

Maritime-related Public Health Activities

**OMB Control No. 0920-1335
Expiration XX/XX/XXXX
Request for Reinstatement with Change**

**Supporting Statement A
March 27, 2026**

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**Maritime-related Public Health Activities
(OMB Control No. 0920-1335)**

Goal of the project: The goal of this information collection is to ensure that, consistent with the authorities in the Public Health Service Act and CFR Parts 70 and 71, CDC is able to prevent the introduction, transmission and spread of communicable diseases from foreign countries into the United States or from one state or possession into any other state or possession.

This information collection focuses on (1) ensuring ill travelers and deaths on maritime conveyances (operating or intending to operate in U.S. waters) are reported to CDC as required under regulation; and (2) gathering information needed to help CDC, ships, and state and local health departments understand if they need to conduct public health response and follow-up in the event a traveler on a ship is known to be infectious (confirmed case) or potentially infectious (suspected case), presenting a risk of disease spread to others. Travelers would include a ship's passengers or crew, as well as travelers who have disembarked or were removed from the ship due to illness or death.

Historically, some of these maritime-related information collection activities were approved under different OMB control numbers including maritime illness and death reporting (0920-0134, exp. 3/31/2026), and outcome reporting information collections (0920-0900, exp. 9/30/2027). With this current submission, CDC is requesting a revision that will consolidate CDC's National Center for Emerging and Zoonotic Infectious Disease' (NCEZID) Division of Global Migration Health's (DGMH) maritime-related information collections under one OMB control number, thereby, improving efficiency of DGMH's maritime activities PRA submission process.

Intended use of the resulting data: CDC uses this information to meet its statutory and regulatory responsibilities outlined in 42 CFR Parts 70 and 71 which are designed to prevent the introduction and spread of communicable diseases into the United States and its territories. The information provided by medical or other staff aboard a maritime conveyance is evaluated to determine if the illness or death was likely due to a communicable disease of public health concern. When communicable diseases of public health concern are identified, CDC notifies pertinent parties and initiates contact investigations to prevent additional disease transmission to others (e.g., crew, passengers, port partners, community members upon disembarkation). Prompt notification of others who were exposed to an ill traveler allows the exposed person to monitor for signs of illness and receive post-exposure prophylaxis, when appropriate. Data are also analyzed to monitor the burden and understand patterns of illnesses and deaths reported among travelers on maritime conveyances in CDC's reporting jurisdiction.

Methods to be used to collect: No statistical methods are used. These data are collected using various methods, including:

- ***Illness or Death Reporting from Ship:***

- *Death/Illness Reports from master of a ship -No Form (42 CFR Part 71.21 (a)) (OMB Control No 0920-0134)*
- *Report of death/illness during stay in port-No Form (42 CFR Part 71.35) (OMB Control No 0920-0134)*
- *Maritime Conveyance Illness or Death Investigation Form (42 CFR Part 71.21 (a))*

(OMB Control No 0920-0134)-Attachment C. This form collects information about

This
is a

request for a reinstatement with change of the Information Collection Request (ICR) for OMB Control Number 0920-1335 that expired 1/31/2026. The Centers for Disease Control and Prevention (CDC) Division of Global Migration Health (DGMH) within the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) is requesting approval for three years. DGMH is requesting approval for a revision that will consolidate public health maritime-related information collections under one OMB control number, thereby improving efficiency of DGMH's maritime activities PRA submission process. The components of this information collection request are related to (1) required reporting of illness and death reporting from maritime conveyances which include collection of details relating to the illness or death (include information collections currently approved under OMB control number 0920-0134); (2) requested routine cruise ship cumulative acute respiratory illness reporting form (currently in this package under OMB control number 0920-1335); and (3) requested forms to help determine risk of spread and need for CDC to provide technical assistance (two currently approved in 0920-0900, and one previously approved in 0920-0900 in 2018).

A. Justification

1. Circumstances Making the Collection of Information Necessary

The rapid speed and tremendous volume of domestic and international travel, commerce, and human migration enable infectious disease threats to disperse worldwide in hours or days - less time than the incubation period of most communicable diseases. These and other forces intrinsic to modern technology and ways of life favor the emergence of new communicable diseases and the reemergence or increased severity of known communicable diseases. Stopping a communicable disease outbreak – whether it is community-acquired or imported by infectious individual – requires the use of the most rapid and effective public health tools available. Basic public health practices, such as collaborating with maritime operators and international or state/local/territorial public health partners, in the identification and notification of potentially exposed contacts, are critical tools in the fight against the introduction, transmission, and spread of communicable disease into the United States.

