

# **2026 Andes Hantavirus Cruise Passenger and Traveler Contact Monitoring**

Request for OMB approval of a New Information Collection

May 27, 2026

## **Supporting Statement A**

**Contact:**

Thomas Daymude  
National Center for Emerging and Zoonotic Infectious Diseases  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Atlanta, Georgia 30333  
Phone: 470.553.3567  
Email: qkh7@cdc.gov

## Contents

A. Justification.....	3
1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of Information Collection.....	5
3. Use of Improved Information Technology and Burden Reduction.....	5
4. Efforts to Identify Duplication and Use of Similar Information.....	5
5. Impact on Small Businesses or Other Small Entities.....	6
6. Consequences of Collecting the Information Less Frequently.....	6
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	6
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	6
9. Explanations of Any Payment or Gift to Respondents.....	6
10. Assurance of Confidentiality Provided to Respondents.....	6
11. Justification for Sensitive Questions.....	7
12. Estimates of Annualized Burden Hours and Costs.....	7
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	9
14. Annualized Cost to the Government.....	9
15. Explanation for Program Changes or Adjustments.....	9
16. Plans for Tabulation and Publication and Project Time Schedule.....	9
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	9
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	9
List of Attachments.....	10

**2026 Andes Hantavirus Cruise Passenger and Traveler Contact Monitoring  
Request for OMB Approval of an Emergency Clearance Request  
Supporting Statement A**

- **Goal of the study:** The goal of this information collection is to monitor cruise passengers of the M/V Hondius and contacts of either confirmed or probable cases travelers that are identified by jurisdictions and identify potential exposure, risks and new cases.
- **Intended use of the resulting data:** The information will be used to inform CDC state/local health department and interagency decision makers on traveler and contact monitoring, clinical cases management and discharge of persons identified as part of the cruise ship investigation.
- **Methods to be used to collect:** State and local health officials and CDC staff will complete traveler follow up evaluations developed by CDC and administered via paper data collection tools or electronic submissions that will be compiled into 1CDP secure databases.
- **The subpopulation to be studied:** The respondent universe for this information collection request is state and local health officials conducting monitoring and follow up activities related to travelers who were aboard the M/V Hondius and the travelers identified as contacts of confirmed and probable cases.
- **How data will be analyzed:** Data will be analyzed using standard statistical methods to help CDC identify risk factors, potential exposures and determine maximum monitoring period and discharge criteria and be provided to state and local health jurisdictions.

CDC is requesting an emergency clearance for this information collection for 180 days.

## A. Justification

### 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 High-Consequence Pathogens and Pathology (DHCPP) requests an emergency 180-day approval for a new information collection.

On May 4, 2026, CDC received a report of six hantavirus cases (two confirmed and four suspected) associated with cruise ship travel. The cruise on board the MV Hondius (Oceanwide Expeditions) departed from Ushuaia, Argentina, on April 1, 2026. The ship is carrying 147 passengers and crew. As of 4 May 2026, seven cases (two laboratory confirmed cases of hantavirus and five suspected cases) have been identified, including three deaths, one critically ill patient and three individuals reporting mild symptoms. The outbreak is being managed through coordinated international and domestic response, and

includes in-depth case and contact investigations, case isolation and care, medical evacuation and laboratory investigations.

CDC is working with domestic and international public health authorities to support response to hantavirus exposure. CDC will deploy subject matter experts or provide technical assistance to support surveillance, case investigation, contact monitoring, laboratory diagnostics, and infection prevention and control activities. Resources will also be mobilized to strengthen laboratory testing capacity, epidemiologic investigation, and implementation of control measures.

As part of the outbreak response, CDC will assist public health authorities with identifying and characterizing suspected, probable, and confirmed cases of hantavirus infection, including collection and analysis of demographic, clinical, and exposure information. Additional cases may be identified through retrospective case finding or ongoing surveillance activities, particularly when the source and extent of exposure are not fully characterized.

