

**Airline and Traveler Information Collection: Domestic Manifests and the Passenger  
Locator Form  
(42 CFR Part 70 and 71)  
(OMB Control No. 0920-XXXX)  
Information collection ongoing without the use of a control number  
Submitted April 25, 2017**

**Contact:**

Lee Samuel  
Office of Policy and Planning  
National Center for Emerging and Zoonotic Infectious Diseases  
Centers for Disease Control and Prevention  
1600 Clifton Road, N.E., MS C12  
Atlanta, Georgia 30333  
Phone: (404) 718-1616  
Email: llj3@cdc.gov

## Contents

A. Justification.....	3
1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of Information Collection.....	5
3. Use of Improved Information Technology and Burden Reduction.....	9
4. Efforts to Identify Duplication and Use of Similar Information.....	9
5. Impact on Small Businesses or Other Small Entities.....	10
6. Consequences of Collecting the Information Less Frequently.....	10
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	10
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	10
9. Explanation of Any Payment or Gift to Respondents.....	11
10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.....	11
11. Institutional Review Board (IRB) and Justification for Sensitive Questions.....	11
IRB Approval.....	11
12. Estimates of Annualized Burden Hours and Costs.....	12
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers...	16
14. Annualized Cost to the Government.....	16
15. Explanation of Program Changes or Adjustments.....	18
16. Plans for Tabulation and Publication and Project Time Schedule.....	18
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	18
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	18
Attachments.....	19

**Airline and Traveler Information Collection: Domestic Manifests and the Passenger  
Locator Form  
(42 CFR Part 70 and 71)  
(OMB Control No. 0920-XXXX)**

- The goal of this information collection is to ensure that, consistent with the authorities in the Public Health Service Act and in Code of Federal Regulations (CFR), CDC can collect conveyance, passenger and crew member manifest information (aka manifests) and Passenger Locator Forms (PLF) in the event an individual with a confirmed or suspected case of a communicable disease is known to have traveled on an interstate flight while infectious or potentially infectious and presented a risk of spread to other passengers or crew. This information is collected so that CDC can initiate the process of contact tracing or provision of other public health follow up to prevent further disease spread.
- The intended use of the information is to enable CDC to provide contact information to state and local health departments, so they can contact travelers in a timely manner to provide them with a notification that they may have been exposed to a communicable disease and to provide follow-up health information and any recommended interventions. In limited circumstances CDC may contact travelers directly.
- There are no statistical sampling or research design methods being used. CDC makes a determination of whether or not to collect manifest information depending on the risk of communicable disease spread during and after travel.
- There is no subpopulation being studied. The universe of respondents is any airline aboard which an infectious or potentially infectious individual is confirmed to have traveled.

## **A. Justification**

### **1. Circumstances Making the Collection of Information Necessary**

This information collection concerns public health activities authorized under 42 CFR parts 70 and 71. These parts outline CDC's regulatory and public health mission, and allow CDC, under the authorities listed in 42 CFR, 70.10 and 71.20, to collect passenger and crew information from travelers and airlines when there has been a confirmed or suspected case of communicable disease aboard a domestic or international flight that puts other travelers at public health risk.

The rapid speed and tremendous volume of domestic, international and transcontinental travel, commerce, and human migration enable microbial threats to disperse worldwide in 24 hours - less time than the incubation period of most communicable diseases. These and other forces intrinsic to modern technology and ways of life favor the emergence of

new communicable diseases and the reemergence or increased severity of known communicable diseases.

Stopping a communicable disease outbreak – whether it is naturally occurring or intentionally caused – requires the use of the most rapid and effective public health tools available. Basic public health practices, such as collaborating with airlines in the identification and notification of potentially exposed contacts, are critical tools in the fight against the introduction, transmission, and spread of communicable disease in the United States.

The collection of timely, accurate, and complete conveyance and traveler information enables Quarantine Officers in CDC's Division of Global Migration and Quarantine (DGMQ) to notify state and local health departments in order for them to make contact with individuals who may have been exposed to a communicable disease during travel and identify appropriate next steps.

