

**(42 CFR Part 71.4, 71.20, 71.31, and 71.32)
(OMB Control No. 0920-1354)
Request for Emergency Approval**

Submitted 5/27/2022

Supporting Statement A

Contact:

Thomas Daymude
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30333
Phone: 404.718.7103
Email: qkh7@cdc.gov

Contents

A. Justification.....	3
1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of Information Collection.....	6
3. Use of Improved Information Technology and Burden Reduction.....	8
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.....	12
IRB Approval.....	12
12. Estimates of Annualized Burden Hours and Costs.....	12
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers...	18
14. Annualized Cost to the Government.....	23
15. Explanation of Program Changes or Adjustments.....	24
16. Plans for Tabulation and Publication and Project Time Schedule.....	24
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	24
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	24
Attachments.....	25

Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated Information
(42 CFR Part 71)
(OMB Control No. 0920-1354)

- The goal of this information collection is to ensure that, consistent with the terms of February 7, 2020 Interim Final Rule (IFR), any Order issued under the IFR, and the authorities in the Public Health Service Act and in Code of Federal Regulations (CFR), CDC can obtain traveler (passengers and crew) contact information in the event that there is a risk of exposure to a quarantinable communicable disease, such as coronavirus disease 2019 (COVID-19), that poses a public health threat to the United States.
- The intended use of the information is to enable CDC to provide electronic contact information to state and local health departments, so they can contact travelers in a timely manner to provide them with follow-up health information, which may include notification that they may have been exposed to a communicable disease, 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 contact information depending on the risk of communicable disease spread during and after travel.
- There is no subpopulation being studied. The universe of respondents are airlines operating aircraft that arrive into the United States and the travelers on board those aircraft.
- Data will be analyzed to ensure that timely and complete responses are received from airlines and that the manifest information is shared with state and local public health departments, who generally bear the responsibility of performing the contact investigations. However, there is no predetermined methodology to analyze the provision of contact information.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) requests a 3-year approval for the information collection titled Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated Information. This collection was previously approved as OMB Control No. 0920-1354.

The Public Health Service Act (42 USC 264 & 268) (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 territories of the United States. This information collection is concerned with those flights and travelers arriving into the United States.

CDC regulations at 42 CFR 71.4 require that any airline with a flight arriving in the United States provide to CDC, within 24 hours of a request, specific identifying contact information on passengers and crew to prevent the introduction and spread of disease into the United States. CDC currently carries out these activities under broad general authority provided by 42 CFR 71.31 and 71.32 for international air arrivals.

The global pandemic of COVID-19 has resulted in more than 80 million cases and over 950,000 deaths in the United States.¹ Viruses constantly change through mutation. Genetic variants of SARS-CoV-2, the virus that causes COVID-19, have been emerging and circulating around the world throughout the COVID-19 pandemic. Some of the potential features and consequences of emerging variants are their ability to spread more quickly in people, to cause more severe effects in people, to evade detection by specific viral diagnostic tests, diminish the efficacy of therapeutic agents such as monoclonal antibodies, and to evade natural or vaccine-induced immunity.² Preventing the further importation and spread of SARS-CoV-2 variants of concern will require rapid identification and notification of potentially infected or exposed passengers and crew so that they and their respective jurisdiction public health officials can take steps to minimize exposures to others.

While vaccination is the most important tool for controlling the pandemic, public health mitigation efforts, including isolation of infected persons and contact tracing and management, remain key to slowing transmission and spread of SARS-CoV-2, even as vaccines are increasingly available to the U.S. public and around the world. Air travel may contribute to the spread of SARS-CoV-2 and its variants around the globe if people who are infected or incubating infection travel by aircraft and do not adhere to public health mitigation efforts. Air travel can also increase a person's risk of getting and spreading communicable diseases by bringing people in close contact with others, often for prolonged periods, and exposing them to frequently touched surfaces. While fully vaccinated travelers are less likely to get and transmit SARS-CoV-2, international travel poses additional risks, and even fully vaccinated travelers might be at increased risk for getting and possibly spreading some SARS-CoV-2 variants.

After arrival, public health officials may need to follow up with travelers who could have been exposed to, or had contact with a person known to have, a communicable disease that poses a public health threat, such as COVID-19.. Other communicable diseases for which CDC conducts contact investigations of exposure while traveling on aircraft are infectious tuberculosis (including multidrug-resistant and extensively drug-resistant infections), measles, pertussis (whooping cough), meningococcal disease, and Middle East respiratory syndrome (MERS).

