

FOR FURTHER INFORMATION CONTACT: Jock K. Chung, Attorney, Division of Enforcement, Bureau of Consumer Protection, Federal Trade Commission, Mail Code CC-9528, 600 Pennsylvania Ave. NW, Washington, DC 20580, (202) 326-2984.

SUPPLEMENTARY INFORMATION:

Title: Amplifier Rule, 16 CFR part 432.

OMB Control Number: 3084-0105.

Type of Review: Extension of a currently approved collection.

Estimated Annual Hours of Burden: 450 hours (300 testing-related hours; 150 disclosure-related hours).

Likely Respondents and Estimated Burden:

(a) Testing—High fidelity manufacturers—300 new products/year × 1 hour each = 300 hours; and

(b) Disclosures—High fidelity manufacturers—[(300 new products/year × 1 specification sheet) + (300 new products/year × 1 brochure)] × 15 minutes per specification sheet or brochure = 150 hours.

Frequency of Response: Periodic.

Estimated Annual Labor Cost: \$26,130 per year (\$15,897 for testing + \$10,233 for disclosures).

Abstract: The Amplifier Rule assists consumers by standardizing the measurement and disclosure of power output and other performance characteristics of amplifiers in stereos and other home entertainment equipment. The Rule also specifies the test conditions necessary to make the disclosures that the Rule requires.

Request for Comment

On November 2, 2020, the FTC sought public comment on the information collection requirements associated with the Rule. 85 FR 69331. The Commission received no germane comments. Pursuant to the OMB regulations, 5 CFR part 1320, that implement the PRA, 44 U.S.C. 3501 *et seq.*, the FTC is providing this second opportunity for public comment while seeking OMB approval to renew the pre-existing clearance for the Rule.

Your comment—including your name and your state—will be placed on the public record of this proceeding. Because your comment will be made public, you are solely responsible for making sure that your comment does not include any sensitive personal information, such as anyone's Social Security number; date of birth; driver's license number or other state identification number, or foreign country equivalent; passport number; financial account number; or credit or debit card number. You are also solely responsible for making sure that your

comment does not include any sensitive health information, such as medical records or other individually identifiable health information. In addition, your comment should not include any “trade secret or any commercial or financial information which . . . is privileged or confidential”—as provided by Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2)—including in particular competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

Josephine Liu,

Assistant General Counsel for Legal Counsel.

[FR Doc. 2021-01156 Filed 1-19-21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Requirement for Negative Pre-Departure COVID-19 Test Result or Documentation of Recovery From COVID-19 for All Airline or Other Aircraft Passengers Arriving Into the United States From Any Foreign Country

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

ACTION: Notice of agency order.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces an Agency Order requiring negative pre-departure COVID-19 test results or documentation of recovery from COVID-19 for all airline or other aircraft passengers arriving into the United States from any foreign country. This Order is issued to preserve human life; prevent the further introduction, transmission, and spread of the virus that causes COVID-19 into the United States, including new virus variants; preserve the health and safety of airline crew members, passengers, airport personnel, and communities; and preserve hospital, Healthcare, and emergency response resources within the United States.

DATES: This Order is effective January 26, 2021.

FOR FURTHER INFORMATION CONTACT: Jennifer Buigut, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600

Clifton Road NE, MS H16-4, Atlanta, GA 30329. Email: dgmqpolicyoffice@cdc.gov.

SUPPLEMENTARY INFORMATION: This Notice and Order prohibit the introduction into the United States of any aircraft passenger departing from any foreign country unless the passenger: (1) Has a negative pre-departure test result for SARS-CoV-2, the virus that causes COVID-19 (Qualifying Test); or (2) written or electronic documentation of recovery from COVID-19 after previous SARS-CoV-2 infection in the form of a positive viral test result and a letter from a licensed health care provider or public health official stating that the passenger has been cleared for travel (Documentation of Recovery). The negative pre-departure test must be a viral test that was conducted on a specimen collected during the 3 calendar days preceding the flight's departure from a foreign country (Qualifying Test). Alternatively, if the passenger has recovered from COVID-19, the passenger may instead travel with written or electronic documentation of a positive viral test result that confirms previous SARS-CoV-2 infection and a letter from a licensed health care provider or public health official stating that the passenger has been cleared for travel (Documentation of Recovery). A passenger must retain written or electronic documentation reflecting the negative Qualifying Test result or Documentation of Recovery presented to the airline or other aircraft operator. A passenger must also produce such Qualifying Test result or Documentation of Recovery upon request to any U.S. government official or a cooperating state or local public health authority.