Section 361 of the Public Health Service Act (PHSA) (42 U.S.C. 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission or spread of communicable diseases from foreign countries into and within the United States. Statutes and the existing regulations governing domestic and foreign quarantine activities (42 CFR Parts 70 and 71, respectively) authorize port health officers and other personnel to inspect and undertake necessary control measures with respect to maritime conveyances and persons, in order to protect the public's health.

Under its delegated authority, the CDC works to fulfill this responsibility through a variety of activities, for which, the CDC requests a 3-year renewal approval for the Information Collection Package previously titled "Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting"

(OMB Control No 0920-1335). This revised packet aggregates maritime activity information collection tools related to DGMH, some currently approved other information collections, to simplify the PRA process and create efficiency when revisions are needed for maritime information collections. As such, we are recommending to revise the title to “Maritime-related Public Health Activities.” CDC is doing similar aggregation to other information collections for aviation and land travel.

2. Purpose and Use of Information Collection

The reporting, documentation and recordkeeping requirements contained in 42 CFR Parts 70 and 71 regulations are used by CDC to carry out public health responsibilities and have been part of current practice for decades. This information collection is critical to CDC in fulfilling regulatory requirements and public health responsibilities that aim to reduce the risk that a communicable disease enters and spreads through the United States via maritime travelers.

The purpose and use of each information collection are outlined below:

Illness or Death Reporting from Ship:

CDC regulations require ships operating in U.S. waters or intending to operate, to report deaths and or illnesses that occur on their ships and could threaten public health in certain scenarios.

Under 42 CFR Part 71.21 (a), *Report of death or illness*, the master of a ship destined for a U.S. port shall report immediately to the port health station at or nearest the port at which the ship will arrive, the occurrence, on board, of any death or any ill person among passengers or crew (including those who have disembarked or have been removed) during the 15-day period preceding the date of expected arrival or during the period since departure from a U.S. port (whichever period of time is shorter). The definition for an “ill person” who is on board a vessel (42 CFR Part 71.1(ii)) is as follows:

(A) Has a fever (a measured temperature of 100.4 °F [38 °C] or greater; or feels warm to the touch; or gives a history of feeling feverish) accompanied by one or more of the following: skin rash, difficulty breathing or suspected or confirmed pneumonia, persistent cough or cough with bloody sputum, decreased consciousness or confusion of recent onset, new unexplained bruising or bleeding (without previous injury), persistent vomiting (other than sea sickness), headache with stiff neck; or

(B) Has a fever that has persisted for more than 48 hours; or

(C) Has acute gastroenteritis*, which means either diarrhea, defined as three or more episodes of loose stools in a 24-hour period or what is above normal for the individual, or vomiting accompanied by one or more of the following: One or more episodes of loose stools in a 24-hour period, abdominal cramps, headache, muscle aches, or fever (temperature of 100.4 °F [38 °C] or greater); or

(D) Has symptoms or other indications of communicable disease, as the Director may announce through posting of a notice in the Federal Register.

*While acute gastroenteritis (AGE) is included in the “ill person” definition of 42 CFR 71, reporting of ill travelers with AGE on cruise ships occurs through a separate information collection system managed by CDC’s Vessel Sanitation Program in the National Center for Environmental Health.

Information collections in this request that are related to this regulation are:

Under 42 CFR Part 71.35, *Report of death/illness during stay in port*, the master of any carrier at a U.S. port shall report immediately to the port health station at or nearest the port the occurrence, on board, of any death or any ill person among passengers or crew.

Under 42 CFR Part 70.4, *Report of disease*, the master of any vessel or person in charge of any conveyance engaged in interstate traffic, on which a case or suspected case of a communicable disease develops shall, as soon as practicable, notify the local health authority at the next port of call, station, or stop, and shall take such measures to prevent the spread of the disease as the local health authority directs.

