2026 Ebola Passenger Disclosure and Attestation

Request for OMB approval of a New Information Collection

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Supporting Statement A

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- **Goal of the study:** The goal of the information collection is to ensure that, consistent with the terms of the October XX, 2026 Order under Sections 361, 365, and 368 of the Public Health Service Act (42 U.S.C. 264, 268, 270, & 271) and 42 Code of Federal Regulations 71.20, 71.31(b), & 71.32(b) REQUIREMENT FOR ATTESTATION FOR ALL AIRLINE OR OTHER AIRCRAFT PASSENGERS ARRIVING IN THE UNITED STATES FROM ANY FOREIGN COUNTRY AND CONTROLLED FREE PRATIQUE FOR AIRLINES CONFIRMING THAT SUCH PASSENGERS HAVE NOT BEEN IN THE DEMOCRATIC REPUBLIC OF THE CONGO IN THE PAST 21 DAYS, public health authorities in the United States can confirm that individuals have not been present in the Democratic Republic of the Congo (DRC) in the 21 days before arriving in the United States.

- **Intended use of the resulting data:** This information will enable U.S. public health authorities to ensure that individuals coming to the United States via commercial air travel have not been present in the Democratic Republic of the Congo (DRC) in the 21 days before arriving in the United States.

- **Methods to be used to collect:** Airlines will collect signed attestations from all passengers. Airlines may use either paper or digital forms.

- **The subpopulation to be studied:** The universe of respondents is passengers arriving in the United States via air carrier from foreign countries, with certain exemptions as outlined in this information collection request.

- **How data will be analyzed:** No statistical methods will be used.

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration Health (DGMH) requests an emergency 180-day approval for a new information collection.

Section 361 of the Public Health Service (PHS) Act (42 USC 264) (Attachment A1) 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 the United States. Under its delegated authority, DGMH works to fulfill this responsibility through a variety of activities, including the administration of foreign quarantine regulations; 42 Code of Federal Regulation part 71 (Attachment A2), specifically 42 CFR 71.20 Public health prevention measures to detect communicable disease.

On May 17, 2026, an outbreak of Ebola disease caused by Bundibugyo virus was detected in the Democratic Republic of the Congo (DRC) and Uganda. On May 20, 2026, the Department of Homeland Security (DHS) published *Arrival Restrictions Applicable to Flights Carrying Persons Who Have Recently Traveled From or Were Otherwise Present Within the Democratic Republic of the Congo (DRC), Uganda, or South Sudan*.[1] Airlines are instructed to redirect flights carrying persons who have recently traveled from or were otherwise present within DRC, Uganda, and South Sudan in the previous 21 days to specific ports of entry.[2,3]

The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) issued the Order: ***Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists*** on May 18, 2026, to suspend entry into the United States of foreign nationals who were physically present in the Democratic Republic of Congo (DRC), Uganda, or South Sudan in the past 21 days. This Order was amended on May 22, 2026. An Order continuing the suspension of the right to introduce specified foreign nationals into the United States was issued on June 21, 2026, on July 13, 2026, on August 12, 2026, September 11, 2026, and most recently on October 11, 2026.[4]

Additionally, on July 14, 2026, the U.S. Department of Homeland Security, in consultation with CDC, began restricting air travel for all travelers, including U.S. citizens and U.S. nationals, who had been in DRC in the past 21 days.[5]

This new information collection request accompanies the Notice and Order: *Requirement for Attestation for All Airline or Other Aircraft Passengers Arriving in the United States from Any Foreign Country and Controlled Free Pratique for Airlines Confirming That Such Passengers Have Not Been in the Democratic Republic of the Congo in the Past 21 Days ("the Attestation Order")* which is meant to mitigate the potential spread of a confirmed ongoing outbreak of Ebola virus disease caused by the Bundibugyo virus in DRC. The Attestation Order requires that any traveler arriving in the United States from a foreign country submit an attestation confirming they have not been present in the Democratic Republic of the Congo (DRC) in the past 21 days before arrival in the United States. Passengers must complete the attestation (Attachment C), and attest that they have not been in the DRC in the past 21 days, as instructed by the airline before being allowed to board a flight to the United States. If a traveler attests that they have been in DRC in the past 21 days, the Order requires the airline to prevent that person from boarding the flight to the United States.

