

**National HIV Behavioral Surveillance System (NHBS)**

Attachment 2a

60 Day Federal Register Comments

**National HIV Behavioral Surveillance System (NHBS) (OMB Control No. 0920-0770, Exp. 4/30/2026) Extension—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC)**

**Federal Register Vol. 90, No. 223, November 21, 2025**

**Public Comments**

**Name:** Sara Glick

**Submitter Email:** NOT PROVIDED

**Submitter Address:** NOT PROVIDED

**Date Submitted:** 12/2/2025

**Comment ID:** CDC-2025-0753-0002

**Full Comment:**

NHBS is an invaluable component of our HIV prevention work in Seattle, WA. Our health department uses this data to inform what HIV prevention services are needed in our community and how to best deliver these services. The data NHBS provides on HIV prevalence in key populations cannot be replicated in any other data source. Moreover, the partnerships that the NHBS team builds with the communities included in NHBS strengthen our health department's ability to do work even beyond HIV prevention, including overdose prevention and HCV care and treatment.

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**Name:** Simeon Kimmel

**Submitter Email:** NOT PROVIDED

**Submitter Address:** NOT PROVIDED

**Date Submitted:** 12/3/2025

**Comment ID:** CDC-2025-0753-0003

**Full Comment:**

I am an Infectious Diseases and Addiction Medicine physician and researcher. NHBS provides data on populations at risk for HIV not systematically available in any other way. This resource is essential for public health agencies and clinical programs to plan and for researchers to investigate ways to prevent and improve care.

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**Name:** Alysse Wurcel

**Submitter Email:** NOT PROVIDED

**Submitter Address:** NOT PROVIDED

**Date Submitted:** 12/3/2025

**Comment ID:** CDC-2025-0753-0004

**Full Comment:**

The National HIV Behavioral Surveillance System is a high yield public health investment. The people who are reached by this survey process are invisible in other studies. The lessons learned from this study support innovations to end the HIV epidemic.

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**Name:** Satyadhar Joshi

**Submitter Email:** satyadhar.joshi@gmail.com

**Submitter Address:** NOT PROVIDED

**Date Submitted:** 1/3/2026

**Comment ID:** CDC-2025-0753-0005

**Full Comment:**

I am writing to submit comprehensive technical recommendations for the modernization of the National HIV Behavioral Surveillance System (NHBS) in response to Docket No. CDC-2025-0753. As an independent researcher specializing in artificial intelligence applications in healthcare and public policy, I have developed a detailed framework that addresses all five evaluation criteria specified by the Office of Management and Budget.

This submission includes:

A technical paper proposing an integrated Generative AI and agentic systems framework for NHBS enhancement across 21 Metropolitan Statistical Areas

Evidence-based recommendations drawn from recent peer-reviewed research in AI-assisted surveying, adaptive interviewing systems, and human-AI hybrid frameworks

Implementation pathways aligned with the proposed three-year NHBS cycle, addressing ethical considerations, validation requirements, and quality assurance protocols

**Key Contributions:**

**Burden Reduction:** Projected 35-38% reduction in respondent burden (from 3,398 to approximately 2,100-2,300 annual hours)

**Enhanced Data Quality:** Real-time validation, cross-cultural adaptation, and automated consistency checking

**Cost-Benefit Analysis:** Detailed financial projections showing potential savings through AI integration

**Ethical Safeguards:** Comprehensive privacy, bias mitigation, and human oversight protocols

**Implementation Framework:** Phased three-year deployment with validation at each stage

My recommendations are grounded in recent research published in peer-reviewed journals including JMIR AI, NPJ Digital Medicine, Frontiers in Digital Health, and Machine Learning and Knowledge Extraction, as well as established AI validation literature.

I believe these evidence-based recommendations can transform NHBS from a periodic cross-sectional survey into a dynamic, real-time surveillance tool while significantly reducing respondent burden and enhancing public health utility.

Thank you for considering this submission. I am available to provide additional information or clarification if needed.