Section 361 of the Public Health Service Act (42 USC 264) (Attachment 1A) authorizes the Secretary of the Department of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one State or possession into any other State or possession. Regulations that implement federal quarantine authority are currently promulgated in 42 CFR parts 70 (Attachment 1B) and 71 (Attachment 1C). Part 71 contains regulations to prevent the introduction, transmission, and spread of communicable diseases into the states and possessions of the United States, while part 70 contains regulations to prevent the introduction, transmission, or spread of communicable diseases from one state into another.

CDC is seeking approval for domestic airline manifest orders under current authorities in 42 CFR 70.10 and 71.20, which provide CDC with the authority to take measures to detect the presence of communicable disease at airports and other places may individuals may gather to engage in travel. This domestic manifest collection activity is already underway as a current practice.

CDC also requests to transition the Passenger Locator Form (PLF), previously included and approved by OMB in 0920-0134 Foreign Quarantine Regulations, into this Information Collection Request. Additionally, CDC is requesting approval for the use of the PLF for the collection of traveler information from individuals on domestic flights. The PLF, a form developed by the International Civil Aviation Organization (ICAO) in concert with its international member states, is used when there is a confirmation or strong suspicion that an individual(s) aboard a flight is infected with or exposed to a communicable disease that is a threat to co-travelers, and CDC is made aware of the individual(s) prior to arrival in the United States. This prior awareness can provide CDC with an opportunity to collect traveler contact information directly from the traveler prior to departure from the arrival airport.

The description of the information collection processes following below is aligned with current practices.

## 2. Purpose and Use of Information Collection

Control of disease transmission within the United States is largely considered to be the province of State and local health authorities, with Federal assistance being sought by those authorities on a cooperative basis, without application of Federal regulations. The regulations at 42 CFR Part 70 and 71 were developed to facilitate Federal action in the event of ill travelers or deaths onboard arriving international or interstate flights and in communicable disease scenarios involving multi-state domestic itineraries and potential contacts requiring a coordinated effort involving several States, or in the event that a state is unable to apply adequate control measures in response to an outbreak of disease.

In 2017, HHS/CDC revised its regulations (82 Fed. Reg. 6890) to explicitly authorize the Director to conduct public health risk assessments of individuals or groups, at U.S. ports or other locations, through non-invasive procedures, including through the collection of contact information, to detect the potential presence of communicable diseases. 42 CFR 70.10 provides the regulatory basis for both the domestic airline manifest collection as well as the use of the PLF for domestic flights, and states:

*Public health prevention measures to detect communicable disease.*

(a) The Director may conduct public health prevention measures at U.S. airports, seaports, railway stations, bus terminals, and other locations where individuals may gather to engage in interstate travel, through non-invasive procedures determined appropriate by the Director to detect the presence of communicable diseases.

*(b) As part of the public health prevention measures, the Director may require individuals to provide contact information such as U.S. and foreign addresses, telephone numbers, email addresses, and other contact information, as well as information concerning their intended destination, health status, known or possible exposure history, and travel history.*

An analogous provision, in regard to foreign arrivals exists at 42 C.F.R. 71.20. CDC interprets the language in subsection (b) to allow the Director to specifically require information contained in the PLF to be completed by domestic travelers when needed, and considered by public health authorities to conduct a risk assessment to determine whether (1) a traveler has been exposed and/or poses a threat, or (2) if no further public health management is needed.

Likewise, on international flights arriving to the United States, under the authority described in 42 CFR 71.20, from which CDC derives the authority for use of the PLF for arriving international flights, the regulatory language is as follows:

*Public health prevention measures to detect communicable disease.*

(a) The Director may conduct public health prevention measures, at U.S. ports of entry or other locations, through non-invasive procedures as defined in section 71.1 to detect the potential presence of communicable diseases.

*(b) As part of the public health prevention measures, the Director may require individuals to provide contact information such as U.S. and foreign addresses, telephone numbers, email addresses, and other contact information, as well as information concerning their intended destination, health status, known or possible exposure history, and travel history.*

In the event that a case of communicable disease is confirmed aboard an airline flight, CDC collects domestic manifest information for those passengers or crew at risk for exposure. This specific manifest information collection differs depending on the communicable disease that is confirmed. CDC then uses this passenger and crew manifest information to coordinate with state and local health departments so they can follow-up with residents who live or are currently located in their jurisdiction. In the vast majority of cases, the manifests are issued for air travel and state and local health departments are responsible for the contact investigations; airlines may take responsibility for follow-up of crew members. In rare cases, CDC may use the domestic manifest data to perform the contact investigation directly. In all cases, CDC works with state and local health departments to ensure individuals are contacted and provided appropriate public health follow-up.

