

**REQUIREMENT FOR NEGATIVE PRE-DEPARTURE COVID-19 TEST
RESULT OR DOCUMENTATION OF RECOVERY FROM COVID-19 FOR ALL
AIRLINE OR OTHER AIRCRAFT PASSENGERS ARRIVING INTO THE
UNITED STATES FROM ANY FOREIGN COUNTRY
(OMB Control No. 0920-XXXX)
Request for Emergency Clearance**

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- The goal of this information collection is to ensure that, consistent with the terms of the January 25, 2021 Order Under Section 361 of The Public Health Service Act (42 U.S.C. § 264) and 42 Code Of Federal Regulations §§ 71.20, 71.31(B), & 71.32(B) *Requirement For Negative Pre-Departure Covid-19 Test Result Or Documentation Of Recovery From Covid-19 For All Airline Or Other Aircraft Passengers Arriving Into The United States From Any Foreign Country*, public health authorities in the United States can confirm that individuals have received a negative test result for COVID-19 or have recently recovered from COVID-19 and been cleared to travel by a licensed health care provider or public health official prior to departing the foreign country and arriving in the United States.
- The intended use of the information is to enable U.S. public health authorities to ensure that individuals who are coming into the United States via airlines have tested negative for or recently recovered from COVID-19, to prevent further introduction, transmission, and spread of the virus into the United States.
- There are no statistical sampling or research design methods being used.
- There is no subpopulation being studied. The universe of respondents is airline passengers over the age of two years coming to the United States from a foreign country, with certain exemptions as outlined in this information collection request.
- There is no predetermined methodology to analyze the attestations, other than random checks upon arrival to inform program improvement. CDC will require that individuals (1) retain proof of their negative viral test or (2) if recovered from COVID-19, retain proof of a positive viral test within the last three months and a signed letter from a licensed healthcare provider or public health official showing they are cleared for travel (Documentation of Recovery), in case inspected upon arrival in the United States and to assist local health authorities in evaluating individuals to determine if further public health measures are needed.

CDC is requesting an emergency clearance for this information collection for 120 days.

A. Justification

1. Circumstances Making the Collection of Information Necessary

This information collection accompanies the Notice and Order¹ (Attachment A1) requiring that any airline arriving into the United States from a foreign country submit proof of (1) a negative pre-departure viral test result for COVID-19 (Qualifying Test) or (2) a written or electronic documentation of recovery from COVID-19 in the form of a positive viral test result within the last three months and a letter from a licensed health

¹ This Order supersedes the previous orders signed by the U.S. Centers for Disease Control and Prevention (CDC) Director on January 12, 2020 requiring a negative pre-departure COVID-19 test result for all airline passengers arriving into the United States from any foreign country.

care provider or public health official stating that the passenger has been cleared for travel (Documentation of Recovery) for all onboard passengers over the age of 2 years as a condition of controlled free pratique to enter and disembark passengers in the United States. Passengers must provide the Qualifying Test or Documentation of Recovery, which includes a matching identity, and attest to the truthfulness of the Qualifying Test or Documentation of Recovery as instructed by the airline before being allowed to board a flight to the United States as a public health prevention measure to mitigate the potential spread of COVID-19.

The COVID-19 pandemic has spread throughout the world. Individuals who travel may be at risk for exposure to SARS-CoV-2, the virus that causes COVID-19, before, during, or after travel. This could result in travelers' further spreading the virus to others during travel, upon arrival in the United States, or at their destinations.