Enclosures: Technical Paper: "Advancing U.S. Public Health Surveillance: Leveraging Generative AI and Agentic Systems for the National HIV Behavioral Surveillance Program"

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**Name:** Shelley Facente

**Submitter Email:** NOT PROVIDED

**Submitter Address:** NOT PROVIDED

**Date Submitted:** 1/14/2026

**Comment ID:** CDC-2025-0753-0006

**Full Comment:**

I am an infectious disease epidemiologist, and NHBS has been an absolutely critical resource to understanding not only the ongoing HIV epidemic but also hepatitis C in the city of San Francisco (and also San Diego, where I have also supported some data analysis). Our health department and community groups (such as Getting to Zero and End Hep C SF) use these data on a regular basis to inform what HIV and HCV prevention services are needed in our community, and how to best deliver these services. There is no comparable data source for this information on the key populations studied within NHBS, and without that ongoing survey we will be substantially less able to use resources in the most efficient and effective way to address HIV and HCV. Please ensure that this survey continues in the way it has been implemented for many important years!

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**Name:** Washington Department of Health

**Submitter Email:** [Michael.Ellsworth@doh.wa.gov](mailto:Michael.Ellsworth@doh.wa.gov), [Rose.Minor@gov.wa.gov](mailto:Rose.Minor@gov.wa.gov)

**Submitter Address:** 101 Israel Road S.E Olympia, Washington 98501

**Date Submitted:** 1/16/2026

**Comment ID:** CDC-2025-0753-0007

**Full Comment:**

The Washington State Department of Health (DOH) appreciates the opportunity to comment on the proposed continuation of data collection for the National HIV Behavioral Surveillance System (NHBS). DOH strongly supports the continued federal investment in and implementation of NHBS and urges the Centers for Disease Control and Prevention (CDC) to maintain this critical surveillance system.

NHBS is a cornerstone of HIV surveillance in Washington state and nationally. It is one of the only systematic data sources that provides detailed information on HIV risk behaviors, service engagement, and social determinants of health among populations disproportionately affected by HIV, including men who have sex with men, people who inject drugs, and transgender women. These populations are not adequately represented in population-based surveys, yet they are essential to understanding the evolving dynamics of the HIV epidemic and related syndemic conditions.

In Washington state, NHBS data are critical for guiding evidence-based public health action. The data inform resource allocation decisions, support the design and tailoring of HIV prevention and harm reduction programs, enable the identification of disparities, and allow for evaluation of progress toward state and federal HIV prevention goals. NHBS also represents a successful and longstanding partnership between

federal, state, and local public health agencies. Washington state has participated in NHBS since 2003 and receives CDC funding to administer the program, with Public Health Seattle & King County conducting local implementation.

Ending or reducing federal funding for NHBS would effectively eliminate this surveillance system in Washington state and likely across the nation. Such an outcome would result in the loss of more than two decades of investment in infrastructure, workforce capacity, and community partnerships. It would also undermine the ability to conduct longitudinal analyses that are only possible through continuous data collection. Most importantly, it would leave HIV prevention and disease control programs without the timely, population-specific data necessary to respond to emerging trends and persistent inequities.

Washington state values the sustained federal commitment to NHBS and the role it plays in advancing data-driven public health practice. We strongly urge CDC to continue supporting NHBS to ensure states and local jurisdictions have the information needed to protect public health and reduce the burden of HIV among communities most affected.

Thank you for the opportunity to comment and for your continued partnership in advancing HIV surveillance and prevention. If you have any questions, please contact Mike Ellsworth at [Michael.Ellsworth@doh.wa.gov](mailto:Michael.Ellsworth@doh.wa.gov) or the Director, Federal and Interstate Affairs for Governor Ferguson's Washington, D.C. office Rose Minor at [Rose.Minor@gov.wa.gov](mailto:Rose.Minor@gov.wa.gov).

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**Name:** Jeannie Kunz

**Submitter Email:** NOT PROVIDED

**Submitter Address:** NOT PROVIDED

**Date Submitted:** 1/18/2026

**Comment ID:** CDC-2025-0753-0008

**Full Comment:**

Please continue with this survey. It supports our community members and local physicians.