The Attestation Order is enforceable under 42 U.S.C. §§ 243, 268, 271 (Attachment A1); and 42 C.F.R. § 71 (Attachment A2), in conjunction with 18 U.S.C. §§ 3559 and 3571 (Attachment A3) for failure to comply with these requirements. The Attestation Order applies to all travelers boarding a flight to the United States, including U.S. citizens and U.S. nationals, with limited exemptions:

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[1] https://www.federalregister.gov/documents/2026/07/16/2026-14365/order-under-sections-362-and-365-of-the-public-health-service-act-continuing-the-suspension-of-the

[2] https://www.cbp.gov/newsroom/announcements/modification-list-designated-airports-regarding-arrival-restrictions-may-24-2026

[3] https://www.cbp.gov/newsroom/announcements/modification-list-designated-airports-regarding-arrival-restrictions-may-21

[4] https://www.cdc.gov/port-health/legal-authorities/evdorder.html

[5] https://www.cdc.gov/ebola/situation-summary/returning-travelers.html

- Aircraft operators transporting passengers with Ebola disease pursuant to U.S. Government authorization and in accordance with CDC guidance.
- Individuals for whom the CDC has issued an exemption based on humanitarian or other important government considerations, e.g., emergency medical evacuations. Additional conditions may be placed on individuals granted such exemptions, including but not limited to, observing precautions during travel, providing consent to post-arrival monitoring, and/or self-quarantine after arrival in the United States, as may be directed by federal, state, territorial, tribal or local public health authorities to reduce the risk of disease transmission.

2. Purpose and Use of Information Collection

The goal of the information collection is to ensure that, consistent with the terms of the October 16, 2026 Attestation Order under Sections 361, 365, and 368 of the Public Health Service Act (42 U.S.C. 264, 268, 270, & 271) and 42 Code of Federal Regulations 71.20, 71.31(b), & 71.32(b) *Requirement for Attestation for All Airline or Other Aircraft Passengers Arriving in the United States from Any Foreign Country and Controlled Free Pratique for Airlines Confirming That Such Passengers Have Not Been in the Democratic Republic of the Congo in the Past 21 Days*, public health authorities in the United States can confirm that individuals have not been present in the Democratic Republic of the Congo (DRC) in the 21 days before arriving in the United States.

3. Use of Improved Information Technology and Burden Reduction

The attestation may be completed and signed in paper or digital form, including through an electronic signature.

4. Efforts to Identify Duplication and Use of Similar Information

This information collection request is asking all travelers coming to the United States from any country if they have been in the DRC in the past 21 days. CDC's information collection under 0920-1469 (in support of CDC's Order *Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists*) is related to questions around health risk assessments and only for travelers coming from DRC, Uganda, or South Sudan. There may be some duplicative instances when CDC or DHS will ask travelers who DHS suspects have been in DRC if they have indeed been in DRC in the last 21 days under 0920-1469. However, any such duplication is expected to affect only travelers suspected of recent travel to the DRC, who represent approximately 0.06%[6] of the roughly 370,000 travelers flying to the United States each day.[7] This limited potential for duplication is necessary to reduce the risk of importation of Bundibugyo virus into the United States. CDC anticipates

[6] Travel data provided to CDC by U.S. Department of Homeland Security

[7] *International Trade Administration, International Air Travel Statistics Program,* https://www.trade.gov/us-international-air-travel-statistics-i-92-data

that, for the vast majority of travelers boarding flights to the United States, there will be no duplication in asking whether they have been in the DRC during the previous 21 days.

CDC is submitting a separate information collection package for this request because the targeted audience for these populations is very different (i.e. travelers from DRC, South Sudan, or Uganda versus all travelers flying to the United States from any country in the world), as are the burden estimates and the fact that the information in this request is collected by airlines while the information collected in 0920-1469 is collected by CDC and it's U.S. government partners.

