

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]
 and sooner if 3% or more of the voyage's passengers or crew have ARI)

OMB Approved
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 1335
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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 Management of Acute Respiratory Illness due to Viral Infection](#).

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 Cruise Ship 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, influenza, and RSV ^[3] infections.
- Cruise operators should be familiar with CDC's [Guidance for Cruise Ships on Management of Acute Respiratory Illness due to Viral Infection](#), 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 meeting CDC's regulatory definition of "ill person"** (e.g., tuberculosis, varicella, measles, pertussis) must be reported via the [Maritime Conveyance Illness or Death Investigation Form](#) to the appropriate [CDC Quarantine Station](#) unless they meet one of the two exceptions listed below. For guidance, see [Reporting Death or Illness on Ships](#).
- **Acute gastroenteritis or diarrhea:** report 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:** report 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	<p>What is your Acute Respiratory Illness (ARI) case count for the current voyage?</p> <p>ARI clinical criteria/definition: An illness of presumed viral etiology with at least <i>two or more</i> of the following symptoms: fever/feverishness, cough, runny nose, nasal congestion, or sore throat.</p> <p>Ships should <i>exclude</i> the following from this ARI report:</p> <ul style="list-style-type: none"> • Confirmed acute respiratory disease diagnoses other than COVID-19, influenza, or RSV ^[3] (e.g., Group A Streptococcal pharyngitis, Epstein-Barr virus infection) • Diagnoses of bacterial pneumonia: either clinical or test-positive (e.g., urine Legionella antigen, urine <i>Streptococcus pneumoniae</i> antigen), 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)?		
<p>Note: The <i>sum</i> of the values in Questions 2–5 may <i>not</i> equal the value in Question #1; this is due to other acute respiratory viruses in which rapid testing is not available for (e.g., rhinovirus, adenovirus, enterovirus, human parainfluenza virus, human metapneumovirus).</p>			
HOSPITALIZATIONS, VENTILATOR USE, AND MEDICAL EVACUATIONS			
6	How many symptomatic persons needed hospitalization (onboard or ashore) due to ARI?		
7	How many symptomatic persons required mechanical ventilation due to ARI?		
8	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 (Unless Otherwise Specified)	
		Crew ^[2]	Passengers
9	How many <i>asymptomatic</i> persons were tested for COVID-19 ?		
10	Of those <i>asymptomatic</i> persons tested for COVID-19 , how many tested positive ?		
11	Of those <i>asymptomatic</i> persons tested for COVID-19 , how many tested negative ?		
12	Option to enter questions or comments to CDC about cumulative ARI reporting:		

[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](#). Confirmed influenza means laboratory confirmation for influenza A or B by viral test. Confirmed RSV means laboratory confirmation for RSV 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.