

Acquisition Regulation Part 7 Requirements.

William F. Clark,

Director, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2026–0892]

Order Under Sections 362 and 365 of the Public Health Service Act Continuing the Suspension of the Right To Introduce Certain Persons From Countries Where a Quarantinable Communicable Disease Exists

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), a component of the Department of Health and Human Services (HHS), announces it is issuing an Order under Section 362 and 365 of the Public Health Service Act, and associated implementing regulations, continuing the suspension of the right to introduce certain persons from countries where an outbreak of a quarantinable communicable disease exists. This Order was issued on June 21, 2026, and shall remain in effect through 4:59 p.m. Eastern Daylight Time (EDT) on Tuesday, July 21, 2026. This Order may be amended or rescinded prior to that time at the discretion of the Director.

DATES: This action took effect June 21, 2026, at 5:00 p.m. EDT. Written comments must be received on or before July 10, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0892 by either of the methods listed below. Do not submit comments by email. CDC does not accept comments by email.

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* Division of Global Migration Health, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16–4, Atlanta, GA 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change

to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:

Matthew J. Buzzelli, Chief of Staff, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V18–2, Atlanta, GA 30329. Phone: 404–639–7000. Email: cdcregulations@cdc.gov.

SUPPLEMENTARY INFORMATION: On May 18, 2026, the Senior Official Carrying out the Delegable Duties of the Director of the Centers for Disease Control and Prevention issued an Order prohibiting the introduction of certain persons who have departed from, or were otherwise present within, specified countries during the last 21 days. On May 22, 2026, the Assistant Secretary for Health, HHS, issued an Amended Order that reflected updates to 42 CFR 71.40(f), which no longer provided an exemption for lawful permanent residents from such orders. CDC accepted comments on both the original Order and Amended Order through June 22, 2026. During this time CDC received three comments, which are addressed below. With this Order, CDC continues the suspension of the right to introduce certain persons who have departed from, or were otherwise present within, specified countries during the last 21 days. This Order is effective for a period of 30 days.

Response to Comments on Previous Orders

Comments: One commenter expressed concern that the Order could discriminate against minorities and urged CDC not to proceed with the Order. A second commenter questioned the respective roles of CDC and the Department of Homeland Security (DHS) in implementing and enforcing the Order and expressed concern regarding DHS's role in carrying out activities associated with the Order.

Response: CDC appreciates these comments. The Order and Amended Order are based on public health considerations with the intended purpose of averting the serious danger of the introduction of a quarantinable communicable disease into the United States. CDC notes that the Public Health Service Act authorizes the Secretary to make and enforce regulations to prevent the introduction, transmission, or spread of communicable diseases (42 U.S.C. 264), and authorizes customs officers and Coast Guard officers to aid in the enforcement of quarantine rules and regulations (42 U.S.C. 268(b)).

CDC's regulations further provide that authorized officers, including customs officers, may assist in the enforcement of public health measures under 42 CFR 71.40(d)(2). Accordingly, CDC may coordinate with DHS and other federal agencies, as appropriate, to support implementation of the public health orders.

Comment: Airlines for America (A4A), a trade association for U.S. passenger and cargo air carriers, also submitted a comment on behalf of its members. A4A generally supports CDC's efforts to prevent the introduction of Ebola disease into the United States but urges CDC to adopt a more risk-informed and operationally flexible approach. A4A requests: (1) greater consultation with industry prior to implementation of restrictions; (2) narrowing the geographic scope of the Order to specific affected provinces rather than entire countries; (3) excepting certain passengers who transit through affected areas but do not deplane; (4) adding foreign flight crews operating turnaround flights to the list of exempted persons; (5) expanding the list of designated arrival airports; and (6) providing additional guidance regarding aircraft diversions and operational contingencies.

Response: CDC appreciates A4A's continued engagement and recognizes the important role that air carriers play in supporting public health measures designed to reduce the risk of introduction and spread of communicable diseases. CDC, HHS, DHS, and other Federal partners will continue to consider operational impacts when implementing public health measures.