¹ <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

² <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-emerging-variants.html>

In the past, public health efforts to follow up with travelers arriving into the United States have been hampered by incomplete or inaccurate contact information, causing delays in conducting contact investigations and requiring resource-intensive entry screening operations to facilitate post-arrival management of travelers. This occurred during the 2014 response to MERS, the 2014-2016 response to the Ebola epidemic in West Africa, and the response to COVID-19 in the early stage of the pandemic. Timely public health follow-up requires health officials to have prompt access to accurate and complete contact information for travelers as they arrive into the United States or transit through the United States. Inaccurate or incomplete contact information decreases the ability of public health authorities to protect the health of travelers and the public.

The best way to ensure airline passengers' contact information is available in real time is to collect the information before they board a flight. As it is impossible to predict which passengers' or crewmembers' information will be needed for public health purposes, it is necessary to collect information for all passengers and crewmembers before they arrive or transit through the United States.

CDC has identified the minimum amount of information needed for reliable public health management of travelers after they arrive into or transit through the United States: full name, address while in the United States, primary contact phone number, secondary or emergency contact phone number, email address, date of birth, airline name, flight number, city of departure, departure date and time, city of arrival, arrival date and time, and seat number.

CDC's authority for collecting these data fields is contained in 42 CFR 71.4. On February 21, 2020, CDC issued an interim final rule (IFR) (Attachment 1D) to amend its Foreign Quarantine regulations, to enable CDC to require airlines to collect, and provide to CDC, certain data regarding passengers and crew arriving from foreign countries for the purposes of health education, treatment, prophylaxis, or other appropriate public health interventions, including travel restrictions. The first five fields above were added to section 71.4 in the IFR. Airlines with flights arriving into the United States must collect and transmit these data fields to CDC within 24 hours of an order issued by the CDC Director. The remaining data fields, listed in 42 CFR 71.4(b), are part of CDC's previously existing regulatory scheme. Airlines must also transmit these fields to CDC within 24 hours of an order, to the extent such fields are already available and maintained by the airline. The order *Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers to Provide Designated Information* (Attachment 5) requiring the collection of this information was issued on October 25, 2021 and went into effect on November 8, 2021.

Identifying individual COVID-19 cases and conducting contact tracing continues to be an important strategy in preventing opportunities for the virus to spread and mutate. Even as more Americans and people around the world become vaccinated, sub-populations of unvaccinated people and others vulnerable to infection will remain, including people who elect not to be vaccinated, those ineligible for vaccination (currently young children), people with contraindications to vaccination, and people at increased risk for severe illness (including some who may be fully vaccinated, such as those with certain

immunocompromising conditions). In areas where spread of the virus has been controlled, rapid identification of imported cases and containment of further transmission through nonpharmaceutical interventions, including isolation of infected people and quarantine of susceptible close contacts, will be essential to prevent resurgence of local epidemics and ultimately end the pandemic.

2. Purpose and Use of Information Collection

In order to control the introduction, transmission, and spread of communicable diseases, such as COVID-19, into the United States, the collection of traveler contact information helps ensure that CDC and state and local health authorities are able to identify and locate persons arriving in, or transmitting through, the United States from a foreign country who may have been exposed to a communicable disease abroad. State, local, and territorial public health departments can use this information to connect with travelers who arrive in their jurisdictions infectious with or exposed to a communicable disease in order to monitor travelers for symptoms as needed.

The information collection (OMB Control No. 0920-1180) is limited to situations in which CDC has been notified after travel that an exposure has happened on a plane. Generally, this requires that CDC provide an airline with an order for contact information after a confirmed case is identified and is thought to have been at risk of spreading disease during travel. For routine contact investigations performed during business hours, it can sometimes take airlines several days to respond to a single request for passenger manifest information. In addition, there is significant time and labor required for CDC to obtain additional information from federal databases and process the received information into a format suitable for distribution to state and local health authorities in the United States. As a result, obtaining contact information after a flight—assuming the information is available—can lead to a delay of several days before health authorities can start contacting exposed travelers. This is ample time for travelers to be lost to follow-up or become symptomatic or infectious. The time required and costs incurred increase exponentially with multiple manifest requests to airlines.

