



Centers for Disease Control  
and Prevention  
Form Approved  
OMB Control No. 0920-1180  
Expiration date: 05/31/2020

Date

POC

Airline

Address

Fax number

Tel Number

Dear [INSERT Name of POC]:

A state public health authority notified the Centers for Disease Control and Prevention (CDC) of a passenger diagnosed with who is believed to have been infectious during travel., [INSERT name of disease]

On [INSERT Departure Date], the passenger departed [INSERT Departure Airport Code, City, State, Country] on [INSERT Airline and Flight Number] arriving into [INSERT Arrival Airport Code, City, State, Country] on [INSERT Arrival Date if different from departure date].

The CDC considers passengers seated in close proximity to this passenger to be at a significant risk for infection and is conducting a public health investigation. To expedite our ability to identify, inform, and begin interventions on exposed individuals, we are asking that you provide us with the name, seat number, and locator information for the following passengers on the flight(s) indicated below as soon as possible:

[INSERT THE SEATS/ROWS NEEDED ACCORDING TO THE DISEASE-SPECIFIC SOP IN CDC QS OPS MANUAL]

- The ill passenger, [INSERT index case name] seated in [INSERT seat# DELETE if no seat number could be obtained] and the passengers seated in the same row, two rows in front, and two rows behind the ill passenger aboard [INSERT Airline and Flight Number]
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- [REPEAT FOR EACH ADDITIONAL FLIGHT WITH SAME AIRLINE OR DELETE THIS BULLET IF ONLY ONE FLIGHT INVOLVED]

This information may be provided to the X YZ Quarantine Station staff in person on a disk or hard copy, by fax at xxx-xxx-xxxx, or by telephone at xxx-xxx-xxxx.

If you have any questions concerning how the requested information will be used by CDC, please do not hesitate to contact me. I can be reached by phone at xxx-xxx-xxxx or by e-mail at the xxxxxxxx@cdc.gov.



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Thank you very much for your assistance in this investigation.

Sincerely,

**INSERT NAME**

Officer-in-Charge or Quarantine Medical Officer

CDC [INSERT Name] Quarantine Station

Telephone: [INSERT]

FAX: [INSERT]