This Notice and Order constitute a controlled free pratique to any airline or other aircraft operator with an aircraft arriving into the United States. Pursuant to this controlled free pratique, the airline or other aircraft operator must comply with the following conditions to receive permission for the aircraft to enter and disembark passengers in the United States:

- Airline or other aircraft operator must verify that every passenger—2 years of age or older—onboard the aircraft has attested to receiving a negative Qualifying Test result or to having recovered from COVID-19 after previous SARS-CoV-2 infection and being cleared to travel by a licensed health care provider or public health official.
- Airline or other aircraft operator must confirm that every passenger

onboard the aircraft has documentation of a negative Qualifying Test result or Documentation of Recovery from COVID-19.

This Order establishes requirements for (1) airlines arriving into the United States from any foreign country and (2) passengers departing any foreign country with a final destination in the United States.

A copy of the Order and Attachment A are provided below and a copy of the signed order can be found at <https://www.cdc.gov/quarantine/fr-proof-negative-test.html>.

Centers for Disease Control and Prevention Department of Health and Human Services

Order Under Section 361 of the Public Health Service Act (42 U.S.C. 264) and 42 Code of Federal Regulations 71.20 & 71.31(b)

Requirement for Negative Pre-Departure Covid-19 Test Result or Documentation of Recovery From Covid-19 for All Airline or Other Aircraft Passengers Arriving Into the United States From Any Foreign Country¹

Summary

Pursuant to 42 CFR 71.20 and as set forth in greater detail below, this Notice and Order prohibit the introduction into the United States of any aircraft passenger departing from any foreign country unless the passenger: (1) Has a negative pre-departure test result for SARS-CoV-2, the virus that causes COVID-19 (Qualifying Test); or (2) written or electronic documentation of recovery from COVID-19 after previous SARS-CoV-2 infection in the form of a positive viral test result and a letter from a licensed health care provider or public health official stating that the passenger has been cleared for travel (Documentation of Recovery).

The negative pre-departure test must be a viral test that was conducted on a specimen collected during the 3 calendar days preceding the flight's departure from a foreign country (Qualifying Test). Alternatively, if the passenger has recovered from COVID-19, the passenger may instead travel with written or electronic documentation of a positive viral test result that confirms previous SARS-CoV-2 infection and a letter from a licensed health care provider or public health official stating that the passenger

has been cleared for travel (Documentation of Recovery). A passenger must retain written or electronic documentation reflecting the negative Qualifying Test result or Documentation of Recovery presented to the airline or other aircraft operator. A passenger must also produce such Qualifying Test result or Documentation of Recovery upon request to any U.S. government official or a cooperating state or local public health authority.

Pursuant to 42 CFR 71.31(b) and as set forth in greater detail below, this Notice and Order constitute a controlled free pratique to any airline or other aircraft operator with an aircraft arriving into the United States. Pursuant to this controlled free pratique, the airline or other aircraft operator must comply with the following conditions to receive permission for the aircraft to enter and disembark passengers in the United States:

- Airline or other aircraft operator must verify that every passenger—2 years of age or older—onboard the aircraft has attested to receiving a negative Qualifying Test result or to having recovered from COVID-19 after previous SARS-CoV-2 infection and being cleared to travel by a licensed health care provider or public health official.
- Airline or other aircraft operator must confirm that every passenger onboard the aircraft has documentation of a negative Qualifying Test result or Documentation of Recovery from COVID-19.

Statement of Intent

This Order shall be interpreted and implemented to achieve the following paramount objectives:

- Preservation of human life;
- Preventing the further introduction, transmission, and spread of the virus that causes COVID-19 into the United States, including new virus variants;
- Preserving the health and safety of crew members, passengers, airport personnel, and communities; and
- Preserving hospital, healthcare, and emergency response resources within the United States.