The current approach has proved insufficient in the past during outbreaks of MERS and Ebola and is insufficient for the COVID-19 pandemic, where potentially infected or exposed travelers coming from countries with outbreaks need rapid public health follow-up after arrival. It has proven inefficient and cumbersome to obtain, organize, review, and appropriately disseminate such information from individuals each day, particularly during a public health emergency when time is of the essence. In addition, paper records (such as those collected during public health screening programs at ports of entry and paper customs declarations) are inadequate for contact tracing or public health follow-ups because of often poor legibility and the need for resource-intensive data entry. Moreover, customs declarations, another potential source of information, are not being collected and stored consistently for all travelers at this time, and in some airports they are not required for U.S. travelers. As it is impossible to predict the timing of outbreaks, the ability to obtain information that is continuously collected in an electronic format is extremely useful for responding to the ever-changing disease threat. Finally, CDC believes that if travelers are aware that their contact information will be used by CDC to provide

appropriate public health follow-up in response to a public health event, they will be inclined to provide accurate data (Attachment 6).

Under the IFR (Attachment 1D) and the Order (Attachment 5), CDC is seeking emergency approval to require passengers to provide this designated information and airlines to maintain the designated information for crewmembers. Airlines and aircraft operators are required to collect the designated contact information for passengers and maintain the designed information for crewmembers and transmit it to CDC within 24 hours upon request unless the data has otherwise already been transmitted to the U.S. Government via established U.S. Department of Homeland Security (DHS) data systems. Airlines are required to retain any information that has not been transmitted for at least 30 days after the flight's departure.

Airlines are required to notify passengers of the purpose and intent of the information collection, that the obligation to provide complete and accurate information is a U.S. Government requirement, and that failure to provide complete and accurate information may result in criminal penalties (Attachment 6). Passengers must provide accurate and complete information, to the extent it exists, and confirm that they provided accurate and complete information.

Collecting this critical public health information prior to arrival (no more than 72 hours before flight departure) makes the process of collecting, packaging, and sending information to states and locals for the purposes of public health follow-up faster and more efficient than collecting this information via direct entry screening at ports of entry. Faster and more efficient collection and processing of the data directly translates to better contact tracing and quicker implementation of public health interventions.

3. Use of Improved Information Technology and Burden Reduction

To reduce the burden on airlines, CDC is allowing airlines to determine the means by which they collect the designated information from travelers as well as the means by which they collect the acknowledgement of the purpose, intent, and requirement to provide complete and accurate information. Many airlines are using means already in place that are similar to any traveler experience with booking tickets or using mobile passport applications. This method of collection should be familiar to travelers, thereby reducing burden. CDC is also not requiring the collection of the designated information from crewmembers, merely that airlines maintain that information. This reduces the burden on airlines in that they do not need to ask crewmember for this information before every flight.

Airlines and aircraft operators have multiple options for transmitting this information to CDC. Airlines are able to transmit the data elements using the U.S. Customs and Border Protection (CBP)'s Advance Passenger Information System (APIS)³ and Electronic Advance Passenger Information System (eAPIS).⁴ Many airlines are already voluntarily submitting data to CBP through APIS. CBP then transmits the data to CDC. Utilizing existing systems such as APIS reduces the burden on airlines and streamlines the process.

³ <https://www.cbp.gov/travel/travel-industry-personnel/apis2>

⁴ <https://www.cbp.gov/travel/travel-industry-personnel/apis/eapis-transmission-system>

For airlines that are not using APIS, they can transmit their data using CDC Secure Data Exchange (SDX) or encrypted email.

CDC has consulted extensively with HHS, DHS, CBP, the Department of Transportation (DOT) and the Federal Aviation Administration (FAA), and airline industry representatives since the IFR was published to try to reduce the burden to airlines and travelers and ensure the agencies are working in tandem, to the extent possible. Upon transmission of data through established DHS systems, airlines do not need to store or retain the data. For data that is not transmitted, airlines are required to retain the information for at least 30 days, which covers the incubation period for all but one of the communicable diseases of concern related to the Order – COVID-19, measles, pertussis, MERS, and meningococcal disease. Only tuberculosis has an incubation that is longer than 30 days.

CDC notes that Full Name is required for all air travelers coming to the United States under CBP regulations and Transportation Security Administration's (TSA) Secure Flight program. Additionally, address in the United States is already required under CBP regulations, so the marginal impact on travelers and airlines of this collection is decreased in this respect.