CDC does not agree that the Order should be limited only to specific provinces or regions within affected countries at this time. Available epidemiologic information indicates ongoing transmission and the potential for rapid changes in this outbreak. Additionally, although South Sudan has not yet reported any cases, it is considered at high risk because of its close border with affected areas in the Democratic Republic of the Congo (DRC) and Uganda, limited healthcare infrastructure, and cross-border population movement. In addition, reliable verification of a traveler's precise location within an affected country during the relevant exposure period may not always be feasible in the operational context of international travel. For these reasons, CDC has determined that applying the Order to persons who have been present within these three countries during the preceding 21 days remains the most

effective and administratively practical approach for reducing the risk of importation of Ebola virus disease while the public health assessment continues.

CDC also declines to except from the Order foreign flight crews and persons who transit through affected areas without deplaning at this time. CDC will continue to assess whether exceptions for foreign flight crews and transit-based distinctions may be operationally feasible and consistent with protecting public health. In doing so, CDC will evaluate the potential impact of any such exceptions on the risk of Ebola virus disease introduction and the effectiveness of public health screening, monitoring, and mitigation measures.

With respect to designated arrival airports, the Order does not establish designated arrival airports. Although the Order included some airports as descriptive background information in the Order, CDC notes that decisions regarding the designation and operation of airports through which travelers may be processed are made by DHS, which has primary responsibility for implementing and managing port of entry operations. Designated arrival airports are set forth in a distinct notice in the **Federal Register** by DHS (91 FR 29896). Similarly, while outside the scope of the Order, CDC also appreciates A4A's request for additional guidance concerning flight diversions and other operational contingencies. CDC works closely with DHS and Customs and Border Protection on ensuring public health screening occurs for travelers on flights required to be diverted.

CDC carefully considered all comments and determined that they did not warrant changes to the Order issued June 21, 2026. The June 21, 2026, Order provides updated information regarding the status of the Ebola disease outbreak and CDC response efforts and maintains the previous travel restrictions.

CDC will accept comments for this Order using docket CDC-2026-0892.

A copy of the Order is provided below and a copy of the signed Order can be found at https://www.cdc.gov/port-health/media/pdfs/2026/06/Title42Order_21June26_final.pdf.

U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC)

Order Under Sections 362 & 365 of the Public Health Service Act

(42 U.S.C. 265, 268) and 42 CFR 71.40

Continuing the Suspension of the Right To Introduce Certain Persons From Countries Where a Quarantinable Communicable Disease Exists

I. Executive Summary

The Centers for Disease Control and Prevention (CDC), a component of the U.S. Department of Health and Human Services (HHS), issues this Order pursuant to Sections 362 and 365 of the Public Health Service (PHS) Act, 42 U.S.C. 265, 268, and their implementing regulations. This Order continues the suspension of the right to introduce "covered aliens," as defined herein, into the United States for a period of thirty days, subject to the outcome of an ongoing comprehensive public health risk assessment. This Order is necessary to protect the health of the United States from the serious risk posed by the introduction of Ebola disease into the United States by covered aliens based on the outbreak of Ebola disease caused by the Bundibugyo virus confirmed present in Democratic Republic of the Congo (DRC) and Uganda.

This Order applies to covered aliens who have departed from, or were otherwise present within, DRC, Uganda, or South Sudan during the last 21 days (regardless of their country of origin). This Order is based on an assessment of the most recently available data and current conditions regarding the Ebola disease outbreak.

This Order is time-limited and shall be in effect for 30 days from the date of issuance. This Order is intended to address the serious risk of introduction of Ebola disease into the United States, while allowing the U.S. Government to continue an ongoing assessment of the current and evolving conditions of the Ebola disease outbreak in consultation with other stakeholders.

This Order is severable from previously issued Orders under Sections 362 and 365 of the Public Health Service (PHS) Act, 42 U.S.C. 265, 268, and their implementing regulations under 42 CFR part 71. Any provision of this Order held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, shall be construed so as to continue to give the maximum effect to the provision permitted by law, unless such holding shall be one of utter invalidity or unenforceability.

