

Protocol for Health Department Notification to CDC Port Health Stations of Persons Who Recently Traveled While Infectious

CDC's Division of Global Migration Health (DGMH) protects the public's health through detection of, and response to, communicable diseases related to travel, migration, and imported pathogens and improves the health of globally mobile populations transitioning to U.S. communities. DGMH has 20 Port Health Stations located at U.S. ports of entry (airports, seaports, and land border ports of entry [POE]), which together cover all 300+ ports of entry into the United States. Within DGMH, the Port Health Protection Branch (PHPB) oversees 18 Port Health Stations, while the Southern Border Health and Migration Branch (SBHMB) includes two Port Health Stations on the Southern U.S. border. The Travel Risk Assessment and Mitigation Branch (TRAMB) provides clinical, veterinary, preparedness, epidemiology, and communications support to both PHPB and SBHMB on port of entry activities.

CDC Port Health Stations work in partnership with U.S. Department of Homeland Security, Customs and Border Protection (CBP) and other federal agencies; airlines; cruise lines and cargo/shipping agents; state, local, and territorial public health departments; and foreign ministries of health. One aspect of these partnerships involves relying on public health departments to notify port health stations of persons who recently traveled while infectious to prevent the spread of communicable diseases of public health concern into, out of, and within the United States.

Criteria for Health Department Notification to CDC Port Health Stations of Persons Who Recently Traveled While Infectious¹

To notify CDC of a person who recently traveled while infectious, the following criteria should be met:

1. *Recent history of travel.*
 - a. Recently traveled on a public conveyance (e.g., airplane, cruise or cargo ship, bus, train) or crossed a land border (e.g., pedestrian, bus, train, vehicle passenger) into the United States while infectious. (Note: Contact investigations on conveyances without manifests, such as buses and trains, may be limited in scope or infeasible.)

AND

2. *Infectious during travel.*
 - a. Infectious during travel with a communicable disease of public health concern. Infectious period is defined by the epidemiology of each disease. See **Table 3** for additional details.

¹ Note: Health departments may also wish to communicate with CDC Port Health Stations for possible travel restriction [i.e. use of Do Not Board/Public Health Lookout (DNB/PHLO)] of a person infectious with one of the listed diseases who is likely to travel before deemed non-infectious, AND/OR a close or high-risk contact of a person with one of these listed diseases who are at risk for travel during the incubation period of the disease.

How to Notify CDC Port Health Stations of Persons Who Recently Traveled While Infectious

Port Health Stations can be reached by email, phone, fax, or by calling the CDC Emergency Operations Center at 770-488-7100. Use secure email, phone, or fax when providing personally identifiable information. Up to date contact information for each port health station is available online (<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>).

Table 1 lists all port health stations and the U.S ports of entry under their jurisdiction.

The **Data Collection Guidance Document** details the information requested during the initial notification as well as disease-specific considerations. See **Data Collection Guidance Document** for additional details.

Responsibility for notifying the port health station varies by jurisdiction (e.g., state vs. local). Please check with your agency to confirm which entity holds notification responsibility.

Notification Priority:

1. URGENT notifications: (see **Table 3** for diseases for which urgent notifications are requested)
 - a. Email IMMEDIATELY to the jurisdictional port health station.
 - b. Call to follow-up if no confirmation within 3 hours, even if after business hours.
2. Non-Urgent Notifications:
 - a. Email non-urgent notifications to the jurisdictional port health station. The port health station will confirm receipt of notification by the following business day.

Follow-up activities to be completed by health departments

- Recommend individuals with a suspected, probable, or confirmed disease of public health concern not to travel via commercial aircraft or public transportation, or by any means internationally, including crossing land borders, until cleared by public health officials.

Additional information

- The port health station may contact you for additional information to ensure the data are complete and to learn about the follow-up.
 - Provide the port health station with timely updates related to the ill traveler's final diagnosis, lab test results, and/or upcoming travel plans.

