information to the U.S. NAC. These forms will not only address the biosafety and biosecurity containment emergency elements of the GAP standard but will also inform the U.S. NAC risk assessments and thereby, guide CDC's determination of the emergency response level and direction.

The information collected in the Personal Protective Equipment (PPE) Survey for Laboratories will assist the CDC, U.S. NAC and NIOSH with developing guidance and recommendations for PPE selection and use in support of poliovirus containment as well as identify laboratory PPE commonly used to evaluate laboratory PPE performance characteristics in testing studies.

Information collected in the GAP Poliovirus Containment Poliovirus-Essential Facility Assessment Checklist will aid U.S. facilities in preparing for an audit to obtain a poliovirus certificate of containment. Data collected from the GAP Poliovirus Containment Poliovirus-Essential Facility Questionnaire will collect additional information on poliovirus materials held by a U.S. facility, their work activities, and facility features.

The Poliovirus Containment Sampling Plan and Sanitation Assessment Form for Wastewater (WW) Systems Supporting a Poliovirus-Essential Facility (PEF) in the United States will collect information to assess poliovirus essential facility's wastewater system, the primary safeguards to reduce and control the release of poliovirus from the facility. In addition, it will verify the safeguards of local wastewater utilities that receive wastewater from the PEF.

The Appeals and Complaints form is a new form that will be made available by the U.S. NAC of Poliovirus and will allow facilities or persons to appeal or forward complaints based on services provided. This form can be used to appeal or initiate complaints with regards to specific survey outreach that had been conducted or decisions rendered by the audit team after an audit.

OMB approval is sought for three years. The annualized estimated time burden for this information collection is 129 hours. There is no cost 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)
Facility Staff/Leadership	Facility Incident Reporting Form for Poliovirus Release or Potential Exposure.	10	1	45/60	8
Facility Staff/Leadership	Facility Incident Reporting Form for Poliovirus Theft or Loss.	10	1	45/60	8
Facility Staff/Leadership	Personal Protective Equipment Survey for Laboratories.	20	1	1.5	30
Facility Staff/Leadership	GAP Poliovirus Containment Poliovirus-Essential Facility Questionnaire.	20	1	1.5	30
Facility Staff/Leadership	GAP Facility Assessment Checklist	20	1	1	20
Facility Staff/Leadership	The Poliovirus Containment Sampling Plan and Sanitation Assessment Form for Wastewater (WW) Systems Supporting a Poliovirus-Essential Facility (PEF) in the United States.	20	1	1.5	30
Facility Staff/Leadership	U.S. National Authority of Containment of Poliovirus ''Appeals and Complaints Form''.	10	1	15/60	3
Total					129

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. 2024–25557 Filed 11–1–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25–0666]

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 Healthcare Safety Network'' 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 April 23, 2024 to obtain comments from the public and affected agencies. CDC received two 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 Healthcare Safety Network (NHSN) (OMB Control No. 0920–0666, Exp. 06/30/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) collects data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control Number 0920–0666. NHSN provides facilities, health departments, states, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs) nationwide. NHSN also allows healthcare facilities to track blood safety errors and various HAI prevention practice methods such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates.