II. Authority, Scope, and Purpose

I issue this Order pursuant to Sections 362 and 365 of the Public Health Service (PHS) Act, 42 U.S.C. 265, 268, and their implementing regulations under 42 CFR part 71,¹ which authorize the CDC Director to suspend the right to introduce² persons into the United States when the Director determines that the existence of a quarantinable communicable disease in a foreign country or place creates a serious danger of the introduction of such disease into the United States and the danger is so increased by the introduction of persons from the foreign country or place that a temporary suspension of the right of such introduction is necessary to protect public health.

This Order applies to persons who have departed from, or were otherwise present within, DRC, Uganda, and South Sudan during the last 21 days (regardless of their country of origin), including lawful permanent residents of the United States, subject to the exceptions detailed below. For purposes of this Order, I refer to persons covered by the Order as "covered aliens."

This Order does *not* apply to the following:

- U.S. citizens and U.S. nationals;³
- Members of the armed forces of the United States and associated personnel, U.S. government personnel serving overseas, associated personnel, and their spouses and children, subject to required assurances;⁴
- Persons whom customs officers determine, with approval from a supervisor, should be excepted from this Order based on the totality of the circumstances, including consideration of significant law enforcement, officer and public safety, humanitarian, and public health interests. The U.S. Department of Homeland Security (DHS) will consult with CDC regarding the standards for such exceptions to help ensure consistency with current CDC guidance and public health recommendations; and
- Persons who would otherwise be subject to this Order, who are permitted to enter the United States based on an

¹ Control of Communicable Diseases; Foreign Quarantine: Suspension of the Right to Introduce and Prohibition of Introduction of Persons into United States from Designated Foreign Countries or Places for Public Health Purposes, 85 FR 56424 (Sept. 11, 2020), as amended by 91 FR 31362 (May 27, 2026); 42 CFR 71.40.

² *Suspension of the right to introduce* means to cause the temporary cessation of the effect of any law, rule, decree, or order pursuant to which a person might otherwise have the right to be introduced or seek introduction into the United States. 42 CFR 71.40(b)(5).

³ 42 CFR 71.40(f).

⁴ 42 CFR 71.40(e)(1) and (2).

exception provisionally granted by CDC with confirmation based on a public health assessment at time of entry under a DHS-approved process documented and shared with CDC which includes appropriate public health mitigation protocols, per CDC guidance.

The purpose of this Order is twofold. First, this Order aims to continue minimizing the number of covered aliens entering the United States who have been within countries experiencing a known or suspected outbreak of Ebola disease and thereby reduce the risk of introduction of Ebola disease into the United States. Second, this Order is intended to facilitate an ongoing public health assessment and risk profile of the Ebola disease outbreak. Thirty days is the amount of time necessary for CDC to conduct an updated public health assessment and determine whether there has been a material change in the outbreak trajectory. Such information will enable the acting CDC Director to make an informed determination regarding what restrictions are necessary going forward and provide the opportunity for the development of a comprehensive mitigation and containment plan in consultation with stakeholders.

III. Factual Basis

A. Ebola Disease

Viral hemorrhagic fever refers to a group of severe illnesses caused by certain viruses that damage the body's blood vessels and affect the ability of the blood to clot properly. Viral hemorrhagic fevers include diseases such as Ebola, Marburg, Lassa fever, and dengue hemorrhagic fever.

Bundibugyo virus disease (BVD) is a severe and often fatal illness caused by one of the viruses in the Ebola family. Ebola disease outbreaks occur mainly in parts of sub-Saharan Africa and can spread rapidly in communities with limited healthcare resources. Ebola disease caused by the Bundibugyo virus is a rare form of Ebola first identified during an outbreak in Bundibugyo District, Uganda, in 2007. Bundibugyo virus is one of several species within the orthoebolavirus family and causes symptoms similar to other forms of Ebola, including fever, weakness, vomiting, diarrhea, and, in severe cases, hemorrhagic complications and organ failure. The disease spreads through direct contact with infected bodily fluids or contaminated materials.

