

**2026 Ebola Entry Screening, Monitoring, & Traveler
Feedback
OMB Control No. 0920-1469**

Expiration 10/31/2026

Request for OMB approval of a Revision of an Existing Information
Collection

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Supporting Statement A

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- **Goal of the study:** The goal of this information collection is to accurately assess risk for infection or exposure to Ebola in travelers coming to the United States from areas affected by an outbreak of Ebola originating in the Democratic Republic of the Congo (DRC) and Uganda. Additionally, CDC also seeks to evaluate the impact of rerouting and public health entry screening on travelers.
- **Intended use of the resulting data:** The information will be used to 1) determine if individuals meet risk thresholds for further medical evaluation, travel restrictions, or public health follow-up according to guidance developed by the CDC; 2) assist and inform health departments in facilitating public health follow-up of travelers; 3) update public health messaging to more efficiently reach travelers and provide information about Ebola, public health entry screening, and post-arrival monitoring; and 4) understand the impact of flight redirection and public health screening on the airline industry.
- **Methods to be used to collect:** Travelers will be interviewed by CDC using screening and risk assessment tools developed by CDC or complete a web survey. CDC will utilize web surveys to collect traveler and airline feedback. All data will be collected electronically through 1 CDC Data Platform (1CDP).
- **The subpopulation to be studied:** The respondent universe for this information collection request is travelers coming from areas affected by an Ebola outbreak originating in DRC and Uganda, and airline industry partners.
- **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 a 3-year approval for an information collection approved under emergency approval on 5/20/2026.

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 operation of Port Health Stations at ports of entry and 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. This information collection concerns CDC's statutory and regulatory authority related to conducting public health screening of travelers upon arrival to the United States and assessing individual travelers for public health risk following a report of illness from a conveyance and CDC's responsibility to ensure the successful

implementation of traveler monitoring to prevent the transmission or spread of communicable diseases into the United States.

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.¹ CDC is conducting public health entry screening at designated U.S. airports of travelers coming from DRC, Uganda, and South Sudan. On May 20, 2026, the 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.² 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 Washington-Dulles International Airport (IAD). U.S. Customs and Border Protection (CBP) issued a memo on May 22, 2026, modifying the list of designated airports to include Hartsfield-Jackson Atlanta International Airport (ATL) and George Bush Intercontinental Airport (IAH).³ On May 26, 2026, CBP further expanded the list of airports to include John F. Kennedy International Airport (JFK).⁴ The purpose of public health entry screening is to detect ill travelers or travelers arriving from regions affected by the outbreak who are at risk of becoming ill with Ebola to facilitate post-arrival management.

On May 18, 2026, CDC published an Order under the Public Health Service Act Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists.⁵ The 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, July 13, 2026, and most recently on August 12, 2026. The order issued on August 12 will be in effect for 30 days. Exceptions are included for U.S. citizens, U.S. nationals, certain U.S. government personnel and military, case-by-case humanitarian or law enforcement exceptions, and Department of Homeland Security (DHS)-approved entry processes with CDC-documented mitigation protocols.

CDC relies on its federal partners in the Department of Homeland Security (DHS) to assist in the public health entry screening process because of their presence at the ports of entry. DHS will refer travelers that have been in the Ebola outbreak areas in the past 21 days to another location at the airport where CDC will ask initial health screening questions to determine if a more in-depth public health risk assessment is necessary. CDC develops the tools and training to facilitate this screening process and works to ensure that any individual who is identified by DHS as being from the outbreak area is further evaluated. This may involve medical evaluation by CDC followed by transport to a healthcare facility if somebody is identified as being ill; a location for quarantine at or near that location; and/or communication via phone with CDC or state and local health departments to see if the travelers develop symptoms after arrival.

