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Docket No. CDC-2020-0087

Cruise Lines International Association Comments on CDC Request for Information Related to Cruise Ship Planning and Infrastructure, Resumption of Passenger Operations, and Summary Questions

These comments respond to the 21 July, 2020, Centers for Disease Control and Prevention (CDC) Request for Information (RFI) related to cruise ship planning and infrastructure and resumption of passenger operations. The CDC has indicated that information received may inform future public health guidance and preventative measures relating to travel on cruise ships; this input is particularly relevant for passenger ships with capacity to carry 250 or more individuals which are subject to the CDC No Sail Order. Cruise Lines International Association (CLIA)¹ and its ocean-going cruise line members fully respect the CDC's role as the leading public health agency for the United States. The industry and the CDC have a long history of working together in a fully transparent, consistent, and collaborative manner to address public health on cruise ships. CLIA members remain committed to working cooperatively with the CDC to address the agency's concerns and objectives. CLIA and its Member cruise lines welcome the CDC RFI as a critically important opportunity to inform CDC's consideration of the industry's return to service. Transparent policy development is essential and the industry appreciates the opportunity to provide meaningful input.

The health and safety of crew, passengers and the communities cruise ships visit are an operational imperative and the top priority for CLIA Member cruise lines. On 14 March, 2020, following the declaration of the global pandemic, CLIA Member cruise lines voluntarily suspended passenger service operations in the United States. CLIA Member cruise lines have since extended the industry's voluntary suspension in the U.S. two times and a return to service in the U.S. is not contemplated prior to 31 October, 2020.

CLIA ocean-going cruise lines continue to seek the advice of governments, health authorities, medical and scientific experts and stakeholders across the global cruise community to develop science-based COVID-19 mitigation protocols to manage crew care during the suspension of operations and to guide the industry's resumption of operations. As the knowledge base regarding COVID-19 grows each day, protocol development also evolves and will continue to do so even after operations restart.

¹ CLIA is the world's largest cruise industry trade association, providing a unified voice and leading authority of the global cruise community. The association has 15 offices globally with representation in North and South America, Europe, Asia and Australasia. CLIA supports policies and practices that foster a safe, secure, healthy and sustainable cruise ship environment for the 30 million passengers who historically cruise annually. The CLIA Community is comprised of the world's most prestigious ocean, river and specialty cruise lines; a highly trained and certified travel agent community; and cruise line suppliers and partners, including ports & destinations, ship development, suppliers and business services. The organization's mission is to be the unified global organization that helps its members succeed by advocating, educating and promoting for the common interests of the entire cruise community.

CLIA is working closely with Member cruise lines to inform the development of a mandatory, industry-level COVID-19 Policy. Once the Policy is adopted and implemented by CLIA Members, cruise line CEO's will annually certify its implementation, which will also be subject to internal and third-party audit. Shipboard policies and procedures are also subject to inspection by flag and port State authorities.

As passenger services resume, the prevention, mitigation and response measures implemented by cruise lines will be continuously evaluated against the evolution of the global pandemic. Scientific advances, including testing, treatment, vaccines, emerging technology and innovation, that enhance the safety and health of passengers will necessitate ongoing flexibility in member cruise line operating practices. The stringent measures implemented at initial restart may be adjusted as circumstances change over time (including the discontinuation of travel restrictions (e.g., from the U.S Department of State), low levels of community spread in source markets, increasing herd immunity and the development and availability of effective treatments and vaccines). CLIA members have already agreed to implement the most stringent measures, listed below as "core elements," upon initial resumption of passenger service in the United States by the end of 2020, and fully acknowledge the need for continuous improvement as operations resume. These and other elements are being included in a mandatory CLIA member COVID-19 Policy.