The incubation period for Ebola disease caused by the Bundibugyo virus is typically between 2 and 21 days, with most people developing symptoms within 4 to 10 days after exposure.

During this incubation period, infected persons do not spread the virus until symptoms begin.

Screening for Bundibugyo virus disease focuses on identifying symptoms and possible exposure history, such as recent travel to affected areas or contact with infected aliens. Suspected patients are evaluated for symptoms including fever, weakness, vomiting, diarrhea, and bleeding, and laboratory confirmation is performed using specialized tests such as PCR (polymerase chain reaction) to detect the virus in blood and other body fluid samples. Health authorities also use temperature checks, contact tracing, and isolation procedures to prevent transmission.

There are currently no widely approved vaccines or specific antiviral treatments for the Bundibugyo strain of Ebola disease. Treatment mainly consists of supportive care, including intravenous fluids, electrolyte replacement, oxygen support, pain and fever management, and treatment of secondary infections. Early medical care significantly improves survival chances. Robust public health measures such as early detection, rapid isolation, strong infection prevention measures (*i.e.*, use of personal protective equipment [PPE]), and monitoring of contacts are critical to controlling outbreaks and reducing deaths.

B. Ongoing Bundibugyo Virus Disease Outbreak

Presently, there is a confirmed ongoing outbreak of Ebola disease caused by the Bundibugyo virus in DRC and Uganda. Conflict, weak health infrastructure, and relatively porous borders in the region continue to complicate containment efforts.

The current Ebola disease outbreak remains centered in eastern DRC's Ituri Province, although cases have been identified in North Kivu and South Kivu provinces. On May 22, 2026, when the Amended Order was issued, DRC reported 91 confirmed cases across 11 health zones. As of June 15, 2026, DRC reports 837 confirmed cases across 31 health zones, representing an increase of more than 800 percent since issuance of the Amended Order.

As of June 14, 2026, Uganda reports 19 confirmed cases of Ebola disease and two deaths, as well as one probable case and one probable death. When the Amended Order was issued, only two cases were reported. All cases in Uganda are epidemiologically linked to the ongoing outbreak in DRC, and cross-border importations have occurred, resulting in secondary transmission among family members and caregivers,

all within the Kampala Metropolitan Area.⁵ Ugandan authorities have activated emergency response systems, expanded surveillance, and strengthened screening at borders and health facilities. Uganda has significant prior experience managing Ebola disease outbreaks, including the Sudan virus strain outbreak in 2025, which improved preparedness and response capacity. Although the outbreak in Uganda remains concentrated in Kampala and despite Uganda's response efforts, continued overland travel from DRC poses an ongoing risk of cross-border transmission, particularly among healthcare workers and in western Ugandan districts that serve as points of entry for travelers seeking medical care.

To date, South Sudan has not reported any confirmed Ebola disease cases in the current outbreak.⁶ However, it is considered at high risk because of its close border with affected areas in eastern DRC and Uganda, limited healthcare infrastructure, and cross-border population movement. Regional and international agencies, including WHO and Africa CDC, are supporting preparedness measures, surveillance, and coordination among the three countries to prevent wider spread. Despite these efforts there continues to be a risk that the outbreak in DRC and Uganda could spread to South Sudan through cross-border travel by infected individuals during the virus's incubation period, when they have been exposed but are not yet showing symptoms.

Travelers moving between affected countries and major international transit hubs could unknowingly carry the Bundibugyo virus before becoming ill. Such travelers may spread the outbreak beyond the affected countries and ultimately reach the United States. DRC, Uganda, and South Sudan are connected to the global aviation network through a series of regional and international transit hubs that provide pathways into the United States. Travelers departing from outbreak-affected regions frequently transit through densely populated metropolitan airports such as Addis Ababa Bole International Airport (ADD), Jomo Kenyatta International Airport (NBO) in Nairobi, Brussels Airport (BRU), Hamad International Airport (DOH) in Doha, Dubai International Airport (DXB), and Istanbul Airport (IST), all of which maintain extensive passenger connectivity to major U.S. gateway

⁵ CDC internal data.

