



Centers for Disease Control
and Prevention
Form Approved
OMB Control No. 0920-1181
Expiration date: XX/XX/XXXX

Date

POC

Airline

Address

Fax number

Tel Number

Dear [INSERT Name of POC]:

The Centers for Disease Control and Prevention (CDC) have been notified by the state public health authority of [INSERT state] that a passenger was diagnosed with infectious [INSERT name of disease], and is believed to have been infectious during travel. On [INSERT Departure Date], the passenger departed [INSERT Departure Airport Code, City, State, Country] on [INSERT Airline and Flight Number] arriving into [INSERT Arrival Airport Code, City, State, Country] on [INSERT Arrival Date if different from departure date].

The CDC considers passengers seated in close proximity to this passenger to be at a significant risk for infection and is conducting a public health investigation. To expedite our ability to identify, inform, and begin interventions on exposed individuals, we are asking that you provide us with the name, seat number, and locator information for the following passengers on the flight indicated below as soon as possible:

[INSERT THE SEATS/ROWS NEEDED ACCORDING TO THE DISEASE-SPECIFIC SOP IN CDC QS OPS MANUAL]

- The ill passenger seated in [INSERT seat#] and the passengers in [INSERT SEAT# AND ROWS].
- [REPEAT FOR EACH ADDITIONAL FLIGHT WITH SAME AIRLINE OR DELETE THIS BULLET]

This information may be provided to the XX Port Health Station staff in person hard copy, by email at xxxxxxxx@cdc.gov, fax at xxx-xxx-xxxx, or by telephone at xxx-xxx-xxxx.

If you have any questions concerning how the requested information will be used by CDC, please do not hesitate to contact me. I can be reached by phone at xxx-xxx-xxxx or by e-mail at the xxxxxxxx@cdc.gov.

Thank you very much for your assistance in this investigation.

Sincerely,



Centers for Disease Control
and Prevention
Form Approved
OMB Control No. 0920-1181
Expiration date: XX/XX/XXXX

INSERT NAME

Officer-in-Charge or Port Health Medical Officer
CDC [INSERT Name] Port Health Station
Telephone: [INSERT]
FAX: [INSERT]