Table 1. CDC's Port Health Stations

Up to date contact information available at https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html	
Port Health Station	U.S. Ports
Anchorage	Alaska
Atlanta	Georgia North Carolina South Carolina Tennessee
Boston	Massachusetts Maine New Hampshire Rhode Island
Chicago	Illinois Indiana Iowa Wisconsin
Dallas	Arkansas Kansas Missouri Oklahoma Texas (Northern)
Detroit	Kentucky Michigan Ohio
El Paso	New Mexico Texas (West, Health Districts 8, 9, 10, 11) U.S. – Mexico Border in New Mexico and Texas
Honolulu	Hawaii American Samoa Guam Commonwealth of the Northern Mariana Islands
Houston	Louisiana Texas (East, Health Districts 4, 5, 6, 7) Texas coastline
Los Angeles	California (South, excludes U.S. – Mexico border) Colorado Nevada Utah
Miami	Alabama Mississippi Florida

Minneapolis-St. Paul	Minnesota Nebraska North Dakota South Dakota
New York	Connecticut New York Vermont
Newark	New Jersey
Philadelphia	Delaware Pennsylvania
San Diego	Arizona California (Imperial County, San Diego) U.S. – Mexico Border in Arizona and California
San Francisco	California (Central, North) Wyoming
San Juan	Puerto Rico U.S. Virgin Islands
Seattle	Idaho Montana Oregon Washington
Washington, D.C.	Maryland Virginia Washington, D.C. West Virginia

Data Collection Guidance for Health Department Notification to CDC Port Health Stations of Persons Who Recently Traveled While Infectious

All notifications of people who recently traveled while infectious should include the following data as they are available. Health departments may notify the port health stations via secure email, phone, or fax, depending on urgency. Certain diseases have additional considerations and require URGENT notification (**Table 3**). These guidelines accompany the **Protocol for Health Department Notification to CDC Port Health Stations of Person Who Recently Traveled While Infectious Persons**.

Requested Data Elements:

Note: In certain situations, port health stations may ask for additional elements not listed here.

When making the initial notification, include as many of the following data elements as possible, particularly locations and dates of travel. **Do not delay notification if some elements are unavailable.**

Notifiers may submit these data elements via **secure email, phone, or fax**, OR use the **fillable form** at the end of this document and send via secure email or fax.

Table 2. Requested data elements for notification and justification

<u>DATA ELEMENT(S)</u>	<u>JUSTIFICATION</u>
Notifier Information:	
First Name	Contact information of person making the notification allows port health station staff to follow-up with the notifying agency/jurisdiction
Last Name	
Agency Name	
Email Address	
Phone Number	
Personal Information:	
Unique Identifier (include local case ID number if applicable)	Requested addition by health departments to reference during follow-up
Last Name	Name, date of birth, and gender of ill traveler are needed to create a case report
First Name	
Middle Name	
Date of birth (DOB [MM/DD/YYYY])	
Gender	
Race (Specify: American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Asian, Black, White, Other (specify))	Race is important for assessing the potential risk of communicable diseases for travelers and populations with higher risk profiles.
Ethnicity (Specify: Hispanic/Latino, Non-Hispanic/Latino, Not reported)	Ethnicity is important for assessing the potential risk of communicable diseases for travelers and populations with higher risk profiles