⁶ CDC, *Ebola Outbreak: Current Situation*, <https://www.cdc.gov/ebola/situation-summary/index.html> (last visited June 17, 2026).

airports including John F. Kennedy International Airport (JFK), Washington Dulles International Airport (IAD), Hartsfield-Jackson Atlanta International Airport (ATL), Chicago O'Hare International Airport (ORD), and Los Angeles International Airport (LAX). These international transportation corridors support continuous movement of travelers between Central and East Africa and major U.S. metropolitan centers, increasing the likelihood that aliens exposed to Ebola disease could enter the United States before symptoms become apparent. Complex multi-leg itineraries and the rapid pace of international travel create substantial challenges for identifying potentially infected travelers before arrival.

The risk of Bundibugyo virus disease introduction into the United States is heightened by the virus's incubation period, which can extend up to 21 days, allowing infected persons to travel internationally while asymptomatic and therefore unlikely to be detected through routine symptom-based screening measures. A traveler infected in outbreak regions of DRC and Uganda may transit through multiple countries and major international airports before developing fever or other clinical signs of disease. Upon arrival in major U.S. metropolitan areas, travelers who become symptomatic could interact with crowded airport environments, domestic transportation systems, healthcare facilities, hotels, or community settings prior to diagnosis and isolation. Because modern aviation networks enable rapid movement from outbreak zones to the United States within one to two days, even a limited number of infected travelers could create significant public health response demands, particularly if exposure events occur in high-density urban environments. The interconnected nature of global air travel therefore presents a credible pathway for Bundibugyo virus disease importation into the United States, underscoring the importance of aggressive surveillance, traveler monitoring, airport public health screening, healthcare preparedness, and rapid containment capabilities.

Travelers utilizing air transit pathways originating in or passing through DRC, Uganda, and South Sudan include non-U.S. citizens, including regional migrants, foreign contract workers, humanitarian personnel, business travelers, students, refugees, and third-country nationals moving through international aviation hubs in Africa, the Middle East, and Europe. Many travelers entering U.S.-bound itineraries from these pathways may do

so under temporary visas, refugee or asylum processing mechanisms, international organizational travel, or multi-country itineraries that obscure their original point of departure. As a result, public health screening and border security systems face heightened operational complexity in identifying travelers with recent exposure histories linked to Ebola-affected regions, particularly when travelers originate from or transit through multiple jurisdictions prior to arrival at major U.S. metropolitan airports.

CDC issued a Level 3 Travel Health Notice (THN, reconsider nonessential travel) for DRC on May 15, 2026,⁷ and a Level 2 THN (practice enhanced health precautions) for Uganda on May 26, 2026.⁸ On June 15, 2026, CDC narrowed the geographic scope of the DRC Level 3 THN to the affected provinces of Ituri, North Kivu, and South Kivu, while maintaining a Level 2 THN for the remainder of the country.⁹ This modification reflects the geographic distribution of reported cases and does not indicate a reduced level of concern regarding the outbreak, which continues to expand in affected areas and poses a risk of further transmission and geographic spread.

CDC modeling indicates that, absent rapid and sustained public health interventions, the outbreak could become one of the largest Ebola epidemics ever recorded.¹⁰ The analysis further demonstrates that early identification of cases, contact tracing, isolation and treatment of symptomatic persons, community engagement, and safe burial practices are critical to reducing transmission and mitigating outbreak growth.¹¹ CDC has concluded that the current outbreak is already the largest known outbreak of Bundibugyo virus disease and that large-scale, sustained public health measures are necessary to prevent further

international spread of the disease and to reduce the risk of introduction of infected persons into the United States.¹²

