work in health departments, community health centers, clinics, or community-based organizations.

The purpose of this data collection is to: (a) assess the awareness and use of the HIV self-testing and HIV testing guidelines by healthcare providers working in different health settings; (b) understand the barriers and facilitators to uptake of guidelines; and (c) inform CDC efforts to support guideline implementation through training, promotion, or technical assistance. The new HIV self-testing guideline and updated HIV testing guideline are yet to be published. This project is the first attempt to evaluate these guidelines and as such, no other Federal agency systematically collects this type of information from healthcare providers that supply HIV testing services. This data collection will allow DHP to understand how guidelines are being implemented in the early days of release and inform efforts including resource allocation for guideline development, translation, and implementation efforts.

CDC requests approval for a three-year information collection. Data are collected through surveys and virtual or phone interviews conducted with healthcare providers. There is no monetary compensation or incentives provided for participation in the interview or survey. These data may inform prevention program development and monitoring, resource allocation, and technical assistance needs at both the local and national levels. CDC estimates that this data collection will involve, 1100 surveys and 120 interviews in specific settings (community health centers, health departments, private clinics, public clinics, hospitals, and community-based organizations) over the course of three years. CDC requests OMB approval for an estimated 610 annual burden hours. Participation of respondents is voluntary and there is no cost to the 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)
Eligible Providers	Survey	1,100	1	30/60	550
Eligible Providers	Interview Questionnaire	120	1	30/60	60
Total					610

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Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–0666; Docket No. CDC–2024–0030]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Healthcare Safety Network (NHSN). NHSN provides facilities, 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.

DATES: CDC must receive written comments on or before June 24, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0030 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

National Healthcare Safety Network (NHSN) (OMB Control No. 0920–0666, Exp. 12/31/2026)—Revision—National Center for Emerging and Zoonotic Infection 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, 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 allows healthcare facilities to track blood safety errors and various healthcare-associated infection prevention practice methods such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates. NHSN currently has eight components: Patient Safety (PS), Healthcare Personnel Safety (HPS), Biovigilance (BV), Long-Term Care Facility (LTCF), Outpatient Procedure (OPC), Dialysis, Neonatal, and Medication Safety Component.

Data reported under the Patient Safety Component are used to determine the magnitude of the healthcare-associated adverse events and trends in the rates of the events, in the distribution of pathogens, and in the adherence to prevention practices. Data will help detect changes in the epidemiology of adverse events resulting from new medical therapies and changing patient risks. Additionally, reported data is being used to describe the epidemiology of antimicrobial use and resistance and to better understand the relationship of antimicrobial therapy to this rising problem. Under the Healthcare Personnel Safety Component, protocols and data on events—both positive and adverse—are used to determine: (1) the magnitude of adverse events in healthcare personnel; and (2) compliance with immunization and sharps injuries safety guidelines. Under the Biovigilance Component, data on adverse reactions and incidents associated with blood transfusions are reported and analyzed to provide national estimates of adverse reactions and incidents. Under the Long-Term Care Facility Component, data is captured from skilled nursing facilities. Reporting methods under the LTCF component have been created by using forms from the PS Component as a model with modifications to specifically address the specific characteristics of LTCF residents and the unique data needs of these facilities reporting into NHSN. The Respiratory Tract Infection Form (RTI)—will not to be used by NHSN users, but as part of an EIP project with four EIP sites. The Form is titled Denominators for Healthcare Associated Infections (HAIs): Respiratory Tract Infections. The purpose of this form is to allow testing prior to introducing a new module and forms to NHSN users. The CDC's Epidemiology Research & Innovations Branch (ERIB) team will use the form to perform field testing of variables to explore the utilization, applicability, and data collection burden associated with these variables. This process will inform areas of improvement prior to incorporating the new module, including protocol, forms, and instructions into NHSN. The Dialysis Component offers a simplified user interface for dialysis users to streamline their data entry and analysis processes as well as provide options for expanding in the future to include dialysis surveillance in settings other than outpatient facilities. The Outpatient Procedure Component (OPC) gathers data on the impact of infections and outcomes related to operative procedures performed in Ambulatory Surgery Centers (ASCs). The OPC is used to monitor two event types: Same Day Outcome Measures and Surgical Site Infections (SSIs). The Neonatal Component focuses on premature neonates and the healthcare associated events that occur because of their prematurity. This component currently has one module, which includes Late Onset-Sepsis and Meningitis. The Medication Safety Component tracks medication safety and adverse drug events that are among the most common causes of iatrogenic harm in U.S. hospitals.