<u>DATA ELEMENT(S)</u>	<u>JUSTIFICATION</u>
<p>Traveler status/citizenship</p> <p>(Specify: U.S. citizen, Lawful Permanent Resident (LPR), Traveler (from visa-waiver country, Refugee, Asylee, Immigrant (Visa), Nonimmigrant (Visa), Unaccompanied minor, T Visa/Human Trafficking Victim, Irregular (undocumented, illegal), Not entering U.S./in transit, Unknown, Other)</p> <p><i>Note: all bolded options would request Citizenship Country information</i></p>	<p>Traveler status/Citizenship information are important variables for identifying traveler subgroups at higher risk for specific communicable diseases based on their traveler or immigration status category. It can serve as a proxy for access to health care prevention services, and in specific classifications indicative of medical screening/vaccination completed prior to arrival to the US. Although these variables have not routinely been collected in the past, they can inform public health intervention and response, especially for populations at higher risk of communicable disease. This information may also be helpful in determining the best jurisdiction for follow-up and next steps of placing a traveler on the Do Not Board/Public Health Look Out lists that prevents persons who are infectious, from attempting travel.</p>
<p>Country of usual residence</p>	<p>Helps determine if the ill traveler is a U.S. permanent resident, or a non-U.S. resident with a brief stay in the U.S. which can inform public health entities who would respond, and risk factors for particular communicable diseases and help determine if the case is counted in the jurisdiction’s surveillance system.</p>
<p>Birth country</p>	<p>Country of birth can provide information related to risk of particular communicable diseases. Travelers originating from high incidence rates for communicable diseases have a higher risk of having been exposed and carrying those diseases while traveling. In general, foreign-born individuals residing in the US have higher rates for most communicable diseases compared to US-born persons, even those of the same race/ethnicity group. Country of birth is also a proxy for language spoken by the traveler.</p>
<p>Permanent address</p>	<p>Contact information of ill traveler is needed for follow up and to notify both domestic and foreign public health agencies as needed</p>
<p>Phone number (including country code)</p>	
<p>Address in U.S. /Temporary Address (if different from permanent)</p>	
<p>Phone number in U.S. (if different from above)</p>	
<p>Email address</p>	
<p>Communicable Disease Information:</p>	
<p>Communicable disease diagnosis (Specify: confirmed, probable, or suspect)</p>	<p>Disease diagnosis information is used to determine the urgency of a response as needed.</p>
<p>Symptoms and date of onset of symptoms OR if asymptomatic</p>	<p>Symptom onset dates are used to determine the risk of transmission based on the period of infectivity at time of travel.</p>
<p><u>Laboratory confirmation with date of specimen collection of positive laboratory test and at least ONE of the following:</u></p>	<p>Laboratory test results provide definitive confirmation of</p>

<u>DATA ELEMENT(S)</u>	<u>JUSTIFICATION</u>
<p>1. Attach copy of laboratory report as a separate document, OR 2. Complete the laboratory data requested in the fillable form, OR 3. IF #1 or #2 not possible, then the laboratory information may be emailed securely</p>	<p>illness and is preferred over clinical determination or epi-links. See Table 3: Disease-Specific Notification Considerations for requested laboratory information.</p>
<p>Travel Information <i>The following travel information is necessary for ALL legs of the trip; however, if it is not available for the initial notification it may be noted and provided later:</i></p>	
<p>Dates of travel for ENTIRE trip</p>	<p>Travel dates for each leg of the trip help determine at what point during travel the passenger flew while infectious, particularly important when an ill passenger has multiple flights.</p>
<p>Travel purpose (Specify: tourism/pleasure, work/business, visiting friends and relatives, education, immigrating, mass gathering, medical, military, missionary, volunteer, other, unknown)</p>	<p>This information helps assess the risk of transmission associated with the reason for traveling. For example, for some communicable diseases, traveling for tourism/pleasure may present a different level of exposure risk than traveling to visit friends or family. Additionally, for some categories, such as “immigrating”, the information may indicate that a medical exam/vaccinations were conducted in country of origin, thus informing the US response warranted. This is also useful for Do Not Board/Public Health Look Out consultations.</p>
<p>Crew member or passenger?</p>	<p>This information helps assess the risk of exposure/transmission and determine who to notify (airline and/or health department) of potential exposures during a flight. This information also helps understand the exposure risk for certain diseases if the ill traveler is a crew member who also served or handled ice, beverages, or food as part of their duties.</p>
<p>Mode of transportation (e.g., airplane, maritime vessel – cargo or cruise ship, bus, train)</p>	<p>CDC’s contact investigation process may be slightly different depending on the mode of transportation; having this information helps focus the process.</p>
<p><i>Note: Contact investigations on conveyances without manifests, such as buses and trains, may be limited in scope</i></p>	
<p>Airline/Carrier/Vessel Name</p>	<p>This information helps CDC provide the most accurate information of the ill traveler to the airline when requesting a passenger manifest for each of the flights. If the health department does not have this information, CDC can work with Customs and Border Protection staff at the arriving airport to verify flight information.</p>
<p>Flight/route numbers (if available),</p>	
<p>Departure and Arrival dates</p>	
<p>Departure and Arrival city, state, and country</p>	