Restricting entry of covered aliens into the United States reduces the volume of higher-risk international arrivals requiring public health monitoring and follow-up. By limiting the number of potentially exposed travelers entering through major U.S. ports of entry, federal, state, and local public health authorities have concentrated finite surveillance, screening, contact tracing, quarantine management, and medical monitoring resources on returning U.S. citizens and U.S. nationals. Paired with the DHS arrival restrictions redirecting travelers to specific U.S. airports,¹³ this approach has reduced operational strain on airport screening systems, CDC port health stations, public health laboratories, and healthcare facilities responsible for evaluating suspected Bundibugyo virus disease cases. It also has improved the ability of authorities to conduct detailed exposure assessments, ensure compliance with monitoring requirements during the 21-day incubation period, rapidly identify symptomatic travelers, and allocate specialized isolation and treatment capacity more effectively. In the context of a rapidly evolving Bundibugyo virus disease outbreak with significant cross-border mobility, prioritizing surveillance efforts toward a smaller and more traceable traveler population has strengthened the overall effectiveness of U.S. disease containment and border health security operations.

IV. Legal Basis for This Order Under Sections 362 and 365 of the Public Health Service Act and 42 CFR 71.40

CDC is issuing this Order pursuant to sections 362 and 365 of the Public Health Service Act (42 U.S.C. 265, 268) and the implementing regulation at 42 CFR 71.40. In accordance with these authorities, the CDC Director is permitted to prohibit, in whole or in part, the introduction into the United States of persons from designated foreign countries (or one or more political subdivisions or regions thereof) or places, only for such period of time that the Director deems necessary to avert the serious danger of the introduction of a quarantinable

⁷ CDC, *Ebola Bundibugyo Virus Disease in Parts of the Democratic Republic of the Congo*, <https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo> (last visited June 16, 2026). CDC subsequently updated the notice on May 22, 2026, as the outbreak expanded to additional provinces, while maintaining the Level 3 designation.

⁸ CDC, *Ebola Bundibugyo Virus Disease in the Democratic Republic of the Congo and Uganda*, <https://wwwnc.cdc.gov/travel/notices/level2/ebola-drc-uganda> (last visited June 17, 2026).

⁹ CDC, *Ebola Bundibugyo Virus Disease in Parts of the Democratic Republic of the Congo*, <https://wwwnc.cdc.gov/travel/notices/level3/ebola-democratic-republic-of-the-congo> (last visited June 16, 2026).

¹⁰ Mooring EQ, Koval WT, Routledge I, et al. *Modeled Scenario Projections for the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026*. *MMWR Morb Mortal Wkly Rep* 2026;75:285–289. DOI: <http://dx.doi.org/10.15585/mmwr.mm7522e1>.

¹¹ *Id.*

¹² *Id.*

¹³ DHS, *Arrival Restrictions Applicable to Flights Carrying Persons Who Have Recently Traveled From or Were Otherwise Present Within the Democratic Republic of the Congo, Uganda, or South Sudan*, 91 FR 29896 (May 21, 2026).

communicable disease,¹⁴ by issuing an Order in which the Director determines that:

(1) By reason of the existence of any quarantinable communicable disease in a foreign country (or one or more political subdivisions or regions thereof) or place there is serious danger of the introduction of such quarantinable communicable disease into the United States; and

(2) This danger is so increased by the introduction of persons from such country (or one or more political subdivisions or regions thereof) or place that a suspension of the right to introduce such persons into the United States is required in the interest of public health.¹⁵

Section 362 and the implementing regulation provide the Director with a public health tool to suspend introduction of persons not only to prevent the introduction of a quarantinable communicable disease, but also to aid in continued efforts to mitigate spread of that disease.¹⁶

The term “introduction into the United States” is defined in 42 CFR 71.40 as “the movement of a person from a foreign country (or one or more political subdivisions or regions thereof) or place, or series of foreign countries or places, into the United States so as to bring the person into contact with persons or property in the United States, in a manner that the Director determines to present a risk of transmission of a quarantinable communicable disease to persons, or a risk of contamination of property with a quarantinable communicable disease.” 42 CFR 71.40(b)(1). Similarly, the term “serious danger of the introduction of such quarantinable communicable disease into the United States” is defined as, “the probable introduction of one or more persons capable of transmitting the quarantinable communicable disease into the United States, even if persons or property in the United States are already infected or contaminated with the quarantinable communicable disease.” 42 CFR 71.40(b)(3).