4. Efforts to Identify Duplication and Use of Similar Information

CDC is the only federal agency collecting traveler contact information from airlines for the purposes of communicable disease response. Other available data systems include contact information that is incomplete, out of date, or no longer valid. Only through collecting this information directly from the airlines prior to boarding can the most up to date and complete information be made available to CDC.

Comments from industry received on a previous Paperwork Reduction Act information collection request (OMB Control No. 0920-1180; Attachment 15) and on the Interim Final Rule asserted that CDC has not considered access to other information in use by other government agencies. CDC and its partner agencies have been working to improve data aggregation and analysis for the purposes of making contact with travelers. These efforts include accessing data from many of the systems mentioned by the commenters. These travel documents contain information that may be years old and therefore not useful for contacting arriving travelers. As an example, passport information may be up to ten years old. CDC ultimately found that available data were insufficient to address the risks posed by international travelers during a global pandemic. In fact, CDC attempted to rely on these existing data sources for arriving travelers from China from February 2 through 17, 2020. These combined data streams yielded both a valid phone number and U.S. address for only 44% of arriving travelers. CDC could not identify the proper state to which to send notifications for 32% of travelers. Collecting or confirming data at the time of each flight is the best way to ensure that complete, up-to-date contact information is available for all travelers.

5. Impact on Small Businesses or Other Small Entities

This information collection falls primarily on individual travelers and larger airlines who carry the vast majority of individuals on international flights to the United States. CDC anticipates that the vast majority of the burden rests with largest passenger airlines given their volume of travelers and the need to confirm that the traveler has submitted the designated information.

For airlines that decide to submit information via APIS, consistent with CBP's description of impact in their supporting statement under OMB Control No. 1651-0088 (Attachment 9), CBP established the eAPIS website so small carriers and private pilots would not have to purchase equipment and/or incur programming expenses. For smaller airlines that do not use APIS or eAPIS, CDC is offering the option to transmit through CDC's Secure File Transport Protocol (SFTP) or CDC's Secure Access Management Service (SAMS) to allow smaller carriers even more flexibility.

The impact of collecting and providing the required data for smaller carriers and private pilots will be primarily time/labor costs for soliciting and keying the data into eAPIS, or an alternate method listed above, which are reflected in Section 12A. Additional costs are reflected in Section 14 below.

Finally, CDC has limited the required information collection to that minimally necessary to achieve public health objectives of making contact with affected travelers.

6. Consequences of Collecting the Information Less Frequently

Given the scope of the outbreak of COVID-19, and the concurrent presence of other communicable diseases identified in airline travelers coming to the United States, CDC needs these data on a routine basis. As traveler information can change between successive trips, it is necessary to collect up-to-date information for each flight into the United States. 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.

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

A. A 60-day Federal Register Notice was published in the Federal Register on November 22, 2021, 86 FR 66309 (Attachment 2). One public comment was received (Attachment 3) to which CDC has responded (Attachment 4).

B. CDC has extensively consulted with, and will continue to consult with, DHS, CBP, DOT and FAA. CDC and interagency partners have engaged with industry

representatives and industry partners throughout this policy process to discuss options, solicit input, and explore ways to facilitate improved data quality. Based on the issuance of the IFR and our ongoing conversations with the airline industry, many airlines have already adapted their systems for this information collection and have begun voluntarily collecting and transmitting this information to the U.S. Government.

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 (<https://www.cdc.gov/SORNnotice/09-20-0171.htm>). Personally identifiable information will be transmitted to CDC in one of three ways: SAMS, SFTP, or through an established DHS data system using a JSON file format. The SAMS portal is a website operated by CDC designed to provide secure, centralized access to public health information and computer applications. CDC SAMS uses a web-based user interface built on the Accellion Kiteworks Federal Cloud to accept manual file uploads and does not require any third-party software or tools. The CDC SFTP service will accept file uploads using a third-party FTP client or automated file uploads directly from an airline or aircraft operator. Accellion Kiteworks Federal Cloud is FedRAMP Authorized at the moderate level to protect sensitive but unclassified data. The CDC SFTP service is fully compliant with the Federal Information Processing Standards Publication 140, which specifies the security requirements utilized to protect sensitive but unclassified information.