Definitions

Aircraft shall have the same definition as under 42 U.S.C. 40102(a)(6). "Aircraft" includes, but is not limited to, commercial, general aviation, and private aircraft destined for the United States from a foreign country.

Aircraft Operator means an individual or organization causing or authorizing the operation of an aircraft.

Airline shall have the same definition as under 42 CFR 71.1(b).

Attest/Attestation means having completed the attestation in Attachment A. Such attestation may be completed in written or electronic form. The attestation is a statement, writing, entry, or other representation under 18 U.S.C. 1001.²

Confirm that every passenger onboard the aircraft has documentation reflecting a negative Qualifying Test result means confirmation that:

(1) The personal identifiers (e.g., name and date of birth) on the negative Qualifying Test result match the personal identifiers on the passenger's passport or other travel documents;

(2) if the passenger is arriving on a direct flight to the United States, the specimen was collected within the 3 calendar days preceding the flight's departure;

(3) if the passenger is arriving via one or more connecting flights, the specimen was collected within the 3 calendar days preceding the departure of the initial flight but only if

a. The connecting flights were booked as a single passenger record with a destination in the United States,

b. each connection is no longer than 24 hours, and

c. the airline or aircraft operator has instructed the passenger to comply—and uses reasonable efforts to facilitate compliance—with the safety protocols set forth in Runway to Recovery 1.1, December 21, 2020, available at <https://www.transportation.gov/briefing-room/runway-recovery-11>, during such connection(s);

(4) the test performed was a viral test (as defined below); and

(5) the test result states "NEGATIVE," "SARS-CoV-2 RNA NOT DETECTED," "SARS-CoV-2 ANTIGEN NOT DETECTED," or "COVID-19 NOT DETECTED." A test marked "invalid" is not acceptable.

Confirm that a passenger alternatively has written or electronic documentation of recovery from COVID-19 means confirmation that:

(1) The passenger has presented documentation of a positive test result and a signed letter on official letterhead that contains the name, address, and

² CDC encourages airline or aircraft operator to incorporate the attestation into paperless check-in processes. Airline or aircraft operator may use a third party (including a third-party application) to collect attestations, including to provide translations. But airline or aircraft operator has sole legal responsibility to provide and collect attestations, to ensure the accuracy of any translation, and to comply with all other obligations under this Order. Airline or aircraft operator is responsible for any failure of a third party to comply with this Order. Airline or aircraft operator may not shift any legal responsibility to a third party.

¹ This Order supersedes the previous order signed by the U.S. Centers for Disease Control and Prevention (CDC) Director on December 25, 2020, requiring a negative pre-departure COVID-19 test result for all airline passengers arriving into the United States from the United Kingdom.

phone number of a licensed healthcare provider or public health official stating that the passenger has been cleared for travel;³

(2) the positive test result occurred within the last three months (90 days) preceding the passenger's flight to the United States, or at such other intervals as specified in CDC guidance;

(3) the personal identifiers (e.g., name and date of birth) on the positive test result and signed letter match the personal identifiers on the passenger's passport or other travel documents;

(4) the test performed was a viral test (as defined below); and

(5) the test result states "POSITIVE," "SARS-CoV-2 RNA DETECTED," "SARS-CoV-2 ANTIGEN DETECTED," or "COVID-19 DETECTED." A test marked "invalid" is not acceptable.

Foreign country means anywhere that is not a state, territory, or possession of the United States.

Negative Pre-departure Test Result for COVID-19 or negative Qualifying Test result means documentation of a negative COVID-19 test taken within the 3 calendar days preceding a flight's departure. Such documentation may be in paper or electronic format as required by this Order. Testing must be performed using a viral test. The documentation must also include sufficient verification information—such as the name and contact information for the laboratory or healthcare personnel who performed the test.

Viral test means a viral detection test for current infection (i.e., a nucleic acid amplification test or a viral antigen test) approved or authorized by the relevant national authority for the detection of SARS-CoV-2.

United States has the same meaning as "State" and "U.S. Territory" in 42 CFR 71.1(b).