Passenger and crewmember manifests contain certain information for travelers on airlines, and are generally collected from airlines when a disease is confirmed after travel has been completed. Manifests include locating and contact information, as well as information concerning where passengers sat while aboard an airline. The specific list of data elements included in the domestic manifest orders is:

- Full name (last, first, and, if available, middle or others);
- Date of birth;
- Sex;
- Country of residence;
- If a passport is required; passport number, passport country of issuance, and passport expiration date;
- If a travel document, other than a passport is required, travel document type, travel document number, travel document country of issuance and travel document expiration date;
- Address while in the United States (number and street, city, state, and zip code), except that U.S. citizens and lawful permanent residents will provide address of permanent residence in the U.S.(number and street, city, state, and zip code; as applicable);
- Primary contact phone number to include country code;
- Secondary contact phone number to include country code;
- Email address;
- Airline name;
- Flight number;
- City of departure;
- Departure date and time;
- City of arrival;
- Arrival date and time; and
- Seat number for all passengers

CDC also requests seat configuration for the requested contact area (example: AB/aisle/CDE/aisle/FG, bulkhead in front of row 9).

As stated above, CDC derives its regulatory authority for use of the PLF on domestic and international flights travelling within and arriving into the United States from 42 CFR part 70.10 and 71.20. CDC intends to use these authorities to require the completion of the PLF rarely, and only generally during a public health emergency in circumstances where the CDC has identified a confirmed case of a communicable disease onboard a flight that puts other travelers at public health risk. Additionally, because the PLF must be distributed while the passengers are still either on the aircraft or still in the airport, the PLF is used only 1) when there is a confirmation or a strong suspicion that there is an ill person on board an airline and that person suspected of being ill with a communicable disease of public health concern, i.e. a significant risk of spread to others onboard during travel, and 2) the ill or exposed individual is identified prior to the airline arriving at an airport in the United States or prior to passengers disembarking the airline or departing the airport. In such circumstances, these sections require individuals undergoing a public health risk assessment to provide basic contact tracing information which would be used to locate and notify individuals of a potential exposure to a communicable disease. This information includes U.S. and foreign addresses, telephone numbers, email addresses, used to locate and notify an individual. These sections also require that individuals undergoing a public health risk assessment to provide additional information that would be used to assess an individual's health status and make a determination as to whether the individual may pose a public health risk to others. This would include information concerning the individual's intended destination, health status, and history of travel to places where exposure to communicable disease may have occurred.

During a public health risk assessment under 70.10 or 71.20, if facts or circumstances are discovered that give rise to a reasonable belief that the individual is infected with a quarantinable communicable disease in its qualifying stage, CDC may authorize the quarantine, isolation, or conditional release of the individual. An individual's refusal to be screened will not result in that individual's quarantine, isolation, or conditional release, unless sufficient facts and circumstances exist that would lead to a public health officer to reasonably suspect that the individual is infected with a quarantinable communicable disease in its qualifying stage

The data collected from the PLF are not used for any other purposes and are only collected and maintained by CDC. CDC maintains formal control of the document as the federal public health authority. The information is stored in the electronic Quarantine Activity Reporting System, and the data are used to contact individuals who may have been exposed to an ill passenger and who may need public health follow up. CDC may share the data collected in the PLF with state and local health departments, as provided by under CDC's System of Records (Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71), because they are generally responsible for contacting individuals residing in their jurisdictions.

### **3. Use of Improved Information Technology and Burden Reduction**

CDC sends the manifest orders via email or fax. Some airlines have specific forms that they require CDC to complete and submit along with the order; for example, the International Air Transport Association (IATA) [Request Form for Passenger Contact Tracing](#). All submission of manifest information is accomplished in a secure manner, either via email or fax. Currently, the PLF is only collected in hard copy, as the hard copy form is the only version formally approved by ICAO, the formal owner of the PLF.

