



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26-1469; Docket No. CDC-2026-0958]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled 2026 Ebola Entry Screening, Monitoring, & Traveler Feedback. This data collection will be used to 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.

DATES: CDC must receive written comments on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION DATE IN THE FEDERAL REGISTER].

ADDRESSES: You may submit comments, identified by Docket No. CDC-2026-0958 by either of the following methods:

- Federal eRulemaking Portal: www.regulations.gov. Follow the instructions for submitting comments.
- Mail: Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS H21-8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number.

CDC will post, without change, all relevant comments to www.regulations.gov.

Please note: Submit all comments through the Federal eRulemaking portal

(www.regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS H21-8, Atlanta, Georgia 30329; Telephone: 404-639-7570; E-mail: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the *Federal Register* concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

2026 Ebola Entry Screening, Monitoring, & Traveler Feedback (OMB Control No. 0920-1469) - New - National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 361 of the Public Health Service (PHS) Act (42 USC 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 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. This suspension is time-limited (30 days) to allow CDC to complete a comprehensive public health risk assessment and to develop mitigation and containment strategies in consultation with other stakeholders. Exceptions are included for U.S. citizens, U.S. nationals, lawful permanent residents, 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 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. 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. 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). CDC is conducting public health entry screening at designated U.S. airports (IAD) 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.

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.

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 requests OMB approval for an estimated 6,945 annual burden hours.

Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Traveler	Initial PHA_2026 Ebola DRC	36,500	1	5/60	3,042
Traveler	Follow up PHA_2026 Ebola DRC	3,650	1	15/60	913
Traveler	2026 Ebola Symptom Monitoring Daily	365	21	1/60	128
Traveler	2026 Ebola Symptom Monitoring Web Survey	365	21	5/60	639
Traveler	2026 Ebola Symptom Monitoring Weekly	3,285	3	1/60	164

Traveler	2026 Ebola Symptom Monitoring Web Survey	3,285	3	5/60	821
Traveler	2026 Ebola Response Survey of Travelers	3,650	1	10/60	608
State/Local Health Department	2026 Ebola Jurisdiction Traveler Monitoring	70	104	5/60	607
State/Local Health Department	2026 Ebola Jurisdiction Final Survey	70	1	20/60	23
Total					6, 945

Jeffrey M. Zirger,

Lead,

Information Collection Review Office,

Office of Public Health Ethics and Regulations,

Office of Science,

Centers for Disease Control and Prevention.

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