The core elements include:

- **Passenger Testing:** Conduct 100% testing of passengers for COVID-19 prior to embarkation; Conduct additional screening (e.g. temperature checks, health declaration, medical review if necessary) or other risk mitigation prior to embarkation;
- **Crew Testing:** Conduct 100% testing of all crew, with a requirement for negative results:
 - Prior to departure from home; and
 - Prior to embarkation on the ship; and
 - Upon conclusion of a minimum 7-day quarantine; and
 - Test periodically, at an appropriate frequency (at least monthly)
- **Masks:** Require wearing of masks by all passengers and crew onboard and during excursions whenever physical distancing cannot be maintained; Require crew to wear face masks at all times when working in food and beverage service areas;
- **Physical Distancing:** Align physical distancing measures with shoreside health authority requirements; maintain physical distancing in terminals, onboard ships, on private islands and during shore excursions;
 - Achieve physical distancing onboard through one or more measures, including: reduced passenger capacity, use of venue restrictions, directional controls for movement of passengers, dedicated cabin capacity allocated for isolation and other operational measures;
- **Ventilation:** Implement air management strategies to mitigate risk through increasing fresh air into ventilation systems and, where feasible, using enhanced filters and other technologies to maximize system effectiveness;
- **Medical and Public Health:**
 - Employ enhanced shipboard communications and procedures to promote illness reporting;
 - Conduct health evaluations, including internal shipboard telemedicine, of suspect cases in their cabins

- Implement isolation procedures for confirmed cases in pre-designated, reserved cabins;
- Implement response protocols to quickly identify and quarantine close contacts and to medically assess and appropriately manage them consistent with the advice of leading health authorities;
- Utilize risk-based response plans based on each ship's ability to manage various levels of onboard COVID-19 cases and close contacts;
- The medical priority will be to disembark confirmed COVID-19 cases as soon as safely and reasonably possible. Make arrangements with port partners and in any destinations visited for various disembarkation scenarios of COVID-19 cases;
- Make arrangements in advance with private providers for transportation, shoreside quarantine and medical facilities if infectious illness exceeds onboard management capability;
- Conduct screening and testing of disembarking passengers who are close contacts of COVID-19 cases;
- **Shore Excursions:** For destinations other than private islands, only permit shore excursions according to the cruise operators' prescribed protocols, with strict adherence required of all passengers and denial of re-boarding for any passengers that do not comply.

The safe resumption of passenger service operations is critical to travel, tourism and to economic recovery in the United States.² The CDC and the cruise industry share common objectives in identifying and implementing necessary and appropriate prevention, surveillance, and response measures to reduce the risk of COVID-19 introduction and transmission on cruise ships. As the industry association representing 95% of ocean-going cruise lines, it remains the industry's strong desire to use the time while operations are suspended in the United States to engage in meaningful dialogue with CDC and collaborate on our shared goal of keeping guests, crew, and the communities visited healthy and safe.

The prevention, mitigation and response measures implemented by cruise lines as passenger services resume will be continuously evaluated against the current state of COVID-19 transmission as well as the availability of new prevention and mitigation measures that could enhance safety and health.

1. Given the challenges of eliminating COVID-19 on board cruise ships while operating with reduced crew on board during the period of the April 15, 2020 No Sail Order Extension, what methods, strategies, and practices should cruise ship operators implement to prevent COVID-19 transmission when operating with passengers?

During the period of suspended operations in the United States, cruise lines and shipboard medical staffs have implemented rigorous procedures and capably managed the health and well-being of crew who remain on ships. Where required, cruise lines submitted plans within seven days of the CDC No Sail Order (NSO) and have continued to update those plans based on subsequent CDC guidance and feedback. Cruise lines operating in U.S. waters have provided CDC with detailed, transparent reporting of shipboard illnesses pursuant to CDC's enhanced

² The suspension of cruise operations in the United States has significantly impacted people and businesses across the cruise community. Every year, in the U.S. alone, cruising generates \$53 Billion to the U.S. economy and over 420,000 jobs paying more than \$23 Billion in wages. The suspension of cruise operations through August, 2020, already accounts for a total economic loss of more than \$20.42 Billion representing over 134,400 jobs and nearly \$7 Billion in total wages.

data collection (EDC), building upon decades of industry experience with CDC reporting requirements, which remain unparalleled when compared to any other industry including airlines, trains and commuter rail, busses, hotels, and restaurants. Under CDC's new color-coding criteria for determining a ship's status to be 'green' (i.e., ships eligible to disembark crew to use commercial transportation), a cruise ship must have zero reports of COVID-19 or COVID-like Illness (CLI) in the preceding 28 days. A single case of COVID-like Illness (CLI), Influenza-like Illness (ILI), Pneumonia or Acute Respiratory Illness (ARI) is disqualifying. Even under CDC's stringent case criteria and the two-incubation cycle evaluation period, 90%³ of CLIA cruise ships subject to the NSO have satisfied the criteria to be 'green.'

