Privacy Impact Assessment
for the
CBP Support of CDC for Public Health Contact Tracing
DHS Reference No. DHS/CBP/PIA-066(a)
February 9, 2021
Abstract

U.S. Customs and Border Protection (CBP) continues to assist the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) with its public health response efforts. In December 2020, CBP issued a Privacy Impact Assessment (PIA) documenting CBP efforts to support CDC public health efforts. As described in the PIA, CBP initially provided contact information to CDC on certain arriving international travelers with a nexus to 212(f) restricted countries within 14 days prior to arrival. CBP is publishing this PIA update to expand the population to include all international travelers arriving in the United States by air or via land ports of entry (if available) regardless of their nexus to a particular country. Furthermore, CBP is now sending CDC the country of departure/embarkation, an indication as to whether the traveler is a passenger or crewmember, and the passenger’s seat number (if available) from the passenger name record (PNR) transmission, to support CDC’s public health efforts.

Overview

As explained in the previously issued PIA for the CBP Support of CDC for Public Health Contact Tracing, DHS/CBP/PIA-066 (December 15, 2020), CBP created automated rules within the Automated Targeting System (ATS)\(^1\) to assist in enforcing international travel restrictions imposed in response to the COVID-19 pandemic, as well as to identify non-restricted travelers who may have traveled to areas affected by an outbreak. To assist CDC in fulfilling its public health responsibilities related to contact tracing efforts in the United States,\(^2\) CBP uses the automated rules in ATS to identify travelers who are permitted to travel to the United States and who have had recent travel to areas affected by the outbreak. CBP then extracts all available contact information and relevant travel information from several datasets\(^3\) available in ATS to build a person-centric record. The person-centric record includes:

- Traveler Name;

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\(^2\) In general, state and local public health entities are responsible for contact tracing investigations. In rare cases, CDC may perform the contact tracing investigation directly.

\(^3\) The datasets include: Advance Passenger Information System (APIS), Global Enrollment System (GES), Electronic System for Travel Authorization (ESTA), Electronic Visa Update System (EVUS), Passenger Name Record (PNR) data, voluntary submissions from air carriers or other travel providers, U.S. Citizenship and Immigration Services (USCIS) data regarding lawful permanent residents (LPR) and naturalization applications, and Department of State (DOS) nonimmigrant visa and immigrant visa application data.
• Date of Birth;
• Travel Document (e.g., document type, number, and country of issuance);
• Country of Citizenship;
• Gender;
• Mode of Entry (e.g., flight, vessel, or conveyance information, including arrival port and arrival date);
• U.S. Address;
• Primary and Secondary Contact Phone Numbers; and
• Email Address.

CBP provides these records to the CDC within eight hours of the traveler’s arrival into the United States, or as otherwise requested by CDC. In turn, CDC provides this information to state and local public health entities, as needed, in order to contact travelers who may have been exposed to a communicable disease during travel and identify appropriate public health interventions.

As a result of this expanded CBP-CDC sharing to include contact information and other relevant travel information about all international travelers arriving in the United States by air or land, DHS and CDC signed a Letter of Intent memorializing this sharing, as an extension of the 2005 Memorandum of Understanding (MOU) signed between the parties in 2005 and as described in the original PIA. This letter informs HHS and CDC that DHS expects CDC to handle any information provided by DHS through CBP for contact tracing purposes in accordance with the 2005 MOU and in accordance with any protective or restrictive markings applicable to the information provided. In particular, handling of the expanded data sets should, at a minimum, receive the same level of protection as any other information CDC receives under the MOU. In countersigning this letter, HHS represents its agreement to handle any data it or CDC receives from CBP to support contact tracing operations in accordance with the terms of the 2005 MOU.

**Reason for the PIA Update**

The original PIA published in December 2020 described CBP support to CDC by sending contact information to CDC on individuals arriving in the United States who have a nexus to 212(f)\(^4\) restricted countries. Since the PIA publication, and due to the current status of the COVID-

\(^4\) Section 212(f) of the Immigration & Nationality Act (INA) gives the President of the United States the authority to issue Presidential Proclamations to suspend entry of any alien travelers for a period of time deemed necessary by the President. On January 31, 2020, the White House issued the “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus,” the first of several proclamations issued regarding COVID-19 related travel restrictions. This proclamation was amended by the White...
19 pandemic in the United States—and the continued global spread of the disease—CDC formally requested an expansion of the data provided from CBP to include information on all international travelers arriving in the United States by air or land ports of entry (if available), as well as country of departure and embarkation, indication of whether the traveler is a passenger or crewmember, and the traveler’s seat number (if available).