<u>DATA ELEMENT(S)</u>	<u>JUSTIFICATION</u>
<p>If crossed through a land border¹, U.S. Point of Entry and Method of Crossing</p> <p>(Specify: Personal vehicle, Pedestrian, Ambulance, Taxi cab, Passenger bus, Commercial Cargo vehicle, Train, Privately owned vehicle, Other)</p>	<p>CDC's contact investigation process may be slightly different when travel involves land border crossings; having this information helps focus the process.</p>
<p>Seat number (if available) and whether they sat in their assigned seat</p>	<p>The exact seat number is not required, however knowing if the ill traveler sat in their assigned seat during the flight helps identify the likely transmission zone in the aircraft cabin.</p>
<p>Was the infectious traveler sitting next to a travel companion or family member?</p>	<p>For infections with droplet transmission, this information helps determine whether additional contacts may need to be identified beyond those identified through household or community investigation.</p>
<p>Travel companion name(s) if available</p>	<p>This information helps assess the risk of transmission in the aircraft and in the contact investigation process. Include additional explanation as needed. Including names of co-traveler(s)/family member(s) may be helpful for DNB/LO consults.</p>
<p>Cruise/Cargo line and ship name, dates of embarkation/disembarkation (if available)</p>	<p>This information helps CDC provide the most accurate information of the ill traveler to the cruise/cargo line company when requesting a passenger manifest for each of the sailings.</p>

¹Land borders can be crossed at official (e.g., San Ysidro, Nogales, etc.) or unofficial (e.g., border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.

Table 3: Disease-Specific Notification Considerations

Note: Health departments may also wish to communicate with CDC Port Health Stations for possible need for travel restrictions (i.e., Do Not Board/Public Health Lookout Lists) of a person infectious with a disease of public health importance who is likely to travel before deemed non-infectious AND/OR a close or high-risk contact of a person with any of the following listed diseases who may be traveling during the incubation period of the disease. More information on disease specifics can also be found in the online CDC Yellow Book: [CDC Yellow Book 2024 | Travelers' Health | CDC](#).

Disease	Urgent (notify immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Cholera Cholera - Vibrio cholerae infection Cholera CDC Cholera Disease Directory Travelers' Health CDC	No		From first day of symptom onset until diarrhea resolved (chronic carriage has been documented, but very rare)	If in a ship ² or aircraft crew member, determine whether they had food- or beverage-handling responsibilities. If on aircraft, determine whether there was fecal contamination of surfaces (e.g., seats, lavatory surfaces, etc.) or if anybody came in contact with feces. If a child, determine whether other individuals held the child.
Diphtheria Diphtheria CDC Diphtheria Disease Directory Travelers' Health CDC	No	Prophylaxis up to 7 days post exposure	Onset of symptoms until 2 weeks later	Contacts (including identified travel contacts) and household members of case should receive antibiotic prophylaxis immediately or within 7 days of exposure
Hepatitis A² Hepatitis A - FAQs, Statistics, Data, & Guidelines CDC Hepatitis A Disease Directory Travelers' Health CDC	YES	Prophylaxis up to 14 days post exposure	2 weeks before until 1 week after jaundice onset (or if no jaundice, infectious through 1 week after symptom onset)	<p>Must know if diarrhea was present (i.e. case had diarrhea during the flight). Suggested information for health departments to obtain include information about incident, e.g. a fecal accident in the index traveler's seat or in an aisle to which others were exposed.</p> <p>If in a ship² or aircraft crew member, determine whether they had food- or beverage-handling responsibilities</p>