The United Kingdom (UK) has faced a rapid increase in COVID-19 cases in South East England, leading to enhanced epidemiological and virological investigations. On December 14, 2020, Public Health England announced that a new variant of SARS-CoV-2 had been identified across the southeast of England.² Preliminary analysis in the UK suggests that this SARS-CoV-2 variant may be more transmissible than previously circulating variants, with an estimated potential to increase the reproductive number (R_0) by 0.4-0.7 or greater with an estimated increased transmissibility of up to 70 percent.³

On December 19, 2020, in response to the emergence of the UK variant, the countries comprising the UK announced stricter measures to be applied from December 20 and over the coming weeks, with affected areas entering a 'Tier 4' level with movement restrictions within and between more and less heavily affected areas. These measures have included recommendations for residents of the most affected areas to restrict movements and travel, including international travel, outside of these areas. The government of Scotland announced a travel ban between Scotland and the rest of the UK. In addition, the Netherlands issued a travel ban from the UK effective through January 1, 2021, and Belgium temporarily halted flight and train travel from the UK. Other countries took similar measures to restrict travel from the UK.

A second new variant of SARS-CoV-2 was reported in the Republic of South Africa (RSA) on December 18, 2020, that also appears to spread more rapidly than earlier variants of the virus. The RSA variant is distinct from the UK variant but shares a mutation in the spike protein that appears to increase transmissibility. Since being identified, the new variant has spread inland from coastal regions of RSA and has become the predominant variant in some areas of the country.

During December 21-26, 2020, several countries implemented restrictions on travel from South Africa, including China, El Salvador, Germany, Guatemala, Israel, Panama, Sudan, Switzerland, Turkey, and the UK. The Netherlands imposed a ban on travel from RSA on December 21 but lifted the ban for both the UK and RSA on December 23, stating that travelers will instead need to present a negative COVID-19

² <https://www.gov.uk/government/news/phe-investigating-a-novel-variant-of-covid-19>.

³ <https://www.ecdc.europa.eu/en/publications-data/threat-assessment-brief-rapid-increase-sars-cov-2-variant-united-kingdom>.

test result obtained within 72 hours of their scheduled arrival in the Netherlands, followed by 10 days of self-quarantine. On December 28, Japan imposed a ban on entry of all foreign nationals through the end of January 2021. On December 28, the Government of South Africa announced new restrictions on businesses and public movement. As of January 7, 2021, Canada requires air passengers 5 years of age or older to test negative for COVID-19 before arrival. On January 8, the United Kingdom announced a pre-departure testing requirement for all inbound international travelers with limited exceptions; a 10-day post-arrival quarantine will still be required.

On December 25, 2020, CDC issued an Order requiring proof of a negative Qualifying Test result for all airline passengers arriving from the UK to the United States. Since then, cases of the UK and RSA variants have been discovered in four Canadian provinces, including in individuals with no travel history indicating spread in Canada. The UK variant has also been found in at least 50 countries and the RSA variant has also been detected in at least 15 countries. The first case of the UK variant in the United States was found in Colorado on December 29, in an individual with no known travel history. On December 30, a second case was reported in California. Since then, the UK variant strain has accounted for more than 190 cases in more than 20 U.S. states. Another new variant strain of concern initially detected in South America in March 2020 has been detected in at least 19 countries on 5 continents through late December and has mutations in the spike protein that raise concerns of increased infectivity. The global spread of these new variants highlighted the need for the Order to require proof of a negative COVID-19 test or recovery from COVID-19 for all air passengers arriving in the United States, not just from the UK. Additionally, to align with the new executive orders from President Biden and to further reduce the spread of COVID-19, CDC is removing the option for airlines or other aircraft operators with flights from countries that lack testing capacity for SARS-CoV-2 to apply for two-week waivers from the order. With the US already in surge status, the testing requirement for all air passengers will help slow the spread of the virus as we work to vaccinate the American public. This new Order will go into effect on January 26, 2021, will supersede the requirements of the December 25, 2020 and January 12, 2020 Orders.

While it is known and expected that viruses constantly change through mutation leading to the emergence of new variants, these new variants have emerged at a time when numbers of new cases in the United States have continued to increase at alarming rates. Additional new virus variants are also likely to emerge as the virus continues to evolve and mutate. Accordingly, further action is needed to help mitigate the spread of these and other new virus variants into the United States.