Exemptions

The following categories of individuals and organizations are exempt from the requirements of this Order:

- Crew members of airlines or other aircraft operators provided that they follow industry standard protocols for the prevention of COVID-19 as set forth in relevant Safety Alerts for Operators (SAFOs) issued by the Federal Aviation Administration (FAA).⁴

- Airlines or other aircraft operators transporting passengers with COVID-19 pursuant to CDC authorization and in accordance with CDC guidance.

- Federal law enforcement personnel while on official duty and carrying out a law enforcement function and members of the U.S. military (including aircraft operators), when traveling under competent orders—provided that the authority ordering the travel requires precautions to prevent the possible transmission of infection to others during the travel period in accordance with CDC guidance.

- Airlines or other aircraft operators granted specific waivers from the application of this Order based on CDC's determination that a foreign country lacks available SARS-CoV-2 testing capacity. Such waivers may be granted based on a specific request made by an airline or aircraft operator to the CDC and will be limited to 14 days unless renewed by CDC.⁵

Background

The COVID-19 pandemic has spread throughout the world. Individuals who travel may be at risk for exposure to SARS-CoV-2 before, during, and after travel. This could result in U.S.-bound travelers further spreading the virus to others during travel, upon arrival in the United States, and at their destinations.

Over the last few weeks, the United Kingdom (UK) has faced a rapid increase in COVID-19 cases in South East England, leading to enhanced epidemiological and virological investigations. On December 14, 2020, Public Health England announced that a new variant of SARS-CoV-2 had been identified across the southeast of England.⁶ Preliminary analysis in the UK suggests that this SARS-CoV-2 variant may be more transmissible than previously circulating variants, with an estimated potential to increase the reproductive number (R_0) by 0.4–0.7 or greater with an estimated increased transmissibility of up to 70 percent.⁷

On December 19, 2020, in response to the emergence of the UK variant, the countries comprising the UK announced stricter measures to be applied from December 20 and over the coming weeks, with affected areas entering a

aircraft operators, and their crew members may follow even stricter protocols for safety, including testing protocols.

⁵ Based on the rapidly evolving status of laboratory testing capacity in foreign countries, CDC has determined that 14 days, subject to renewal, is an appropriate length of time to allow for a waiver.

⁶ <https://www.gov.uk/government/news/phe-investigating-a-novel-variant-of-covid-19>.

⁷ <https://www.ecdc.europa.eu/en/publications-data/threat-assessment-brief-rapid-increase-sars-cov-2-variant-united-kingdom>.

'Tier 4' level with movement restrictions within and between more and less heavily affected areas. These measures have included recommendations for residents of the most affected areas to restrict movements and travel, including international travel, outside of these areas. The government of Scotland announced a travel ban between Scotland and the rest of the UK. In addition, the Netherlands issued a travel ban from the UK effective through January 1, 2021, and Belgium temporarily halted flight and train travel from the UK. Other countries took similar measures to restrict travel from the UK.

A second new variant of SARS-CoV-2 was reported in the Republic of South Africa (RSA) on December 18, 2020, that also appears to spread more rapidly than earlier variants of the virus. The RSA variant is distinct from the UK variant but shares a mutation in the spike protein that appears to increase transmissibility. Since being identified, the new variant has spread inland from coastal regions of RSA and has become the predominant variant in some areas of the country.

During December 21–26, 2020, several countries implemented restrictions on travel from South Africa, including China, El Salvador, Germany, Guatemala, Israel, Panama, Sudan, Switzerland, Turkey, and the UK. The Netherlands imposed a ban on travel from RSA on December 21 but lifted the ban for both the UK and RSA on December 23, stating that travelers will instead need to present a negative COVID-19 test result obtained within 72 hours of their scheduled arrival in the Netherlands, followed by 10 days of self-quarantine. On December 28, Japan imposed a ban on entry of all foreign nationals through the end of January 2021. On December 28, the Government of South Africa announced new restrictions on businesses and public movement. As of January 7, 2021, Canada requires air passengers 5 years of age or older to test negative for COVID-19 before arrival. On January 8, the United Kingdom announced a pre-departure testing requirement for all inbound international travelers with limited exceptions; a 10-day post-arrival quarantine will still be required.