NHSN has increasingly served as the operating system for HAI reporting compliance through legislation established by the States. As of July 2023, 37 States, the District of Columbia and the City of Philadelphia, Pennsylvania have opted to use NHSN as their primary system for mandated reporting. Reporting compliance is completed by healthcare facilities in their respective jurisdictions, with emphasis on those States and municipalities acquiring varying consequences for failure to use NHSN. Additionally, healthcare facilities in five U.S. territories (Puerto Rico, American Samoa, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands) are voluntarily reporting to NHSN. Additional territories are projected to follow with similar use of NHSN for reporting purposes. NHSN's data is used to aid in the tracking of HAIs and guide infection prevention activities/practices that protect patients. The Centers for Medicare and Medicaid Services (CMS) and other payers use these data to determine incentives for performance at healthcare facilities across the U.S. and surrounding territories, and members of the public may use some protected data to inform their selection among available providers. Each of these parties is dependent on the completeness and accuracy of the data. CDC and CMS work closely and are fully committed to ensuring complete and accurate reporting, which are critical for protecting patients and guiding national, State, and local prevention priorities. CMS collects some HAI data and healthcare personnel influenza vaccination summary data, which is done on a voluntary basis as part of its Fee-for-Service Medicare quality reporting programs, while others may report data required by a Federal mandate. Facilities that fail to report quality measure data are subject to partial payment reduction in the applicable Medicare Fee-for-Service payment system. CMS links their quality reporting to payment for Medicare-eligible acute care hospitals, inpatient rehabilitation facilities, long-term acute care facilities, oncology hospitals, inpatient psychiatric facilities, dialysis facilities, and ambulatory surgery centers. Facilities report HAI data and healthcare personnel influenza vaccination summary data to CMS via NHSN as part of CMS's quality reporting programs to receive full payment. Still, many healthcare facilities, even in States without HAI reporting legislation, submit limited HAI data to NHSN voluntarily. NHSN's data collection updates continue to support the incentive programs managed by CMS. For example, survey questions support requirements for CMS' quality reporting programs. Additionally, CDC has collaborated with CMS on a voluntary

National Nursing Home Quality Collaborative, which focuses on recruiting nursing homes to report HAI data to NHSN and to retain their continued participation.

The ICR was previously approved in March 2024 for 2,433,165 burden hours. The proposed changes in this new ICR include revisions to 80 existing data collection forms and three new forms. In this Revision, CDC requests OMB approval for an estimated annual burden 3,635,534 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form number & name	Number of respondents	Number of responses per respondent	Avg. burden per response (min./hour 60)	Total burden (hours)
57.100 NHSN Registration Form	2,000	1	5/60	167
57.101 Facility Contact Information	2,000	1	10/60	333
57.103 Patient Safety Component—Annual Hospital Survey	5,400	1	137/60	12,330
57.104 NHSN Facility Administrator Change Request Form	800	1	5/60	67
57.105 Group Contact Information	1,000	1	5/60	83
57.106 Patient Safety Monthly Reporting Plan	7,821	12	15/60	23,463
57.108 Primary Bloodstream Infection (BSI)	6,000	12	30/60	36,000
57.111 Pneumonia (PNEU)	1,800	2	29/60	1,740
57.112 Ventilator-Associated Event (VAE)	5,463	8	28/60	20,395
57.113 Pediatric Ventilator-Associated Event (PedVAE)	334	1	31/60	173
57.114 Urinary Tract Infection (UTI)	6,000	12	20/60	24,000
57.115 Custom Event	600	91	35/60	31,850
57.116 Denominators for Neonatal Intensive Care Unit (NICU)	1,100	12	240/60	52,800
57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC)	500	12	300/60	30,000
57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	5,500	60	300/60	1,650,000
57.120 Surgical Site Infection (SSI)	3,800	12	11/60	8,360
57.121 Denominator for Procedure	3,800	12	11/60	8,360
57.122 HAI Progress Report State Health Department Survey	55	1	50/60	46
57.123 Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables	5,500	12	5/60	5,500
57.124 Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables	5,500	12	5/60	5,500
57.125 Central Line Insertion Practices Adherence Monitoring	500	213	26/60	46,150
57.126 MDRO or CDI Infection Form	720	12	30/60	4,320
57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	5,500	29	15/60	39,875
57.128 Laboratory-identified MDRO or CDI Event	4,800	12	20/60	19,200
57.129 Adult Sepsis	50	12	25/60	250
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	148,500
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	110,000
57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT–CDI, VTE, Adult Sepsis, RPS, NVAP)—Infection Preventionist	5,500	4	10/60	3,667
57.132 Patient Safety Digital Reporting Plan (RPS CSV)	5,500	365	2/60	66,917
57.137 Long-Term Care Facility Component—Annual Facility Survey	6,270	1	128/60	13,376
57.138 Laboratory-identified MDRO or CDI Event for LTCF	286	24	20/60	2,288
57.139 MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF	738	12	10/60	1,476
57.140 Urinary Tract Infection (UTI) for LTCF	373	24	35/60	5,222
57.141 Monthly Reporting Plan for LTCF	546	12	5/60	546
57.142 Denominators for LTCF Locations	724	12	35/60	5,068
57.143 Prevention Process Measures Monthly Monitoring for LTCF	434	12	5/60	434
57.144 Resident Respiratory Pathogens Even Form	16,500	24	25/60	165,000
57.145 Long Term Care Antimicrobial Use (LTC–AU) Module CDA	16,500	12	5/60	16,500
57.150 LTAC Annual Survey	395	1	102/60	672
57.151 Rehab Annual Survey	395	1	102/60	672
57.204 Healthcare Worker Demographic Data	50	200	20/60	3,333
57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities	8,000	8	60/60	64,000
57.214 Annual Healthcare Personnel Influenza Vaccination Summary	22,000	1	120/60	44,000
57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel	15,426	1	45/60	11,570
57.300 Hemovigilance Module Annual Survey	63	1	85/60	89
57.301 Hemovigilance Module Monthly Reporting Plan	108	12	1/60	22
57.302 Hemovigilance Module Monthly Incident Summary	9	12	30/60	54
57.303 Hemovigilance Module Monthly Reporting Denominators	102	12	70/60	1,428
57.305 Hemovigilance Incident	13	77	10/60	167
57.306 Hemovigilance Module Annual Survey—Non-acute care facility	20	1	35/60	12
57.307 Hemovigilance Adverse Reaction—Acute Hemolytic Transfusion Reaction	8	2	20/60	5
57.308 Hemovigilance Adverse Reaction—Allergic Transfusion Reaction	50	11	20/60	183