Based on increased transmissibility and spread of these new variants of SARS-CoV-2, and to reduce introduction and spread of these and future SARS-CoV-2 variants into the United States, expanding current UK pre-departure testing requirements to all foreign countries and U.S.-bound passengers is warranted. This approach to testing-based risk assessment has been addressed in CDC guidance and the Runway to Recovery guidance jointly issued by the Departments of Transportation, Homeland Security, and Health and Human Services.⁴ Testing for SARS-CoV-2 infection is a proactive approach and not dependent on the infecting strain. Approximately 120 countries now use testing in some

⁴ Runway to Recovery 1.1, December 21, 2020, available at <https://www.transportation.gov/briefing-room/runway-recovery-11>

form to monitor risk and control introduction and spread. With case counts and deaths due to COVID-19 continuing to increase around the globe and the high proportion of infected people with asymptomatic or pre-symptomatic infections, the United States must take a dual approach to combatting the virus. This means concurrently mitigating and slowing the introduction and spread of SARS-CoV-2 and controlling transmission within U.S. communities that are currently being overwhelmed by a surge in infections, hospitalizations, and deaths.

Predeparture testing may detect travelers infected with SARS-CoV-2 before they initiate their travel. CDC's Order aligns with published guidance for travelers and involves viral testing and receipt of results 1-3 days (to include day of testing)⁵. This guidance is based on evidence suggesting testing prior to departure for international travelers, particularly those traveling long-distances or passing through transportation hubs such as airports where social distancing may be challenging, may be useful as a means to reduce the risk of SARS-CoV-2 transmission during travel. Testing does not eliminate all risk, but when predeparture testing is combined with other measures such as self-monitoring for symptoms of COVID-19, wearing masks, social distancing, and hand hygiene, it can make travel safer by reducing spread on conveyances and in transportation hubs.

As cases of COVID-19 continue to rise across the globe and travel volume increases, routine pre-departure testing of all U.S.-bound aircraft passengers is needed not only to reduce introduction of the two known SARS-CoV-2 variants from UK and RSA, but also future variants that might be more transmissible and cause more severe illness.

The Order is enforceable through the provisions of 18 U.S.C. §§ 3559, 3571 (Attachment A2); 42 U.S.C. §§ 243, 268, 271 (Attachment A3); and 42 C.F.R. § 71 (Attachment A4).

2. Purpose and Use of Information Collection

Pursuant to 42 C.F.R. § 71.20, the Order prohibits the introduction into the United States of any airline passenger departing from all foreign countries unless the passenger has a negative pre-departure viral test result for COVID-19 or if recovered from COVID-19, required documentation showing they are cleared for travel. The negative test must be a viral test that was conducted on a specimen collected during the 3 calendar days preceding the flight's departure (Qualifying Test). If the passenger wants to show they have recovered, their positive viral test result must have occurred in the last 90 days (3 months) and be accompanied by a signed letter on official letterhead that contains the name, address, and phone number of a licensed healthcare provider or public health official stating that the passenger has been cleared for travel (Documentation of Recovery). Passengers must retain written or electronic documentation reflecting the negative Qualifying Test result or Documentation of Recovery presented to the airline and produce such results upon request to any U.S. government official or a cooperating state or local public health authority. These requirements are independent of the COVID-19 vaccine status of any traveler.

Pursuant to 42 C.F.R. § 71.31(b), the Order constitutes a controlled free pratique to any airline with an aircraft arriving into the United States from all foreign countries. Pursuant

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html>

to the controlled free pratique, the airline must comply with the following conditions in order to receive permission for the aircraft to enter and disembark passengers in the United States:

- Verify that each passenger has attested to having received either a negative Qualifying Test result or to recovery from COVID-19 after previous SARS-CoV-2 infection and clearance to travel. Airlines or other aircraft operators must retain a copy of each passenger attestation for 2 years. The attestation is attached to this information collection as Attachment C.
- Confirm that each passenger aged 2 years or older has documentation of a negative Qualifying Test result or Documentation of Recovery from COVID-19.
- Not board any passenger without verifying the attestation and confirming the documentation as set forth in 1.a-b.