The proposed changes in this new ICR includes revisions made to 74 approved NHSN data collection tools and 10 new forms, for a total of 84 forms in this package. CDC requests OMB approval for an estimated 4,398,109 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (min./hour 60)
1	57.100 NHSN Registration Form	2,000	1	5/60
2	57.101 Facility Contact Information	2,000	1	10/60
3	57.102 NHSN Help Desk Customer Satisfaction Survey	26,400	1	2/60
4	57.103 Patient Safety Component—Annual Hospital Survey	5,400	1	137/60
5	57.104 NHSN Facility Administrator Change Request Form	800	1	5/60
6	57.105 Group Contact Information	1,000	1	5/60
7	57.106 Patient Safety Monthly Reporting Plan	7,821	12	15/60
8	57.108 Primary Bloodstream Infection (BSI)	6,000	12	42/60
9	57.111 Pneumonia (PNEU)	1,800	2	34/60
10	57.112 Ventilator-Associated Event (VAE)	5,463	8	32/60
11	57.113 Pediatric Ventilator-Associated Event (PedVAE)	334	1	34/60
12	57.114 Urinary Tract Infection (UTI)	6,000	12	24/60
13	57.115 Custom Event	600	91	39/60
14	57.116 Denominators for Neonatal Intensive Care Unit (NICU)	1,100	12	240/60
15	57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC)	500	12	300/60
16	57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	5,500	60	300/60
17	57.120 Surgical Site Infection (SSI)	3,800	12	14/60
18	57.121 Denominator for Procedure	3,800	12	14/60
19	57.122 HAI Progress Report State Health Department Survey	55	1	50/60
20	57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables—Initial Set-up.	2,200	1	4,800/60
	57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables—Yearly Maintenance.	3,300	2	120/60
	57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables—Monthly.	5,500	12	5/60
21	57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables—Initial Set-up.	1,500	1	2,400/60
	57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables—Yearly Maintenance.	4,000	1	120/60
	57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables—Monthly.	5,500	12	5/60
22	57.125 Central Line Insertion Practices Adherence Monitoring	500	213	26/60
23	57.126 MDRO or CDI Infection Form	720	12	34/60
24	57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	5,500	29	15/60
25	57.128 Laboratory-identified MDRO or CDI Event	4,800	12	24/60
26	57.129 Adult Sepsis	50	12	28/60
27	57.130 Pathogens of High Consequence	3,650	365	30/60
28	57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT–CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Initial Set up.	5,500	1	1,620/60
	57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT–CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Yearly Maintenance.	5,500	1	1,200/60
	57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT–CDI, VTE, Adult Sepsis, RPS, NVAP)-Infection Preventionist.	5,500	4	10/60
	57.132 Patient Safety Digital Reporting Plan (RPS CSV)	5,500	365	2/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (min./hour 60)
29	57.133 Patient Safety Attestation	3,500	1	10/60
30	57.137 Long-Term Care Facility Component—Annual Facility Survey	6,270	1	135/60
31	57.138 Laboratory-identified MDRO or CDI Event for LTCF	286	24	23/60
32	57.139 MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	738	12	10/60
33	57.140 Urinary Tract Infection (UTI) for LTCF	373	24	38/60
34	57.141 Monthly Reporting Plan for LTCF	546	12	5/60
35	57.142 Denominators for LTCF Locations	724	12	35/60
36	57.143 Prevention Process Measures Monthly Monitoring for LTCF	434	12	5/60
37	57.145 Long Term Care Antimicrobial Use (LTC–AU) Module CDA	16,500	12	5/60
38	57.150 LTAC Annual Survey	395	1	102/60
39	57.151 Rehab Annual Survey	395	1	102/60
40	57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities-Manual.	117	12	25/60
	57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities-.CSV.	3,080	12	20/60
41	57.214 Annual Healthcare Personnel Influenza Vaccination Summary-Manual	22,000	1	120/60
	57.214 Annual Healthcare Personnel Influenza Vaccination Summary-.CSV	1,920	1	55/60
42	57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel.	15,426	1	45/60
43	57.300 Hemovigilance Module Annual Survey	63	1	86/60
44	57.301 Hemovigilance Module Monthly Reporting Plan	108	12	1/60
45	57.302 Hemovigilance Module Monthly Incident Summary	9	12	30/60
46	57.303 Hemovigilance Module Monthly Reporting Denominators	102	12	70/60
47	57.305 Hemovigilance Incident	13	77	10/60
48	57.306 Hemovigilance Module Annual Survey—Non-acute care facility	20	1	35/60
49	57.307 Hemovigilance Adverse Reaction—Acute Hemolytic Transfusion Reaction	8	2	22/60
50	57.308 Hemovigilance Adverse Reaction—Allergic Transfusion Reaction	50	11	22/60
51	57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction.	9	2	20/60
52	57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction.	19	5	20/60
53	57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction.	85	13	20/60
54	57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction	23	3	20/60
55	57.313 Hemovigilance Adverse Reaction—Infection	2	2	20/60
56	57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura	1	1	20/60
57	57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea	18	3	20/60
58	57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease.	1	1	20/60
59	57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury	1	1	20/60
60	57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload.	40	4	21/60
61	57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction	15	3	20/60
62	57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction	39	3	20/60
63	57.400 Outpatient Procedure Component—Annual Ambulatory Surgery Center Survey.	350	1	10/60
64	57.401 Outpatient Procedure Component—Monthly Reporting Plan	350	12	10/60
65	57.402 Outpatient Procedure Component Same Day Outcome Measures	50	1	43/60
66	57.403 Outpatient Procedure Component—Denominators for Same Day Outcome Measures.	50	400	20/60
67	57.404 Outpatient Procedure Component—SSI Denominator	300	100	23/60
68	57.405 Outpatient Procedure Component—Surgical Site (SSI) Event	300	36	40/60
69	57.408 Monthly Survey Patient Days & Nurse Staffing	2,500	12	300/60
70	57.500 Outpatient Dialysis Center Practices Survey	6,900	1	150/60
71	57.501 Dialysis Monthly Reporting Plan	7,400	12	5/60
72	57.502 Dialysis Event	7,400	30	50/60
73	57.503 Denominator for Outpatient Dialysis	7,400	12	10/60
74	57.504 Prevention Process Measures Monthly Monitoring for Dialysis	1,730	12	60/60
75	57.507 Home Dialysis Center Practices Survey	550	1	65/60
76	57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-IT Initial Set up.	5,500	1	1,620/60
	57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-IT Yearly Maintenance.	5,500	1	1,200/60
	57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-Infection Preventionist.	5,500	6	6/60
	57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module CDA Data Collection-Infection Preventionist.	5,500	12	2/60
77	57.601 Late Onset Sepsis/Meningitis Denominator Form: Late Onset Sepsis/Meningitis Denominator Form: Data Table for monthly electronic upload.	300	6	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (min./hour 60)
78	57.602 Late Onset Sepsis/Meningitis Event Form: Data Table for Monthly Electronic Upload.	300	6	6/60
79	57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—IT Initial Set up.	5,500	1	1,620/60
	57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—IT Yearly Maintenance.	5,500	1	1,200/60
	57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—Infection Preventionist.	5,500	4	10/60
80	57.701 Glycemic Control Module-HYPO Annual Survey	10	1	180/60
81	57.800 Billing Code Data: 837I Upload	5,500	4	5/60
82	57.801 External Validation Summary Report	20	2	15/60
83	57.802 Bed Capacity-IT Initial Set Up	25	1	20/60
84	57.803 All Hazards	540	365	5/60

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. 2024–25552 Filed 11–1–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–25–25AU; Docket No. CDC–2024–0088]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Risk factors, clinical course, presence and persistence of virus in various bodily fluids, and risk of sexual transmission among U.S. adults with Oropouche virus (OROV) disease. This study will assist in the response to this emerging virus by; identifying risk factors for infection to inform prevention guidance and messaging, informing recognition, diagnosis, follow-up care, and counseling of patients with OROV disease, and understanding risks of sexual transmission to inform prevention recommendations, especially for pregnant people and their partners, or those considering pregnancy.

DATES: CDC must receive written comments on or before January 3, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0088 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

Risk factors, clinical course, presence and persistence of virus in various bodily fluids, and risk of sexual transmission among U.S. adults with Oropouche virus (OROV) disease—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).