### **4. Efforts to Identify Duplication and Use of Similar Information**

CDC has the regulatory authority for public health activities involving responses to illness and death aboard international and interstate flights. This includes responding to a report of an ill traveler or death of a traveler on a conveyance, or, when notified by the Department of Homeland Security (DHS) personnel at a port of entry. As a result, CDC is the only agency collecting manifest information or PLF's from airlines for the purposes of communicable disease response. CDC works in collaboration with its international, federal, state, and local partners at ports of entry to ensure all orders for manifests are performed in a coordinated manner and that the collection is limited to only the information needed to perform essential public health functions. CDC also relies on data collection systems managed by DHS that are already collecting several of the proposed data elements from the airlines.

### **5. Impact on Small Businesses or Other Small Entities**

While some aviation companies may be considered small businesses, CDC anticipates that the vast majority of the burden rests with larger passenger airline and cruise line companies. In all cases, the manifest collection and PLF has been designed to include the absolute minimum in order to minimize the burden to the airlines and travelers.

### **6. Consequences of Collecting the Information Less Frequently**

Information will only be collected when a death or suspected communicable disease is confirmed to be a public health risk to travelers on an airline and in the receiving communities. Further reduction of required reporting would prevent CDC from meeting its statutory and public health mission, thereby endangering the public's health.

### **7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This request fully complies with the regulation 5 CFR 1320.5. Passenger and crew manifest information and the PLF must be collected on an as needed basis, determined by the public health risk, if it is to be used to prevent the spread of disease into or within the United States. There is no format specified as part of this information collection as long

as CDC receives from the airlines and travelers the pieces of data required to make contact with individuals.

## **8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

A. A 60-day Federal Register Notice (Attachment 2) was published in the *Federal Register* on September 2, 2016, Vol. 81, No. 171, p. 60702. No comments were received.

B. CDC communicates frequently with airlines when illness or death is confirmed to have occurred during a flight. To attempt to streamline the process and work with airlines' policies and procedures, CDC routinely complies with certain airlines' requests to complete their proprietary data request form for each manifest. CDC is also considering the adoption of the International Air Transport Association data request form. CDC makes every attempt to ensure that the collection of manifest information or the PLF is not an undue burden on the respondents.

The PLF is an internationally standard form created under the auspices of the International Civil Aviation Organization. Its development was collaborative and underwent multiple rounds of review within ICAO to arrive at a form that met each party's needs.

## **9. Explanation of Any Payment or Gift to Respondents**

No payment is made to any respondent.

## **10. Protection of the Privacy and Confidentiality of Information Provided by Respondents**

This information collection request has been reviewed by the CDC National Center for Emerging and Zoonotic Diseases (NCEZID). NCEZID has determined that the Privacy Act does apply to this information collection request. The applicable System of Records Notice is 09-20-0171 (Attachment 13).

Information submitted by the airlines, as well as traveler information submitted via the PLF, is entered into a secure electronic database called the Quarantine Activity Reporting System (QARS). It is stored here for analysis, for processing to complete the passenger information data set, for swift dissemination to the state and local health departments through a secure CDC system called Epi-X (Epidemic Information Exchange), and for later retrieval if necessary. Electronic media will be protected by adequate physical, administrative, and procedural safeguards to ensure the security of the data. Access is restricted to agency employees with a bona fide "need to know" in order to carry out the duties of their positions or to accomplish the purposes for which the data were collected. Source data sets, printouts and thumb drives are safeguarded by storing them in locked cabinets in locked offices when not in use.

Further information concerning the protection of privacy can be found in the attached Privacy Impact Assessment (Attachment 3).

## **11. Institutional Review Board (IRB) and Justification for Sensitive Questions IRB Approval**

The protocols and tools used to conduct this information collection request have been reviewed and approved by NCEZID's Human Subjects Advisor, who determined that this data collection does not meet the definition of research under 45 CFR 46.102(d). IRB review is not required (Attachment 4 CDC Nonresearch Determination Letter).

Manifests and PLFs are ordered by CDC and submitted to CDC by the airline, or travelers when using the PLF, to prevent the spread of communicable diseases from foreign countries into the United States and from one State or possession into any other State or possession. Obtaining personally identifiable information, such as name, address, contact information, and travel document number, may be necessary during follow-up of potentially exposed passengers and crewmembers onboard. The information is only collected when it is required, and the information included in the manifest order is the minimum necessary to meet statutory and public health obligations.