CDC modeling indicates that predeparture testing is most effective when combined with self-monitoring.⁶ Travel should be delayed (i.e., individuals should self-isolate) if symptoms develop or a pre-departure test result is positive and they have not provided a signed letter from a licensed health care provider or public health official stating that the passenger has been cleared for travel. Testing before departure results in the greatest reduction of transmission risk during travel when the specimen is collected close to the time of departure. Earlier testing, i.e., more than 3 days before travel, provides little benefit beyond what self-monitoring alone can provide for those that do not qualify as having recovered from COVID-19.

If the traveler is submitting negative test results, predeparture testing must be completed and results available to the traveler at maximum 3 days before the traveler attempts to board an aircraft. Travelers who test positive should remain in isolation and delay travel unless they meet criteria for discontinuing isolation and are cleared for travel. Travelers whose test results are not available before departure should delay their travel until results are available and will be denied boarding.

For persons previously diagnosed with COVID-19 who remain asymptomatic after recovery, CDC does not recommend retesting within 3 months after the date of symptom onset (or the date of first positive viral diagnostic test if their infection was asymptomatic) for the initial SARS-CoV-2 infection.⁷ Persons who develop any symptoms of COVID-19 during this time period should not travel and seek care for testing and evaluation. This guidance may be updated as additional information about people who have recovered from COVID-19 becomes available.

Finally, an individual may receive a time limited exemption for urgent humanitarian reasons. Exemptions may be granted on an extremely limited basis when emergency travel (like an emergency medical evacuation) must occur to preserve someone's life,

⁶ Johansson MA, Wolford H, Paul P, et al. Reducing travel-related SARS-CoV-2 transmission with layered mitigation measures: Symptom monitoring, quarantine, and testing. Available at: [https://www.medrxiv.org/content/10.1101/2020.11.23.20237412v1external icon](https://www.medrxiv.org/content/10.1101/2020.11.23.20237412v1external-icon)

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

health against a serious danger, or physical safety and testing cannot be completed before travel. Additional conditions may be placed on those granted such exemptions, including but not limited to providing consent to testing and/or self-quarantine after arrival in the United States, as may be directed by federal, state, territorial, tribal or local public health authorities to reduce the risk of transmission or spread. The information CDC needs to be able to determine whether an exemption under these terms is appropriate is as follows (Attachment D):

1. Name of passenger and Passport Number and Country (or passengers if family unit)
2. Cell phone of Passenger or Guardian if family unit
3. Email of Passenger or Guardian if family unit
4. US destination address
 - a. Is US destination home address?
5. Departure date and flight itinerary, including any connecting flights
 - a. Flight and Departure Date
6. Name of submitting entity if different from passenger
 - a. Name of person submitting on behalf of passenger(s)
7. Name of company submitting on behalf of passenger(s)
8. Purpose of travel to the US (e.g. emergency medical evacuation, preserve health and safety):
9. Justification for Testing Exemption (e.g. no testing available, unable to obtain test/result before required departure, impact on health and safety):
10. Documentation to support justification for test exemption (e.g. medical records or orders for medical evacuation):
11. Information regarding any other solutions that were sought prior to exemption request (e.g. flight changes, assistance for testing):

CDC will work with the Department of State in reviewing this and other information to determine if an exemption to the Order is appropriate. CDC and the Department of State are collaborating on an electronic version of this information collection to facilitate submission by the traveler to the Consular staff at U.S. Consulates and Embassies. Once CDC makes a determination regarding the exemption, the individual will receive letter from CDC indicating approval or denial.

3. Use of Improved Information Technology and Burden Reduction

At this time, CDC is not specifying the format of the proof of a negative test, the documentation of clearance to fly from a healthcare provider or health department, or the attestation. Either format is acceptable, as long as the electronic or hard copy contain the information as specified in the Order. Federal or state and local officials may request the documentation of proof of a Qualifying Test or Documentation of Recovery so those must be retained by the individual.