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form number & name	Number of respondents	Number of responses per respondent	Avg. burden per response (min./hour 60)	Total burden (hours)
57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction	9	2	20/60	6
57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction	19	5	20/60	32
57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction	85	13	20/60	368
57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction	23	3	20/60	23
57.313 Hemovigilance Adverse Reaction—Infection	2	2	20/60	1
57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura	1	1	20/60	0.33
57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea	18	3	20/60	18
57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease	1	1	20/60	0.33
57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury	1	1	20/60	0.33
57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload	40	4	21/60	56
57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction	15	3	20/60	15
57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction	39	3	20/60	39
57.400 Outpatient Procedure Component — Annual Ambulatory Surgery Center Survey	350	1	10/60	58
57.401 Outpatient Procedure Component—Monthly Reporting Plan	350	12	10/60	700
57.402 Outpatient Procedure Component Same Day Outcome Measures	50	1	40/60	33
57.403 Outpatient Procedure Component—Denominators for Same Day Outcome Measures	50	400	20/60	6,667
57.404 Outpatient Procedure Component—SSI Denominator	300	100	20/60	10,000
57.405 Outpatient Procedure Component—Surgical Site (SSI) Event	300	36	40/60	7,200
57.408 Monthly Survey Patient Days & Nurse Staffing	2,500	12	300/60	150,000
57.500 Outpatient Dialysis Center Practices Survey	6,900	1	150/60	17,250
57.501 Dialysis Monthly Reporting Plan	7,400	12	5/60	7,400
57.502 Dialysis Event	7,400	30	50/60	185,000
57.503 Denominator for Outpatient Dialysis	7,400	12	10/60	14,800
57.504 Prevention Process Measures Monthly Monitoring for Dialysis	1,730	12	60/60	20,760
57.507 Home Dialysis Center Practices Survey	550	1	65/60	596
57.600 Neonatal Component FHIR Measure—Late Onset Sepsis Meningitis (LOSMEN) Module—IT Initial Set up	5,500	1	1620/60	148,500
57.600 Neonatal Component FHIR Measure—Late Onset Sepsis Meningitis (LOSMEN) Module—IT Yearly Maintenance	5,500	1	1,200/60	110,000
57.600 Neonatal Component FHIR Measure—Late Onset Sepsis Meningitis (LOSMEN) Module—Infection Preventionist	5,500	6	6/60	3,300
57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module CDA Data Collection—Infection Preventionist	5,500	12	2/60	2,200
57.601 Late Onset Sepsis/Meningitis Denominator Form: Late Onset Sepsis/Meningitis Denominator Form: Data Table for monthly electronic upload	300	6	5/60	150
57.602 Late Onset Sepsis/Meningitis Event Form: Data Table for Monthly Electronic Upload	300	6	6/60	180
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—IT Initial Set up	5,500	1	1,620/60	148,500
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—IT Yearly Maintenance	5,500	1	1,200/60	110,000
57.700 Medication Safety—Digital Measure Reporting Plan (HYPO, HAKI, ORAE)—Infection Preventionist	5,500	4	10/60	3,667
57.701 Glycemic Control Module—HYPO Annual Survey	10	1	120/60	20
Billing Code Data: 837I Upload	5,500	4	5/60	1,833
Total	.....	.....	.....	3,635,534

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