While the industry's ability to effectively manage shipboard health with reduced numbers of crew onboard has been instructive for planning efforts toward a resumption of passenger operations, new and enhanced measures are also being evaluated based on experience in locations where cruising has resumed. The measures that have traditionally been effective and relied on by the cruise industry to minimize the risk of introduction and transmission of Norovirus, Ebola, Zika, SARS, and MERS, among others, are being tailored to the unique challenges presented by COVID-19.

In addition to the mandatory provisions of the CLIA Policy, the methods, strategies, and practices employed by cruise lines will be outlined in their individual comprehensive policies, procedures and protocols addressing all stages of the cruise from pre-travel through to disembarkation and will detail all the measures that address the prevention and transmission of COVID-19. These procedures and protocols will be in addition to the already rigorous public health procedures that all CLIA Members must adhere to and will be informed by the most recent scientific and public health advice, along with internal experience of handling communicable diseases. Strategies under consideration are:

- Communications regarding health requirements, protocols and expectations prior to booking, pre-travel and while onboard and when returning home;
- Staggered guest arrivals in terminals to reduce crowding and to facilitate physical distancing during all aspects of the pre-embarkation and disembarkation processes;
- Pre-embarkation health screening and COVID-19 exposure history;
- Pre-embarkation symptom screening, including temperature checks;
- Recommend that prospective guests at increased risk for severe illness from COVID-19 consult with their doctor prior to sailing;
- Augmented medical capabilities proportional with passenger capacity, additional diagnostic and testing equipment to confirm COVID-19 cases during the voyage, therapeutics to improve patient outcomes and designation of one or more individuals onboard to serve as public health officer;
- Reconfiguration or enhancements to medical facilities and shipboard accommodation spaces to maximize the ability to provide intensive care of COVID-19 cases and to separate potentially infectious persons from others;

³ See <https://www.cdc.gov/coronavirus/2019-ncov/travelers/crew-disembarkations-commercial-travel.html> (as of 15 September, 2020)

- Initial and regular refresher training and drills for all crew on surveillance, identification and reporting of COVID-19 symptoms and suspect cases, including scenario response plans, PPE usage, sanitization procedures, equipment, and response procedures;
- Additional personal protective equipment (face coverings, etc.) for crew;
- Temperature checks for passengers and crew;
- Physical distancing measures, including:
 - Appropriately-distanced seating in theaters, dining facilities and other common venues to facilitate distancing between groups;
 - Modified entertainment showings and meal services to control venue capacity;
 - Limit instances of waiting in line, but employ distancing measures when it does occur;
 - Distancing in passageways, stairways and other areas as much as possible;
 - Limit occupancy in elevators
- Review of self-service buffet options and increased availability of in-cabin dining;
- Increased use of outdoor venues for group events;
- Increased use of contactless technologies and strategies, where feasible, for restaurants, shops and other shipboard venues;
- Hand hygiene reminders and increased handwashing and hand sanitization stations throughout ships;

2. How should cruise ship operators bolster their internal public health programs with public health experts and invest in a robust public health infrastructure to ensure compliance with measures to detect, prevent, and control the spread of COVID-19?

CLIA members have been, and remain, committed to a robust and effective public health structure, both at the corporate level, beginning with the CEO, and at the individual cruise ship level, beginning with the Captain. Cruise lines are committed to strengthening general public health and prevention activities, as well as those specific to the COVID-19 pandemic. It is anticipated this further heightened public health emphasis will survive beyond this pandemic and become part of the overall corporate culture. From a public health perspective, while it is critical to address the current pandemic, it is also important to take a broader perspective and implement changes that will have a lasting impact on the full range of ship health and safety.

At the shipboard level, dedicated personnel, trained in public health practices, manage the shipboard public health activities. Further, expanded COVID-19 prevention, surveillance, contact tracing and other activities will be part of this overall formalized infrastructure. The goal is to have an effective, broad based public health program.

Cruise lines have used the period of suspended operations to engage with external health experts, including ongoing focused panels and scientific summits. This work has informed the industry's consideration of appropriate protocols to prevent the introduction and risk of transmission onboard ships and has been integral to evaluating the need for enhancements to internal medical and public health programs.