Individuals can begin the process for requesting an exemption on urgent humanitarian grounds by contacting the United States Embassy where they are located. Embassy contact information can be found on Department of State's website. If an individual

requires medical evacuation, the exemption process can be initiated by the company providing the medical evacuation services.

4. Efforts to Identify Duplication and Use of Similar Information

This Order applies to all travelers coming to the United States, including U.S. citizens and legal permanent residents, with the limited noted exceptions as follows:

- Crew members of airlines or other aircraft operators provided that they follow industry standard protocols for the prevention of COVID-19 as set forth in relevant Safety Alerts for Operators (SAFOs) issued by the Federal Aviation Administration (FAA).⁸
- Airlines or other aircraft operators transporting passengers with COVID-19 pursuant to CDC authorization and in accordance with CDC guidance.⁹
- Federal law enforcement personnel on official orders who are traveling for the purpose of carrying out a law enforcement function, provided they are covered under an occupational health and safety program in accordance with CDC guidance. Those traveling for training or other business purposes remain subject to the requirements of this Order.
- U.S. Department of Defense (DOD) personnel, including military personnel and civilian employees, dependents, contractors (including whole aircraft charter operators), and other U.S. government employees when traveling on DOD assets, provided that such individuals are under competent military or U.S government travel orders and observing DOD precautions to prevent the transmission of COVID-19 as set forth in *Force Protection Guidance Supplement 14 - Department of Defense Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic* (December 29, 2020) including its testing guidance.
- Individuals and organizations for which the issuance of a humanitarian exemption is necessary based on both 1) exigent circumstances where emergency travel is required to preserve health and safety (e.g., emergency medical evacuations), and 2) where pre-departure testing cannot be accessed or completed before travel. Additional conditions may be placed on those granted such exemptions, including but not limited to, observing precautions during travel, providing consent to post-arrival testing, and/or self-quarantine after arrival in the United States, as may be directed by federal, state, territorial, tribal or local public health authorities to reduce the risk of transmission or spread.

CDC wants to note that certain classes of individuals traveling from specific countries are already not permitted entry to the United States under travel restrictions named in Presidential Proclamations issued under 8 USC 212(f). The CDC order does not replace these Presidential proclamations. Therefore, providing proof of a negative test result for COVID-19 or documentation of having recovered from COVID-19 to the airline before

⁸https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20009.pdf. Airlines, aircraft operators, and their crew members may follow even stricter protocols for safety, including testing protocols.

⁹ Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or COVID-19 Exposure available at <https://www.cdc.gov/quarantine/interim-guidance-transporting.html>

boarding the flight does not exempt a traveler from any applicable travel restrictions outlined in the Presidential proclamation. The travel restrictions outlined in these Presidential Proclamations do not apply to U.S. citizens, legal permanent residents of the United States, and other limited classes of individuals.

To our knowledge, there is no duplication to CDC's ongoing information collections. No other US federal agencies are requesting this information. Some state and local health departments requested that CDC put in place these requirements so that the travelers would have proof of either a negative COVID-19 test or Documentation of Recovery. We anticipate CDC's order will be complimentary to any state or local health authority requests for this data.

5. Impact on Small Businesses or Other Small Entities

While some aviation, maritime, and other travel companies may be considered small businesses, CDC anticipates that the majority of the burden rests with larger passenger airlines given their volume of travelers. CDC has been judicious in determining the required information collection to those minimally necessary to achieve public health objectives.

6. Consequences of Collecting the Information Less Frequently

Given the scope of the outbreak of COVID-19 identified in international airline travelers, CDC needs to collect this data on a routine basis.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. Because this is a request for an emergency clearance, OIRA has waived the 60-day comment period. However, in the event that this collection exceeds 60 days, CDC is posting a 60-day notice in the Federal Register seeking additional notice and comment (Attachment B 60-day FRN).