5. Impact on Small Businesses or Other Small Entities

While some aviation companies may be considered small businesses, CDC anticipates that the majority of the burden rests with larger passenger airlines given their volume of travelers. CDC has been judicious in determining the required information collection to those minimally necessary to achieve public health objectives.

6. Consequences of Collecting the Information Less Frequently

Failure to collect this information could lead to an increased risk of ill travelers coming in contact with the general public and the potential introduction and spread of Ebola virus disease in the United States.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. Because this is a request for an emergency clearance, CDC asks that the 60-day comment period be waived. However, a 60-day Federal Register notice will be submitted to make the public aware of this investigation (Attachment B).

B. CDC is the primary authority with responsibility to prevent the introduction and spread of communicable disease in the U.S. through air, land and sea ports of entry and interstate. No other entity collects the type and quantity of information from travelers arriving in the United States, unless they are working with CDC to support CDC's goal to prevent importation of communicable disease to the United States.

9. Explanation of Any Payment or Gift to Respondents

No monetary incentives or gifts are provided to respondents.

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

This information collection request has been reviewed by the National Center for Emerging and Zoonotic Infectious Diseases. It has been determined that the Privacy Act would apply therefore, should CDC request information about a traveler and their response to the attestation from airlines CDC would store this information in Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 C.F.R. Parts 70 and 71 (Attachment E1 and E2) . CDC has included a Privacy Statement on the Attestation form.

Data will be kept private to the extent allowed by law.

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

Institutional Review Board (IRB)

CDC's National Center for Emerging and Zoonotic Infectious Diseases has determined that this project does not meet the definition of research under 45 CFR 46.102(d). IRB review is not required (Attachment D).

Justification for Sensitive Questions

This information collection request does not request sensitive information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

The total annual burden estimated for this request is 270,600,100 respondents and 22,550,200 burden hours. Respondents include international travelers arriving in the United States on commercial flights and airlines.

Under the Order, an individual will need to attest that they have not been in the DRC in the past 21 days before arriving in the United States.

This estimate is based on the following assumptions:

Based on the data published by U.S. International Trade Administration[8], approximately 135,300,000 travelers arrived in the United States via air travel in 2025. It is possible that an individual may travel to the United States more than once, and in those instances the individual would need to complete an attestation for each trip.

[8] https://www.trade.gov/us-international-air-travel-statistics-i-92-data

- CDC estimates the attestation will take approximately 5 minutes for travelers to complete.
- CDC estimates airline staff review of the attestation will take approximately 5 minutes per attestation.

The Order additionally includes an exemption available to individuals for urgent humanitarian reasons. Such exemptions will be time limited, and further conditions may be placed on individuals granted such exemptions, including but not limited to, observing precautions during travel, providing consent to post-arrival monitoring, and/or self-quarantine after arrival in the United States, as may be directed by federal, state, territorial, tribal or local public health authorities to reduce the risk of disease transmission. CDC will work with the Department of State to determine if an exemption to the Order is appropriate. Although there is no standard form for the information individuals must submit to request an exemption, CDC anticipates that at a minimum individuals will need to provide a summary of their circumstances, reasons for requesting an exemption, and appropriate supporting documentation.

- CDC estimates there will be 100 requests from individuals for exemptions on an annual basis. This number of is based on the number of exemption requests CDC has received since other Ebola travel restrictions were implemented, pro rated to twelve months.
- CDC estimates that each exemption request will take individuals approximately 2 hours to collect documentation and develop/submit the exemption request.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Traveler	CDC Ebola Attestation (Attachment C)	135,300,000	1	5/60	11,275,000
Airline staff	CDC Ebola Attestation (Attachment C)	135,300,000	1	5/60	11,275,000
Traveler	Exemption Request (no form)	100	1	2	200
Total					22,550,200

B. Estimated Annualized Burden Costs

The estimated fully loaded cost burden to respondents is $2,219,158,916.