As cruise lines approach a resumption of passenger services, the existing public health and clinical staffing models will be augmented to support new and enhanced pre-embarkation screening measures and revised prevention, surveillance and response protocols including management of suspect cases to minimize exposure and potential transmission, as well as management of enhanced isolation and quarantine procedures for suspect cases and close contacts. Augmented staff could include additional doctors, nurse practitioners, registered nurses, paramedics, as well as public health and clinical specialists, on board and ashore, and also appropriate reserve medical personnel to assist in time of increased need. The number of additional staff and qualifications, both onboard and ashore, will be adapted based on, among other things, ship operating capacity, passenger demographics, proximity of pre-arranged and responsive shoreside resources while taking into account the requirements of authorities in the region of operations.

In consultation with medical and public health experts and other advisors, the industry will designate one or more individuals to serve as a public health officer who would oversee all matters related to prevention, surveillance and response, especially COVID-19.

Cruise lines continue to engage with partners in the broader cruise community, including with ports, terminals, local government authorities and health providers to match cruise line procedures and requirements with the capabilities and capacities of shoreside infrastructure that support cruise line operations for embarkation, disembarkation and contingency preparedness. One example is the close coordination with EU Healthy Gateways for implementation of guidelines for resumption of cruise passenger operations in the EU.

3. How should cruise ship operators ensure internal public health programs are involved in all levels of decision-making processes relating to passenger and crew operations, crew welfare and mental health, occupational health, food safety, potable and recreational water safety, outbreak prevention and management response, and illness surveillance?

The safety and health of passengers, crew and those in the communities ships visit is the industry's top priority. Corporate CEOs, ship captains and dedicated teams of medical and public health professionals throughout the industry demonstrate their commitment to this priority day in and day out. The cruise industry has extensive experience developing and implementing comprehensive internal sanitation programs, as well as overall shipboard public health programs and procedures to minimize the risk of onboard illness. One example is the cooperative, voluntary program for minimizing the risk for acute gastroenteritis on cruise ships developed between the industry and the CDC's Vessel Sanitation Program (VSP). Guidance and procedures across all areas of ship construction, operations and regular inspections reflect more than forty years of partnership between the industry and Government for public health. The spirit of cooperation and technical attention to detail with the CDC VSP provides the foundation on which efforts to address COVID-19 risk mitigation can be replicated and updated over time.

Cruise ship operators are also guided by internal medical experts who oversee public health programs relating to passenger and crew operations, crew health and well-being, food safety, potable and recreational water safety, outbreak prevention, surveillance and response. Across

the industry, new health technologies and advanced software solutions are being employed to leverage medical records, health monitoring of crew and passengers and to administer superior care for all onboard ships.

Through initial and recurring training, not only do ships' crews play a critical role by abiding with health precautions, they also serve as the eyes and ears of the public health program throughout the ship for surveillance, reporting and expedited response to indications of respiratory illness. Trained crew will assist cruise line efforts to conduct swift isolation, quarantine, and tracking of close contacts for suspected and confirmed COVID-19 cases.

4. What is the feasibility of conducting COVID-19 diagnostic testing using FDA-approved or authorized laboratory tests on board a cruise ship?

SARS-CoV-2 diagnostic testing remains an important capability in determining, with accuracy, whether or not a suspect case is confirmed as COVID-19. In the U.S., and in many regions internationally, diagnostic test equipment and test kits remain in high demand. It is feasible to conduct SARS-CoV-2 diagnostic testing using FDA-approved or authorized tests onboard with point-of-care test equipment when available. Cruise ships have medical facilities staffed with trained medical personnel that are capable of obtaining and processing samples for diagnostic purposes. The number of tests or throughput available may be limited so on-board testing would be primarily used for the diagnosis of COVID-19. New detection methods for SARS-CoV-2 are increasingly available with high levels of sensitivity and specificity, and may soon provide cruise lines with additional diagnostic, screening and surveillance capabilities.

Importantly, at initial restart of passenger service in the United States, CLIA Members have agreed that they will conduct 100% testing of passengers for COVID-19 prior to embarkation and to conduct additional screening (e.g. temperature checks, health declaration, medical review if necessary) prior to embarkation. For crew, CLIA Members have agreed to conduct 100% testing of all crew, with a requirement for negative results prior to departure from home, prior to embarkation on the ship, upon conclusion of a minimum 7-day quarantine, and to test crew periodically, at an appropriate frequency at least monthly.

a. Should specimens be tested on board or should specimens be collected on board for commercial testing onshore?

