

**Change Request for
Maritime Conveyance Illness or Death Investigation Form**

**(OMB Control No. 0920-0134)
Expiration Date: 03/31/2026**

Contact:

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Circumstances of Change Request for OMB 0920-0134

The Centers for Disease Control and Prevention (CDC), Division of Global Migration Health (DGMH) requests a nonmaterial/non-substantive of the currently approved Information Collection Request: Foreign Quarantine Regulations (42CFR71) (OMB Control Number 0920-0134). Federal regulations (42 CFR 71.21) require the master of a ship sailing from a non-U.S. port destined to a U.S. port to immediately report to CDC any death or certain illnesses among the ship's passengers or crew, including travelers who have disembarked or were removed from the ship due to illness or death. Given this is a regulatory requirement for cruise ships, forms must be updated to reflect CDC's reporting requirements. CDC requests approval of this change request by 5pm on January 17, 2025

Change Request

CDC is requesting non-substantive changes to the *Maritime Conveyance Illness or Death Investigation Form*. The purpose of this change is to update to the instructions to reflect the current reporting requirements for cumulative acute respiratory illness reporting ([Guidance for Cruise Ships on Management of Acute Respiratory Illness \(ARI\) due to Viral Infection](#)).

CDC does not consider this change substantive as it does not add or remove any data collection elements of the form. The changes to the *Maritime Conveyance Illness or Death Investigation Form* include an update to the instructions for cruise ship reporting. This change aligns the instructions included in the form with CDC's latest [Guidance for Cruise Ships on Management of Acute Respiratory Illness \(ARI\) due to Viral Infection](#). This changes do not affect the estimated burden for this form.

Increase in Annualized Total Burden Hours:

The previous burden calculated for this data collection consisted of 2,078 hours (rounded to nearest hour). CDC does not anticipate this update will change the estimated annual burden.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Maritime Vessel Operator	42 CFR 71.21(a) report of illness or death from ships – Maritime Conveyance Illness or Death Investigation Form Section 5 (Attachment D)	100	1	5/60	8
Total					8

Attachments