Disease	Urgent (notify immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
<p>Other GI Pathogens² Outbreak Response and Prevention Branch DFWED NCEZID CDC</p>	No		Variable, depending on the pathogen	If in a ship ² or aircraft crew member determine whether they had food- or beverage-handling responsibilities. For aircraft passengers, additional information such as cases where there is a history of fecal exposure (e.g., contamination of lavatory, airplane seat, or aisle) is helpful in determining whether a CI is indicated.
<p>Novel Influenza Influenza (Flu) CDC</p>	YES		Variable	
<p>Measles Measles (Rubeola) CDC Measles Disease Directory Travelers' Health CDC</p>	YES	Prophylaxis within 6 days (3 days for vaccine, 6 days for immunoglobulin (IG)); notify up to 21 days after exposure	4 days before to 4 days after rash onset	
<p>Meningococcal Disease Meningococcal Disease CDC Meningococcal Disease (Neisseria meningitidis) Disease Directory Travelers' Health CDC</p>	YES	Prophylaxis up to 14 days post exposure. Prophylactic antibiotics are most effective if administered within 24 hours.	7 days before onset of symptoms until 24 hours after antibiotics given	Must know if coughing or vomiting was present while case was on the conveyance, and, if present, where vomiting occurred (at seat, in lavatory, etc.). If no coughing or vomiting was present, helpful to know if ill traveler was seated next to a family member or known travel companion.

Disease	Urgent (notify immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Mumps Mumps Home CDC Mumps Disease Directory Travelers' Health CDC	No	Prophylaxis up to 25 days after exposure	2 days before to 5 days after onset of salivary gland swelling	Maritime contact investigations (CI) only, no Air Cis
Pertussis Whooping Cough (Pertussis) CDC Pertussis (Whooping Cough) Disease Directory Travelers' Health CDC	YES	Prophylaxis up to 21 days after exposure	Up to 3 weeks after onset of cough, OR, up to 5 days after appropriate antibiotics given	Helpful to know if traveler was seated next to or across the aisle from a family member, known travel companion, or infant-in-arms (i.e. child less than 2 years of age). Also helpful to know if antibiotic treatment has been started and treatment start date.
Plague (Pneumonic) Plague CDC Plague Disease Directory Travelers' Health CDC	YES	Antibiotic prophylaxis within 4 days of exposure; notify up to 12 days after exposure	Onset of symptoms until 48 hours after appropriate antibiotics given	Helpful to know if and when antibiotics were started and the antibiotic type.
Rabies Rabies CDC Rabies Disease Directory Travelers' Health CDC	YES	Pre-exposure prophylaxis (PEP) needs to be re-administered to exposed contacts ASAP	14 days before onset of symptoms and while symptomatic	Lab confirmation at CDC lab is needed. Helpful to know if resuscitation was performed or if there was any other possible exposure to the case's saliva or tears
Rubella Rubella (German Measles) CDC Rubella Disease Directory Travelers' Health CDC	No	Notify up to 60 days after exposure	7 days before to 7 days after rash onset	

Disease	Urgent (notify immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
<p>Severe Acute Respiratory Syndromes, including COVID-19³ MERS, and SARS-CoV-1</p> <p>Coronavirus Disease 2019 (COVID-19) CDC</p> <p>COVID-19 Disease Directory Travelers' Health CDC</p> <p>Middle East Respiratory Syndrome (MERS) Disease Directory Travelers' Health CDC</p>	<p>YES</p> <p>SARS-CoV-2 Variant Classifications and Definitions (cdc.gov)</p>		<p><u>Coronavirus Disease 2019 (COVID-19)³:</u> SYMPTOMATIC (with positive test):</p> <ul style="list-style-type: none"> • 2 days before onset of symptoms until at least 10 days after onset, if traveler meets the criteria for discontinuation of isolation <p>ASYMPTOMATIC (with positive test):</p> <ul style="list-style-type: none"> • 2 days before specimen collection date until at least 10 days after collection date if traveler remains asymptomatic <p><u>Middle East Respiratory Syndrome (MERS):</u></p> <ul style="list-style-type: none"> • Onset of symptoms until determined to be non-infectious by public health officials <p><u>Severe Acute Respiratory Syndrome (SARS-CoV-1):</u></p> <ul style="list-style-type: none"> • Onset of symptoms until determined to be non-infectious by public health officials 	
<p>Smallpox</p> <p>Smallpox CDC</p>	<p>YES</p>		<p>Rash onset until all scabs have fallen off (21-30 days)</p>	
<p>Mpox</p> <p>Mpox Poxvirus CDC</p>	<p>YES</p>	<p>If given between 4-14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may</p>	<p>Isolation precautions should be continued until all lesions have resolved and a fresh layer of skin has formed. Following the discontinuation of isolation precautions, affected individuals should avoid close contact with immunocompromised persons until all crusts are gone.</p>	<p>Smallpox vaccine, antivirals, and vaccinia immune globulin (VIG) can be used for treatment/post-exposure prophylaxis. Vaccine should be given within 4 days from the date of exposure to prevent onset of the disease. Persons exposed to Mpox virus and who have not received the smallpox vaccine within the last 3 years, should consider getting vaccinated.</p>

