Nicholas E. Calio
President and CEO

February 13, 2020

The Honorable Alex M. Azar II
Secretary of Health & Human Services
Department of Health & Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Secretary Azar,

Since the first reports of the novel coronavirus outbreak in the People's Republic of China, Airlines for America and our member airlines have been in constant contact with agencies of the United States Government (USG) to help control and stop the spread of the virus. We understand and support the need for expedited contact tracing in the event of a detected case and have worked for years with U.S. Customs and Border Protection (CBP) and the Centers for Disease Control (CDC) on these issues. This is acutely important to us because our passengers and crewmembers are on the frontlines of potential exposure.

We have demonstrated our willingness to assist the USG during this outbreak and want to help.

Strengthening Interagency Analysis Will Improve Contact Tracing

The CDC is focused on ensuring adequate data for contact tracing, a key variable in preventing the spread of the virus, and we are prepared to assist in this effort.

The Department of Health and Human Services (HHS) and CDC have identified several data elements that support contact tracing and asserted in an Interim Final Rule (IFR) that such data elements are not comprehensively collected and made available to CDC. The following suggestions and questions are intended to demonstrate U.S. airlines' desire to work with CDC and other agencies to identify where contact information gaps exist and what existing U.S. government data sources and carrier information systems could be immediately leveraged to close these gaps.

The five key data elements identified in the IFR are:

1. <u>Full Name:</u> This currently is provided in the Advanced Passenger Information System (APIS) and is verifiable information from a scanned government-issued passport.
   The full name also is currently provided in the Passenger Name Record (PNR).

2. <u>Address While in the United States:</u> This currently is provided in the APIS from foreign visitors and is non-verifiable data. U.S. citizen addresses are available in the State Department's passport database and U.S. Citizenship and Immigration Services' (USCIS) immigrant visa databases searchable by the Department of Homeland Security (DHS) and CBP.
3. <u>Email Address:</u> This currently is provided in the PNR **IF** a passenger has an email address and chooses to provide it to the carrier.
4. <u>Primary Phone Number:</u> This currently is provided in the PNR **IF** a passenger has a phone number and **IF** the passenger, Online Travel Agency (OTA), Global Distribution System (GDS) or other travel agent choose to provide it to the carrier.
5. <u>Secondary Phone Number</u>: This element is not currently provided (though may be available in certain PNR). **IF** a passenger has a second phone number, it is often accessible in visa databases, the Electronic System for Travel Authorization (ESTA) or other publicly available information systems.

We understand that DHS has developed partnerships and protocols to share much of this information with CDC including through the CBP National Targeting Center, when appropriate, and has done so during Ebola and other epidemics and pandemics.

According to recent discussions with CBP, approximately 74 percent of all passengers have a phone number and 56 percent have an email address included in their PNR. We need to understand the primary reasons for these gaps. Is it the OTA and GDS factor or could it be crew data which is not part of the PNR?

Once CBP identifies the primary reasons for the information gaps, we can better identify potential near-term solutions to close the gaps.

Carrier Data Sets. Because PNR is passenger reservation data, it does not include crew. Nonetheless, crew data is readily available from the employing carrier and can be provided to CDC in a timely manner. Carriers also have access to information for frequent flyers and utilize this resource to provide additional contact information.

USG Data Sets. DHS should leverage the significant additional contact information in its databases of trusted travelers, ESTA applicants and immigrant visa applications. DHS should also leverage the Department of State's U.S. passport database and visa applications. All these data sets are currently available, are automated and include significant contact information, including phone numbers, email addresses, social media handles and, for visa applications, U.S. address and U.S. citizen sponsor information as applicable.

<u>**Recommendations**</u>

First, to ensure that all USG-held information is made available quickly, HHS/CDC, DHS and the Department of State should form an interagency contact tracing cell at CBP's National Targeting Center to collate these information sets rapidly so they may be leveraged to close contact tracing data gaps. Airlines would be pleased to support this effort.

Second, airlines are willing to hand out a USG public health locator form for passengers on flights when it is clear that a passenger on board has either been to or transited the People's Republic of China. These forms could then be delivered to CDC either (i) directly by the airlines whose crewmembers collect the forms from the passengers or (ii) by passengers delivering the forms to CBP that deliver the forms to CDC which then digitizes and utilizes the data for contacting passengers as needed. We believe that skilled technology contractors could help develop a solution that will assist CDC in digitizing and automating this data. We are ready to get started on this solution that we believe would have the greatest near-term impact on improving the USG ability to contain the spread of Coronavirus.

Given the above and understanding the urgency, it would be productive to have a call or meeting with CDC, DHS (CBP and TSA), the Department of State and airlines to collectively discuss what data is provided currently, what is shareable and where there are specific or targeted needs to augment the data provided to the USG. If specific high-risk routes require additional collection efforts, we can discuss near-term options consistent with privacy requirements and operational implementation issues.

Third, HHS should set up an online link for all inbound international passengers to connect directly to the CDC to provide relevant contact tracing data which the CDC could use during a public health emergency that would provide for more complete, accurate and timely data. This online option would eliminate the need for the airlines to act as an intermediary, and it would create a government-mandated one-on-one, more immediate relationship between a passenger and the CDC. In addition, the online option would be a stand-alone system sending data directly to the CDC and would not be linked to either the DHS/CBP systems for APIS and PNR or the complicated, legacy airline systems that are difficult to update. The South Koreans have already done this for travelers coming from China. As of 2/12/20, passengers entering South Korea who have been in China are required to access the following link: http://ncov.mohw.go.kr/selfcheck/:. This website was developed by the Korean Ministry of Health and Welfare for contact tracing and health monitoring for 14 days after arrival.

The U.S. airlines want to work constructively to address the immediate information gaps so that we can effectively support the USG response.

Thank you for your attention to this important matter.

Sincerely,

Nicholas E. Calio