## **12. Estimates of Annualized Burden Hours and Costs**

A. Manifest orders are sent to airlines. CDC collects manifests for tuberculosis and other communicable diseases, e.g. pertussis, measles, and meningococcal disease. The templates are as follows:

- Domestic TB Manifest Template Order (Attachment 5)
- Domestic Non-TB Manifest Template Order (Attachment 6)

CDC staff populate the order templates and an accompanying cover letter (Attachment 7) and/or other airline requirement (e.g. International Air Transport Association Request Form for Passenger Contact Tracing (Attachment 8)) with information that is available when an individual is confirmed to have a communicable disease that was infectious during travel. This information includes the nature of the communicable disease, flight itinerary information, the number and position of seats that should be submitted to CDC as manifest information, data elements requested for each traveler, and when the manifest information should be submitted to CDC. Airlines then follow their own protocols for reviewing the order and processing the manifest information to submit to CDC. CDC has no visibility on these processes; therefore, CDC is estimating the amount of time necessary to review the manifest order, look through their data systems, and provide the passenger manifest data to CDC. CDC estimates this activity could require between 4 and 8 hours per manifest search. We are including an average of 6 hours in this information collection request. We are including a 50/50 time split for airline respondent type, with equal time apportioned to an Airline Medical Officer or Equivalent and a Computer and Information Systems Manager. We are including equal time for each type of airline company respondent as CDC does not have knowledge of internal airline data submission practices.

In the event that advanced notice to the airline is needed in extremely pressing cases of infectious diseases and prior to CDC’s ability to develop and formally issue a manifest order, an informal manifest *request* template (Attachment 9) is sent, which is followed as soon as possible with the formal order. If the airline responds to the informal request prior to the formal order, CDC will follow up with a formal receipt of manifest letter (Attachment 10) for the airline’s records.

Reviewing data in QARS related to manifest orders, CDC estimates that there 29 domestic manifest orders sent to airlines each year. Concerning the PLF (Attachment 11), CDC historically included two separate accountings for burden because of the type of events likely to trigger its use: an outbreak of public health significance and, more likely but still rare, a limited onboard exposure. Both of these related to the use of the PLF for travelers arriving from foreign countries to the United States. CDC is also requesting the addition of the PLF for use with travelers flying within the United States. CDC anticipates the burden of the PLF for domestic flights will be on par with the use of the PLF for a limited onboard exposure aboard international flights. This will result in three separate accountings for the PLF in the burden tables below.

1. Public Health Passenger Locator Form; outbreak of public health significance (international flights): 2,700,000 respondents and 225,000 burden hours. This number is an estimate of the number of individuals who may be required to complete the PLF in a large scale infectious disease outbreak, such as a pandemic flu, when the need for contact information is widespread.
2. Public Health Passenger Locator Form: limited onboard exposure (international flights): 800 respondents and 67 burden hours. This is an estimate in the event that a limited number of individuals may need to be contacted from a limited number of flights due to infectious diseases such as measles or meningitis.
3. Public Health Passenger Locator Form (domestic flights): 800 respondents and 67 burden hours. This is an estimate in the event that a limited number of individuals may need to be contacted from a limited number of flights.

The total anticipated respondent burden associated with this information collection request is

**Estimated Annualized Burden Hours**

Type of Respondent	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Airline Medical Officer or Equivalent/ Computer and Information Systems Manager	Domestic TB Manifest Template or Informal Manifest Request	1	1	360/60	6

Airline Medical Officer or Equivalent/ Computer and Information Systems Manager	Domestic Non-TB Manifest Template or Informal Manifest Request	28	1	360/60	168
Traveler	Public Health Passenger Locator Form: outbreak of public health significance* (international flights)	2,700,000	1	5/60	225,000
Traveler	Public Health Passenger Locator Form: limited onboard exposure <sup>†</sup> (international flights)	800	1	5/60	67
Traveler	Public Health Passenger Locator Form (domestic flights)	800	1	5/60	67
<b>Total</b>					225,308

\*This estimate is provided for a rare public health event, such as a global influenza pandemic, when contact information collected via the PLF may be needed for an extremely large volume of air travelers over a prolonged period of time. CDC would only proceed with the use of this tool in these circumstances in consultation with federal partners with equities in domestic aviation as well as state and local public health departments. CDC does not expect this rare public health event to occur annually; however, for the sake of transparency and planning purposes, CDC believes obtaining PRA clearance prior to a potential need for the PLF is warranted.