¹ <https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern>

² <https://www.federalregister.gov/public-inspection/2026-10179/arrival-restrictions-applicable-to-flights-carrying-persons-who-have-recently-traveled-from-or-were>

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

⁴ <https://www.cbp.gov/newsroom/announcements/modification-list-designated-airports-regarding-arrival-restrictions-may-24-2026>

⁵ <https://www.cdc.gov/port-health/legal-authorities/evdorder.html>

CDC will utilize information collected during public health entry screening to determine which travelers should be monitored for Ebola symptoms in accordance with CDC's interim recommendations for post-arrival public health management of travelers from the outbreak area.⁶ CDC is currently sharing contact information and initial public health assessment of exposure risk for travelers who have been in areas affected by the outbreak during the 21 days before their arrival in the United States with state and local health departments through existing data-sharing infrastructure. State and local health departments utilize the contact information provided by CDC to prioritize and identify the level of follow-up needed based on the level of risk of exposure to Ebola and determine if additional risk assessment and/or targeted public health measures are necessary. This coordination is necessary to facilitate post-arrival public health management as specified in CDC interim guidance.

At the end of the 21-day monitoring period, CDC will send a final survey to travelers intended to evaluate the impact of rerouting and public health entry screening on travelers. The results of this final survey will allow CDC to identify the most efficient channels for reaching travelers and refine public health messaging for travelers coming from the outbreak area.

CDC will also distribute a survey to airlines. The aim of this survey is to better understand the impacts of flight redirection and public health entry screening on airlines. The results of this survey will inform future response efforts as CDC continues to implement measures to fulfill its public health mission with minimal disruption to travel.

2. Purpose and Use of Information Collection

The purpose of this information collection is to determine the public health risk that travelers from areas affected by the 2026 outbreak of Ebola originating in DRC and Uganda may pose. This information will be used to 1) determine if travelers have symptoms consistent with Ebola and should be isolated and medically evaluated upon arrival in the US; 2) assist state and local health departments with understanding which travelers from the region may be at higher risk of becoming ill with Ebola and should be prioritized for taking certain public health protection measures, such as quarantine; 3) update public health messaging to more efficiently reach travelers and provide information about Ebola, public health entry screening, and post-arrival monitoring; and 4) understand the impact of flight redirection and public health screening on the airline industry.

3. Use of Improved Information Technology and Burden Reduction

CDC will confirm traveler contact information during public health entry screening of travelers to ensure that a current working phone number and the destination address are provided. Initial public health screening will consist of a script of questions that a CDC staff member will ask the traveler (Attachment C1 - 2026_EbolaBVD_IPHA). If the traveler answers "Yes" to questions indicating they

⁶ https://www.cdc.gov/ebola/php/emergency-guidance/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviral-hemorrhagic-fevers%2Fphp%2Fphp%2Fpublic-health-strategy%2Febola-outbreak-interim-guidance.html

have symptoms or potential exposures, the traveler will undergo a more detailed public health risk assessment by CDC (Attachment D - 2026_EbolaBVD_FollowUpPHA). All responses will be recorded electronically in 1CDP, a CDC-approved secure web application. All 1CDP users must authenticate via CDC's Digital Support Office – Secure Access Management System (SAMS).

In the future, CDC may transition from initial public health screening at the port of entry to a web survey (Attachment C2 - IPHA_Traveler) that travelers complete prior to arrival in the United States. This survey would contain the same information as the initial public health screening but would utilize improved information technology to reduce the burden on travelers.

4. Efforts to Identify Duplication and Use of Similar Information

CDC has the regulatory authority for performing quarantine-related public health risk assessment and evaluation activities at U.S. ports of entry (42 Part 71). As a result, CDC is the only agency collecting illness or death reports related to the introduction and transmission of communicable diseases at ports of entry. CDC works in collaboration with its international, federal, state, and local partners at ports of entry and through multi-state contact investigations to ensure all illness responses and public health follow-up and travel restrictions are done in a coordinated manner.

5. Impact on Small Businesses or Other Small Entities

This data collection will not involve small businesses.

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.

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

This request fully complies with regulation 5 CFR 1320.5.

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

A 60-day Federal Register Notice was published in the Federal Register on June 2 ,2026 vol. 91 No. 105, pp. 32977 (**Attachment B**). CDC received one public comment in response to the 60-day federal

register notice for this information collection. The comment was not substantive and did not result in changes to the proposed information collection (Attachment J).

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 the National Center for Emerging and Zoonotic Infectious Diseases and it has been determined that the Privacy Act does apply to some aspects of this information collection request (Attachments G1 and G2). The applicable System of Records Notices are 09-20-0171, Quarantine- and Traveler-Related Activities, including Records for Contact Tracing Investigation and Notification under 42 CFR Parts 70 and 71 and 09-90-2001, Records Used for Surveillance and Study of Epidemics, Preventable Diseases and Problems (Attachments H1 and H2).

