

2026 Ebola Entry Screening, Monitoring, & Traveler Feedback

Request for OMB approval of a New Information Collection

August 26, 2026

Supporting Statement B

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No statistical methods will be used.

1. Respondent Universe and Sampling Methods

The respondent universe for this collection is travelers coming to the U.S. from areas affected by the 2026 Ebola outbreak originating in the Democratic Republic of the Congo (DRC) and Uganda and airlines.

2. Procedures for the Collection of Information

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 18, 2026, CDC published an Order under the Public Health Service Act Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists.¹ 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, lawful permanent residents, certain U.S. government

¹ <https://www.federalregister.gov/public-inspection/2026-10157/order-under-the-public-health-service-act-suspending-introduction-of-certain-persons-from-countries>

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 screening process because of their presence at the ports of entry. DHS will refer travelers that have been to Ebola outbreak areas 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.

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.² 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.³ CDC is conducting public health entry screening at designated U.S. airports of travelers coming from DRC, Uganda, and South Sudan. 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.

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.⁴ 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 additional 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.

3. Methods to maximize Response Rates and Deal with No Response

This information is required if an individual seeks to travel by aircraft to the United States from an area affected by the 2026 Ebola outbreak originating in the Democratic Republic of the Congo (DRC) and Uganda.

² <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>

³ <https://www.federalregister.gov/public-inspection/2026-10179/arrival-restrictions-applicable-to-flights-carrying-persons-who-have-recently-traveled-from-or-were>

⁴ <https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html>

4. Tests of Procedures or Methods to be undertaken

This is a new requirement.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

No statistical methods are used in this data collection. Therefore, no individuals were consulted.