<sup>†</sup> This estimate is used for diseases such as measles, which presents a risk of spread during travel and for which immediate or rapid mitigation measures are warranted. An individual event may involve up to 50 individuals completing the PLF, assuming nine seats per row and five rows at risk, plus additional crew who might be at risk.

B. The cost to respondents was calculated using the May 2014 National Occupational Employment and Wage Estimates United States data from the Bureau of Labor Statistics

([http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). The total estimated respondent cost is \$5,123,529.80.

Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Airline Medical Officer or Equivalent/ Computer and Information Systems Manager	Domestic TB Manifest Template or Informal Manifest Request	6	\$61.70	\$370.20
Airline Medical Officer or Equivalent/ Computer and Information Systems Manager	Domestic Non-TB Manifest Template or Informal Manifest Request	168	\$61.70	\$10,365.60
Traveler	Public Health Passenger Locator Form: outbreak of public health significance (international flights)	225,000	\$22.71	\$5,109,750
Traveler	Public Health Passenger Locator Form: limited onboard exposure (international flights)	67	\$22.71	\$1,522
Traveler	Public Health Passenger Locator Form (domestic flights)	67	\$22.71	\$1,522
<b>Total</b>				<b>\$5,123,529.80</b>

Respondents for this information collection include Airline Medical Officer or Computer and Information Systems Manager. The mean hourly wages for this category of respondent was calculated using occupation and wage statistics from the Bureau of Labor Statistics (BLS).

- For Airline Medical Officer or Equivalent, we developed a weighted average of 29-1171 Nurse Practitioners - \$47.11 per hour (80%) and 29-1062 Family and General Practitioners - \$89.58 per hour (20%). This equals \$55.60 per hour.

- For Computer and Information Systems Manager we used 11-3021 Computer and Information Systems Managers, with a mean hourly wage of \$67.79
  - The average wage used is  $(\$55.60 + \$67.79) / 2 = \$61.70$
- For the Traveler respondent, the general public occupational category is used. The hourly wage for this occupational category is \$22.71. (00-0000 All Occupations: [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000))

### 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

None

### 14. Annualized Cost to the Government

For each manifest order several DGMQ staff are involved in developing the template, sending it to the airline, and reviewing and processing the manifest after it has been received at CDC. In addition to staff time, the database QARS is used to organize the manifest data, and document and provide context for the manifest order.

CDC estimates the yearly cost for this information collection request as a function of the staff time required to send, receive, process and distribute the passenger manifest information, the pay level of the average CDC staff member performing these tasks, and the IT costs associated with the QARS system.

#### Staff hours

The total staff hours used for this estimation correlate to the total hours required of CDC headquarters and Quarantine Station field staff to develop the manifest order template and cover letter and send the order to the airlines, to enter the received manifest information into QARS, to compare the received manifest information with other sources of passenger information (i.e. DHS), and then to compile the manifest information and distribute it to the state health departments with jurisdiction over where the at-risk travelers reside. The breakdown in the following table is an outline of the number of hours required for each manifest order. The total is then multiplied by 29 to provide the total cost per year for this activity.

For average hourly wage, depending on the Quarantine Station with jurisdiction for where the flight arrived with the confirmed death or illness, different staff will complete the Informal Manifest Request, and Formal Manifest Order and Cover Letter, and send these documents to airline. Generally, the staff will either be a GS9 or GS13 depending on the staff compliment at the station, with GS9s being more likely to complete these tasks. Therefore we have used a weighted average of 60% for GS9 and 40% for GS13. OPM wages used are from the Atlanta locality and are set at step one.