Information collections in this request that are related to requirements for reporting illnesses or deaths include:

- *Death/Illness Reports from master of a ship*-No Form (OMB Control No 0920-0134)*Maritime Conveyance Illness or Death Investigation Form* (OMB Control No 0920-0134, exp. 3/31/2026) Attachment C). The majority of ships will report illnesses and deaths among maritime travelers traveling to the United States and between states using this form to submit this information. Ships can report by securely emailing a PDF form (available on CDC’s website) to CDC, or if necessary, they can also send by fax or share by telephone with the CDC port health station at the next port of entry, or the CDC Emergency Operations Center. Sections 1-4 should always be filled out. Section 5 of this form is only filled out if CDC informs the ship it needs personally identifiable information of the ill person, for example if the person has disembarked from the ship.
- *Report of death/illness during stay in port* [Verbal-No Form] (OMB Control No 0920-0134, exp. 3/31/2026). Some ships, such as cargo ships, may report ill persons to CDC by radioing or calling their own Operation Center, or the U.S. Coast Guard. Sometimes they may also call the local port health station or CDC Emergency Operations Center directly. Regardless of how CDC is notified, the port health station with jurisdiction will follow up with the necessary ship operators to gather more information using the *Maritime Conveyance Illness or Death Investigation Form*.

CDC notes that the information collection request associated with (42 CFR Part 70.4) is currently undergoing a request to be moved from its current approval to an information collection package associated with land travel (Under OMB Control No. 0920-0134). In that request, CDC has noted that the collection may also be used by ships. Ships may report a case or suspected case of a communicable disease occurring during interstate travel, such as California to Hawaii, and then CDC may determine whether they should gather more information on the *Maritime Conveyance Illness or Death Investigation Form*.

Routine Requested Reporting

Outbreaks of seasonal influenza, respiratory syncytial virus (RSV) infection, COVID-19, and other viral respiratory infections can occur at any time of the year among cruise ship passengers and crew members. Many cruise ship travelers are older adults or have underlying medical conditions that put them at increased risk of complications from these respiratory virus infections. Early detection, prevention, and control of such acute viral respiratory infections are important, not only to protect the health of passengers and crew members on cruise ships, but also to avoid spread of these viruses into communities.

- *Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form* (OMB Control No 0920-1335, exp. 1/31/2026) (Attachment D). This form is not required; however to monitor risk of and reduce spread of ARI, CDC requests that cruise ships submit a cumulative ARI report (even if no ARI cases have occurred) preferably within 24 hours before arrival in the U.S.G, of each voyage. However, if a voyage's crew or passenger ARI attack rate reaches 3%, they are requested to send the form as soon as possible. These reports are requested by completing the *Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form*.

Outcome Reporting Information Collections

The outcome reporting forms uniformly collect information from maritime operators, who conduct contact investigations on behalf of CDC. This information enables CDC to assess, detect, and respond efficiently and accurately to communicable disease threats of potential public health concern at ports of entry. The information collected is also necessary for public health surveillance and follow-up purposes, enabling CDC to better understand the extent of disease transmission during maritime travel and to develop and refine investigative protocols, aimed at reducing the spread of communicable disease. The forms collect the following categories of information: demographics, pertinent clinical and medical history, and epidemiologic and travel history. In addition to the Tuberculosis (TB) Maritime Contact Investigation Worksheet and Varicella Outbreak Enhanced Data Collection Form, CDC also has a general maritime form that may be used by maritime conveyance staff to support collection of information needed for a non-TB or non-Varicella case if this disease is reported. This General Maritime Contact Investigation Outcome Reporting Form was previously approved in OMB Control No 0920-0900 in 2018. CDC is requesting to add it back as other types of disease outbreaks increase.