In light of ongoing challenges associated with high demand for diagnostic testing equipment and test kits, collection of specimens with pre-arranged capability for testing ashore may be appropriate for individuals during pre-boarding or during the boarding process and can be readily accomplished under contracts with commercial providers. Subject to availability, onboard diagnostic testing, or accurate and reliable rapid point of care testing alternatives could be possible.

b. How frequently should cruise ship operators test all passengers and crew?

Testing of crew prior to departing from their home country, can help to identify infected, pre-symptomatic or asymptomatic crew members prevent them from travelling. At initial restart of passenger service in the United States, CLIA Members have agreed to conduct 100% testing of

all crew with a requirement for negative results prior to departure from home. Those crew with a negative test result will travel to the ship while following all applicable health guidance and instructions from transportation providers. Crew will be tested again at embarkation and then be subjected to quarantine. Crew will have to test negative in order to be released from quarantine and prior to commencing work. CLIA Members further agree to conduct surveillance on crew by testing all crew members periodically thereafter at least monthly. Testing of crew with symptoms of COVID-19 and the close contacts of a suspect case will be consistent with prevailing health guidance.

Testing policies and approaches will change over time as technology continues to improve, including test type, equipment, throughput, and sensitivity and specificity.

c. What would be the anticipated financial cost of testing all passengers and crew?

The anticipated financial cost of testing all passengers and crew varies widely across a number of factors including the test type, associated equipment, quantity needed to support anticipated passenger capacity and training to operate, among other factors. The industry's commitment to testing is principally focused on the accuracy, reliability and availability of various testing technologies as components of an effective, layered approach to mitigating the risk of introducing COVID-19 onboard ships.

5. Because reports of illness may lead to restrictions on crew activities, how should cruise ship operators encourage crew members to report mild symptoms of COVID-like illness to medical personnel?

CLIA Member cruise lines recognize that informed, properly trained crew that can recognize the symptoms of COVID-19 in themselves and others can help minimize the risk of transmission of COVID-19. Maintaining health among the crew is fundamental to preserving a healthy environment for passengers and crew. Reporting is essential for the crew member's own health and the health of others. Cruise lines are therefore committed to providing a shipboard environment in which crewmembers are encouraged to report their symptoms to the ships' medical staff as soon as possible, while minimizing their exposure to others by not working and staying in their cabin. When crew fully understand that the cruise line prioritizes their health, safety and comfort throughout the isolation process, and contracts are continued even when off duty under the ILO MLC 2006, crew are more likely to report their symptoms. Likewise, crew will be assured that reporting will be praised as a necessary part of providing for the safety and health of all onboard, and that their absence from work will not have negative consequences.

a. How should cruise ship operators encourage medical personnel to report these cases to CDC?

Timely and accurate reporting of shipboard illnesses to health authorities in all the places where cruise ships call, including reporting to the CDC for operations in the U.S., is an obligation that cruise lines and medical staff take very seriously under the International Health Regulations (2005). Cruise lines have significant experience in reporting to the CDC as evidenced by the required and routine reporting of all cases of acute gastro-intestinal illnesses every voyage. Timely and accurate reporting is a key component of the industry's ability to provide assurances to those onboard and the communities where cruise ships call, that

shipboard health is appropriately managed and that necessary precautions are in place to protect the health of those onboard the ship as well as those communities.

Collaboration between CDC and the industry is indispensable to identifying the best data elements to inform public health decisions. In particular, the industry would like to better understand and align the COVID-19 case definitions and outbreak thresholds with other published CDC guidance including differentiating COVID-19 from Acute Respiratory Illness (ARI) and Influenza-like Illness (ILI). This information will be extremely helpful to cruise line planning efforts, especially for contingency protocols in the event of one or more COVID-19 suspect cases onboard.

6. What should be the medical capacity to manage an outbreak or a severe case of COVID-19 on board the ship?

By CLIA Policy, Member lines must meet or exceed the requirements of the American College of Emergency Physicians (ACEP) Health Care Guidelines for Cruise Ship Medical Facilities, as revised January 2019. ACEP's guidelines address the facilities, staffing, equipment and procedures for medical infirmaries on cruise ships traveling outside territorial waters of the coastal state.