As previously described, CDC, in coordination with state and local health authorities, performs contact tracing, discretionary monitoring, and follow-up upon notification of an international traveler who traveled while infected or who may have been exposed or potentially exposed to communicable diseases, such as COVID-19. Given the limited state and local resources to conduct public health follow-up, state and local health entities must prioritize the international travelers arriving in their jurisdictions based on their epidemiological risk. Accordingly, one of the factors that can assist both CDC and state and local authorities in acting upon the travelers’ contact information is knowing what country a traveler was present in during the incubation period of the virus.

Furthermore, CDC is now requesting CBP provide international travelers’ seat numbers, if available, for travelers arriving in the United States by commercial carrier, in addition to the contact and travel information previously described above. This will alleviate the need for the CDC to contact the carrier to obtain the manifest identifying which travelers were seated in close proximity to the infected traveler. In the air environment, it takes an average of one day for the air carriers to provide the flight manifest information for international flights to the CDC. For bus and rail carriers, the response period may take longer. Having the seat number data point in advance for arriving international travelers will expedite the notification process and thereby prevent the exposed travelers from possibly seeding outbreaks in their communities.

**Privacy Impact Analysis**

**Authorities and Other Requirements**

The legal authorities and other requirements do not change as a result of this update.

**Characterization of the Information**

CBP is continuing to collect and transmit contact information to CDC from CBP holdings. The information from CBP holdings may be found in ATS but is originally derived from CBP and

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House on January 25, 2021, titled, “Proclamation on the Suspension of Entry as Immigrants and Non-Immigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus Disease.” These proclamations collectively suspended the entry of most aliens who, within the prior 14 days, had been in mainland China, Iran, the European Schengen Area, Ireland, the United Kingdom (excluding overseas territories outside of Europe), or Brazil.
non-CBP sources, such as Advance Passenger Information System (APIS),\(^5\) Global Enrollment System (GES),\(^6\) Electronic System for Travel Authorization (ESTA),\(^7\) Electronic Visa Update System (EVUS),\(^8\) Passenger Name Record (PNR) data,\(^9\) and voluntary submissions from air carriers or other travel provider.\(^10\) CBP will also send contact information sourced from other agency datasets: U.S. Citizenship and Immigration Services (USCIS) data regarding lawful permanent residents (LPRs) and naturalization applications\(^11\) and Department of State (DOS) nonimmigrant visa and immigrant visa application data.\(^12\)

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\(^9\) 49 U.S.C. § 44909(c)(3) and its implementing regulation at 19 C.F.R. § 122.49d require air carriers operating flights to or from the United States to provide CBP with certain passenger reservation information, called PNR data, to the extent it is collected and contained in the air carrier’s reservation and/or departure control systems. Such data is primarily used by CBP to prevent, detect, investigate, and prosecute terrorist offenses and related crimes and certain other crimes that are transnational in nature or for the protection of the vital interests of an individual. CBP stores PNR data in ATS. See DHS/CBP-006 Automated Targeting System, supra note 1.

\(^10\) In addition to the mandatory data elements, air carriers may voluntarily choose to submit additional non-required information to CBP via their APIS or PNR transmissions, including passengers’ phone numbers, secondary/emergency contact numbers, and email addresses.


\(^12\) See U.S. DEPARTMENT OF STATE, U.S. PRIVACY IMPACT ASSESSMENT FOR THE CONSULAR CONSOLIDATED DATABASE (2015), available at https://www.state.gov/documents/organization/242316.pdf. Certain international travelers may be eligible to travel to the United States without a visa if they meet the requirements for visa-free travel.
However, in addition to the information previously documented, CBP is now sending data on all international travelers arriving in the United States by air or at land ports of entry, if available. This data includes the country the traveler departed/embarked from, an indication as to whether or not the traveler is a passenger or crewmember, and the seat number of the traveler flying to the United States, if available. Furthermore, CBP may also transmit additional unique identifiers to CDC (e.g., Alien Registration number) if the air carriers include these identifiers as part of the APIS transmission.

**Privacy Risk:** There is a risk of over collection by CBP.

**Mitigation:** This risk is mitigated. CBP already collects Advance Passenger Information (API) on all international air travelers arriving to the United States, the country the traveler departed/embarked from, and from when that information is voluntarily provided to CBP by air carriers, the seat number the commercial air traveler sat in during his or her travels to the United States. CBP also already collects API regarding travelers arriving in the United States by rail or bus, to include the country the traveler departed/embarked from when that information is voluntarily provided to CBP by rail or bus carriers. This is not a new or expanded collection of data by CBP. CBP is now sharing this data for all international travelers with CDC in support of CDC’s public health response efforts.