B. CDC communicates frequently with airlines and state and local health departments concerning the latest efforts to address the COVID-19 pandemic. In this case, CDC is aware of several states that have requested federal public health actions to mitigate the risk of entry of this variant of SARS-CoV-2. To attempt to streamline the process and work with airlines' policies and procedures, CDC routinely obliges airlines' requests concerning these kinds of collections. Additionally, CDC is aware that some airlines are already including testing in their business processes, and so this may not represent a significant additional burden in those cases. Finally, CDC's requirements are aligned

with a number of other countries who require similar testing documentation from arriving travelers.

CDC anticipates that many travelers will retain copies of their COVID-19 test results or Documentation of Recovery regardless of this information collection, and does not anticipate significant additional burden for this retention requirement as a result of this Order.

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 applies to this information collection request. The applicable System of Records Notice is 09-20-0171. Individual's identifiable information will only be shared according to the Routine Uses described in the SORN, which are generally focused on providing public health authorities and cooperating medical providers with this information to assist in dealing with public health threats or for medical follow-up for a traveler.

While in the vast majority of events CDC will not be in receipt of this information, as these information collection requirements are 3rd party disclosures or involve records retention, CDC may need to inspect a test result in the event some public health action is needed at the time of arrival. Those documents may enter into CDC possession and would be treated according to the requirements of the SORN above. Any documents reviewed by CDC during random compliance checks would not be retained by CDC.

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

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

IRB Determination

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.

Justification for Sensitive Questions

The Qualifying Test results and the Documentation of Recovery include results of clinical testing and identifying information to ensure the test results match the bearer of any documents presented to the airlines or public health authorities. Individual

exemptions require review by CDC of relevant documents that may include sensitive medical information.

12. Estimates of Annualized Burden Hours and Costs

A.

The current Order is scheduled to expire on December 31, 2021. CDC estimates the burden to be approximately 70,843,733 (rounded to nearest hour) from the effective date of the order until December 31, 2021.

Under the Order, an individual will need to attest to one of the following on Attachment A to the Order:

- That they have received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from that person within 3 calendar days preceding the flight's departure.
- That they have recovered from COVID-19 in the last 3 months (90 days), or the time period specified in current CDC guidance, after having previously tested positive for SARS-CoV-2 and have been cleared for travel by a licensed healthcare provider or public health official.

Unless otherwise permitted by law, a parent or other authorized individual should attest on behalf of a passenger aged 2 to 17 years. An authorized individual may attest on behalf to any passenger who is unable to attest on his or her own behalf (e.g., by reason of physical or mental impairment).

Based on data provided to CDC by U.S. Customs and Border Protection, travel volume to the United States from all foreign countries has been approximately 34 million over the previous 12 months. While CDC acknowledges that it is a possibility that an individual may travel to the United States more than once, and in those cases, that individual would need a negative test or a doctor's note indicating recovery from COVID-19 for each trip.

- Traveler burden for the *Attestation of a negative COVID-19 test/Documentation of Recovery indicating clearance for travel by a licensed healthcare provider or public health official*, is estimated as follows: 34,000,000 respondents x 2 hours per response, for a total of 68,000,000 hours. The 2 hours accounts for the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
- For airline agent review of the *Attestation of a negative COVID-19 test/Documentation indicating clearance for travel by a licensed healthcare provider or public health official*, burden is estimated as follows: 34,000,000 reviews x 5 minutes per review, for a total of 2,833,333 hours.

CDC understands that the 34 million traveler volume is depressed due to the COVID-19 pandemic but does not anticipate a significant change in the volume through the period of this collection. If there is a significant increase in volume, CDC will submit a change request to account for that burden.

The order additionally includes an exemption available to individuals for urgent humanitarian reasons. Such exemptions will be time limited, and may include further conditions, as described above. The traveler should present this letter to the airline prior to boarding.

