

Enhanced Data Collection (EDC) During COVID-19 Pandemic
****Please submit to maritimeadmin@cdc.gov daily by 1200 ET****

OMB Approved
 Control No. 0920-1335
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Directions: Please enter all data for:

- 1) Case counts and traveler test results identified for the previous day
(i.e., report submitted by 1200 ET today will include information from yesterday [0000 hrs. to 2359 hrs. ET]), and
- 2) Traveler test results received since last submission for the following:
 - Symptomatic Case Counts with Viral testing
 - Asymptomatic Case Counts with Viral testing for
 - Identified [close contacts](#)
 - Embarkation day screening
 - During or end of quarantine screening of newly embarking crew
 - Routine screening
 - Disembarkation screening

Completion of this form is requested of cruise ships operating or intending to operate in U.S. waters under CDC’s reporting jurisdiction. For additional guidance, see [Guidance for Maritime Vessels on the Mitigation and Management of COVID-19](#).

Ship:			
Voyage number:	Voyage start date (mm/dd/yyyy):	Voyage end date (mm/dd/yyyy):	
Date Submitted (mm/dd/yyyy):			
Closest seaport at time of submission (City and Country):			
GPS coordinates of ship at time of submission (in decimal degrees):		Crew ⁽¹⁾	Passengers
Latitude: (in decimal degrees [DD], e.g., 45.34)	Longitude: (in decimal degrees [DD], e.g., -78.0)	Total # of travelers onboard:	

Important Reporting Reminders

COVID-19 Reporting and Management

- This EDC Form will be used to conduct surveillance for COVID-19 on board cruise ships using cumulative reports of confirmed COVID-19 ⁽²⁾ and COVID-19-like illness (CLI), which includes acute respiratory illness (ARI), influenza-like illness (ILI), and pneumonia.
- For cruise ships falling under CDC’s reporting jurisdiction, the Enhanced Data Collection (EDC) During COVID-19 Pandemic Form is an interim replacement for the:
 - Maritime Illness and Death Investigation form [PDF – 4 pages] for individual cases of COVID-19, typically reported to CDC quarantine stations.
 - Maritime Conveyance Cumulative Influenza/Influenza-Like Illness (ILI) form [PDF – 1 page] for each international voyage, formerly requested by CDC.
- Cruise operators should be familiar with CDC’s [Guidance for Maritime Vessels on the Mitigation and Management of COVID-19](#), including its testing and isolation recommendations.
- Ships that choose to use antigen tests (for diagnostic or screening testing) should follow FDA guidance.
- Please report daily *final* diagnostic test results only [e.g., if a symptomatic person is antigen-negative then tests NAAT-positive on the same day, do not report the initial antigen-negative result to EDC] ⁽³⁾
- A febrile person in the presence of a more likely diagnosis (e.g., cellulitis, urinary tract infection, tooth abscess) does not represent CLI and should not be reported via EDC.

Influenza Reporting and Management

- Cumulative influenza-like-illness (ILI) reporting via the Maritime Conveyance Cumulative Influenza/Influenza-like Illness (ILI) Form is suspended indefinitely due to the COVID-19 pandemic.
- Individual cases of influenza or ILI should not be reported to CDC quarantine stations using the Maritime Illness and Death Investigation form. Both ILI and test-positive influenza cases are included in this EDC form under Symptomatic Case Counts and Viral Testing.
- If needed, please refer to CDC’s website for [Guidance for Cruise Ships on Influenza Management](#).

Reporting Cruise Ship Fatalities or Other Illnesses of Public Health Concern

- **Acute gastroenteritis or diarrhea:** should be reported to CDC’s Vessel Sanitation Program (VSP) via the [Maritime Illness Database and Reporting System \(MIDRS\)](#). For more information, visit [CDC Vessel Sanitation Program \(VSP\)](#)
- **Legionnaires’ disease:** should be reported to CDC’s Respiratory Diseases Branch at travellegionella@cdc.gov. For more information about Legionnaires’ disease, visit CDC’s Respiratory Diseases Branch (RDB).
- **Fatalities and all other illnesses of public health concern** (e.g., tuberculosis, varicella, measles, pertussis) should be reported via the

[Maritime Conveyance Illness or Death Investigation Form](#) to the appropriate [CDC Quarantine Station](#).

Do you have ANY new testing, results, or other information to report via EDC today?

- Yes
- No

Today, are you entering **new** (not previously reported) results for the following test categories (check all that apply)?