**Privacy Risk:** There is a risk that the information CBP transmits to CDC may be incomplete. Although CBP addressed this risk in the original DHS/CBP/PIA-066 CBP Support of CDC for Public Health Contact Tracing, there is now an increased risk that CBP may send incomplete data, such as the seat number, to CDC.

**Mitigation:** This risk is partially mitigated. Regarding international travelers that enter the United States via a land port of entry, CBP likely will not have API or a manifest unless the traveler arrives via bus or rail. For these travelers, CBP will use other information available in ATS holdings (listed above) to locate traveler contact information. However, many travelers who enter the United States via land will not provide CBP any contact information beyond what is available on their traveler document.

Regarding traveler seat numbers, CBP currently receives traveler seat number on a portion of the PNR submissions. Many carriers allow open seating (e.g., do not require that travelers make seat reservations prior to boarding) and do not collect seat assignments; therefore, these carriers cannot send seat assignments to CBP. In these cases, CBP will not have the seat assignment and cannot provide this information to CDC. Furthermore, in cases where CBP does receive the seat numbers as part of the PNR submission, CBP cannot guarantee the accuracy of the seat assignment because travelers often change seats upon boarding.
Uses of the Information

This update does not impact the use of information. CBP is collecting and transmitting contact information to CDC to support CDC’s contact tracing efforts. CBP transfers the person-centric records from information in CBP holdings to CDC within eight hours of a traveler’s arrival in the United States to assist in CDC’s contact tracing responsibilities. In turn, CDC will provide the contact information for exposed travelers to state and local health authorities to perform contact tracing, as appropriate. These entities will use the contact information to locate travelers and inform them about their exposure and what to do (e.g., what symptoms to look out for, how to get tested, recommendation to quarantine).

Furthermore, as with any other biographic information collected by CBP and stored within ATS, CBP uses this information for vetting and targeting purposes to identify individuals who may need additional scrutiny. The limited amount of contact information CBP will receive as part of this effort is consistent with CBP border security authorities and will be used to perform targeting of individuals who may pose a risk to border security or public safety, may be a terrorist or suspected terrorist, or may otherwise be engaged in activity in violation of U.S. law. With the emergent nature of public health emergencies, and to mitigate any undue privacy risks as these emergencies develop and change in nature, CBP will continue to analyze and determine whether the information collected and further shared is appropriate.

Notice

CBP is providing general notice on the expansion through this PIA update. There are no new risks to notice.

Data Retention by the project

The data retention does not change with this expansion. CBP continues to retain the data in ATS for 15 years. Contact tracing records will be maintained by CDC until the contact investigation is complete or for no longer than 12 months, in accordance with proposed retention schedules and CDC SORN(s). There are no additional risks to data retention.

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Information Sharing

CBP continues to share information with CDC as part of this effort. With this update, CBP is now sharing information on all international travelers arriving into the United States by air or at land ports of entry, if available.

**Privacy Risk:** There is a risk that CBP will overshare information with CDC, which will in turn share an excessive amount of travel and contact information with state and local health authorities.

**Mitigation:** This risk is partially mitigated. CDC will share all data received from CBP with the respective state and local health authorities on a daily basis. Upon receipt, CDC separates the data based on the U.S. address provided by the traveler. In turn, CDC uploads the traveler information into a portal that is accessible by state and local health authorities. State and local health authorities can only access information on travelers within their jurisdiction. The state and local health authorities will access this traveler information as needed, and may share the traveler information with neighboring state and local jurisdictions on an as needed basis. The risk of oversharing is outweighed by the risk of not sharing this necessary information in light of the current COVID-19 pandemic. CBP and CDC will continually evaluate the nature of this sharing as the status of the current COVID-19 pandemic changes to assess whether modifications to the sharing should be made and/or whether the information is still needed.

**Privacy Risk:** There is a risk that CBP will continue sharing data with CDC on all arriving international air and land port of entry travelers indefinitely.

**Mitigation:** This risk is partially mitigated. Pursuant to a Letter of Intent in sharing this additional data, an extension of the 2005 MOU described in the original PIA, DHS and CDC will periodically review the scope and nature of the data shared with CDC to determine whether to modify the scope of the sharing or discontinue the sharing, depending on CDC’s current need to receive this data. The expanded CBP-CDC data shared will be maintained for a duration of 90 days, and then may be renewed based on continued mutual agreement between DHS and HHS that the feed should be continued as-is, re-scoped based on changing threat information, or discontinued.

**Redress**

This update does not impact how access, redress, and correction may be sought through CBP. There are no new risks associated with redress.
Auditing and Accountability

This update does not impact auditing and accountability. There are no new risks associated with auditing and accountability.

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Original, signed copy on file at the DHS Privacy Office.

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