Section 71.40(b)(2) defines “[p]rohibit, in whole or in part, the introduction into the United States of persons” in Section 362 to mean “to prevent the introduction of persons into the United States by suspending any right to introduce into the United States, physically stopping or restricting

movement into the United States.” See also 42 U.S.C. 265 (authorizing the prohibition when the danger posed by the communicable disease “is so increased by the introduction of persons . . . from such country . . . that a suspension of the right to introduce such persons . . . is required in the interest of public health”).

As stated in the Final Rule for 42 CFR 71.40, CDC “may, in its discretion, consider a wide array of facts and circumstances when determining what is required in the interest of public health in a particular situation . . . includ[ing] . . . [t]he overall number of cases of disease; any large increase in the number of cases over a short period of time; the geographic distribution of cases; any sustained (generational) transmission; the method of disease transmission; morbidity and mortality associated with the disease; the effectiveness of contact tracing; the adequacy of state and local health care systems; and the effectiveness of state and local public health systems and control measures.”¹⁷

As stated in 42 CFR 71.40, this Order does not apply to U.S. citizens, U.S. nationals, members of the armed forces of the United States and associated personnel if the Secretary of War provides assurance to the Director that the Secretary of War has taken or will take measures such as quarantine or isolation, or other measures maintaining control over such individuals, to prevent the risk of transmission of the quarantinable communicable disease into the United States, or United States government employees or contractors on orders abroad, or their accompanying family members who are on their orders or are members of their household, if the Director receives assurances from the relevant head of agency and determines that the head of the agency or department has taken or will take measures such as quarantine or isolation, to prevent the risk of transmission of a quarantinable communicable disease into the United States.¹⁸

In addition, this Order does not apply to additional classes of persons excepted by the CDC Director. Creating exceptions in the Order is consistent with Section 362 and 42 CFR 71.40. Section 362 explicitly states that the prohibition of introduction into the United States may be “in whole or in part.” This phrase is also included in section 71.40(a) and, as explained in the Final Rule, is intended to allow the Director to narrowly tailor the use of the

authority to what is required in the interest of public health.¹⁹ As noted in the Final Rule for 42 CFR 71.40, the CDC Director may also take into account international obligations and humanitarian concerns.²⁰ Pursuant to this capability, CDC is therefore excepting certain categories of persons, as described herein.

This Order will be in effect for 30 days to avert the serious danger of the introduction, transmission, and spread of Ebola disease into the United States. Finally, as directed by 42 CFR 71.40(c), this Order sets out the following:

(1) The foreign countries (or one or more political subdivisions or regions thereof) or places from which the introduction of persons is being prohibited;

(2) The period of time or circumstances under which the introduction of any persons or class of persons into the United States is being prohibited;

(3) The conditions under which that prohibition on introduction will be effective, in whole or in part, including any relevant exceptions that the Director determines are appropriate;

(4) The means by which the prohibition will be implemented; and

(5) The serious danger posed by the introduction of the quarantinable communicable disease in the foreign country or countries (or one or more political subdivisions or regions thereof) or places from which the introduction of persons is being prohibited.

Based on the foregoing, I hereby determine that Ebola disease, a highly transmissible quarantinable communicable disease, is confirmed present in the DRC and Uganda. There is a material risk that the outbreak will spread to South Sudan. I also determine that the prevalence of Ebola disease in these foreign countries constitutes a serious danger of the introduction of this disease into the United States due to the limited screening and testing and mitigation measures currently available. Finally, I determine that a temporary 30-day suspension of the right to introduce covered aliens is necessary to protect the public health from the serious danger of the introduction of Ebola disease into the United States, pending an ongoing public health assessment of the Ebola disease outbreak.