On December 25, 2020, CDC issued an Order requiring proof of a negative Qualifying Test result for all airline passengers arriving from the UK to the United States. Since then, cases of the UK and RSA variants have been discovered in four Canadian provinces, including in individuals with no travel history indicating spread in Canada.

³ Health care providers and public health officials should follow CDC guidance in clearing patients for travel to the United States. Applicable guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

⁴ https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20009.pdf. Airlines,

The UK variant has also been found in at least 50 countries and the RSA variant has also been detected in at least 15 countries. The first case of the UK variant in the United States was found in Colorado on December 29, in an individual with no known travel history. On December 30, a second case was reported in California. Since then, the UK variant strain has accounted for 72 cases in 10 U.S. states. Another new variant strain of concern initially detected in South America in March 2020 has been detected in at least 19 countries on 5 continents through late December and has mutations in the spike protein that raise concerns of increased infectivity.

While it is known and expected that viruses constantly change through mutation leading to the emergence of new variants, these new variants have emerged at a time when numbers of new cases in the United States have continued to increase at alarming rates. Additional new virus variants are also likely to emerge as the virus continues to evolve and mutate. Accordingly, further action is needed to help mitigate the spread of these and other new virus variants into the United States.

Based on increased transmissibility and spread of these new variants of SARS-CoV-2, and to reduce introduction and spread of these and future SARS-CoV-2 variants into the United States, expanding current UK pre-departure testing requirements to all foreign countries and U.S.-bound passengers is warranted. This approach to testing-based risk assessment has been addressed in CDC guidance and the Runway to Recovery guidance jointly issued by the Departments of Transportation, Homeland Security, and Health and Human Services.⁸ Testing for SARS-CoV-2 infection is a proactive approach and not dependent on the infecting strain. Approximately 120 countries now use testing in some form to monitor risk and control introduction and spread. With case counts and deaths due to COVID-19 continuing to increase around the globe and the high proportion of infected people with asymptomatic or pre-symptomatic infections, the United States must take a dual approach to combatting the virus. This means concurrently mitigating and slowing the introduction and spread of SARS-CoV-2 and controlling transmission within U.S. communities that are currently being overwhelmed by

a surge in infections, hospitalizations, and deaths.

Pre-departure testing may detect travelers infected with SARS-CoV-2 before they initiate their travel. CDC recommends viral testing and receipt of results 1–3 days⁹ before departure for international travelers, particularly those traveling long distances or passing through transportation hubs such as airports where social distancing may be challenging. CDC modeling indicates that pre-departure testing is most effective when combined with self-monitoring.¹⁰ Testing before departure results in the greatest reduction of transmission risk during travel when the specimen is collected close to the time of departure. Earlier testing (*i.e.*, more than 3 days before travel) provides little benefit beyond what self-monitoring alone can provide.

For persons previously diagnosed with COVID-19 who remain asymptomatic after recovery, CDC does not recommend retesting within 3 months after the date of symptom onset (or the date of first positive viral diagnostic test if their infection was asymptomatic) for the initial SARS-CoV-2 infection.¹¹ Persons who develop any symptoms of COVID-19 during this time period should not travel and seek care for testing and evaluation. This guidance may be updated as additional information about people who have recovered from COVID-19 becomes available.

Pre-departure testing does not eliminate all risk. However, when pre-departure testing is combined with other measures such as self-monitoring for symptoms of COVID-19, wearing masks, social distancing, and hand hygiene, it can make travel safer by reducing spread on conveyances, in transportation hubs, and at destinations. For international air travelers and others with higher risk of exposure, CDC additionally recommends a post-arrival test 3–5 days after arrival at destination, combined with self-monitoring and a 7-day period of staying home (or in a comparable location such as a hotel room) to further reduce the risk of translocating the virus into destination communities.¹²

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html>.

¹⁰ Johansson MA, Wolford H, Paul P, et al. Reducing travel-related SARS-CoV-2 transmission with layered mitigation measures: Symptom monitoring, quarantine, and testing, available at <https://www.medrxiv.org/content/10.1101/2020.11.23.20237412v1>.

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

¹² <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>.

As cases of COVID-19 continue to rise across the globe and travel volume increases, routine pre-departure testing of all U.S.-bound aircraft passengers is needed not only to reduce introduction of the two known SARS-CoV-2 variants from UK and RSA, but also future variants that might be more transmissible and cause more severe illness.