- Travelers completing the attestation or requesting an exemption: There will be no anticipated costs to passengers other than time. Wages for travelers ($33.54) were gathered from BLS category 00-0000 “All Occupations” (https://data.bls.gov/oes/#/area/0000000/2025)
- Airline staff reviewing attestations: Wages for airline staff ($64.87) were gathered from BLS category 11-1021 “General and Operations Managers” (https://data.bls.gov/oesprofile/?

year=2025&major_group=110000&occupation=111021&measure=01&areas=INDUSTRY,STATE,MSA)

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs	Wage Rate Multiplier	Fully loaded Cost Burden
Traveler	CDC Ebola Attestation (Attachment C)	11,275,000	$33.54	$378,163,500	x 2	$756,327,000
Airline staff	CDC Ebola Attestation (Attachment C)	11,275,000	$64.87	$731,409,250	x 2	$1,462,818,500
Traveler	Exemption Request (no form)	200	$33.54	$6,708	x 2	$13,416
Total				$1,109,579,458		$2,219,158,916

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no costs to travelers other than the time necessary to complete the attestation.

Airlines may incur costs related to the printing or digitizing of attestation forms and storage of completed attestation forms. CDC estimates the following costs to airlines:

- Cost to print or digitize attestation forms: $14,575,000 annually
- Cost to store completed attestation forms (varies based on size of airline and volume of travelers): $1,430 - $1,250,000 annually

CDC requires that airlines (pursuant to 42 CFR 71.31(b)) retain the completed attestation provided by the traveler for at least 21 days after the passenger's flight arrives in the United States. As long as the attestation conforms to Attachment A of the Order (Attachment C), either electronic or hard copy retention is acceptable. CDC anticipates that any hard copy attestation provided by a traveler would be digitized for ease of retrieval and result in some additional storage costs. The cost associated with retention are detailed below:

- Airline staff time to scan or otherwise digitize hard copy passenger attestations:
    - CDC is using the BLS category 43-4071 File Clerks, with an mean hourly wage of $21.92.
    - Smaller commercial airlines and general aviation carriers may not have digital systems and processes in place to implement an electronic version of the attestation. Therefore,

CDC estimates that approximately 30% of airlines will use paper copies of the attestation form.
    - CDC is anticipating 1 minute to scan or otherwise digitize each of the 40,590,000 estimated attestations.
    - The estimate for this process is $14,828,880. When combined with a wage rate multiplier of x2, the fully loaded cost burden is $29,657,760
    - CDC assumes airlines have access to common office equipment, such as a document scanner and no new equipment would be necessary.
- Airline costs to store completed attestations:
    - A wide variety of document management systems are available to airlines, therefore the range of potential costs varies significantly depending on how each airline decides to pursue their retention program. Some larger airlines may be able to incorporate this into currently existing document retention programs at no or low cost, while others may need to purchase a digital solution, or rely on hard copies.

14. Annualized Cost to the Government

The estimated fully loaded cost burden to the federal government for creating, distributing and publishing the attestation form is $283,962. This estimate accounts for 3 staff at the GS-12 level Step 1 at $94,654 a year for each staff member (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/26Tables/html/ATL.aspx) spending approximately 50% of their time on this activity and includes a x2 wage rate multiplier.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Attestation data are not collected for statistical purposes, but only to meet the regulatory and public health mandate as outlined in 42 CFR part 71. CDC may report aggregate total of passengers denied boarding a flight as a result of the Order.

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

The display of the OMB Expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Attachments

1. Attachment A1-42 USC 264
2. Attachment A2-42 CFR part 71
3. Attachment A3 18 U.S.C. 3559, 3571
4. Attachment B - 60-Day FRN
5. Attachment C – PASSENGER DISCLOSURE AND ATTESTATION TO THE UNITED STATES OF AMERICA
6. Attachment D – Non-research Determination
7. Attachment E1 – QARS/PHARS SORN 09-20-0171
8. Attachment E2 – QARS/PHARS PIA