CDC will use an already-built OCIO cloud data analytics platform that provides analytics and visualization tools using MS Azure Synapse. This tool provides row level encryption, cell level encryption and key management to ensure proper access for data administrators and system users. DGMQ users will be able to access the data via SQL management studio or Azure Synapse and run SQL statements. Data will be pulled into CDC's Quarantine Activity Reporting System (QARS), which has user-controlled access, and is distributed to state health departments using the secure Epidemic Information Exchange (Epi-X) system (<https://www.emergency.cdc.gov/epix/index.asp>). State health authorities will only have access to the data for individuals who are in their jurisdictions. Further information concerning the protection of privacy for these systems can be found in the attached Privacy Impact Assessments (Attachments 10-11).

Information is being collected that may have an impact on an individual if the information was disclosed. CDC will only share the information without the consent of the traveler as outlined in System of Records Notice 09-20-0171, Quarantine- and Traveler-Related Activities, including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71. These purposes are primarily to ensure

appropriate follow-up in the event medical care or additional public health response is necessary and recipients of the information will generally be public health departments and medical providers. Individuals may make a request for their available information collected through a Privacy Act request (<https://www.hhs.gov/foia/privacy/how-make-privacy-act-request.html>).

CDC intends to use the contact information only for public health follow-up, such as education, treatment, prophylaxis, or other appropriate public health interventions, including travel restrictions. As noted in the System of Records Notice, CDC retains contact tracing information until the contact tracing investigation is complete or no longer than 12 months. Personally identifiable information may be used and shared only for lawful purposes, including with authorized personnel of the U.S. Department of Health and Human Services, state and local public health departments, and other cooperating authorities, as authorized by law. CDC will retain, use, delete, or otherwise destroy the contact information in accordance with the Federal Records Act, applicable Privacy Act System of Records notice, and other applicable law.

For data that is transmitted by airlines via an established DHS data system, DHS will integrate the data into the DHS Automated Targeting System (ATS)^[1] and use it for passenger screening. DHS may use the data for any use permitted by the ATS System of Records Notice (SORN)^[2] and will retain it for a minimum of fifteen years, in accordance with the SORN. Permitted uses of established data systems, including ATS, include but are not limited to immigration enforcement, law enforcement, anti-terrorism, national security, and border security. DHS shares passenger data with other law enforcement and national security partners pursuant to agreements with those partners for use throughout a period of time specified by the relevant agreement, or according to the recipient agency's SORN or Attorney General-approved intelligence oversight guidelines.

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 12 CDC Nonresearch Determination Letter).

Contact information is submitted by the passengers and airlines to prevent the spread of communicable diseases from foreign countries into the United States. Obtaining personally identifiable contact information is necessary for public health follow-up. The information included in this information collection is the minimum necessary to meet statutory and public health obligations.

12. Estimates of Annualized Burden Hours and Costs

^[1]^[1] <https://www.dhs.gov/sites/default/files/publications/privacy-pia-cbp006-ats-may2021.pdf>

^[2]^[2] <https://www.gpo.gov/fdsys/pkg/FR-2015-03-13/html/2015-05798.htm>

A.

The burden estimates for this collection are as follows:

- 1) Burden attributable to the passenger for this information collection.
- 2) Burden attributable to airlines and travel agents to collect passenger contact data.
- 3) Burden attributable to airlines to transmit passenger and crew information to CDC.

Crew information, if needed for public health follow-up, will not be collected by the airlines as part of this information collect. Since airlines are crewmembers' employers, we presume they already have their contact information. The Order requires airlines to maintain the designed information for crewmembers and submit it to CDC upon request. It will be solicited by CDC using the routine public health order process outlined under OMB Control No. 0920-1180.

Total Hourly Burden

- CDC estimates that the amount of time required for passengers to provide the designated information and acknowledgement is 4,100,000 hours.
- CDC estimates that the amount of time required for airlines or travel agents to collect traveler information is 2,091,000 hours.
- CDC estimates that the amount of time required for airlines to transmit the information is 38 hours.
- The total hourly burden for this information collection is 6,191,038 hours.

On November 8, 2021, the travel restrictions limiting the travel of noncitizens from certain countries will be lifted, allowing significantly more people to travel to the United States than have been since March 2020, if they are fully vaccinated. Therefore, CDC is using the FY2019 air passenger volume of 123,000,000 from the U.S. Department of Transportation's Bureau of Transportation Statistics (DOT BTS), to estimate the number of air passengers that would be required to undergo these requirements because it is more representative of the pre-pandemic air travel volume estimates. This data does not include air crew on official duty. CDC acknowledges that it is possible that an individual may travel to the United States more than once, and in those cases, that individual would need to provide this information again.