Action

For these reasons, I hereby determine that passengers covered by this Order are at risk of transmitting the new SARS-CoV-2 virus variants or other potential variants and that requiring such passengers to demonstrate either negative COVID-19 test results or recovery from COVID-19 after previous SARS-CoV-2 infection is needed as a public health measure to protect the health of fellow travelers and U.S. communities.

1. Requirements for Airlines & Other Aircraft Operators

Any airline or other aircraft operator with passengers arriving into the United States from a foreign country, for each passenger onboard the aircraft arriving into the United States, shall—

a. Verify that each passenger has attested to having received either a negative Qualifying Test result or to recovery from COVID-19 after previous SARS-CoV-2 infection and clearance to travel. Airlines or other aircraft operators must retain a copy of each passenger attestation for 2 years. The attestation is attached to this order as Attachment A.

b. Confirm that each passenger aged 2 years or older has documentation of a negative Qualifying Test result or Documentation of Recovery from COVID-19.

c. Not board any passenger without verifying the attestation and confirming the documentation as set forth in 1.a–b.

Any airline or other aircraft operator that fails to comply with section 1, “Requirement for Airlines & Other Aircraft Operators,” may be subject to criminal penalties under, *inter alia*, 42 U.S.C. 271 and 42 CFR 71.2, in conjunction with 18 U.S.C. 3559 and 3571.

2. Requirements for Aircraft Passengers

Any aircraft passenger departing from any foreign country with a destination in the United States shall—

(a) Provide an attestation to the CDC, through the airline or other aircraft operator, of having received a negative Qualifying Test result or of recovery from COVID-19 after previous SARS-CoV-2 infection and clearance to travel.

⁸ Runway to Recovery 1.1, December 21, 2020, available at <https://www.transportation.gov/briefing-room/runway-recovery-11>.

The attestation is attached to this order as Attachment A. Unless otherwise permitted by law, a parent or other authorized individual should attest on behalf of a passenger aged 2 to 17 years. An authorized individual may attest on behalf to any passenger who is unable to attest on his or her own behalf (*e.g.*, by reason of physical or mental impairment).

(b) Retain a copy of the negative Qualifying Test result or Documentation of Recovery from COVID-19 in his/her possession and present it for inspection to the airline and upon request by an agent of the U.S. government or a cooperating state or local public health authority.

Any passenger who fails to comply with the requirements of section 2, "Requirements for Aircraft Passengers," may be subject to criminal penalties under, *inter alia*, 42 U.S.C. 271 and 42 CFR 71.2, in conjunction with 18 U.S.C. 3559 and 3571. Willfully giving false or misleading information to the government may result in criminal penalties under, *inter alia*, 18 U.S.C. 1001.

CDC may modify this Order by an updated publication in the **Federal Register** or by posting an advisory to follow at www.cdc.gov.

This Order shall be enforceable through the provisions of 18 U.S.C. 3559, 3571; 42 U.S.C. 243, 268, 271; and 42 CFR 71.2.

Effective Date

This Order shall enter into effect on January 26, 2021 and shall remain in effect until the earliest of (1) the expiration of the Secretary of Health and Human Services' declaration that COVID-19 constitutes a public health emergency; (2) the CDC Director rescinds or modifies the order based on specific public health or other considerations; or (3) December 31, 2021.

Attachment A

Passenger Disclosure and Attestation to the United States of America

All airlines or other aircraft operators covered by the Order must provide the following disclosure to their passengers and collect the attestation prior to embarkation.

Airline and Aircraft Operator Disclosure Requirement

As required by United States federal law, all airlines or other aircraft operators must confirm either a negative COVID-19 test result or recovery from COVID-19 and clearance to travel and collect a passenger attestation on behalf of the U.S. Centers for Disease Control

and Prevention (CDC) for certain passengers on aircraft departing from a foreign country and arriving in the United States.

Each individual 2 years of age or older must provide a separate attestation. Unless otherwise permitted by law, a parent or other authorized individual should attest on behalf of a passenger aged 2 to 17 years. An individual may attest on behalf of another passenger for whom the individual is authorized to submit the required information (for example, immediate family member(s), legal guardian, or travel agent), if that person is unable to attest on his or her own behalf (*e.g.*, because of physical or mental impairment).