- *Tuberculosis (TB) Maritime Contact Investigation Worksheet (OMB Control No 0920-0900) (Attachment E)*
- *Varicella Outbreak Enhanced Data Collection Form (OMB Control No 0920-0900) (Attachment F)*
- *General Maritime Contact Investigation Outcome Reporting Form (previously not included in PRA submission due to <10 cases per year (Attachment G).*

Port Health Activity Reporting System (PHARS, formerly referred to as QARS¹)

The information collected in these forms and other information collection tools in this package are necessary for public health surveillance and public health follow-up purposes. The information is stored in Port Health Activity Reporting System (PHARS), a secure web-based data-management system used by all CDC port health stations. This system was formerly referred to as QARS, but was updated to PHARS when CDC changed the name of “quarantine stations” to “port health stations”. CDC may share the data collected in this form with state, local, and territorial health departments, as provided under CDC’s System of Records Notice (*Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71*), because they are generally responsible for contacting individuals residing in their jurisdictions and can assist with public health follow-up, such as helping exposed travelers self-monitor for signs and symptoms of diseases of public health concern, and contact the appropriate agent (i.e., medical provider, state or local HD) if these signs and symptoms arise.

3. Use of Improved Information Technology and Burden Reduction

- o Illness or death reporting with no form associated can be reported using a phone or radio. Some ships, such as cargo ships, may report ill persons to CDC by radioing or calling their own Operation Center, U.S. Coast Guard. Sometimes they may also call the local port health station or CDC Emergency Operations Center directly.
- o *Maritime Conveyance Illness or Death Investigation Form* (OMB Control No 0920-0134, exp. 3/31/2026). CDC’s [website provides guidance to ships](#) on how they can report illnesses or deaths that occur on their ship using this form. There are also instructions located on the first page of this form. For Sections 1-4, a fillable PDF form is filled out by cruise lines and then securely emailed to CDC. For Section 5, which is less frequently needed because it includes personally identifiable information, cruise lines fill out by hand and can fax or call the port health station.
- o *Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form* (OMB Control No 0920-1335, exp. 1/31/2026). Cruise ships submit data via REDCap, a CDC-approved secure web application.

¹ QARS stood for the Quarantine Activity Reporting System but is now called the Port Health Activity Reporting System (PHARS).

- o *Tuberculosis (TB) Maritime Contact Investigation Worksheet (OMB Control No 0920-0900) (Attachment E)* Password-protected Excel forms are emailed to CDC.
- o *Varicella Outbreak Enhanced Data Collection Form (OMB Control No 0920-0900) (Attachment F)* Password-protected Excel forms are emailed to CDC.
- o *General Maritime Contact Investigation Outcome Reporting Form (previously approved under 0920-0900) (Attachment G)* Password-protected Excel forms are emailed to CDC.

4. Efforts to Identify Duplication and Use of Similar Information

CDC is the only public health authority with regulatory responsibility for collecting information about the occurrence of death or illness onboard maritime conveyances traveling into the United States or interstate. Given its public health role, CDC is also the main entity that would provide outbreak and contact investigation technical assistance to maritime operators or medical staff aboard ships traveling into or between U.S. states. In addition, CDC works in collaboration with its international, federal, state, local, and territorial public health and conveyance partners to ensure all contact investigations associated with communicable disease exposure during or after travel are done in a coordinated manner. Only in rare circumstances would the requirements for DGMH's maritime-related public health activities overlap with the reporting of acute gastroenteritis (AGE) required under CDC's Vessel Sanitation Program (VSP). For example, if a person with symptoms of both AGE and ARI died on board a cruise ship, then the ship would be required to report on both DGMH's *Maritime Illness and Death Reporting Form* (death) and VSP's *Maritime Illness and Death Reporting System* (AGE), and ARI data would be included in the ship's voluntary submission of the Cumulative ARI Reporting form. However, these forms would each serve a different program and/or purpose.

Other than that, there is no duplication of data collection for public health purposes for international maritime travelers.

5. Impact on Small Businesses or Other Small Entities

While some maritime and other travel companies may be considered small businesses, CDC anticipates that the majority of the burden will rest with larger cruise line companies. Respondents are primarily cruise ship medical staff, cargo shop managers, and state local, territorial health department officials. In all cases, the information requested has been kept to the absolute minimum in order to minimize the public burden.

6. Consequences of Collecting the Information Less Frequently

Further reduction of required and requested recordkeeping or reporting would prevent CDC from meeting its legislative mandate and regulatory responsibilities and could therefore endanger the public's health.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5. Information regarding the incidence of disease or death aboard maritime conveyances must also be reported on a real-time basis if it is to be used to prevent the importation and spread of disease into the United States. Depending on the situation, reporting may be verbal, written with no specific form specified, or written on the provided illness and death investigation forms with no extra copies required.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. A 60-day Federal Register Notice was published in the *Federal Register* on January 15, 2026, vol. 91, No. 10, pp. 1794 - 1796 (Attachment B1). CDC received one comment related to this notice (Attachment B2).

