**Enhanced Data Collection During COVID-19 Pandemic**

OMB Approved

Control No. 0920-0134

Exp. 3/31/2022

**\*\*Please submit to** [**eocevent349@cdc.gov**](mailto:eocevent349@cdc.gov) **every Monday by 0900 EDT\*\***

**Directions:** Enter new cases diagnosed from Monday 0000 EDT to Sunday 2359 EDT for each category as defined below.

|  |  |
| --- | --- |
| Ship: |  |
| Date Submitted (mm/dd/yy): |  |
| Total # of crew members onboard: |  |
| Closest seaport at time of submission (City and Country): |  |
| **Case Counts and Diagnostic Testing:**  *Please ensure these counts are independent of each other (i.e., a person is not listed as both ILI*†*and pneumonia)* | **Enter Numbers Below**  *(Unless Otherwise Specified)* |
| What is your **ARI** case count for the specified time period?  (defined as the presence of cough, sore throat, or runny nose (rhinorrhea) in the absence of fever  *and* in the absence of a non-infectious diagnosis as determined by the ship’s medical provider (e.g., allergies)) |  |
| What is your **ILI** case count for the specified time period?  (defined as fever (100.4 °F [38 °C]) plus either cough or sore throat) |  |
| What is your **pneumonia** case count for the specified time period? |  |
| What is your **additional COVID-19-Like Illness (CLI)** case count for the specified time period?  (additional CLI clinical criteria defined below)  **NOTE: If a person meets criteria for ARI, ILI, or pneumonia, please do not include them in this section.**  Additional CLI clinical criteria:   * At least two or more of the following symptoms: chills, nasal congestion, headache, new loss of taste or smell, muscle or body aches (myalgias), vomiting, or diarrhea   or   * At least one or more of the following symptoms: fever (without meeting ILI criteria or pneumonia diagnosis above), shortness of breath, or difficulty breathing |  |
| How many persons were tested for influenza via rapid diagnostic test? |  |
| Of the persons tested for influenza via rapid diagnostic test, how many tested positive? |  |
| How many persons were tested for coronavirus via rapid serology test? |  |
| Of the persons tested for coronavirus via rapid serology test, how many tested positive? |  |
| What brand of test was used? |  |
| How many persons were tested for COVID-19 via rapid antigen test? |  |
| Of the persons tested for COVID-19 via rapid antigen test, how many tested positive? |  |
| What brand of test was used? |  |
| How many persons were tested for COVID-19 via PCR test? (do not include persons tested as a requirement for disembarkation and/or repatriation by a shore-side authority – see question below) |  |
| Of the persons tested for COVID-19 via PCR test, how many tested positive? |  |
| Of the persons tested for COVID-19 via PCR test, how many have pending results? |  |
| Of the persons tested for COVID-19 via PCR test who had pending results in the *previous* EDC submission, how many of those were positive? |  |
| How many persons were tested for COVID-19 via PCR test (within 48 hours after disembarking the ship) as a requirement for disembarkation and/or repatriation by a shore-side authority?  (Note: Any positive test results from crew members who were tested between **48 hours–7 days** after disembarking the ship should be reported to CDC by email to [eocevent349@cdc.gov](mailto:eocevent349@cdc.gov).)\* |  |
| Of the persons tested for COVID-19 via PCR test (within 48 hours after disembarking the ship) as a requirement for disembarkation and/or repatriation by a shore-side authority, how many tested positive? |  |
| Of the persons tested for COVID-19 via PCR test (within 48 hours after disembarking the ship) as a requirement for disembarkation and/or repatriation by a shore-side authority, how many have pending results? |  |
| Of the persons tested for COVID-19 via PCR test (within 48 hours after disembarking the ship) as a requirement for disembarkation and/or repatriation by a shore-side authority with pending results on the *previous* EDC submission, how many of those were positive? |  |
| How many persons were tested for COVID-19 via rapid antigen test (within 48 hours after disembarking the ship) as a requirement for disembarkation and/or repatriation by a shore-side authority? |  |
| Of the persons tested for COVID-19 via rapid antigen test (within 48 hours after disembarking the ship) as a requirement for disembarkation and/or repatriation by a shore-side authority, how many tested positive? |  |
| How many persons needed hospitalization? |  |
| Of those hospitalized, how many required mechanical ventilation? |  |
| Of those hospitalized, how many were medically evacuated from the ship? |  |
| Please explain the reason for medevac(s). |  |
| **Isolation Practices**:  Were persons with ARI, ILI, pneumonia, or additional CLI symptoms isolated for COVID-19 per CDC guidelines?¥ | Choose an item. |

\* CDC will evaluate these positive results and may request additional information to determine if they should be included in the EDC case counts.

¥ Persons with ILI, ARI, pneumonia, or additional CLI symptoms should be isolated using the same guidelines as a confirmed COVID-19 case.

Isolation may be discontinued for symptomatic crew with suspected or confirmed COVID-19 under conditions outlined at: [www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

**Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0134.**