CDC will support contact identification, risk stratification, and active monitoring of individuals exposed to confirmed or suspected cases. Monitoring activities may include daily symptom assessment and escalation for clinical evaluation and laboratory testing if symptoms consistent with hantavirus infection develop. CDC's authority is contained in Public Health Service Act (42 U.S.C. 241) (Attachment A1).

## 2. Purpose and Use of Information Collection

The purpose of this information collection is to inform CDC state/local health department and interagency decision makers on traveler and contact monitoring, clinical case management and discharge of persons identified as part of the cruise ship investigation. This information will be used to 1) conduct case investigations and active monitoring of contacts data that are identified during hantavirus exposure events in domestic and international settings; 2) analyze epidemiologic, clinical, and laboratory data for cases and contacts to characterize the exposure event, identify transmission patterns (including potential person-to-person transmission for Andes virus), and guide control strategies; 3) generate reports describing demographic characteristics, clinical presentation, and timelines (e.g., exposure to symptom onset, symptom onset to detection) to inform response decision-making; and 4) inform the development of future guidance and recommendations for post-arrival traveler management for this current outbreak as well as future outbreaks of high-consequence pathogens.

CDC is currently sharing case and contact information as well as public health assessment of exposure risk to hantavirus for both passengers and travelers identified as contacts 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 confirmed and probable cases of hantavirus and determine if additional targeted public health measures are necessary.

State/local health department partners are contacting travelers in order to determine if they are symptomatic and require additional screening and testing for hantavirus. The purpose of this data collection using assessment surveys will be to inform state and local health departments regarding case and contact traveler monitoring activities and help evaluate the usability of this public health risk assessment information provided by CDC for implementation of appropriate and effective outbreak control measures.

### 3. Use of Improved Information Technology and Burden Reduction

State and local health officials, with assistance of CDC technical staff will administer in-person assessments to returned passengers of M/V Hondius as well as identified travelers classified as contacts using both paper and electronic databases. Information is then entered into 1CDP, a CDC-approved secure web application.

State and local health officials will be asked to collect health and travel risk assessments as well as periodic monitoring reporting and submit data electronically on a regular basis to CDC via 1CDP.

Depending on the length of the outbreak, the use of other data collection platforms may be considered if a timely and accurate method of providing information to CDC can be identified and determined to be feasible and cost effective.

### 4. Efforts to Identify Duplication and Use of Similar Information

CDC has the regulatory authority for identification, investigation and control of high-consequence pathogens in the United States as well as quarantine-related public health risk assessments and evaluation activities at U.S. ports of entry (42 CFR Part 71 [Foreign Quarantine]) (Attachment A2). CDC works in collaboration with its international, federal, state, and local partners and through multi-state contact investigations to ensure all outbreak responses and public health follow-up and travel restrictions are performed in a coordinated manner.

### 5. Impact on Small Businesses or Other Small Entities

CDC does not anticipate the respondents to be small businesses.

### 6. Consequences of Collecting the Information Less Frequently

Failure to collect this information from state and local health departments could lead to an increased risk of ill travelers coming into contact with the general public.

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

Frequency of data collection is inconsistent with the guidelines, as discussed in Section A6. The frequency of data collection will be as often as daily. Over time the frequency of data collection may decrease depending upon the frequency of travelers from the outbreak being actively monitored.

## 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 ill travelers or from individuals under federal public health orders.

## 9. Explanations 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 (NCEZID) and it has been determined that the Privacy Act does apply to this information collection request. The applicable 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

Both identifiable and aggregate 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 do ask for personally identifiable information. Individuals may make a request for their available information collected through a Privacy Act request. (<https://www.hhs.gov/foia/privacy/how-make-privacy-act-request.html>)

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

### IRB Determination

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 may contain personally identifying information of travelers and contacts. 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

Below are the estimates of the Annualized Burden Hours that CDC is requesting for this emergency request.

The total annual burden requested for this submission is 65 respondents, state and local health officials conducting traveler monitoring with approximately 17,813 burden hours.