For many cruise lines, especially when operating with only crew or with less than full passenger capacity, the existing medical staffing and equipment guidelines provide sufficient capacity to manage one or more cases of COVID-19 onboard. As industry restart progresses and, over time, passenger counts increase in conjunction with easing of travel restrictions, the medical facilities, staffing and equipment levels may need to be further evaluated and augmented proportionally, to provide optimum health care staff to passenger ratios.

Wherever possible, medical facilities should be configured and managed to keep potentially infectious individuals within the medical facility from coming in contact with non-infected individuals. At initial restart of passenger service in the United States, CLIA Member lines will conduct health evaluations, including internal shipboard telemedicine, of suspect cases in their cabins; implement response protocols to quickly identify and quarantine close contacts and to medically assess and appropriately manage them consistent with the advice of leading health authorities; and utilize risk-based response plans based on each ship's ability to manage various levels of onboard COVID-19 cases and close contacts. CLIA Members have further agreed to implement air management strategies to mitigate risk through increasing fresh air into ventilation systems and, where feasible, using enhanced filters and other technologies to maximize system effectiveness.

Empty cabins, for the isolation of confirmed cases, will be designated for all cruises and reserved only for such use. These cabins should likewise be located in a designated area of the ship set aside for this purpose. The proportion of intensive care beds onboard ships compared to passenger capacity should be analyzed against the cruise industry's existing commitment under the ACEP Guidelines to determine whether additional intensive care beds may be appropriate; this analysis may require periodic re-evaluation based on changes to passenger capacity, developments in effective treatments, and the effectiveness of protocols in reducing

introduction and transmission. The medical priority will be to disembark confirmed COVID-19 cases as soon as safely and reasonably possible. CLIA Members will make arrangements with port partners and in any destinations visited for various disembarkation scenarios of COVID-19 cases.

a. What arrangements should cruise ship operators have with private companies to transport and obtain medical care shoreside for passengers and crew with severe COVID-19?

At the initial restart of passenger service in the United States, CLIA members will make arrangements with port partners and in any destinations visited for various disembarkation scenarios of COVID-19 cases. This includes arrangements in advance with private providers for transportation, shoreside quarantine and medical facilities if infectious illness exceeds onboard management capability. While access to urgent medical evacuation capabilities should never be precluded for life threatening emergencies, the industry recognizes the need to avoid placing undue strain on Coast Guard and other first responder resources. Pre-arranged transport capabilities and shoreside medical care provide a meaningful mitigation strategy for such contingencies.

7. What pre-arrangements should be made to ensure that all U.S. seaport communities will accept a returning ship after a COVID-19 outbreak is identified?

U.S. ports and terminals, as well as the destinations cruise ships visit, are valuable partners for the cruise industry. While we are all eager to return to service and to restore the economic vitality in these locations, as a cruise community, CLIA Members and our port partners remain committed to the foremost priority of safety and health of cruise ship crew, passengers and the communities where ships call.

In anticipation of the potential for suspect or confirmed COVID-19 cases onboard, CLIA Members have agreed that the medical priority will be to disembark confirmed COVID-19 cases as soon as safely and reasonably possible. Accordingly, at initial restart of passenger service in the United States, CLIA Members will make arrangements with port partners and in any destinations visited for various disembarkation scenarios of COVID-19 cases. CLIA Members will make arrangements in advance with private providers, at their own expense, for transportation, shoreside quarantine and medical facilities if infectious illness exceeds onboard management capability and will conduct screening and testing of disembarking passengers who are close contacts of COVID-19 cases.

Procedures will also need to be established for the normal disembarkation of healthy guests and/or crew for their return home, repatriations or crew changes.

8. What plans should cruise ship operators have for operationalizing shoreside quarantine facilities in the event of a COVID-19 outbreak on board a ship, without exposing the public and without relying on Federal, State, or local resources?

Informed by consultation with medical experts, the industry understands that a comprehensive, layered strategy for minimizing the risk of COVID-19, coupled with prevention, surveillance and

response measures, are all critical to minimizing the number of individuals on board a cruise ship that are exposed to a confirmed case. Rapid identification of COVID-19 cases with corresponding isolation in pre-designated cabins and medical evaluation of close contacts are necessary to reduce exposure and mitigate the risk of transmission. Cruise lines will analyze shipboard capabilities to manage any suspect or confirmed COVID-19 cases on board a ship, including the number of individuals in isolation or quarantine and will initiate disembarkation protocols for cases and close contacts based on advance arrangements with ports, private transportation providers, emergency medical service providers and designated facilities for continued care in accordance with guidance from relevant health authorities.