- Testing of crew with CLI
- Testing of passengers with CLI
- Testing of close contacts among crew
- Testing of close contacts among passengers
- Embarkation day screening testing
- During or end of quarantine screening of newly embarking crew
- Routine screening testing (applies to crew only)
- Disembarkation testing

Symptomatic Case Counts with Viral Testing (i.e., NAAT ^[4] or antigen test):

(Please report daily *final* diagnostic test results only [e.g., if a symptomatic person is antigen-negative then viral test-positive on the same day, do not report the initial antigen-negative result to EDC] ^[3])

Ships that choose to use antigen tests should follow [FDA antigen-testing guidance](#).

Enter Numbers Below
(Unless Otherwise Specified)

Crew ^[1]

Passengers

Row	What is your COVID-19-like Illness (CLI) case count for the previous day? CLI clinical criteria/definition:	Crew ^[1]	Passengers
1	<ul style="list-style-type: none"> • Persons with at least <i>one or more</i> of the following symptoms: fever ^[5], cough, difficulty breathing, shortness of breath, new olfactory disorder, or new taste disorder in the absence of a non-infectious diagnosis as determined by the ship's physician (e.g., heart failure) or • Persons with at least <i>two or more</i> of the following symptoms: sore throat, nasal congestion, runny nose (rhinorrhea), chills, rigors, muscle or body aches (myalgias), headache, fatigue, vomiting, or diarrhea in the absence of a non-infectious diagnosis as determined by the ship's physician (e.g., allergies) or • Persons with severe respiratory illness with at least <i>one</i> of the following: <ul style="list-style-type: none"> ○ Clinical or radiographic evidence of pneumonia, ○ Acute respiratory distress syndrome (ARDS). 		
2	Of those persons with CLI , how many were tested for COVID-19 using a viral test?		
3	Of those persons with CLI tested for COVID-19 using a viral test, how many tested positive ?		
4	Of those persons with CLI that tested positive for COVID-19 using a viral test, how many were newly embarking crew members in quarantine?		
5	Of those persons with CLI tested for COVID-19 using a viral test, how many tested negative ?		
6	Of those persons with CLI that tested negative for COVID-19 using a viral test, how many were newly embarking crew members in quarantine?		
7	Of those persons with CLI that tested negative for COVID-19 using a viral test, how many tested positive for influenza ? ^[6]		
8	Of those persons with CLI that tested negative for COVID-19 using a viral test AND the ship performs RSV testing, how many tested positive for respiratory syncytial virus [RSV]? ^[6]		
9	Of those persons with CLI that tested negative for COVID-19 using a viral test, how many tested positive for another respiratory pathogen (e.g., <i>Legionella</i> , <i>Streptococcal pharyngitis</i> , infectious mononucleosis)? ^[6]		
10	Of those persons with CLI tested for COVID-19 using a viral test, how many never registered a positive or negative result (e.g., inconclusive or invalid result)?		
11	Of those persons with CLI for this reporting day, how many were not tested for COVID-19 because they had already tested positive as an identified close contact (and asymptomatic) in the past 14 days (i.e., on a previous reporting day)?		