CDC notes that using this data to calculate number of air passengers is likely an overestimate since it is based on pre-pandemic volume and some noncitizen nonimmigrant air passengers will not meet the new entry requirements or qualify for an exception to travel to the United States. However, since this is the first time that travel will resume for many noncitizens coming from countries previously under travel restrictions, this is the best estimate at this time. If there is a significant change in volume, CDC will submit a change request to account for that burden. CDC welcomes public comments on these estimates.

CDC is using information from DOT that indicates there were 223 air carriers who carried international travelers to the United States to develop an estimate for burden hours.

1) Burden attributable to passengers to provide designated information and acknowledgement.

For the purposes of this information collection, to account for the estimated time associated with passengers providing the designated information, CDC used the following sources and assumptions for each reservation or kiosk interaction, and for these purposes a reservation or kiosk interaction when the information is solicited and provided is a response.

- CDC estimates it will take 2 minutes for each traveler entering the United States to provide their contact information and the acknowledgment to an airline call center employee, gate agent, travel agent, or enter it electronically. This may range from 1 minute for online reservations, to 2 minutes for person-to-person reservations. But CDC is using the upper bound for the purposes of this analysis.
- CDC’s estimated time value is greater than that provided by CBP in their PRA analysis under OMB Control No. 1651-0088 Passenger and Crew Manifest for Passenger Flights, which is 10 seconds and is already inclusive of time required under APIS regulations for individuals residing outside the United States to provide a U.S. address. Since passengers are also required to read and check off the acknowledgement, we are accounting for that additional time.
- CDC notes above that for non-U.S. persons arriving in the United States CBP already requires address in the United be submitted, which may reduce the amount of time needed per passenger on average.
- CDC assumes 10% of the 123 million reservations for international travel would be made through airline staff directly at a call center, or 12,300,000 responses.
- CDC assumes that 5% of passengers will need to provide their information to airline staff at either check-in or at the gate to ensure that any transfer to a different airline accommodates the travelers contact information. This equals approximately 6,150,000 responses.
- CDC assumes that 36% of the 123 million reservations would be made by a travel agency. This would be 44,280,000 responses.
- CDC assumes that 49% of the 123 million reservations are made online without airline staff or travel agent involvement. This would be 60,270,000 travelers. Travelers may also provide information at an airport kiosk or via online check-in without airline staff or travel agent involvement.

The total estimated burden attributable to passengers providing their contact information and the acknowledgement is 4,100,000 hour per year.

Table 12(A)(1): Burden attributable to burden on passengers to provide the designated information and provide the acknowledgement

Type of Respondent	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)

Passenger providing information to airline staff (call centers)	Passenger “Acknowledgement” and collection of information from passengers	12,300,000	1	.03334	410,000
Passenger providing information to airline staff (airport check-in or gate agent)	Passenger “Acknowledgement” and collection of information from passengers	6,150,000	1	.03334	205,000
Passenger providing information to travel agents	Passenger “Acknowledgement” and collection of information from passengers	44,280,000	1	.03334	1,476,000
Passenger entering information electronically	Passenger “Acknowledgement” and collection of information from passengers	60,270,000	1	.03334	2,009,000
Total		123,000,000			4,100,000

2) Burden attributable to airlines to collect the designated information and acknowledgement.

To account for the hours to collect this information from the passengers, CDC is duplicating the burden associated with the passengers themselves. Because it is not feasible to allocate a number of passengers to each airline staff member or travel agent who solicits the information from passengers, CDC’s estimate provides for one response per passenger. CDC used TSA’s Secure Flight economic impact analysis (Attachment 14) as a model to further break down the respondent types and burden as follows:

- CDC assumes 10% of the 123 million reservations for international travel would be made through airline staff directly at a call center, or 12,300,000 responses. CDC assumes that it will take 2 minutes of time to solicit and enter an individual’s contact information into the reservation system.
- CDC assumes that 5% of passengers will need to provide their information to airline staff at either check-in or at the gate to ensure that any transfer to a different airline accommodates the travelers contact information. This equals approximately 6,150,000 responses. CDC assumes that it will take 2 minutes of time to solicit and enter an individual’s contact information into the system.

- CDC assumes that 36% of the 123 million reservations would be made by a travel agency. This would be 44,280,000 responses and each transaction would require 2 minutes of a travel agent’s time to solicit and enter the individual’s contact information into the reservation system.
- CDC assumes that 49% of the 123 million reservations are made online. This would be 60,270,000 travelers. Online reservations impose no information collection burden on airline staff or travel agents. Travelers may also provide information at an airport kiosk or via online check-in without airline staff or travel agent involvement. .