B. CDC communicates frequently with cruise lines when they are reporting a death or ill person, and holds quarterly meetings to provide updates on requirements and recommendations. Cruise lines have the opportunity to offer feedback on how reporting protocols are implemented. CDC tries to address issues or concerns to facilitate the reporting.

9. Explanation of Any Payment or Gift to Respondents

No monetary incentives or gifts are provided to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

This information collection request has been reviewed by NCEZID and determined that the Privacy Act applies to some aspects of this information collection request. The applicable System of Records Notice is 09-20-0171, Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71, HHS/CDC/CCID. Further information concerning the protection of privacy can be found in the attached Privacy Impact Assessment (Attachment H). Data will be kept private to the extent allowed by law.

Respondents to this data collection are generally aware what information collected under this control number is required under regulation, and CDC publishes content on its website and in the Federal Register concerning these collections. For the information collected using the illness or death reporting forms, if an individual decides not to answer, the port health officer or maritime operator cannot force them to answer. Only when a port health officer has a reasonable belief that a quarantinable communicable disease is present may an individual be detained to protect public health.

Information submitted will be entered into a computer system called PHARS for analysis and later retrieval if necessary. Electronic media will be protected by adequate physical, administrative, and procedural safeguards to ensure the security of the data. Access will be

restricted to agency employees with a bona fide “need to know” in order to carry out the duties of their positions or to accomplish the purposes for which the data were collected. Source documents, printouts and thumb drives will be safeguarded by storing them in locked cabinets in locked offices when not in use.

Information collected under this control number may be disclosed to appropriate state or local public health departments and cooperating medical authorities to deal with conditions of public health concern; to private contractors assisting CDC in analyzing and reviewing records; to investigators under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice for litigation purposes; and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for these and other permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual’s written consent.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The protocols and tools included in this information collection request have been reviewed and approved by NCEZID’s Human Subjects Advisor, who determined that this project does not meet the definition of human subjects research under 45 CFR 46.102(d). IRB review is not required (Attachment I CDC Non-research Determination Letter).

Sensitive Questions

This information collection requests certain personally identifying information of travelers. Some personally identifying information is required in reports to identify ill travelers. This information is necessary to engage in follow-up activities and to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. CDC is not requiring nor requesting the submission of any information related to criminal behavior, sexual behavior and attitudes, alcohol or drug use, religious beliefs, and other matters that are commonly considered sensitive.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden (Hours)

CDC is requesting approval for the use of the below forms and associated burden. The burden imposed by this revision is based upon the estimated amount of time needed to perform each particular information submission multiplied by the number of responses to CDC. The total estimated annualized burden hours for this information collection packet are 836 hours (rounded) including 100 hours from maritime illness and death reporting, 717 hours from routine requested

reporting, and 19 hours from contact investigation and outbreak detection information collections.

Illness or Death Reporting:

- o **Death/Illness Reports from Ship-No Form** (42 CFR 71.21(a) and (c)) (OMB Control 0920-0134) (No Form)
- o **Report of death/illness during stay in port-No Form** (OMB Control 0920-0134)
Implementation of federal regulation (42 CFR 71.35) requires the master of a ship bound for a U.S. port to report any illnesses or deaths immediately to the port health station at or nearest the port the occurrence, on board, of any death or any ill person among passengers or crew.
- o **Maritime Conveyance Illness or Death Investigation Form (Attachment C):** (OMB Control 0920-0134) The previous burden calculated for this data collection consisted of 83 for Sections 1-4 and 8 hours for Section 5 (both rounded to nearest hour). CDC does not anticipate any change to the estimated annual burden. The reason Sections 1-4 are broken out from Section 5 is because Section 5 contains personally identifiable information that is only provided if CDC requests the information to allow for follow up with the ill traveler or travel companions after the voyage ends.