- CDC is estimating that there will be 100 requests from individuals for exemptions per week, or 5,200 on an annual basis. CDC estimates that each request will require 2 hours to collect documentation to support the need for the waiver, and develop and submit the exemption request. The burden is estimated at 10,400

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)
Traveler (3 rd Party Disclosure)	Attestation of a negative COVID-19 test/Documentation indicating clearance for travel by a licensed healthcare provider or public health official	34,000,000	1	2	68,000,000
Airline Desk Agent	Attestation of a negative COVID-19 test/Documentation indicating clearance for travel by a licensed healthcare provider or public health official	34,000,000	1	5/60	2,833,333
Traveler	Request Exemption on Urgent Humanitarian Basis	5200	1	2	10,400
Total					70,843,733

B. The cost to respondents was calculated using the May 2019 National Occupational Employment and Wage Estimates United States data from the Bureau of Labor Statistics (http://www.bls.gov/oes/current/oes_nat.htm). Adjustments for non-wage benefits are also obtain from the BLS, here: <https://www.bls.gov/ect/compensation-percentile-estimates.htm>. The total estimated respondent cost is \$2,375,699,748.

- 00-0000 All Occupations (https://www.bls.gov/oes/current/oes_nat.htm#00-0000) was used to account for Traveler time. The mean hourly wage for this category is

\$25.72, and was adjusted to account for non-wage compensation and other overhead costs by 1.3.

- 53-2031 Flight Attendants (<https://www.bls.gov/oes/current/oes532031.htm>) was used to account for Airline Desk Agent time soliciting traveler information. The BLS does not offer an hourly wage for this occupation so mean annual salary was adjusted to provide an hourly wage of \$27.23. CDC further adjusted the salary by 1.3 to account for non-wage benefits to obtain a figure of \$36.48
- 11-1021 General and Operations Managers was used to estimate the costs for Airline Representatives time. The mean hourly wage is \$59.15, and adjusted for non-wage benefits by 1.3 is \$76.90

Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Traveler (3 rd Party Disclosure)	Attestation of a negative COVID-19 test/Documentation indicating clearance for travel by a licensed healthcare provider or public health official	68,000,000	\$33.45	\$2,274,600,000
Airline Desk Agent	Attestation of a negative COVID-19 test/Documentation indicating clearance for travel by a licensed healthcare provider or public health official	2,833,333	\$35.40	\$100,299,988
Traveler	Request Exemption on Urgent Humanitarian Basis	10,400	\$76.90	\$799,760.00
Total				\$2,375,699,748

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

CDC anticipates certain additional cost burdens to respondents and record keepers due to the requirements. These costs fall into the following categories:

- Traveler testing and ancillary costs: \$9,136,480,000

- Traveler deferred travel costs: \$44,370,000
- Airline staff costs for digitizing attestations: \$12,257,000
- Airline costs to store attestations: \$1,200 - \$1,050,000 a year depending on size of airline and number of travelers.

CDC is assuming that costs for testing and obtaining the Documentation of Recovery will be paid by the traveler. Based on costs available for COVID-19 tests in the United States, CDC anticipates these tests will cost \$127 and ancillary costs associated with healthcare visits (e.g. specimen collection and the office visit itself) at \$109.¹⁰ CDC also includes an estimate of 1 hour of time to make an appointment, travel to the appointment and submit the specimen. CDC acknowledges this may be an over-estimate of the costs to travelers. Some healthcare systems are publicly funded and individual responsibility to pay may be less than the costs presented here. Health insurance may also reduce out of pocket costs to travelers. The calculations for estimated burden are as follows:

	Test Cost and Ancillary Costs	Time cost	# of Travelers	Total
Traveler Cost	\$236	\$32.72	34,000,000	\$9,136,480,000

There may also be a cost to the travelers for deferred travel in the event they test positive or miss the 3-calendar day window for the validity of the proof of negative test. CDC anticipates that airlines will be flexible in waiving rescheduling fees, but some travelers may endure costs associated with finding accommodations to stay for a limited period of time. CDC cannot predict what percentage of travelers may experience these inconveniences. For the purposes of this collection, CDC is estimating that 1% of travelers will experience deferred travel and a cost of \$130.50 dollars for an overnight hotel stay¹¹. With 1% of 34,000,000 travelers experiencing this deferred travel, CDC estimates the additional burden at \$44,370,000.