Individuals identified for quarantine will be allowed to travel home from a ship, a hospital or test site via his or her own means (such as a personal or private vehicle), if the local health authority protocols allow. Additionally, guests considered fit for onward travel as demonstrated by medical screening, and if appropriate to the underlying situation, a negative diagnostic test, would be eligible for commercial travel home.

9. Due to obstacles with commercial travel thus far, what pre-arrangements should cruise ship operators make with the airline industry to accept crew and passengers from ships not affected by COVID-19?

We see no reason why healthy cruise line crew and passengers who disembark from ships and who are not close contacts of a suspect or confirmed COVID-19 case should be restricted from accessing commercial air travel or any other mode of commercial transport. This is consistent with travel otherwise allowed for other members of society. Precautionary measures which are applicable to all travelers based on the requirements or guidance of health authorities or required by the transportation providers for the health and safety of passengers and employees, should be followed by crew just as any other traveler.

10. How should cruise ship operators address specific country travel restrictions that emerge as COVID-19 activity increases in geographical areas, such as

a. border closures preventing passengers and crew from repatriating?

The industry anticipates that international travel restrictions will persist and fluctuate depending on the prevalence of COVID-19 in the locations to and from which individuals travel, and that relaxation of travel restrictions will correlate with lowering transmission rates. Accordingly, when cruise operations in the U.S. initially restart, cruise voyages will only source passengers from locations where passenger travel is not prohibited or subject to quarantine requirements by the U.S. Government. International border closures in certain countries where COVID-19 cases surge may have the greatest impact on crew repatriations and crew changes, consistent with the challenges faced by the cruise industry during the period of suspended operations in the U.S. and globally.

CLIA and other international industry associations have worked closely with the International Labour Organization (ILO), International Maritime Organization (IMO) and World Health Organization (WHO) to engage national governments in recognizing seafarers, including those aboard cruise ships, as essential workers for which there should not be barriers to international

travel. Reasonable health protection measures are a rational response to mitigate related risks, however, governments should not close borders to their own nationals who wish to return home.

b. seaport closures preventing porting of ships?

The prevalence of COVID-19 in many parts of the U.S. is a key factor in the industry's voluntary suspension until 31 October. When operations in the U.S. do resume, the industry recognizes the possibility that COVID-19 transmission rates ashore could escalate based on, among other factors, seasonal fluctuations, a new virus strain or where the recommended precautions are not observed. Cruise line operators will continue to monitor the epidemiological situation in the planned destinations and the port of intended disembarkation, especially as individual itineraries set sail, and agree in advance with relevant port authorities to verify that routine disembarkations as well as pre-arranged contingency plans remain applicable for the duration of the cruise itinerary.

c. embarking passengers originating from countries with heightened COVID-19 activity?

The relaxation, over time, of international and domestic travel restrictions could present circumstances where prospective passengers may originate from areas experiencing high rates of COVID-19. CLIA Members will use enhanced screening measures coupled with testing for individuals traveling from or through geographic areas with high incidence of COVID-19. Travel history screening can be an effective, verifiable tool; however, precision is needed in defining the geographic scope of any restrictions, as is clarity on what health authorities consider 'heightened COVID-19 activity,' so that uniform approaches can be implemented, if needed. As the trade association for the industry globally, CLIA can serve as a platform for timely, industry-level consideration of data from health authorities on significant, quantifiable epidemiological trends among populations in regional source markets of passengers to inform realistic travel history screening.

Pre-travel testing, screening measures imposed by the US Government for passengers arriving by air from international locations and enhanced cruise line pre-embarkation testing and screening procedures will mitigate the risk of boarding passengers from countries with heightened COVID-19 activity. With few exceptions, repatriation of passengers back to home countries with changing border restrictions is expected to be manageable.

11. What measures should cruise ship operators be required to take to reduce the burden on U.S. government resources if foreign seaports deny cruise ships the ability to come into port during a voyage?

At initial restart of passenger service in the United States, CLIA Members have agreed to make arrangements with port partners and in any destinations visited for various disembarkation scenarios of COVID-19 cases. CLIA Members will make arrangements in advance with private providers, at their own expense, for transportation, shoreside quarantine and medical facilities. Further, CLIA Members will conduct screening and testing of disembarking passengers who are close contacts of COVID-19 cases. Cruise lines continue to consider contractual arrangements, at the line and industry-level, throughout intended operating areas as a contingency measure

to provide essential response, transportation, medical services, accommodations and repatriation.

