



CDC Quarantine Station

Frequently Asked Questions



Q: What is a CDC Quarantine Station?

A: CDC Quarantine stations are outposts of CDC staff at major ports of entry, mainly international airports. The station itself is a collection of offices and, in some locations, a small private medical evaluation room. Staff size varies depending on needs and traffic in the location. Although these stations are located at a single port of entry, they also have responsibilities at all of the air and sea ports and border crossings in a given area. (See map for Quarantine Station jurisdictions.)

Q: How many CDC Quarantine Stations are there?

A: Currently, CDC has 18 Quarantine Stations. In 2003, CDC had 8 Quarantine Stations: New York, Atlanta, Miami, Chicago, Los Angeles, San Francisco, Seattle, and Honolulu. In response to concerns about disease importation and bioterrorism and building on the SARS experience, CDC began increasing the number of stations and enhancing the training and response capability of existing stations. This year, CDC added 10 stations: Boston, Newark, Washington Dulles, San Juan, El Paso, Houston, Minneapolis, San Diego, Detroit and Anchorage.

Q: Is the facility large enough to hold the passengers from an entire plane?

A: No. The space is modest and includes workspace for staff and, in some locations, a small private medical evaluation room.

Q: If there was a need to quarantine an entire plane, where would people be held?

A: Quarantine Station staff would first arrange needed care for ill passengers. The decision to quarantine people who are not sick but who may have been exposed to sick passengers will depend on several factors, such as the disease, the length of travel, and the type of exposure. CDC's preparedness planning activities include identifying, staffing, and equipping potential locations for quarantined passengers. In some cities that have had quarantine stations for some time, suitable locations have already been identified. In all cities, CDC will work with local and state partners to identify locations where passengers who are sick or who have been exposed to someone who is can be safely and adequately cared for.

Q: What are the principles of modern quarantine?

A: The rationale to use quarantine is based on the firmly held belief that separating people who may have been exposed and may develop illness is an effective tool to

prevent an outbreak. Unlike the concept of quarantine several hundred years ago, current understanding requires that people in quarantine are the first to receive medical attention, food, comfort and other requirements of daily living. Focus will be placed on the health and safety of people in quarantine, as the staff provide evaluation and care.

Q: What happens every day at CDC Quarantine Stations?

A: Every day, CDC public health officers at Quarantine Stations engage with our partners at airports, seaports and land border crossings. These partners include local public health agencies in the communities near such ports, state health departments, and other health care and public health providers.

The activities at the Quarantine Stations fall into three main areas:

- Promptly responding to reports of illness on incoming flights and vessels, evaluation of patients, inspection of animals, and processing of individuals who are coming to reside permanently in the United States.
- Building partnerships to carry out our mission to prevent the introduction and spread of communicable diseases in the United States. This work includes developing collaborations with state and local health departments, U.S. Customs and Border Protection, first responders, private medical providers, and hospitals. CDC's goal in these collaborations is to develop specific and meaningful operational response plans for each port of entry.
- Evaluating the impact of our activities through applied research and assessment and modifying our operations to meet the needs of the country. This process helps determine the best use of resources.

Q: What are the symptoms airline and airport officials look for? How does the airport community know what to look for or when to call CDC?

A: Federal regulations require that the captains of arriving aircraft and vessels notify the nearest CDC Quarantine Station of sick passengers and crew members. CDC provides information and training to Customs and Border Protection agents and others in the airport and seaport community on the signs and symptoms that may indicate communicable diseases of public health importance. Signs and symptoms include fever, difficulty breathing, shortness of breath, cough, diarrhea, jaundice, or signs of a neurological infection.

Q: How is CDC staff notified of ill passengers?

A: CDC works closely with Customs and Border Protection to train agents to identify ill travelers. In addition, quarantine station staff receives reports of ill passengers from other colleagues in the airport community. These federal agents and port employees serve as eyes and ears for the quarantine staff to identify travelers who have symptoms of illness.

Q: How often do you respond to ill passenger calls?

A: Volume varies by station. In busy locations, CDC quarantine officials could be asked to evaluate an ill passenger once or twice a day.

Q: What happens when you evaluate passengers? Where and how do you do this?

A: If we are contacted before arrival, CDC staff or an appropriate designated health official will board the plane or ship to see the ill passenger. All passengers are asked to remain seated on-board while the Quarantine Public Health Officer boards to make the initial assessment. Usually departure from the plane is delayed for only a few minutes while this assessment is made. To determine if this illness is a communicable disease that may infect other travelers or people living in the United States, the initial assessment includes questions to verify the type and duration of symptoms and the itinerary of the ill individual.

Q: Why aren't CDC Quarantine Stations at every airport?

A: In designing the quarantine station network, CDC focused on major airports with a large number of international arrivals. Each station has broader area of responsibility that the port at which the office is located, and Quarantine Station staff will be dispatched to other locations if needed.

Q: If avian flu hit tomorrow, what would you do?

A: The Quarantine Stations have been using effective assessment methods to identify ill travelers for many years. We will continue to use these methods with the same care, efficiency, and professionalism to detect avian flu. Unlike some other important communicable diseases, there may be a need to temporarily hold a plane of passengers if a case of avian flu is suspected. CDC is working with airports and state and local officials on specific pandemic influenza response plans including the care and accommodations of travelers who may have been exposed but are not yet ill.

Q: Will the Quarantine Stations be able to contain avian flu?

A: CDC Quarantine Stations are just one part of a larger public health safety net. Being at the airport in proximity to ports of entry allows us to be the first to evaluate ill passengers when they

arrive in the United States and to implement a response which will just be the starting point for appropriate public health control measures.

Q: How many employees are there nationally? Locally?

A: Current CDC Quarantine Station staff number about 60 with 12 positions in Atlanta to support the field staff.

Q: What efforts are underway at CDC and across the Quarantine Station locations to prepare for a possible avian flu pandemic?

A: CDC is currently working with our partners, including the airport, local and state public health partners, to assure proper notifications if a case of suspected avian flu were to cross U.S. borders. We are working with hospitals near ports of entry, as well as state and local health departments, to ensure complete evaluation of ill travelers whose symptoms suggest avian flu. Education and training of Customs and Border Protection agents and other workers at airports and seaports regarding the signs, symptoms, and control of avian flu are critical so that we can work together on preparedness plans to identify ill travelers, isolate those whom we suspect have avian flu, and monitor the health of their fellow travelers.

At CDC in Atlanta and in the other federal agencies in Washington, D.C., similar preparedness planning discussions have taken place with federal and private partners such as the Department of Homeland Security, Customs and Border Protection, and members of transportation industries.

Q: What legal powers do CDC quarantine officials have?

A: The Department of Health and Human Services Secretary is empowered to prevent persons who are believed to have one of nine specific communicable diseases from entering the country through the use of isolation and quarantine. Pandemic influenza is one of these nine diseases. Cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named), and SARS complete the list.

Q: Who enforces CDC quarantine powers?

A: CDC always seeks voluntary compliance with isolation and quarantine. Sick travelers often understand the importance of keeping themselves separated from others and remaining in a safe location where they can be cared for. In very few settings do we anticipate that compliance would require legal enforcement. Should a federal quarantine order be necessary, the Customs and Border Protection bureau and other state and local law enforcement partners will assist CDC in enforcement.