The information provided must be accurate and complete to the best of the individual's knowledge.

Under United States federal law, each passenger must provide this attestation. Failure to provide this attestation, or submitting false or misleading information, could result in delay of travel, denial of boarding, denial of boarding on future travel, or put the passenger or other individuals at risk of harm, including serious bodily injury or death. Any passenger who fails to comply with these requirements may be subject to criminal penalties under, among others, 42 U.S.C. 271 and 42 CFR 71.2, in conjunction with 18 U.S.C. 3559 and 3571. Willfully providing false or misleading information may lead to criminal fines and imprisonment under, among others, 18 U.S.C. 1001. Providing this information can help protect you, your friends and family, your communities, and the United States. CDC appreciates your cooperation.

Passenger Attestation Requirement

I [name of passenger or authorized representative] have read the disclosure pertaining to my obligation to obtain a negative pre-departure test result for COVID-19 or to having recovered from COVID-19 after previous SARS-CoV-2 infection and being cleared to travel in order to board an aircraft departing from a foreign country and arriving in the United States.

Check One of the Options That Applies

[] I attest that I have received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from me during the 3 calendar days preceding the flight's departure.

[] I attest that I have recovered from COVID-19 in the last 3 months (90 days), or the time period specified in current CDC guidance, after having previously tested positive for SARS-CoV-2 and have been cleared for travel

by a licensed healthcare provider or public health official.

[] On behalf of [], I attest that such person has received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from that person during the 3 calendar days preceding the flight's departure.

[] On behalf of [], I attest that such person has recovered from COVID-19 in the last 3 months (90 days), or the time period specified in current CDC guidance, after having previously tested positive for SARS-CoV-2 and has been cleared for travel by a licensed healthcare provider or public health official.

Date

Privacy Act Statement

The United States Centers for Disease Control and Prevention (CDC) requires airlines and other aircraft operators to collect this information pursuant to 42 CFR 71.20 and 71.31(b), as authorized by 42 U.S.C. 264. Providing this information is mandatory for all passengers arriving by aircraft into the United States. Failure to provide this information may prevent you from boarding the plane. Additionally, passengers will be required to attest to providing complete and accurate information, and failure to do so may lead to other consequences, including criminal penalties. CDC will use this information to help prevent the introduction, transmission, and spread of communicable diseases by performing contact tracing investigations and notifying exposed individuals and public health authorities; and for health education, treatment, prophylaxis, or other appropriate public health interventions, including the implementation of travel restrictions.

The Privacy Act of 1974, 5 U.S.C. 552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC's System of Records No. 09-20-0171, Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 CFR parts 70 and 71. See 72 FR 70867 (Dec. 13, 2007), as amended by 76 FR 4485 (Jan. 25, 2011) and 83 FR 6591 (Feb. 14, 2018). CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the **Federal Register**, and as authorized by law. Such lawful purposes may include, but are not

limited to, sharing identifiable information with state and local public health departments, and other cooperating authorities. CDC and cooperating authorities will retain, use, delete, or otherwise destroy the designated information in accordance with federal law and the System of Records Notice (SORN) set forth above. You may contact the system manager at dgmppolicyoffice@cdc.gov or by mailing Policy Office, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16-4, Atlanta, GA 30329, if you have questions about CDC's use of your data.

Authority

The authority for these orders is Sections 361 and 365 of the Public Health Service Act (42 U.S.C. 264) and 42 CFR 71.20 & 71.31(b).

Dated: January 13, 2021.

Nina B. Witkofsky,

Acting Chief of Staff, Centers for Disease Control and Prevention.

[FR Doc. 2021-01067 Filed 1-15-21; 4:15 pm]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 85 FR 70630-70633, dated November 5, 2020) is amended to reflect the reorganization of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title for the *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (CVJ)* and insert the following title *National Center for HIV, Viral Hepatitis, STD, and TB Prevention (CVJ)*.