Disease	Urgent (notify immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Mpox Disease Directory Travelers' Health CDC		not prevent the disease. Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Mpox Outbreak		Helpful to know if the ill traveler had a fever or cough, wore a mask, or had unexposed lesions during their travel.
Tuberculosis Tuberculosis (TB) CDC Global HIV and TB (cdc.gov) Tuberculosis (TB) Disease Directory Travelers' Health CDC	No	CDC will not do a TB contact investigation for a flight that occurred more than 3 months before date of notification.	Criteria for infectivity: Lab confirmed = culture, or nucleic acid test (NAT) If lab confirmation is pending, may start CI process if other criteria are met.	Flight must be ≥8 hours Other requested labs = AFB smear and culture results or NAAT results, drug susceptibility testing results, chest X-ray and/or computed tomography (CT) scan results (for CT, please include cavitation size if present). Multiple sequential lab results are likely needed and should be reported.
Typhoid/ Paratyphoid Fever Home Typhoid Fever CDC Typhoid Fever Disease Directory Travelers' Health CDC	No		As long as <i>Salmonella typhi</i> or <i>Salmonella paratyphi</i> is present in stool or urine, from illness onset through convalescence; duration of shedding after clinical recovery is variable (~10% of <u>untreated</u> cases will continue to excrete bacilli for 3 months after illness onset)	If in a ship ² or aircraft crew member, helpful to know whether they had food- or beverage-handling responsibilities
Varicella Chickenpox (Varicella) CDC	No		2 days before onset of rash until all lesions are crusted over	Physician diagnosis. Urgent for land border crossing only. Maritime contact investigations (CIs) are performed; no Aircraft CIs

Disease	Urgent (notify immediately)	Key Timepoints ¹	Infectivity Period	Disease-Specific Comments
Viral Hemorrhagic Fevers Viral hemorrhagic fevers (VHFs) CDC Ebola (ebolavirus) and Marburg Disease Directory Travelers' Health CDC Hantavirus Disease Directory Travelers' Health CDC	YES	Within 1 incubation period (differs by virus)	Onset of symptoms until determined to be non-infectious by public health officials	VHFs include Ebolavirus, Marburg, Lassa, Lujo, Crimean-Congo, Machupo, Guanarito, Junin, Sabia, Chapare, and any others deemed relevant.
Yellow Fever Yellow Fever (cdc.gov) Yellow Fever Disease Directory Travelers' Health CDC	No			No person-to-person transmission. Mosquito transmission. No aircraft CIs.

¹Key Timepoints refer to post exposure prophylaxis or vaccination for contacts. Case notification will depend on whether the case traveled while infectious, and whether the notification is being made within the time frame for public health intervention. If any questions arise, please err on side of notifying and/or calling the port health station to discuss.

²“Gastrointestinal disease on cruise ships with more than 13 passengers is managed by the CDC Vessel Sanitation Program. The purpose of notification to CDC/DGMH is to ensure the airline or shipping company is aware of infection in a food- or beverage-handler and that interventions are conducted as indicated (CSTE Position Statement 11-CC-01)”. CDC/DGMH does manage gastrointestinal disease on international voyages of non-cruise ships that are destined for a U.S. port; such non-cruise ships include cargo, military, U.S. Coast Guard, research, ferry boats, and fishing vessels.