	Time in hours required	GS Level or Equivalent	Average hourly wage	Total Estimated Yearly Cost
--	------------------------	------------------------	---------------------	-----------------------------

	perform activity in manifest collection		of staff reviewing data	
Complete Informal Manifest Request	.5	9 or 13	\$31.25	\$15.63
Complete Formal Manifest Order and Cover Letter and send to airline	1	9 or 13	\$31.25	\$31.25
After receipt of initial manifest data, creation of National Targeting Center (NTC) spreadsheet	1.5	12	\$35.14	\$52.71
Submission of NTC data request for additional identifiers via HSIN	.25	12	\$35.14	\$8.79
Fulfillment of NTC data request	4	13	\$41.79	\$167.16
Upon receipt of NTC data, clean/verify additional data in spreadsheet	1.5	12	\$35.14	\$52.71
Compile the manifest information and distribute to states via Epi-X	.75	12	\$35.14	\$26.36
<b>Total</b>	9.5			\$354.61

The total staff costs dedicated to the processing of the approximately 29 manifest orders per year is approximately \$10,284 (rounded) per year.

In the event that the Passenger Locator Form is needed to make contact with individuals on an international or interstate flight who may have been exposed to an ill traveler, CDC distributes, collects and processes the Passenger Locator Forms. CDC estimates that it would require approximately 30 minutes per Passenger Locator Form in the event that the tool is needed. This totals 24,000 minutes or 400 hours total. Multiplied by a GS12 Atlanta locality wage, this comes to \$14,048 per year. CDC does not distribute Passenger Locator Forms very often, and so this cost is unlikely to be incurred in any given year.

There are also system and personnel costs associated with the use, development, and maintenance of QARS. These costs include the IT costs and associated staffing costs. The QARS related costs dedicated only to manifest data entry and processing cannot be separated from the total QARS system costs; therefore, the total QARS costs are presented here. These costs are as follows:

QARS System Costs	\$199,669
Staff Costs (Atlanta locality adjustment): 1xGS-12 and 1xGS-9(75%)	\$111,281
Total	\$310,950

The total costs associated with the staff development of the manifest order and processing of the received manifest, as well as QARS associated IT and staff costs, are \$335,282.

### **15. Explanation of Program Changes or Adjustments**

This is a request for a collection ongoing without a control number.

### **16. Plans for Tabulation and Publication and Project Time Schedule**

Data are not collected for statistical purposes, but only to meet the regulatory and public health mandate as outlined in 42 CFR Part 70 and 71.

### **17. Reason(s) Display of OMB Expiration Date is Inappropriate**

CDC request that the expiration date and Control Number not be applied to the PLF. The PLF is used to collect data from travelers who may be ill or who may have been exposed to communicable diseases while aboard an airline and who may require notification. CDC and other international partners worked towards standardization and adoption of this form by the ICAO into its Annex 9 as the international standard PLF. ICAO formally approved the form as the standard PLF, or Appendix 13 of Annex 9 on June 18<sup>th</sup> 2012. The increased efficiency and clarity afforded by the use of one internationally recognized form for passenger data collection is a benefit to airline industry and crew, international travelers, and U.S. and other nations' public health authorities. The use of two different PLFs, one with the OMB control number and one without, will continue to hinder international harmonization of data collection and will continue to pose an obstacle to efficient and effective international response in the event of a pandemic or large scale public health event.

CDC received approval for this exemption in 2012 under OMB Control Number 0920-0134 Foreign Quarantine Regulations and request this approval be continued (Attachment 12).

### **18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.

## **Attachments**

- Attachment 1A: Section 361 of the Public Health Service Act (42 USC 264)
- Attachment 1B: 42 CFR Part 71
- Attachment 1C: 42 CFR Part 70
- Attachment 2: Attachment 2: 60 day Federal Register Notice
- Attachment 3: Privacy Impact Assessment
- Attachment 4: CDC Non-research determination
- Attachment 5: Domestic TB Manifest Template Order
- Attachment 6: Domestic Non-TB Manifest Template Order
- Attachment 7: Order Cover Letter
- Attachment 8: IATA Passenger Manifest Information Request Form Contact Tracing
- Attachment 9: Informal manifest request template
- Attachment 10: Receipt of manifest letter
- Attachment 11: Public Health Passenger Locator Form
- Attachment 12: Approval for Removal of Expiration Date
- Attachment 13: System of Record Notice