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/Ship Clinician	<i>Report of Death Illness from Ship</i> (42 CFR 71.21 (a)) (Verbal-No Form)	50	1	7/60	6
Maritime Vessel Operator/Ship Clinician	<i>Report of Death Illness During Stay in Port</i> (42 CFR 71.35) (Verbal-No Form)	5	1	30/60	3
Maritime Vessel Operator/Ship Clinician	<i>Maritime Conveyance Illness or Death Investigation Form</i> (42 CFR 71.21 (a)) [Sections 1-4] (Attachment C)	500	1	10/60	83
Maritime Vessel Operator/Ship Clinician	<i>Maritime Conveyance Illness or Death Investigation Form</i> (42 CFR 71.21 (a))	100	1	5/60	8

	[Section 5] (Attachment C)				
Total					100

Routine Requested Reporting

- o ***Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form (Attachment D):***
(OMB Control No 0920-1335)
 - ***FOR ALL CRUISE SHIPS:*** Submitting once per voyage within 24 hours before arrival in U.S.: 100 respondents with 40 responses at 10 minutes per response for a total of 667 burden hours.
 - ***FOR CRUISE SHIPS WITH >3% OF PASSENGERS WITH ARI:*** For cruise ships submitting a second report per voyage (i.e., sooner than 24 hours before arrival in U.S because 3% or more of the voyage’s passengers or crew have ARI): 100 respondents with 3 responses at 10 minutes per response for a total of 50 burden hours.

Type of Respondent	Form or Information Collection Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Ship Clinician	Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form (submitted once per voyage, within 24 hours before arrival in U.S.) (Attachment D)	100	40	10/60	667
Ship Clinician	Cruise Ship Cumulative ARI Reporting Form (submitted sooner than 24 hours before arrival in U.S because 3% or more of the voyage’s passengers or crew have ARI) (Attachment D)	100	3	10/60	50
		200			717

Outcome Reporting Information Collections

- o ***TB Maritime Contact Investigation Worksheet*** (Attachment E): 3 respondents and 30 minutes per response, for a total of 2 burden hours.
- o ***Varicella Outbreak Enhanced Data Collection Form – Maritime*** (Attachment F): 18 respondents and 30 minutes per response, for a total of 9 burden hours

- o **General Maritime Contact Investigation Outcome Reporting Form** (formerly approved under 0920-0900 in 2018) (Attachment G). To be sent by port health station to ship when contact investigation criteria are met for a non-TB case if this disease is reported to CDC > 10 instances/year. CDC estimates this form being used approximately 15 times each year, 30 minutes per response, for a total of 8 burden hours.

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response	Total Burden Hours
Ship Clinician	TB Maritime Contact Investigation Worksheet (Attachment E)	3	1	30/60	2
Ship Clinician	Varicella Outbreak Enhanced Data Collection Form - Maritime (Attachment F)	18	1	30/60	9
Ship Clinician	General Maritime Contact Investigation Outcome Reporting Form (former 0920-0900) (Attachment G)	15	1	30/60	8
Total Hours		836			19

Total Burden Hours for 0920-1335: 836 burden hours

B. Estimated Annualized Burden Costs

Respondents for this information collection include Maritime Vessel Operator and/or Ship Clinicians.

- Maritime Vessel Operators 53-5021 Captains, Mates, and Pilots of Water Vessels is used. This yields an average of \$46.95 per hour. (53-5021 Captains, Mates, and Pilots of Water Vessels: <http://www.bls.gov/oes/current/oes535021.htm>.)
- Cruise ship physicians are estimated to make between \$8,000-14,000 per month, according to [Crew Center](#). To calculate average hourly wage, CDC is taking an average of \$11,000/month divided by an average of 160 hours of working hours a month to equal \$68.75 an hour.

Since it is unknown how many respondents will be maritime vessel operators and how many will be ship clinicians, CDC is using the average hourly estimate for cruise ship physicians to estimate cost burden to ships, keeping in mind that it is likely an overestimate.