	1% of total volume	Hotel Cost	Total
Traveler Cost	340,000	\$130.50	\$44,370,000

CDC is requiring that individuals pursuant to 42 CFR 71.20 retain copies of their negative tests. CDC is including this requirement so that public health authorities in the United States can confirm an individual's COVID-19 negative test. CDC anticipates this will result in no significant costs or burden in either hard copy or electronic form as most people may want to retain this information for other purposes.

CDC is also requiring that the airlines pursuant to 42 CFR 71.31(b) retain the attestation of negative test provided by the passenger. As long as the attestation conforms to Attachment A of the Order, either electronic or hard copy retention is acceptable. CDC anticipates that any hard copy attestation provided by a traveler would be digitized for

¹⁰ <https://www.healthsystemtracker.org/brief/covid-19-test-prices-and-payment-policy/#:~:text=The%20prices%20ranged%20between%20%2420,with%20a%20median%20of%20%24127.>

¹¹ <https://www.statista.com/statistics/245759/average-daily-rate-of-hotels-worldwide-by-region/#:~:text=In%202019%2C%20the%20average%20daily,U.S.%20dollars%20in%20the%20Americas.>

ease of retrieval and result in some additional storage costs. The cost associated with retention are estimated across the industry using the following methodology:

- Airline staff time to scan or otherwise digitize hard copy passenger attestations:
 - CDC is using the BLS category 43-4071 File Clerks, with an average hourly wage of \$16.64, adjusted to \$21.63 to include non-wage benefits.
 - CDC is anticipating 1 minute to scan or otherwise digitize each of the 34 million estimated attestations.
 - The estimate for this process is \$12,257,000
 - CDC assumes airlines have access to common office equipment, such as a document scanner and no new equipment would be needed.
- Airline costs to store the attestations:
 - Because there are a wide variety of document management systems and process available to airlines, the range of potential costs varies significantly depending on how each airline decides to pursue their retention program, from thousands to millions of dollars a year. Some larger airlines may be able to incorporate this into currently existing document retention programs at low cost, while others may need to purchase a digital solution, or rely on hard copies.
 - To estimate a range of costs over the airlines, CDC is apportioning the total cost of storing 34 million records over the proportion of travelers carried by each airline from January through November 2020.
 - Using this method, the cost for the airline with the highest number of travelers, approximately 15% of all incoming arrivals, ranges from a high of \$1,050,000 to \$18,000 a year. The cost for those airlines with less than 1% of arriving travelers may expect a range of costs between \$70,000 to \$1,200 a year. These costs depend on the type of storage system used and the type of file (.gif, .png, .jpg).

14. Annualized Cost to the Government

This collection generally does not involve any direct collection of information by the CDC. In the event that a random inspection of documentation or response to an ill passenger is needed and an individual is required to present their test results or Documentation of Recovery, this will generally be performed as part of a routine activity from quarantine station staff in concert with U.S. Customs and Border Protection for arriving flights. The same is true for any Attestation requested from an airline. CDC would notify the airline of the request for the documentation, and this would not represent a substantial increase in costs to the government.

15. Explanation of Program Changes or Adjustments

This is a new information collection.

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 71.

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

No exemption is requested. The OMB Control Number and expiration date will be displayed on the attestation form.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Attachments

Attachment A1: CDC Global Testing Order

Attachment A2 18 U.S.C. §§ 3559, 3571

Attachment A4: Section 361 of the Public Health Service Act (42 USC 264)

Attachment A4: 42 CFR Part 71

Attachment B: 60-day Federal Register Notice

Attachment C: Attestation

Attachment D: Information requirements for exemption

Attachment E: QARS Privacy Impact Assessment