Table 12(A)(2): Burden attributable to airlines to collect the designated information and acknowledgement

Type of Respondent	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Airline staff (call centers)	Passenger “Acknowledgement” and collection of information from passengers	12,300,000	1	.03334	410,000
Airline staff (airport check-in or gate agent)	Passenger “Acknowledgement” and collection of information from passengers	6,150,000	1	.03334	205,000
Travel Agents	Passenger “Acknowledgement” and collection of information from passengers	44,280,000	1	.03334	1,476,000
Total					2,091,000

3) Burden attributable to airlines to transmit passenger and crew information.

Approximately 90% of international passengers will be arriving on major airline carriers that we anticipate will use existing APIS and eAPIS systems for the submission of the data elements. CDC does not anticipate additional time will be needed for those airlines to transmit the information to the U.S. government, as it would be submitted through the regular processes required by CBP under OMB No. 1651-0088. Therefore, we assume

that 10% of airlines will use the alternate CDC options outlined in the *Technical Instructions for CDC’s Contact Information Collection Order* (Attachment 7). If we find that a significant number of airlines are using alternative options, CDC will submit a change request to account for that burden.

The two options for transmitting data outlined in the *Technical Instructions for CDC’s Contact Information Collection Order* are CDC Secure Access Management System (SAMS) and CDC Secure File Transport Protocol (SFTP). The burden time for transmitting data is the same, because both options are file upload systems. Since the Order went into effect, three airlines have chosen to use SFTP and 22 airlines have chosen SAMS for data transfer. Based on the average number of times we conducted contact investigations for charter aircraft operations in 2020 and 2021, which are the groups we anticipate using these options, we expect to request the contact information be transmitted by these airlines approximately 110 times per year. We have no way to predict whether more responses will come from one airline vs. another airline; therefore, we divided the 110 investigations evenly between the airlines and approximated that it would be 5 times per year per airline.

Table 12(A)(3): Burden attributable to airlines to transmit the designated passenger and crew information

Type of Respondent	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Set up SAMS account	No Form	22	1	0.083333	2
Transmit JSON or .cvs data via SAMS or SFTP	No Form	25	5	0.166667	21
Total					23

B. Estimated Annualized Burden Costs

1) Burden attributable to collection and transmission of traveler contact data for airlines and passengers.

- The cost for passengers’ time to provide the additional data was estimated by using recommended hourly value of travel time savings for all type of travel from the U.S. Department of Transportation. This dollar value is \$47.10.⁵
- The cost for airline call center staff and gate agents was estimated by using the Reservation and Transportation Ticket Agents and Travel Clerks job series from the Bureau of Labor Statistics: <https://www.bls.gov/oes/current/oes434181.htm>. CDC used a mean hourly wage rate of \$21.98 x 2 to account for wages, benefits and overhead costs.
- The cost for travel agents was estimated using the Travel job series from the BLS: <https://www.bls.gov/oes/current/oes413041.htm>. CDC used a mean hourly wage rate of \$21.43 x 2 to account for wages, benefits and overhead costs.
- The cost for transmitting data using SAMS or SFTP was estimated using the Database Administrators and Architects job series from the BLS: <https://www.bls.gov/oes/current/oes151245.htm>. CDC used a mean hourly wage rate of \$48.60 x 2 to account for wages, benefits, and overhead costs.

The total estimated respondent time cost is **\$58,325,976**.

Table 12(B)(1): Burden attributable to collection and transmission of traveler contact data for airlines and passengers.

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
International Passengers	Passenger “Acknowledgement” and collection of information from passengers	4,100,000	\$47.10	\$193,110,000
Airline staff (call centers)	Passenger “Acknowledgement” and collection of information from passengers	410,000	\$43.96	\$18,023,600
Airline staff (airport check-in or gate agent)	Passenger “Acknowledgement” and collection of information from passengers	250,000	\$43.96	\$10,990,000
Travel Agents	Passenger “Acknowledgement” and collection of information from	1,476,000	\$42.86	\$63,261,360

⁵ U.S. Department of Transportation, Office of Transportation Policy. The Value of Travel Time Savings: Departmental Guidance for Conducting Economic Evaluations Revision 2 (2016 Update), “Table 4 (Revision 2 - 2016 Update): Recommended Hourly Values of Travel Time Savings.” September 27, 2016. <https://www.transportation.gov/sites/dot.gov/files/docs/2016%20Revised%20Value%20of%20Travel%20Time%20Guidance.pdf>. Accessed October 25, 2021.