Information about travelers with illness investigations or public health risk assessments will be entered into a computer system for analysis and later retrieved if necessary. Data containing personal identifiers and source documents will be retained until the event prompting the collection of data has concluded in accordance with DGMH's records retention schedule. Data not containing personal identifiers will be retained indefinitely for statistical and historical documentation purposes. 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. When information is deleted, a special "certified" process will be used to completely overwrite tapes on the mainframe or overwriting (not merely deleting) microcomputer files. Source documents, printouts and thumb drives will be safeguarded by storing them in locked cabinets in locked offices when not in use.

Information collection tools in this request ask for personally identifiable information, to include name, contact information, and travel related information, to ensure accurate identification of travelers. The presence of symptoms is also collected to assist CDC in making a risk assessment and determine if further public health measures are needed. Individuals may make a request for their available information collected through a Privacy Act request (<https://www.hhs.gov/privacy/how-make-privacy-act-request.html>).

Information is being collected that may have an impact on an individual if the information was disclosed. CDC will only share the information without the consent of the traveler as outlined in 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 and 09-90-2001, Records Used for Surveillance and Study of Epidemics, Preventable Diseases and Problems. These purposes are primarily to ensure appropriate follow-up in the event medical care of additional public health response

is necessary and recipients of the information will generally be public health departments and medical providers.

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 I).

Justification for Sensitive Questions

This information collection requests certain personally identifying information from travelers. Some personally identifying information will be collected during the proposed risk assessments in order to identify ill travelers. Some travelers might find these questions sensitive in nature, but this information is necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Below are the estimates of annualized burden hours that CDC estimates for this emergency request.

The total annual burden estimated for this request is 55,350 respondents and 25,171 burden hours. Respondents include travelers arriving on commercial flights (54,750 travelers), travelers requesting exceptions to current travel restrictions (500), and airlines (100).

This estimate is based on the following assumptions:

An average of 150 air passengers from DRC, Uganda, and South Sudan arrive in the U.S. daily. CDC is still evaluating the impact of the outbreak on global travel and has provided the best estimate given the current information.

- Using the daily average estimate, 54,750 travelers from affected areas may be required to confirm their contact information and answer questions on the initial public health assessment (Attachment C1 or C2). These questions will assess whether the traveler is coming from a high-risk area or if they have symptoms. CDC estimates these questions will take approximately 10 minutes.
 - o CDC estimates approximately 9,125 hours will be incurred as this portion of the entry initial public health assessment.

- Based on their answers to the initial public health assessment, travelers may be asked additional questions about their travel and exposures. CDC estimates that approximately 10% of travelers⁷ from affected areas (5,475 travelers) may be referred for a follow-up public health assessment and required to answer more specific exposure, travel history, and symptom questions (Attachment D). CDC estimates these questions will take approximately 20 minutes.
 - o CDC estimates approximately 1,825 hours will be incurred as this portion of the full public health assessment.

After travelers have completed daily or weekly symptom monitoring, CDC will send an optional survey (Attachment E) to assess how travelers received information about public health entry screening. A text message containing a link to the survey webform will be sent to all travelers that completed the initial public health assessment (54,750 travelers). This survey is expected to take approximately 15 minutes to complete.

An Order⁸ is in effect to suspend entry of foreign nationals who were present in the DRC, Uganda, or South Sudan in the 21 days before arriving in the United States. The Order includes an exception available to individuals for urgent humanitarian reasons.

- CDC estimates there will be 500 requests from individuals for exceptions on an annual basis
- CDC estimates that each exception request will take individuals approximately 1 hour to collect documentation, develop/submit the exception request, and undergo a remote initial public health assessment (Attachment C1) as part of the exception review process.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Traveler	2026_EbolaBVD_IPHA (Attachment C1 or C2)	54, 750	1	10/60	9,125
Traveler	Follow up PHA_2026 Ebola DRC (Attachment D)	5,475	1	20/60	1,825
Traveler	2026 Ebola Response Survey of Travelers (Attachment E)	54,750	1	15/60	13,688
Travelers requesting exceptions to travel restrictions	Initial PHA _2026 Ebola DRC (Attachment C1)	500	1	1	500
Airlines	Airline Feedback Survey_Ebola 2026	100	1	20/60	33

⁷ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4584540/>

⁸ <https://www.cdc.gov/port-health/legal-authorities/evdorder.html>

	(Attachment F)				
Total					25,171

B. Estimated Annualized Burden Costs

There will be no anticipated costs to respondents other than time. Wages for travelers were gathered from BLS category 00-0000 “All Occupations” ([Occupational Employment and Wage Statistics](#)). Wagers for state/local health departments were gathered from BLS category 19-1041 “Epidemiologists.”