³At the time that this document was created, the information on COVID-19 was still evolving and guidance may have since changed. Please see the CDC website for most up to date infectivity periods: (<https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>)

Optional Form for Health Department Notification to CDC Port Health Stations of Infectious Persons with Recent Travel

Requested Data Elements: This form is optional. Data may also be provided using secure email, fax, or phone. When making the initial notification, include as many of the following data elements as possible, particularly locations and dates of travel.

NOTE: DO NOT DELAY NOTIFICATION IF SOME ELEMENTS ARE UNAVAILABLE.

Please mark or write "Not Available" as needed.

Notifier Information			
Last Name:		First Name:	
Name of Agency:			
Email Address:		Phone Number:	
Personal Information			
Unique Identifier (include local case ID # if applicable):			
Last Name:		First Name:	
Middle Name: (optional)			
Date of Birth (DOB):	(MM/DD/YYYY) <input type="checkbox"/> Not Available		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Available		
Race:		Ethnicity:	
If other, specify:			
Birth Country:		Country of Usual Residence:	
Traveler Status:		Citizenship:	
Note: citizenship will be requested of travelers from visa-waiver countries, refugees, asylees, immigrant and non-immigrant visa holders, unaccompanied minors, and undocumented or illegal travelers.			
Permanent Address: (address of residence)			
Phone number: (include country code)	+		
Address in U.S. / Temporary Address (if different from above):			
Phone number in U.S. (if different from above):	+		
Email Address			
Communicable Disease Diagnosis (See Table 3 for disease-specific considerations)			
Disease Name:		<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not Available	
<input type="checkbox"/> Asymptomatic			
<input type="checkbox"/> Symptomatic (Optional: add specific symptoms and onset dates below)			Overall Onset Date: (MM/DD/YYYY)
Symptom 1:	Date of Symptom Onset	(MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 2:	Date of Symptom Onset	(MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 3:	Date of Symptom Onset	(MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 4:	Date of Symptom Onset	(MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 5:	Date of Symptom Onset	(MM/DD/YYYY)	<input type="checkbox"/> Not Avail.
Symptom 6:	Date of Symptom Onset	(MM/DD/YYYY)	<input type="checkbox"/> Not Avail.

Laboratory Confirmation	
<p><u>Only ONE</u> the following methods is needed:</p> <ol style="list-style-type: none"> 1. Attach copy of laboratory report, <p>OR</p> <ol style="list-style-type: none"> 2. Fill in the laboratory data to the right, <p>OR</p> <ol style="list-style-type: none"> 3. IF #1 or #2 not possible, then the laboratory information may be emailed securely 	<p><input type="checkbox"/> Attached as separate document</p> <p><input type="checkbox"/> Not Available</p> <p>Disease tested:</p> <p>Testing Method:</p> <p>Specimen source:</p> <p>Specimen collection date:</p> <p>Interpretation of result:</p> <p>Type of Lab Performing Test:</p>
<p>TB Only: Chest X-ray (CXR)/Computed Tomography (CT) results (must include cavitation size):</p>	<p><input type="checkbox"/> CXR Result: <input type="checkbox"/> Not Available</p> <p><input type="checkbox"/> CT Result: <input type="checkbox"/> Not Available</p>
<p>Disease-Specific Information Requested: (See Table 2: Disease-Specific Notification Considerations)</p>	
Comments/Additional Information (Add any other pertinent information here)	