Total estimated burden cost to respondents for these information collections is **\$57,475.00**

Type of Respondent	Form Name	Total Burden (in hrs.)	Hourly Wage Rate	
Maritime Vessel Operator/Ship Clinician	<i>Report of Death Illness from Ship</i> (42 CFR 71.21 (a)) (Verbal-No Form)	6	\$68.75	\$412.50
Maritime Vessel Operator/Ship Clinician	<i>Report of Death Illness During Stay in Port</i> (42 CFR 71.35) (Verbal-No Form)	3	\$68.75	\$206.25
Maritime Vessel Operator/Ship Clinician	<i>Maritime Conveyance Illness or Death Investigation Form</i> [Sections 1-4] (Attachment C)	83	\$68.75	\$5,706.25
Maritime Vessel Operator/Ship Clinician	<i>Maritime Conveyance Illness or Death Investigation Form</i> [Section 5] (Attachment C)	8	\$68.75	\$550.00
Ship Clinician	Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form (submitted once per voyage) (Attachment D)	667	\$68.75	\$45,856.25
Ship Clinician	Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form (submitted when 3% or more of the voyage's passengers or crew have ARI) (Attachment D)	50	\$68.75	\$3,437.50
Ship Clinician	TB Maritime Contact Investigation Worksheet (Attachment E)	2	\$68.75	\$137.50
Ship Clinician	Varicella Outbreak Enhanced Data Collection Form - Maritime (Attachment F)	9	\$68.75	\$618.75
Ship Clinician	General Maritime Contact Investigation Outcome Reporting Form (former 0920-0900) (Attachment G)	8	\$68.75	\$550.00

Total				\$57,475.00
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13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no other costs to respondents or record keepers.

14. Annualized Cost to the Government

For each report of death or illness in travelers on ships covered by CDC’s statutory, regulatory, and public health responsibilities, port health station staff collect and review the information to determine whether a public health response is necessary to protect Americans’ public health. Since travelers on cruises are generally still onboard the cruise when an ill person or death occurs, CDC staff are generally less involved in contact investigations than they would be for contact investigations related to air travelers. That said, CDC staff may still need to do some public health follow up for reports of death or ill travelers and/or provide technical assistance to cruise medical staff.

The staff hours used for this estimation are composed of the total number of estimated reports of death or illness multiplied by 2 hours, which is the approximate average time required for CDC to do the initial review and processing of the illness or death report. This total is then multiplied by a GS 12 CDC-staff member in the Atlanta locality (2026 rate: \$94,654/2,000 hours = \$47.33 / hr. CDC does not have access to any state or local health department system costs, so they are not accounted for in this estimate.

There are also system and personnel costs associated with the use, development, and maintenance of PHARS. The costs dedicated only to the maritime contact investigation process cannot be separated from the total PHARS system costs are \$180,000.

The total annual cost for routine contact investigations included in this information collection is **\$211,616** (\$31,616 + \$180,000). This cost estimate is based on the average amount of time spent on these activities. This program has seen some changes since the end of the COVID-19 pandemic and can update the estimates if they change significantly.

	Number of Respondents to Illness or Death Investigations	Time in hours required to perform activity	Average hourly wage of GS-12 staff	Total Estimated Cost (rounded)
Responding to Illness or Death	500	1	\$47.33	\$23,665

Investigations [Section 1-4]				
Responding to Illness or Death Investigations [Section 5]	100	1	\$47.33	\$4,733
Reviewing Cumulative Acute Respiratory Illness (ARI) Reporting Forms	200	15/60	\$47.33	\$5,656
Reviewing and following up on Outcome Reporting Forms	36	30/60	\$47.33	\$150
Total				\$31,616

15. Explanation for Program Changes or Adjustments

Minimal changes were made to prior versions of these forms as outlined below. These changes are also noted in the corresponding attachments as noted. The biggest change throughout this information collection request is the combination of all DGMH maritime-related activity reporting forms, including under OMB Control No 0920-0134, into one PRA packet with OMB Control No 0920-1335. Changes made to forms are highlighted in yellow in the attachments.

- *Death/Illness Reports from master of a ship (42 CFR 71.21(a))-No Form (OMB Control No 0920-0134)*
 - o This information collection was previously included in the estimate of the filling out of the *Maritime Conveyance Illness or Death Investigation Form*, however since some reporting of ill persons or a death may occur via phone or radio first, CDC feels it is more complete to include a reporting option where there is no form associated since the reporting is required.