Revise the mission statement for the *National Center for HIV, Viral Hepatitis, STD, and TB Prevention (CVJ)* and insert the following:

National Center for HIV, Viral Hepatitis, STD, and TB Prevention

(CVJ). The National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) maximizes public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by Human Immunodeficiency Virus Infection (HIV), non-HIV retroviruses, viral hepatitis, other sexually transmitted diseases (STDs), and tuberculosis (TB). In carrying out its mission, NCHHSTP: (1) Builds capacity and enhances public health infrastructure for preventing and treating HIV, viral hepatitis, STDs, and TB; (2) coordinates activities and programs across CDC and with other Department of Health and Human Services Operating Divisions in order to maximize the public health impact of HIV, viral hepatitis, STDs, and TB interventions; (3) conducts surveillance and research to determine the distribution, determinants, and burden of HIV, viral hepatitis, STDs, and TB; (4) conducts program evaluation to improve programs and activities relating to the prevention of HIV, viral hepatitis, STDs, and TB, and determine their impact; (5) provides reference laboratory and clinical diagnostic services for HIV, viral hepatitis, STDs, and TB to relevant stakeholders; (6) promotes collaboration and service integration among HIV, viral hepatitis, STDs, and TB programs; (7) engages external partners to develop and implement effective HIV, viral hepatitis, STDs, and TB policies, research, and programs; (8) engages partners, to promote health equity and reduce health disparities among those affected by HIV, viral hepatitis, STDs, and TB; (9) provides technical assistance and training in the diagnosis, treatment, and prevention of HIV, viral hepatitis, STDs, and TB; (10) conducts public health communication activities to disseminate research findings and increase awareness of HIV, viral hepatitis, STDs, and TB; (11) conducts operational, behavioral, and biomedical research to improve the distribution, diagnosis, prevention, and control of HIV, viral hepatitis, STDs, and TB; (12) provides scientific leadership regarding public health ethics and protection of human subjects linked to HIV, viral hepatitis, STDs, and TB; (13) translates research findings into public health practice and policy for HIV, viral hepatitis, STDs, and TB prevention; (14) plans, coordinates, and guides programs and activities with external partners, federal agencies, and other organizations related to HIV, viral hepatitis, STDs, and TB prevention, care, and treatment; (15) leads and participates in the development,

implementation, and evaluation of policies and guidelines related to HIV, viral hepatitis, STDs, and TB; (16) provides scientific leadership regarding screening, treatment, immunization, and other prevention interventions relevant to HIV, viral hepatitis, STDs, and TB; (17) assures all public health decisions are based on the highest quality scientific data, openly and objectively derived; (18) provides leadership to assist international partners in establishing and maintaining, HIV, viral hepatitis, STDs, and TB screening, treatment, immunization, and other prevention and control programs; (19) ensures that programmatic and scientific activities are aligned with, and in support of, CDC's overall mission, goals, and strategic imperatives; (20) allocates and tracks CDC resources and contributes to the development of CDC's short-, medium- and long-term strategic plans for preventing the spread of HIV, viral hepatitis, STDs, and TB; (21) collaborates with other federal agencies, domestic and international governmental and non-governmental organizations to advance CDC and NCHHSTP health protection goals; and (22) coordinates oversight of the NCHHSTP Federal Advisory Committees.

Delete in its entirety the titles and mission and function statement for the *Office of the Director (CVJ1)* and insert the following:

Office of the Director (CVJ1). (1) Provides leadership and guidance on the development of goals and objectives, policies, program planning and development, and program management and operations of the activities of NCHHSTP and manages, directs, coordinates, and evaluates the center's activities; (2) plans and coordinates the annual program planning process; (3) coordinates with Office of the Director (OD), Centers/Institute/Offices (CIOs), and divisions in determining and interpreting operating policy and in ensuring their respective management input for specific program activity plans; (4) facilitates closer linkages between HIV, non-HIV retroviruses, STDs, viral hepatitis, and TB, surveillance activities and prevention programs at all levels, and facilitates collaboration, integration, and multi-disciplinary approaches to enhance the effectiveness of HIV, STD, viral hepatitis, and TB prevention programs; (5) facilitates collaboration among, and integration of, science and prevention programs throughout NCHHSTP and enhances the coordination and integration of HIV, STD, viral hepatitis, and TB prevention services for individuals and populations at