

Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form
 (to be submitted electronically via REDCap once per voyage, within 24 hours before arrival in U.S.)^[1]

OMB Approved
 Control No. 0920-1335
 Exp: 01/30/2026

Directions: Please enter all data for cumulative case counts and traveler test results identified for the current voyage.

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 Cruise Ships on Acute Viral Respiratory Illness Management](#).

| | | | |
|---|---------------------------------|-------------------------------|-------------------|
| Ship: | | | |
| Voyage number: | Voyage start date (mm/dd/yyyy): | Voyage end date (mm/dd/yyyy): | |
| Date Submitted (mm/dd/yyyy): | | | |
| Next U.S. Seaport (City and State/Territory): | | | |
| Total # of travelers onboard: | | Crew ^[2] | Passengers |
| | | | |

Important Reporting Reminders

Acute Respiratory Illness (ARI) Reporting and Management

- This Maritime Conveyance Cumulative Acute Respiratory Illness (ARI) Reporting Form will be used to conduct surveillance on board cruise ships using cumulative reports of acute respiratory illness (ARI), which includes illnesses that meet the syndromic case definition below, including those for which testing has not been conducted; those with negative test results for COVID-19, influenza, or respiratory syncytial virus (RSV); and confirmed COVID-19^[3], influenza, and RSV infections.
- Cruise operators should be familiar with CDC's [Guidance for Cruise Ships on Acute Viral Respiratory Illness Management](#), including its testing and isolation recommendations.
- Individual non-fatal cases of COVID-19, influenza, RSV, or unspecified ARI do *not* need to be reported to CDC quarantine stations using the Maritime Illness and Death Investigation form.

Reporting Cruise Ship Fatalities or Other Illnesses of Public Health Concern

- **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](#).
- **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).

| ARI Case Counts with Viral Testing: | | Enter Numbers Below (Unless Otherwise Specified) | |
|-------------------------------------|---|---|------------|
| | | Crew ^[2] | Passengers |
| 1 | What is your Acute Respiratory Illness (ARI) case count for the current voyage? ARI clinical criteria/definition: An illness of presumed viral etiology with at least <i>two or more</i> of the following symptoms: fever, cough, runny nose, nasal congestion, or sore throat. Ships should <i>exclude</i> the following from this ARI report: <ul style="list-style-type: none"> • Confirmed acute respiratory disease diagnoses other than COVID-19, influenza, or respiratory syncytial virus RSV (e.g., Streptococcal pharyngitis, Epstein-Barr virus)^[3], • Diagnoses of bacterial pneumonia: either clinical (e.g., community acquired) or test-positive (e.g., urine Legionella antigen)^[3], and • Non-infectious conditions as determined by the ship's physician (e.g., allergies) | | |
| 2 | Of those persons with ARI, how many tested positive for COVID-19 and no other viral respiratory pathogens? | | |
| 3 | Of those persons with ARI, how many tested positive for influenza and no other viral respiratory pathogens? | | |
| 4 | Of those persons with ARI, how many tested positive for RSV and no other viral respiratory pathogens? | | |
| 5 | Of those persons with ARI who were tested, how many were positive for two or more of the | | |

| | | | |
|--|---|---|-------------------|
| | three listed viral respiratory pathogens (i.e., COVID-19, influenza, RSV)? | | |
| 6 | Were there any additional ARI cases that were <i>not</i> accounted for by the questions above? If so, please comment: | | |
| HOSPITALIZATIONS, VENTILATOR USE, AND MEDICAL EVACUATIONS | | | |
| 7 | How many symptomatic persons needed hospitalization (onboard or ashore) due to ARI? | | |
| 8 | How many symptomatic persons required mechanical ventilation due to ARI? | | |
| 9 | How many symptomatic persons were medically evacuated ^[4] from the ship due to ARI? | | |
| Asymptomatic COVID-19 Case Counts with Viral Testing: | | Enter Numbers Below <i>(Unless Otherwise Specified)</i> | |
| | | Crew ^[2] | Passengers |
| 10 | How many <i>asymptomatic</i> persons were tested for COVID-19 ? | | |
| 11 | Of those <i>asymptomatic</i> persons tested for COVID-19 , how many tested positive ? | | |
| 12 | Of those <i>asymptomatic</i> persons tested for COVID-19 , how many tested negative ? | | |

[1] For international voyages with >1 U.S. port (e.g., Canada to multiple Alaskan ports), please report to CDC within 24 hours before arrival in the *final* U.S. port.

[2] All overnight contractors/visitors/vendors should be identified as crew for all CDC reporting requirements (i.e., day contractor/visitors/vendors can be excluded).

[3] Confirmed COVID-19 means laboratory confirmation for SARS-CoV-2, the virus that causes COVID-19, by [viral test](#).

[4] Medical evacuation is defined as the medical transfer of any traveler needing a higher level of care than can be provided on the ship (e.g., helicopter medevac to hospital, medical boat to shoreside ambulance to hospital, or cruise ship port to shoreside ambulance to hospital).

Public reporting burden of this collection of information is estimated to average 10 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.