This estimate is based on the following assumptions:

CDC conducted initial screening and public health risk assessments of travelers identified as being passengers of the M/V Hondius, or identified as travel contact to a confirmed or probable case. When indicated, CDC shares information and public health risk assessment of travelers with state/local health departments for additional follow up and public health monitoring.

- An annual estimate of staff from 65 cruise passengers and high-risk contacts from state and local health departments may be required to answer questions on the Risk Assessments and monitoring surveys through in-person and through 1CDP reporting (Attachments C1, C2 and C3) regarding traveler risk and monitoring activities. CDC estimates these questions will take approximately 15-45 minutes for each survey.

12 A. Estimates of Annualized Burden Hours

Respondent	Information Collection Tool	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in minutes)	Total Burden Hours
Cruise ship passengers	Andes hantavirus Canary Island Assessment	18	35	25/60	263
Cruise ship passengers and high-	Andes Virus Guidance Assessment	65	52	45/60	2,535

risk contacts					
Cruise ship passengers and high-risk contacts	Hantavirus 2026 Monitoring Schema Data Elements x 42 days	65	22 (x42 days)	15/60	15,015
<b>Total</b>					<b>17,813</b>

#### 12 B. Estimates of Annualized Cost

There will be no anticipated costs to respondents other than time. Wages for travelers were gathered from BLS category 00-0000 “All Occupations” ([http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)). The estimated total cost is \$498,942.

Respondent	Information Collection Tool	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs	Wage Rate Multiplier	Fully loaded Cost Burden
Cruise ship passengers	Andes hantavirus Canary Island Assessment	263	\$28.01	\$7,367	x 2	\$14,734
Cruise ship passengers and high-risk contacts	Andes Virus Guidance Assessment	2,535	\$28.01	\$71,005	x 2	\$142,010
Cruise ship passengers and high-risk contacts	Hantavirus 2026 Monitoring Schema Data Elements x 42 days	15,015	\$28.01	\$420,570	x 2	\$841,040
<b>Total</b>		<b>17,813</b>		<b>\$498,942</b>		<b>\$997,884</b>

#### 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 staff hours used for this estimation are composed of the total number of estimated surveys and reports multiplied by 2 hours, which is the approximate average time required for CDC to do the initial review, process and/or enter the data as well as perform any additional analysis. This total is then multiplied by a GS 12 CDC-staff member in the Atlanta locality (2026 rate: \$94,654/2,000 hours = \$47.33 / hr. The total number of staff

assigned to data collection for the first two surveys is 5 (5 staff x 2 hrs per survey x 18 x \$47.33 = \$8,519). The additional survey also required 5 staff (5 staff x 2hrs per survey x 65 surveys x \$47.33 = \$30,765). The final survey required 3 staff (3 staff x 1 hrs per survey x 65 surveys x 42 days x \$47.33 = \$387,632).

The total annual cost for routine contact investigations included in this information collection is \$426,916 (\$8,519 + \$30,765 + \$387,632). Adding the Wage Rate Multiplier to this calculation brings the final fully loaded wage rate to: \$853,852. This cost estimate is based on the average amount of time spent on these activities.

#### 15. Explanation for Program Changes or Adjustments

This is a New Emergency Information Collection Request.

#### 16. Plans for Tabulation and Publication and Project Time Schedule

CDC may report aggregate numbers of travelers contacted for monitoring and illness or death investigations as well as methods of contact.

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

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

Display of the expiration date is appropriate. No exemption is requested.

#### 18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

## List of Attachments

Attachment A1 - Section 301 of the Public Health Service Act (42 U.S.C. 241)

Attachment A2 - 42 Code of Federal Regulations part 71

Attachment B - 60-day Federal Register Notice

Attachment C1- Andes hantavirus Canary Island Assessment

Attachment C2- Andes Virus Guidance Assessment

Attachment C3- Hantavirus 2026 Monitoring Schema Data Elements

Attachment D -Non-Research Determination

Attachment E – Privacy Impact Assessment