

**Quarantine Station Illness Response Forms:
Airline, Maritime, and Land/Border Crossing
(0920-0821 expires 9/30/2012)**

B. Collections of Information Employing Statistical Methods

No statistical methods are used in this data collection.

1. Respondent Universe and Sampling Methods

CDC requires certain signs and symptoms suggestive of communicable disease to be reported by air and sea conveyance operator before arriving in the United States (42 CFR 71.21) and on any flight traveling between states (42 CFR Part 70.4). Therefore, the respondent universe is composed any ill traveler who is reported by the airlines to CDC or the local public health authority. No sampling is performed as this data collection outlines a protocol for interviewing all travelers who are reported as ill aboard an air or sea conveyance or while crossing a land border.

2. Procedures for the Collection of Information

U.S. Quarantine Stations are located at 20 ports of entry and land-border crossings where international travelers arrive. The jurisdiction of each Station includes air, maritime, and/or land-border ports of entry (Attachment F). Quarantine Station staff work in partnership with international, federal, state, and local agencies and organizations to fulfill their mission to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations. This work is performed to prevent the introduction, transmission, and spread of communicable diseases from foreign countries into the United States or from one State or possession to another State or possession. When an illness suggestive of a communicable disease is reported, Quarantine Officers respond to carry out an onsite public health assessment and collect data from the individual. This response may occur jointly with port partners. The collection of comprehensive, pertinent public health information during these responses enables Quarantine Officers to make an accurate public health assessment and identify appropriate next steps. For this reason, Quarantine Station staff need to systematically interview ill travelers and collect relevant health and epidemiologic information.

When Quarantine Officers are present at the port of entry, they may often respond in person to conduct assessment of an ill traveler. However, there are many instances in which a Quarantine Officer may not be able to meet a conveyance or border crosser in person, including (but not limited to) the following: the conveyance arrives at a port of entry that does not have Quarantine Station on site; a maritime vessel is still out at sea when the report comes in; Quarantine Officers are already responding to another illness report; or the illness may be reported after hours and Quarantine Officers cannot arrive in time to meet the conveyance or border crosser without causing substantial delays to travel. If Quarantine Officers are unable to respond in-person, they provide phone consultation to port partners (e.g., Emergency Medical Services (EMS), CBP Officers, and maritime partners) on the scene, to determine the public health importance of the

illness. In both circumstances, an interview of the ill person(s) is required to conduct the public health assessment, whether in-person, by phone, or through a trained responder (in consultation with the Quarantine Officer).

3. Methods to Maximize Response Rates and Deal with No Response

DGMQ has developed illness response forms for the three different types of ports of entry – air, maritime, and land border. These forms include 1) the Air Travel Illness or Death Investigation Form, 2) the Maritime Illness Investigation or Death Report Form and 3) the Land Border Illness or Death Investigation Form (Attachments G, H, and I, respectively). All three forms collect pertinent demographic, clinical, and epidemiologic information on travelers suspected of being infected with a communicable disease, and who may be (or may have been) contagious during travel. The forms are also used by Quarantine Station staff to collect information for follow-up and tracking (surveillance) purposes. The differences between the forms reflect the unique public health risks associated with specific modes of travel and the response to illness to at each of the three types of ports.

It is not always necessary to obtain complete epidemiologic information from every ill traveler; therefore, a 2-tiered approach has been used in the development of these forms – Info Only and Response reports. When Quarantine Station staff respond to a situation that is not of public health interest (e.g., chronic skin condition, heart attack, etc.) only general information is collected. This information includes: contact information, date, and complaint. These non-public health-interest situations are referred to as Info Only responses.

Response reports require obtaining full epidemiologic information from the ill traveler. Quarantine Station staff will use the entire form to collect information and will follow up with the ill traveler.

This tiered approach to data collection during illness investigations will reduce the burden on the public by collecting only information appropriate for the situation.

4. Tests of Procedures or Methods to be Undertaken

CDC currently collects this data under a previously approved data collection. The electronic systems used for this data collection are continually updated and improved for quality of data collection and ease of use for both the public, industry and CDC program administrators

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Not Applicable