	passengers			
Database Administrator	No Form	23	\$97.20	\$2,235.60
Total				\$285,387,195.60

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

Airlines and operators do not need to retain any data that has been transmitted to the U.S. Government. For those that use APIS/eAPIS, there will be no retention of data since that is a DHS data system. The “acknowledgement” from passengers is also not required to be retained for any period of time. CBP provides for the annual cost burden for air carriers to use APIS/eAPIS in OMB Control No. 1651-0088. For the 90% of airlines that use APIS/eAPIS, this information collection does not create additional costs beyond what is already captured in 1651-0888 as the majority of airlines that operate international flights to the U.S. have already been collecting this contact information from passengers. Therefore, to not duplicate cost burdens, we do not account for the costs in this section for the airlines using APIS/eAPIS.

For the airlines that e transmitting data using the SAMS or SFTP, they will be required to retain data for 30 days that is not transmitted to CDC. They will only transmit the data upon request.

Because there are a wide variety of management systems and processes available to airlines, the range of potential costs to retain the data will vary. We expect a range of costs between **\$253,200 to \$4,340** a year. These costs depend on the type of storage system used and the type of file and the travel volume for these flights.

CDC also considered one-time training costs for airlines and travel agencies to train staff to obtain the information from passengers. The number of travel agents and airline ticket agents was obtained from May 2020 National Occupational Employment and Wage Estimates from the U.S. Bureau of Labor Statistics. There are around 55,180 travel agents and 110,020 ticket agents. CDC assumed that annual training requirements for these agents will be one hour based on the estimate from TSA's Secure Flight regulatory evaluation. The estimated training costs for these groups is **\$7.2 million**.

Total Annual Costs

The other total costs is \$7.5 million. If this amount is added to the burden estimate from Section 12, the total burden would be estimated at about \$293 million.

14. Annualized Cost to the Government

Both CBP and CDC already have the infrastructure in place to receive data via APIS/eAPIS data. CDC was already receiving APIS/eAPIS data prior to this information collection therefore there are no set up costs associated with connecting to this data stream.

In the event of a widespread outbreak overseas necessitating rapid notification to state health departments of significant numbers of passengers, the information collected in APIS/eAPIS will be distributed to state public health authorities. This program relies on CDC's Quarantine Activity Reporting System (QARS, a secure online database used by CDC quarantine stations), and Epi-X to accomplish this transition and is primarily automated. Therefore, the staff costs are primarily related to information technology support and data analysis.

QARS maintenance costs for this scenario are approximately \$30,000 per month for development and maintenance during the course of the outbreak.

The annual labor cost to operate the Microsoft Synapse platform is \$15,000.

Because this is an analysis of marginal cost increases for the use of already existing systems to transfer data from CBP to CDC, CDC is not estimating any costs for CBP in this section.

15. Explanation of Program Changes or Adjustments

This is a request for an Extension of an 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. Publication of the Order requiring the collection of this information occurred on October 25, 2021.

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

No exemption is requested. Display of OMB expiration date is not inappropriate.

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 70

Attachment 1C: 42 CFR Part 71

Attachment 1D: Control of Communicable Diseases; Foreign Quarantine

Attachment 2: 30-day Federal Register Notice 0920-1354

Attachment 3: Public Comments on 60-day FRN

Attachment 4: CDC Response to Public Comment

Attachment 5: Requirement for Airlines and Operators to Collect and Transmit Designated Information for Passengers and Crew Arriving into the United States; Requirement for Passengers to Provide Designated Information

Attachment 6: Passenger “Acknowledgement” and collection of information from passengers

Attachment 7: Technical Instructions for CDC’s Contact Information Collection Order

Attachment 8: Working Papers Project Harvard

Attachment 9: 1651-0088 Passenger and Crew Manifest, Supporting Statement 2017

Attachment 10: QARS PIA

Attachment 11: Epi-X PIA

Attachment 12: CDC Nonresearch Determination Letter

Attachment 13: Joint Air Industry Comments to CDC IFR

Attachment 14: TSA Secure Flight RIA 2008-10-17

Attachment 15: Airline Comments to CDC PRA Reviews (OMB Nos. 0920-1180 0920-1181)