies, and determining the need to modify current preventive measures. Diseases included in this surveillance program are Influenza Virus, Caliciviruses, Respiratory and Enteric Viruses, Enteroviruses, Adenoviruses, Arthropod-Borne Diseases (Non-Human Data), and Pediatric Hepatitis of Unknown Etiology. Data will be used to determine the prevalence of disease and planning and evaluating programs for prevention and control of infectious diseases. Disease incidence is needed to study present and emerging disease problems.

The request for an Revision with minimal modifications includes: 11 Influenza forms, Suspect Respiratory Virus Patient Form, Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under Investigation (PUI) Form, Viral Gastroenteritis Outbreak Submission Form, National Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratory Assessment and National Enterovirus Surveillance Report, National Adenovirus Type Reporting System (NATRS) Form, Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction Form (CRF) and Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction short form version, and Arthropod (Vector)-Borne Diseases (Non-Human Data). These forms will have minor edits with very little burden change from last OMB approval. The data from these forms will enable rapid detection and characterization of outbreaks of known pathogens, as well as potential newly emerging viral pathogens.

CDC requests OMB approval for an estimated 27,517 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Epidemiologist	U.S. Collaborating center for Influenza—Influenza Virus Surveillance.	47	52	10/60
Epidemiologist	U.S. Collaborating Laboratories Influenza Testing Methods Assessment.	113	1	10/60
Epidemiologist	U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) Workfolder 55.20E.	1,800	52	10/60
Epidemiologist	Influenza-Associated Pediatric Mortality—Case Report Form	57	3	30/60
Epidemiologist	Human Infection with Novel Influenza A Virus Case Report Form.	57	2	30/60
Epidemiologist	Human Infection with Novel Influenza A Virus Severe Outcomes.	57	1	90/60
Epidemiologist	Novel Influenza A Virus Case Screening Form	57	1	15/60
Epidemiologist	Antiviral Resistant Influenza Infection Case Report Form	57	3	30/60
Epidemiologist	National Respiratory & Enteric Virus Surveillance System (NREVSS) (55.83A, B, D) (electronic).	550	52	15/60
Epidemiologist	National Enterovirus Surveillance Report: (CDC 55.9) (electronic).	20	12	15/60
Epidemiologist	National Adenovirus Type Reporting System (NATRS)	13	4	15/60
Epidemiologist	Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Short Form.	57	3	25/60
Epidemiologist	Viral Gastroenteritis Outbreak Submission Form	20	5	5/60
Epidemiologist	Influenza Virus (Electronic, Year Round), PHLIP_HL7 messaging Data Elements.	64	52	5/60
Epidemiologist	Influenza virus (electronic, year round) (PHIN—MS)	3	52	5/60
Epidemiologist	Suspect Respiratory Virus Patient Form	10	5	30/60
Epidemiologist	Aggregate counts of persons exposed to Highly Pathogenic Avian Influenza (HPAI).	52	52	10/60
Epidemiologist	Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction Short Form.	52	4	15/60
Epidemiologist	Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction Form (CRF).	52	2	45/60
Epidemiologist	Arthropod (Vector)-Borne Diseases (Non-Human Data)	57	52	60/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10110]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare &
Medicaid Services, Health and Human
Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare &
Medicaid Services (CMS) is announcing
an opportunity for the public to
comment on CMS' intention to collect
information from the public. Under the
Paperwork Reduction Act of 1995
(PRA), federal agencies are required to

publish notice in the **Federal Register**
concerning each proposed collection of
information, including each proposed
extension or reinstatement of an existing
collection of information, and to allow
a second opportunity for public
comment on the notice. Interested
persons are invited to send comments
regarding the burden estimate or any
other aspect of this collection of
information, including the necessity and
utility of the proposed information
collection for the proper performance of
the agency's functions, the accuracy of
the estimated burden, ways to enhance
the quality, utility, and clarity of the
information to be collected, and the use
of automated collection techniques or
other forms of information technology to
minimize the information collection
burden.

DATES: Comments on the collection(s) of
information must be received by the
OMB desk officer by May 7, 2026.

ADDRESSES: Written 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/](http://www.reginfo.gov/public/do/PRAMain)
PRAMain. Find this particular

information collection by selecting
"Currently under 30-day Review—Open
for Public Comments" or by using the
search function.

To obtain copies of a supporting
statement and any related forms for the
proposed collection(s) summarized in
this notice, please access the CMS PRA
website by copying and pasting the
following web address into your web
browser: [https://www.cms.gov/](https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing)
Regulations-and-Guidance/Legislation/
PaperworkReductionActof1995/PRA-
Listing.

FOR FURTHER INFORMATION CONTACT:
William Parham at (410) 786-4669.

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. The term "collection of
information" is defined in 44 U.S.C.
3502(3) and 5 CFR 1320.3(c) and
includes agency requests or
requirements that members of the public
submit reports, keep records, or provide
information to a third party. Section
3506(c)(2)(A) of the PRA (44 U.S.C.