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**Name:** NASTAD

**Submitter Email:** [slee@NASTAD.org](mailto:slee@NASTAD.org)

**Submitter Address:** 444 North Capitol Street NW, Suite 339 Washington, DC 20001

**Date Submitted:** 1/19/2026

**Comment ID:** CDC-2025-0753-0009

**Full Comment:**

On behalf of NASTAD, a nonpartisan, nonprofit association that represents governmental public health officials who administer HIV and hepatitis programs in the U.S., I am writing in strong support of the National HIV Behavioral Surveillance System (NHBS) and the continued need for sustained federal investment in timely, comprehensive, secure, and high-quality HIV behavioral surveillance data.

Our members rely on NHBS as a cornerstone of the nation's HIV response. NHBS remains the only nationally representative, standardized system designed to collect critical behavioral and prevention-related data among populations disproportionately affected by HIV, including gay, bisexual, and other men who have sex with men; people who inject drugs; and heterosexuals vulnerable to HIV. These data provide essential

context that case surveillance alone cannot capture, including information regarding access to prevention services, testing behaviors, social determinants of health, and barriers to care.

NASTAD supports continued investment in modernizing NHBS to ensure the system remains adaptive, efficient, and secure. Modernized data collection and management systems improve data quality and timeliness, enhance analytical capacity, and strengthen health departments' ability to respond rapidly to emerging HIV outbreaks. Improvements in system interoperability and standardized processes also promote coordination across jurisdictions and support more efficient use of limited public health resources.

Timely behavioral surveillance data are critical to identifying concerning trends and informing prevention and care strategies. Delays or gaps in NHBS data collection weaken situational awareness and limit the ability of health departments and their partners to deploy evidencebased interventions, adjust prevention strategies, and communicate effectively with neighboring jurisdictions and federal partners. Near-real-time access to high-quality behavioral data allows for earlier intervention, reduces the likelihood of broader transmission, and mitigates long-term public health and financial impacts.

Health departments have made significant investments in building and sustaining a skilled surveillance workforce capable of implementing NHBS. Continued federal support for staffing, training, and technical assistance is essential to maintaining data integrity, completeness, and consistency across jurisdictions. Importantly, no amount of local innovation can replace a federally led, standardized, and nationally representative behavioral surveillance system. Health departments cannot fill gaps created by uneven or diminished national data collection, and fragmented approaches undermine national situational awareness and federal oversight. A unified federal approach is essential to identifying emerging threats early and coordinating effective responses.

NHBS data inform a wide range of public health activities at the federal, state, and local levels. Health departments and community-based partners rely on NHBS findings to design and evaluate HIV prevention strategies, tailor outreach and education efforts, and address barriers to HIV testing, pre-exposure prophylaxis (PrEP), and care. A robust national sample is necessary to ensure equitable resource distribution and accurately assess progress toward federal HIV goals. Reliable behavioral data ensure that agencies direct limited federal dollars to where they can achieve the greatest impact.

Additionally, the importance of protecting participant confidentiality and maintaining trust with communities disproportionately impacted by HIV is essential. NHBS relies on voluntary participation and individuals' willingness to share sensitive information. Strong data protections, clear privacy safeguards, and transparent communication about data use are essential to sustaining participation and ensuring data quality. Any changes to NHBS data collection methods or systems must prioritize confidentiality and minimize the risk of misuse or re-identification. As a final point, we support efforts to enhance efficiency within NHBS to reduce administrative burden on health departments while preserving data quality and utility. Streamlining data collection processes, strengthening interoperability with other public health data systems, and providing clear and consistent guidance can help jurisdictions focus limited capacity on public health action rather than duplicative administrative tasks. Reducing unnecessary burden while maintaining rigorous standards aligns with the goals of the Paperwork Reduction Act and strengthens the overall effectiveness of NHBS.

We commend the Centers for Disease Control and Prevention for its leadership in supporting NHBS and for its continued engagement with state and local partners. Ongoing collaboration and sustained investment in

modernization, workforce capacity, data protections, timeliness, and efficiency are critical to ensuring that NHBS remains a foundational component of the nation's HIV prevention and surveillance infrastructure.

If you have any questions regarding these comments, please do not hesitate to contact me at [slee@NASTAD.org](mailto:slee@NASTAD.org).