I consulted with the Department of State, DHS, and other federal departments as needed before I issued this Order and requested that DHS aid in the enforcement of this Order because CDC does not have the capability,

¹⁴ See Exec. Order No. 13,295, Revised List of Quarantinable Communicable Diseases (April 2, 2003) (adding viral hemorrhagic fevers, including Ebola, to the U.S. federal list of quarantinable communicable diseases).

¹⁵ 42 U.S.C. 265; 42 CFR 71.40.

¹⁶ 85 FR 56424 at 56425–26.

¹⁷ *Id.* at 56444.

¹⁸ 42 CFR 71.40(e) and (f).

¹⁹ 85 FR 56424 at 56444.

²⁰ *Id.* at 56447.

resources, or personnel needed to do so.²¹ As part of the consultation, DHS developed operational plans for implementing this Order. These plans are consistent with the language of this Order.

Although this Order is not a rule subject to notice and comment under the Administrative Procedure Act (APA) and is issued with immediate effect, in order to ensure that the forthcoming public health risk assessment is informed by public input, the Order is being issued with a simultaneous 15-day comment period.

This Order takes effect at 5:00 p.m. Eastern Daylight Time on Sunday, June 21, 2026. For individuals intending to travel to the United States by air, the Order will apply to flights departing after 4:59 p.m. Eastern Daylight Time on Sunday, June 21, 2026.

* * * * *

In testimony whereof, the Assistant Secretary for Health, U.S. Department of Health and Human Services, has hereunto set his hand at Santa Fe, NM this 21st day of June, 2026.

Admiral Brian Christine, MD
Assistant Secretary for Health (ASH)
and
Head of the United States Public Health Service (USPHS) Commissioned Corps
Department of Health and Human Services

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data so that the public can provide input that may inform the forthcoming public health risk assessment and whether any subsequent exercise of this authority is necessary.

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on

public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. Do not submit comments by email. CDC does not accept comment by email.

Authority

The authority for this order is Sections 362 and 365 of the Public Health Service Act (42 U.S.C. 265, 268), as amended.

Brian Christine,
Assistant Secretary for Health (ASH) and Head of the United States Public Health Service (USPHS) Commissioned Corps Department of Health and Human Services.
[FR Doc. 2026–12790 Filed 6–24–26; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0202]

Proposed Information Collection Activity; National and State Survey of Child and Adolescent Well-Being (NSSCAW): Site Recruitment and Baseline Data Collection

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF), Department of Health and Human Services, intends to collect data on a new cohort of children and families for the National and State Survey of Child and Adolescent Well-Being (NSSCAW). Previous data collections have been approved by Office of Management and Budget (OMB) under OMB #: 0970–0202. This request is for data collection with a new cohort.

DATES: Comments due August 24, 2026.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting

public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: NSSCAW will provide state and national estimates on the well-being, experiences, and service needs and receipt of children and families involved with the child welfare system. Data are collected to provide states with information to support decision-making about practice and policy improvements intended to strengthen child and family well-being, prevent the need for foster care, and promote the recruitment and retention of safe and stable foster homes. NSSCAW instruments will collect firsthand information about child and family health and well-being, as well as family needs and contextual factors. Instruments will also collect information about the safety and stability of the child’s home environment, including information about the motivators and challenges of foster and kin caregivers. This information request seeks approval to: (1) recruit a purposively selected set of states and randomly selected set of county child welfare agencies within those states for participation in NSSCAW; (2) sample child cases from participating states and child welfare agencies; and (3) conduct interviews with sampled children and their caregivers, including foster and kin caregivers. Deidentified data will be archived for research use.

Respondents: Child welfare agency data systems staff will submit monthly sample files. Caregivers of children ages 0 to 17 and children ages 6 to 17 will complete an in-person or online survey. Caregivers will complete a telephone verification interview. Caregivers and young adults ages 18 and older will complete a panel maintenance contact card.

Annual Burden Estimates: This request is for three years of approval to allow sufficient time for baseline data collection efforts. As such, the burden has been annualized over three years.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Specifications for Monthly Sample File Submissions	100	15	1.0	1,500	500

²¹ 42 U.S.C. 268; 42 CFR 71.40(d).