12	Were there any additional CLI cases that were not accounted for by the questions above (e.g., symptomatic persons testing positive for both COVID-19 <i>and</i> another respiratory pathogen [e.g., influenza, RSV])? Please explain:		
HOSPITALIZATIONS, VENTILATOR USE, AND MEDICAL EVACUATIONS			
<ul style="list-style-type: none"> • <i>Includes</i> travelers with CLI that test negative for COVID-19 <i>and</i> no alternative etiology is identified (e.g., influenza, <i>Legionella</i>, <i>Streptococcal</i> pharyngitis, infectious mononucleosis, or RSV). • <i>Excludes</i> travelers with CLI who have a confirmed alternative etiology (e.g., influenza, <i>Legionella</i>, <i>Streptococcal</i> pharyngitis, infectious mononucleosis, or RSV) 			
13	How many symptomatic persons needed hospitalization (onboard or ashore) due to CLI or COVID-19?		
14	Of those hospitalized due to CLI or COVID-19, how many required mechanical ventilation ?		
15	Of those hospitalized due to CLI or COVID-19, how many were medically evacuated from the ship?		
Asymptomatic Case Counts with Viral Testing (i.e., NAAT ^[4] or antigen test):		Enter Numbers Below (Unless Otherwise Specified)	
Ships that choose to use antigen tests should follow FDA antigen-testing guidance .		Crew ^[1]	Passengers
IDENTIFIED CLOSE CONTACT TESTING (please see Guidance for Maritime Vessels on the Mitigation and Management of COVID-19 for close contact testing recommendations).			
Ships that choose to use antigen tests should follow FDA antigen-testing guidance .			
16	How many <i>asymptomatic</i> persons were tested for COVID-19 using a viral test after being identified as a close contact of a: <ul style="list-style-type: none"> a) Symptomatic person with CLI and a positive viral test, or b) Symptomatic person with CLI and a negative viral test result, or c) Asymptomatic person with a positive viral test result? 		
17	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test after being identified as a close contact , how many tested positive ?		
18	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test after being identified as a close contact , how many tested negative ?		
19	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test after being identified as a close contact , how many were never able to register a positive or negative result (e.g., inconclusive or invalid result)?		
EMBARKATION DAY SCREENING TESTING ^[7]			
Ships that choose to use antigen tests should follow FDA antigen-testing guidance .			
20	How many <i>asymptomatic</i> persons were tested for COVID-19 using a viral test on the day of embarkation ?		
21	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test on the day of embarkation , how many tested positive ?		
22	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test on the day of embarkation , how many tested negative ?		
23	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test on the day of embarkation , how many were never able to register a positive or negative result (e.g., inconclusive or invalid result)?		
DURING OR END OF QUARANTINE SCREENING TESTING OF NEWLY EMBARKING CREW			
Ships that choose to use antigen tests should follow FDA antigen-testing guidance .			
24	How many <i>asymptomatic</i> newly embarking crew members were tested for COVID-19 using a viral test at the end of quarantine (i.e., prior to leaving quarantine)?		
25	Of the <i>asymptomatic</i> newly embarking crew members tested for COVID-19 using a viral test at the end of quarantine , how many tested positive ?		
26	Of the <i>asymptomatic</i> newly embarking crew members tested for COVID-19 using a viral test at the end of quarantine , how many tested negative ?		
27	Of the <i>asymptomatic</i> newly embarking crew members tested for COVID-19 using a viral test at the end of quarantine , how many were never able to register a positive or negative result (e.g., inconclusive or invalid result)?		
ROUTINE SCREENING TESTING			
Ships that choose to use antigen tests should follow FDA antigen-test guidance .			

28	How many <i>asymptomatic</i> persons were tested for COVID-19 using a viral test for routine crew screening or passenger voyage testing?		
29	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test for routine crew screening or passenger voyage testing, how many tested positive ?		
30	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test for routine crew screening or passenger voyage testing, how many tested negative ?		
31	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test for routine crew screening or passenger voyage testing, how many were never able to register a positive or negative result (e.g., inconclusive or invalid result)?		
DISEMBARKATION SCREENING TESTING OF TRAVELERS			
Ships that choose to use antigen tests should follow FDA antigen-test guidance .			
32	How many <i>asymptomatic</i> persons were tested for COVID-19 using a viral test collected within 24 hours before disembarkation ?		
33	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test collected within 24 hours before disembarkation , how many tested positive ?		
34	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test collected within 24 hours before disembarkation , how many tested negative ?		
35	Of the <i>asymptomatic</i> persons tested for COVID-19 using a viral test collected within 24 hours before disembarkation , how many were never able to register a positive or negative result (e.g., inconclusive or invalid result)?		
36	Were there any additional asymptomatic cases testing positive that were not accounted for by the questions above? Please explain:		

- [1] All overnight contractors/visitors/vendors should be identified as crew for all CDC reporting requirements (i.e., day contractor/visitors/vendors can be excluded)
- [2] Confirmed COVID-19 means laboratory confirmation for SARS-CoV-2, the virus that causes COVID-19, by [viral test](#).
- [3] Please refer to [FDA antigen-testing guidance](#).
- [4] Examples of available NAATs for SARS-CoV-2 include but are not restricted to: reverse transcription polymerase chain reaction (RT-PCR), reverse transcription loop-mediated isothermal amplification (RT-LAMP), transcription-mediated amplification (TMA), nicking enzyme amplification reaction (NEAR), and helicase-dependent amplification (HDA).
- [5] A febrile person in the presence of a more likely diagnosis (e.g., cellulitis, urinary tract infection, tooth abscess) does not represent CLI and should not be reported via EDC.
- [6] If an alternate infectious etiology is identified through laboratory testing, routine infection control precautions recommended for the diagnosis should be followed.
- [7] Embarkation day testing applies to all passengers on back-to-back sailings prior to the ship sailing on the next voyage, regardless of vaccination status.

Public reporting burden of this collection of information is estimated to average 20 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 0920-1335.