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**Name:** HIV/AIDS Prevention Action Coalition

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**Submitter Address:** NOT PROVIDED

**Date Submitted:** 1/20/2026

**Comment ID:** CDC-2025-0753-0010

**Full Comment:**

On behalf of the HIV Prevention Action Coalition (HPAC), a workgroup of the Federal AIDS Policy Partnership, and the undersigned organizations, we submit these comments in strong support of the National HIV Behavioral Surveillance System (NHBS) and the continued need for sustained federal investment in timely, comprehensive, secure, and high-quality HIV behavioral surveillance data.

NHBS is a cornerstone of the nation's HIV response. It remains the only nationally representative, standardized system designed to collect critical behavioral and prevention-related data among populations disproportionately affected by HIV, including gay, bisexual, and other men who have sex with men; people who inject drugs; and heterosexuals vulnerable to HIV transmission across the lifespan. These data provide essential context that case surveillance alone cannot capture, including information on access to prevention services, testing behaviors, social determinants of health, and barriers to care.

We support continued investment in modernizing NHBS to ensure the system remains adaptive, efficient, and secure. Modernized data collection and management systems improve data quality and timeliness, enhance analytic capacity, and strengthen the ability of health departments to respond rapidly to emerging HIV outbreaks. Improvements in system interoperability and standardized processes also promote coordination across jurisdictions, supporting a more efficient use of limited public health resources.

Timely behavioral surveillance data are critical to identifying concerning trends and informing prevention and care strategies. Delays or gaps in NHBS data collection weaken situational awareness and limit the ability of health departments and community partners to deploy evidence-based interventions, adjust prevention strategies, and communicate effectively with neighboring jurisdictions and federal partners. Near-real-time access to high-quality behavioral data allows for earlier intervention, reduces the likelihood of broader transmission, and mitigates long-term public health and financial impacts.

Health departments have made significant investments in building and sustaining a skilled surveillance workforce capable of implementing NHBS with rigor. Continued federal support for staffing, training, and technical assistance is essential to maintaining data integrity, completeness, and consistency across jurisdictions. Importantly, no amount of local innovation can replace a federally led, standardized, and nationally representative behavioral surveillance system. Health departments cannot fill gaps created by uneven or diminished national data collection, and fragmented approaches undermine national situational awareness and federal oversight. A unified federal approach is essential to identifying emerging threats early and coordinating effective responses.

NHBS data inform a wide range of public health activities at the federal, state, and local levels. Health departments and community-based organizations rely on NHBS findings to design and evaluate HIV prevention strategies, tailor outreach and education efforts, and address barriers to testing, pre-exposure prophylaxis (PrEP), and care. A robust national sample is necessary to ensure equitable resource distribution and accurately assess progress toward federal HIV goals. Reliable behavioral data help ensure that limited federal dollars are directed where they can have the greatest impact. NHBS data ensure we are good stewards of taxpayer funding and deliver a strong return on investment.

HPAC acknowledges the limited NHBS-Trans activities conducted in select project areas and emphasizes the importance of preserving and expanding opportunities for jurisdictions to collect meaningful data among transgender people—particularly transgender people of color—whose needs are often underrepresented in national data systems.

We also emphasize the importance of protecting participant confidentiality and maintaining trust with communities disproportionately impacted by HIV. NHBS relies on voluntary participation and individuals' willingness to share sensitive information. Strong data protections, clear privacy safeguards, and transparent communication about data use are crucial for sustaining participation and maintaining data quality. Any changes to data collection methods or systems must prioritize confidentiality and minimize the risk of misuse or re-identification. In addition, we support efforts to enhance efficiency within NHBS, reducing the administrative burden on health departments while preserving data quality and utility. Streamlining data collection processes, improving interoperability with other public health data systems, and providing clear, consistent guidance can help jurisdictions allocate their limited capacity to public health actions rather than duplicative administrative tasks. Reducing unnecessary burden while maintaining rigorous standards aligns with the goals of the Paperwork Reduction Act and strengthens the overall effectiveness of the system.

