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Department of Health and Human Services  
Centers for Disease Control and Prevention  
Docket No. CDC-2025-0684

Jeffrey M. Zirger  
Information Collection Review Office  
Centers for Disease Control and Prevention  
1600 Clifton Road NC, MS H210  
Atlanta, Georgia, 30229

### **CLIA COMMENTS ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) PROPOSED DATA COLLECTION**

Cruise Lines International Association (CLIA) is the world's largest cruise industry trade association, providing a unified voice and leading authority of the global cruise community. The association has 15 offices globally with representation in North and South America, Europe, Asia and Australasia. CLIA supports policies and practices that foster a safe, secure, healthy, and sustainable cruise ship environment for more than 34.6 million passengers who cruise annually. The CLIA community includes the world's most prestigious ocean, river, and specialty cruise lines; a highly trained and certified travel agent community; and widespread industry stakeholders, including ports and destinations, ship development, suppliers, and business services. CLIA's mission is to represent the interest of the cruise industry community and serve as the global organization that fosters its members' success by advocating, educating, and promoting common interests of the cruise community.

Thank you for the opportunity to comment on the CDC's proposed information collection project titled Maritime Illness Database and Reporting System (MIDRS).

#### **Necessity and Practical Utility of the Information Collection**

CLIA recommends that the CDC's Vessel Sanitation Program (VSP) adopt the Division of Global Migration Health (DGMH) model of a single, end-of-voyage cumulative report, consistent with reporting practices for other international conveyances. CLIA seeks greater clarity on how CDC utilizes routine, non-outbreak illness reporting data considering the industry infrequently receives analyses or actionable feedback based on the 24 hour and 4-hour update reports. Historical analyses have shown that the overall burden of disease on cruise ships is often lower than in shoreside communities and sharing such insights could be helpful in addressing common misperceptions about illness on cruise ships.

Additionally, the current 2% and 3% special reporting requirements through MIDRS special reporting requirements may benefit from clarification to ensure consistent alignment with the core illness and death reporting framework in 42 CFR 71.21, particularly for voyages operating outside the United States. Greater alignment with the DGMH model could help streamline

reporting and reduce unnecessary or duplicative submissions while continuing to meet public health objectives.

Finally, CLIA encourages the CDC to periodically review and update the MIDRS email distribution list as it currently includes recipients who may no longer be directly involved or impacted. A more targeted distribution limited to relevant CDC offices and appropriate stakeholders could help ensure the information is shared efficiently and appropriately.

### **Accuracy of the Agency's Estimate of Burden**

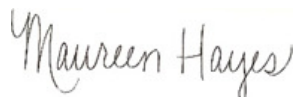
CLIA offers additional context regarding the estimated burden associated with Acute Gastroenteritis (AGE) illness reporting. For 24-hour and 4-hour AGE reports submitted via the MIDRS web portal or email receiver, reporting is dependent on access to reliable internet connectivity, which may not always be available at sea and can extend the time required to complete reporting. The estimated burden should also account for the time needed to log into the MIDRS system or prepare email submissions, collate and validate case counts, submit reports, and receive and file confirmation evidence of successful submission. For reports submitted via email or telephone, additional challenges may arise. Telephone notification requires a stable and sustainable phone connection, while reporting via email or phone removes the efficiencies associated with automated reporting and may increase the potential for data entry errors. In these cases, follow-up communications to confirm successful receipt of the report further add to the overall time burden. Based on feedback from shipboard medical staff with direct MIDRS user experience, we believe the estimated burden hours may be understated.

Accordingly, the industry's estimated burden was analyzed and revised upwards from 3/60 to 10/60 hours to more accurately reflect real-world reporting conditions; supporting details are provided in the appended Excel document, *Estimated Annualized Burden Hours*. CLIA appreciates the opportunity to share this operational perspective to support more accurate burden estimates.

CLIA and its member cruise lines are grateful for the CDC's role as the leading public health agency for the United States and the longstanding, collaborative partnership with the industry on public health, illness reporting and vessel sanitation.

CLIA is available to discuss these comments with you should you have any questions. The CLIA point of contact is Maureen Hayes, Director, Maritime Policy. Phone (610)-613-4168. Email: [mhayes@cruising.org](mailto:mhayes@cruising.org).

Sincerely,



Maureen Hayes  
Director, Maritime Policy  
Cruise Lines International Association

Type of respondents	Form name
Ship MED staff	AGE Illness Report 24 hours before arrival (web portal/email receiver)
Ship MED staff	AGE Illness Report 24 hours before arrival (via email or phone)
Ship MED staff	AGE Illness Report 4 hours before arrival (web portal/email receiver)
Ship MED staff	AGE Illness Report 4 hours before arrival (via email or phone)
Ship MED staff	Special Reports exceeding 2%-3% AGE Threshold (all types)

# of respondents	# responses per respondent	Avg burden per response (hours)	Total burden (hours)	Revised Burden
270	30	3/60	405	10/60
30	30	3/60	45	10/60
216	30	3/60	320	10/60
24	30	3/60	36	10/60
180	4	3/60	36	10/60

**Justification**

The revised burden estimate of 10/60 incorporates feedback from experienced MIDRS users. MIDRS web portal and email is dependent on reliable internet, and connectivity challenges may extend time to complete

Notification by phone requires telephone connectivity, which can be impacted while at sea.

See feedback for *AGE Illness Report 24 hours (via web or email receiver)*; applicable to both 24-hour and 4-hour

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