- *Report of Death Illness During Stay in Port (42 CFR 71.35)*-No Form (OMB Control No 0920-0134)
- While the number of respondents and burden hours stayed the same, the estimated cost burden increase because CDC is using a conservative estimate of the hourly wage of ship physicians instead of vessel operators since it is expected cruise ships would be the most to report and would have ship physicians.
- *Maritime Conveyance Illness or Death Investigation Form (42 CFR 71.21(a))* (OMB Control No 0920-0134, exp. 3/31/2026).
 - o Updated instructions to update links and clarify how to submit form
 - o Updated OMB Control No from 0920-0134 to 0920-1335
 - o Updated to change references to “Quarantine Stations” and “Quarantine Officers” to “Port Health Stations” and “Port Health Officers”
 - o Added that photographs should “show the face”
 - o Under “Signs, Symptoms, and Conditions” added the option to record additional specific symptoms to provide more details on the ill traveler’s condition
 - o Changed DGMQ to DGMH, to reflect the change in the CDC division’s name.
 - o Modification of the variable “Gender” to “Sex,” per [Executive Order 14168](#).
 - o Other minor changes highlighted in yellow
- *Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form* (OMB Control No 0920-1335, exp. 1/31/2026). Cruise ships submit data via REDCap, a CDC-approved secure web application.
 - o Minor revisions to the ARI reporting form. CDC considers these changes non-substantive (e.g., updating hyperlinks) with minimal impact on public reporting burden. These changes include:
 1. Addition of clarifying language that the form should be submitted 24 hours prior to arrival in “the *final* U.S. port” in the voyage’s itinerary.
 2. Addition of footnote #2 (“For international voyages with >15 days prior to arrival in the U.S., the time period for calculating this attack rate begins at day 15 prior to arrival at a U.S. port) to align with our webpage: [Guidance for Cruise Ships on Management of Acute Respiratory Illness \(ARI\) due to Viral Infection | Port Health | CDC](#)”).
 3. Addition of a field for the report submitter’s email to facilitate communication.
 4. Updating all hyperlinks so that they route appropriately.
- *TB Maritime Contact Investigation Worksheet* (OMB Control No 0920-0900)
 - o Moved into this information collection request 0920-1335
 - o Updated OMB Control No from 0920-0900 to OMB Control No 0920-1335
 - o Increased average response time from 10 minutes to 30 minutes. This is to account for the time it may take to pull the information together.
- *Varicella Outbreak Enhanced Data Collection Form* (OMB Control No 0920-0900)
 - o Moved into this information collection request 0920-1335
 - o Updated OMB Control No from 0920-0900 to OMB Control No 0920-1335
 - o Increased average response time from 10 minutes to 30 minutes. This is to account for the time it may take to pull the information together.

- *General Maritime Contact Investigation Outcome Reporting Form* (formerly approved under 0920-0900)
 - o Added this form to OMB Control No. 0920-1335

16. Plans for Tabulation and Publication and Project Time Schedule

The proposed activities are routine and reoccurring data collections, the time schedules for which are determined by the frequency of exposure to a communicable disease resulting in a contact investigation. Both daily and incident-specific reports are generated for CDC staff using PHARS data. CDC Port Health Station staff plan to use the data, aggregated to protect the privacy of any individually identifiable information, to provide the public, partners, and other stakeholders information about contact investigation, and to evaluate and improve CDC's investigative protocols. Data are not collected for statistical use.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the expiration data is not inappropriate. CDC requests no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Attachments

1. Authorizing Legislation

- o Attachment A1: Section 361 of the Public Health Service Act (42 USC 264)
- o Attachment A2: 42 CFR Part 71
- o Attachment A3: 42 CFR Part 70

2. 60-Day Federal Register Notice (FRN)

- o Attachment B1 – 60-day FRN 0920-1335 Notice (Jan. 15, 2026)
- o Attachment B2 – 60-day FRN 0920-1335 Notice Public Comment

3. Information Collection instruments

- o Attachment C – Maritime Conveyance Illness or Death Investigation Form [Sections 1-5]
- o Attachment D – Cruise Ship Cumulative Acute Respiratory Illness (ARI) Reporting Form

- o Attachment E – TB Maritime Contact Investigation Worksheet
- o Attachment F – Varicella Outbreak Enhanced Data Collection Form
- o Attachment G – General Maritime Contact Investigation Outcome Reporting Form

4. Additional Attachments

- o Attachment H: Privacy Impact Assessment
- o Attachment I: CDC Non-research determination