Travel Information			
<p>The following conveyance information is necessary, however, if it is not available for the initial notification it may be provided later. Provide as much info that is known for ALL legs (if unknown, leave blank) of all trips taken while infectious. Please prioritize dates and location of travel.</p> <p>For the purposes of this form, a leg is defined as one “trip” on a single mode of transportation. For example, for a trip from ATL to LAX, consisting of one flight from ATL to MSP and one flight from MSP to LAX, two legs should be completed (Leg 1 = ATL to MSP and Leg 2 = MSP to LAX). Attach additional sheets as needed.</p>			
Dates of travel for ALL trips (MM/DD/YYYY):		_____ <input type="checkbox"/> Not Available	to
		_____ <input type="checkbox"/> Not Available	
Travel purpose:		<input type="checkbox"/> Passenger <input type="checkbox"/> Crew Member <input type="checkbox"/> Not Available	
Leg 1			
Dates of travel for leg (MM/DD/YYYY):		_____ <input type="checkbox"/> Not Available	to
		_____ <input type="checkbox"/> Not Available	
Departure Location:	City:	State:	Country:
Arrival Location:	City:	State:	Country:
If crossed through a land border, Point of Entry and Method of Crossing (e.g., pedestrian, car, bus)		Point of Entry:	
		Method of Crossing:	
<small>NOTE: Land borders can be crossed at official (e.g., San Ysidro, Nogales, etc.) or unofficial (e.g., border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.</small>			
Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available <u>Airline/Carrier name and route number:</u> (Confirm as much information as possible with passenger. CDC may verify with CBP, airline, or travel company.) <u>If ship:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available	
Seat # (if available):			
Did they sit in their assigned seat?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed:	
Was the infectious traveler sitting next to a travel companion or family member?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

Leg 2			
Dates of travel for leg (MM/DD/YYYY):		_____ <input type="checkbox"/> Not Available	to
		_____ <input type="checkbox"/> Not Available	
Departure Location:	City:	State:	Country:
Arrival Location:	City:	State:	Country:
If crossed through a land border, Point of Entry and Method of Crossing (e.g., pedestrian, car, bus)		Point of Entry: Method of Crossing:	
NOTE: Land borders can be crossed at official (e.g., San Ysidro, Nogales, etc.) or unofficial (e.g., border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.			
Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available <u>Airline/Carrier name and route number:</u> (Confirm as much information as possible with passenger. CDC may verify with CBP, airline, or travel company.) <u>If ship:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available	
Seat # (if available):			
Did they sit in their assigned seat?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed:	
Was the infectious traveler sitting next to a travel companion or family member?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

Leg 3			
Dates of travel for leg (MM/DD/YYYY):		_____ <input type="checkbox"/> Not Available to	_____ <input type="checkbox"/> Not Available
Departure Location:	City:	State:	Country:
Arrival Location:	City:	State:	Country:
If crossed through a land border, Point of Entry and Method of Crossing (e.g., pedestrian, car, bus)		Point of Entry: Method of Crossing:	
NOTE: Land borders can be crossed at official (e.g., San Ysidro, Nogales, etc.) or unofficial (e.g., border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.			
Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available <u>Airline/Carrier name and route number:</u> (Confirm as much information as possible with passenger. CDC may verify with CBP, airline, or travel company.) <u>If ship:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available	
Seat # (if available):			
Did they sit in their assigned seat?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed:	
Was the infectious traveler sitting next to a travel companion or family member?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

Leg 4			
Dates of travel for leg (MM/DD/YYYY):		_____ <input type="checkbox"/> Not Available to	_____ <input type="checkbox"/> Not Available
Departure Location:	City:	State:	Country:
Arrival Location:	City:	State:	Country:
If crossed through a land border, Point of Entry and Method of Crossing (e.g., pedestrian, car, bus)		Point of Entry: Method of Crossing:	
NOTE: Land borders can be crossed at official (e.g., San Ysidro, Nogales, etc.) or unofficial (e.g., border patrol San Diego Sector) entry points along the US-Mexico and US-Canada border.			
Mode of transportation and flight or route number or ship information:		<input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Not Available <u>Airline/Carrier name and route number:</u> (Confirm as much information as possible with passenger. CDC may verify with CBP, airline, or travel company.) <u>If ship:</u> Cruise/Cargo line: Ship name: Date of Embarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available Date of Disembarkation (MM/DD/YYYY): _____ <input type="checkbox"/> Not Available	
Seat # (if available):			
Did they sit in their assigned seat?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed:	
Was the infectious traveler sitting next to a travel companion or family member?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available Explain, if needed: Companion Name(s):	
Comments/Additional Notes: Add any other pertinent information here			

ATTACH ADDITIONAL PAGES AS NECESSARY