The estimated total fully loaded cost burden to respondents is \$1,690,542.

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs	Wage Rate Multiplier	Fully loaded Cost Burden
Traveler	2026_EbolaBVD_IPH A (Attachment C1 or C2)	9,125	\$33.54	\$306,053	x 2	\$612,106
Traveler	Follow up PHA_2026 Ebola DRC (Attachment D)	1,825	\$33.54	\$61,211	x 2	\$122,422
Traveler	2026 Ebola Response Survey of Travelers (Attachment E)	13,688	\$33.54	\$459,096	x 2	\$918,192
Travelers requesting exceptions to travel restrictions	Initial PHA_2026 Ebola DRC (Attachment C1)	500	\$33.54	\$16,770	x 2	\$33,540
Airlines	Airline Feedback Survey_Ebola 2026 (Attachment F)	33	\$64.87	\$2,141	x 2	\$4,282
Total				\$845,271		\$1,690,542

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

There are no costs to respondents other than the time necessary to respond to the information collection

14. Annualized Cost to the Government

The estimated annual fully loaded cost burden for these activities to the federal government is approximately \$20,592,537.

The estimated cost of initial and follow up public health assessments at four airports is \$18,650,267 (fully loaded cost burden). This amount may change depending on the volume of travelers and if public health assessments are expanded to additional airports.

- CDC estimates that staff at four airports conducting initial and follow up public health assessments will cost \$7,689,011. When combined with a x2 wage rate multiplier, the staffing cost is approximately \$15,378,022.
- CDC estimates the cost of supplies for initial and public health assessment to be \$3,272,245.

The estimated annual cost to the federal government for daily and weekly symptom monitoring is approximately \$1,469,000 for CDC staff to create, develop, and deliver a traveler symptom monitoring tool and send symptom monitoring notifications to travelers from outbreak affected areas. These costs reflect \$1,400,000 for staffing and development resources and \$69,000 for supplies. This amount may change depending on the volume of data submitted to CDC from state and local health departments.

The estimated fully loaded cost burden to the federal government for creating, distributing and analyzing the traveler feedback and airline surveys is \$473,270. This estimate accounts for 5 staff at the GS-12 level spending approximately 50% of their time on this activity and includes a x2 wage rate multiplier.

Source link used for estimated Cost to the Federal Government from OPM Salary Table 2026-GS: [SALARY TABLE 2026-ATL](#).

15. Explanation for Program Changes or Adjustments

This is an information collection that was approved initially as an emergency collection. This submission has been updated to include more accurate estimates of traveler volume and time to complete each form.

16. Plans for Tabulation and Publication and Project Time Schedule

CDC may report aggregate totals of number of people screened, number of travelers contacted for monitoring, and methods of contact as appropriate. Similarly, aggregate numbers of illness or death investigations may be reported.

Publication of the results of the public health risk assessment, and any lessons learned, may be published to inform future public health interventions and to contribute to the body of knowledge concerning public health interventions at ports of entry. No personally identifiable information will be published.

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 B - 60-Day FRN
4. Attachment C1 - 2026_EbolaBVD_IPHA
5. Attachment C2 - 2026 EbolaBVD_IPHA_Traveler
6. Attachment D - 2026_EbolaBVD_FollowUpPHA
7. Attachment E - 2026 Ebola Response Survey of Travelers
8. Attachment F - Airline Feedback Survey_Ebola 2026
9. Attachment G1 - PHARS PIA
10. Attachment G2 - 1CDP PIA
11. Attachment H1 - QARS SORN 09-20-0171
12. Attachment H2 - 1CDP SORN 09-90-2001
13. Attachment I - 0920-1469 Non-research Determination