We commend the Centers for Disease Control and Prevention for its leadership in supporting NHBS and for its continued engagement with state and local partners. Ongoing collaboration and sustained investment in modernization, workforce capacity, data protection, timeliness, and efficiency are critical to ensuring that NHBS remains a foundational component of the nation's HIV prevention and surveillance infrastructure.

If you have any questions regarding these comments, please do not hesitate to contact the HPAC co-chairs: Kevin Herwig ([kherwig@hivhep.org](mailto:kherwig@hivhep.org)), Mike Weir ([mweir@NASTAD.org](mailto:mweir@NASTAD.org)), and Nick Armstrong ([narmstrong@tmail.org](mailto:narmstrong@tmail.org)).

Endorsements: AIDS Action Baltimore AIDS Foundation Chicago Association of Nurses in AIDS Care Equality California Equitas Health Georgia AIDS Coalition HIV+Hepatitis Policy Institute HIV Medicine Association International Association of Providers of AIDS Care NASTAD National Alliance for HIV Education and Workforce Development National HIV Aging Advocacy Network (NHAAN) NC AIDS Action Network NMAC PrEP4All SAGE San Francisco AIDS Foundation The AIDS Institute Transcanwork Treatment Action Group (TAG)

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**Date Submitted:** 1/20/2026

**Comment ID:** CDC-2025-0753-0011

**Full Comment:**

Public Health – Seattle & King County (PHSKC) appreciates the opportunity to comment on the proposed continuation of data collection for the National HIV Behavioral Surveillance System (NHBS). PHSKC strongly supports the continued federal investment in and implementation of NHBS and urges the Centers for Disease Control and Prevention (CDC) to maintain this critical and unique surveillance system.

Public Health Seattle & King County has participated in NHBS since 2005 and conducts local implementation of the survey on behalf of Washington state. NHBS data complement HIV case surveillance data by providing estimates of important behavioral, clinical, social, and prevention indicators among several key populations most impacted by HIV. A key strength of NHBS data is the ability to estimate proportions of HIV-related behaviors and outcomes in these populations. Without a denominator, it is impossible to calculate the incidence or prevalence of these outcomes. Moreover, many of these populations experience high levels of stigma in healthcare settings, which can lead to systematic exclusion from, or misclassification by, traditional provider-based surveillance systems. Nationally, NHBS data have been used to identify gaps in HIV prevention and treatment utilization, underlying barriers to healthcare engagement, and co-morbidities. These data allow health departments to shift resources where they are needed to prevent ongoing community transmission.

Locally, NHBS data have been critical for guiding evidence-based public health action in Seattle and King County, as well as across Washington state (as noted in the letter submitted by Angi Miller from the Washington state Department of Health). Recent examples of how NHBS data have been used to inform activities at PHSKC include:

- Data on HIV pre-exposure prophylaxis (PrEP) uptake among priority populations, including men who have sex with men, transgender women and women who exchange sex, are included as key components of our county-wide estimates of PrEP use.
- Data collected on naloxone use has allowed PHSKC to evaluate naloxone distribution. These data show evidence of increased naloxone distribution concurrent with statewide policies to expand naloxone access.
- Data collected on substance use demonstrated increasing methamphetamine-opioid co-use, which has been critical to understand in the context of treatment for opioid use disorder.

Beyond the direct impacts of the unique data collected through NHBS, over the past two decades NHBS has provided dozens, if not hundreds, of individuals in the public health workforce in the Seattle area with formative experiences in building rapport with community members, following rigorous study protocols, gathering information in an affirming and nonjudgmental manner, and being visible and present to members of affected communities. The cumulative impact of this work extends well beyond each NHBS cycle, contributing to a stronger and more prepared local public health workforce.

We strongly urge CDC to continue supporting NHBS to ensure states and local jurisdictions, like King County, have the information needed to inform public health response and reduce the burden of HIV among communities most affected. We thank you for the opportunity to comment and for your continued partnership in advancing HIV surveillance and prevention. If you have any questions, please contact Jen Balkus, PhD, MPH, Senior Epidemiologist in our HIV/STI/HCV Program ([jbalkus@kingcounty.gov](mailto:jbalkus@kingcounty.gov)).