12. Given difficulties cruise ship operators have experienced when repatriating crew via non-commercial transportation, what preparations should the industry make to repatriate passengers or crew via non-commercial transportation after COVID-19 is identified on board?

When cruise operations initially restart in the U.S., cruise voyages will only source passengers from locations where passenger travel is not prohibited or subject to quarantine requirements by the U.S. Government. In the event suspected or confirmed cases of COVID-19 are detected onboard and transmission is contained, healthy passengers and crew who have not been exposed to COVID-19 should not be denied access to commercial transportation.

CLIA Members agree to conduct screening and testing of disembarking passengers who are close contacts of COVID-19 cases. This is one means to further reduce risk and enable the use of commercial transportation commensurate with other members of society. For disembarking passengers or crew that have been exposed to COVID-19, charter transportation is an option.

However, despite symptoms or a positive diagnostic test, if such person would typically be allowed to travel home from a hospital or test site in the underlying jurisdiction via his or her own means, then the expectation is that the impacted guest will be given that same opportunity. Additionally, guests that are considered fit for onward travel as demonstrated by medical screening and, if appropriate to the underlying situation, a negative diagnostic test, would be eligible for commercial travel home. Cruise lines will make arrangements with port partners and in any destinations visited for various disembarkation scenarios of COVID-19 cases. This includes arrangements in advance with private providers, at their own expense, for transportation, shoreside quarantine and medical facilities if infectious illness exceeds onboard management capability;

13. What innovations should cruise ship operators develop to reduce transmission of COVID-19 on board ships and how would these innovations be effective?

The cruise industry and the CDC Vessel Sanitation Program have developed robust cleaning and sanitation protocols on cruise ships over decades of partnership. Based on lessons learned from shipboard COVID-19 cases prior to the Pandemic declaration, cruise lines and CDC have developed screening, mitigation and containment procedures, including enhanced cleaning and sanitation protocols to mitigate surface contamination. Environmental disinfection protocols have been proven to prevent and control more resilient viruses such as noroviruses.

Precautionary measures will be implemented on board similar to those implemented ashore (e.g. physical distancing, use of face masks by crew and passengers, hand hygiene strategies).

In addition to the core elements of the industry-level Policy to which CLIA Members have already agreed as discussed in the introduction, the additional measures under consideration are:

- Augmented medical capabilities proportional with passenger capacity increases, additional medical diagnostic and testing equipment to confirm COVID-19 cases during the voyage and designation of one or more individuals to serve as public health officer;
- Reconfiguration or enhancements to medical facilities to maximize the ability to provide care for COVID-19 cases and to separate potentially infectious persons from others;
- Initial and regular refresher training for all crew on prevention, surveillance, identification and reporting of COVID-19 symptoms and suspect cases, including scenario response plans, PPE usage, sanitization procedures, equipment and response procedures;
- Additional personal protective equipment (face coverings, etc.) for crew;
- Temperature checks for passengers and crew;
- Physical distancing measures, including:
 - Appropriately distanced seating in theaters, dining facilities and other common venues to facilitate distancing between groups;
 - Limit instances of waiting in line, but employ distancing measures when it does occur;
 - Distancing in passageways, stairways and other areas as much as possible;
 - Occupancy limits in elevators
- Review of self-service buffet options and increased availability of in-cabin dining;
- Increased use of outdoor venues for group events;
- Increased handwashing and hand sanitization stations throughout ships;
- Shipboard testing capability to confirm COVID-19 cases;
- Increased use of contactless technologies and strategies, where feasible, for restaurants, shops and other shipboard venues

14. Should cruise ship operators implement other interventions to decrease or prevent the spread of COVID-19 on board ships?

Cruise lines will employ new products, technologies, strategies and innovations to mitigate the risk of COVID-19 transmission on board. For initial resumption in the U.S., cruise lines are benefiting from the experience of cruise lines that have already resumed operations in Europe. These new solutions include items such as contactless temperature checks, rapid testing systems and tracking and tracing technologies. Some of the technologies that show potential include rapid testing systems, electronic health passports, artificial intelligence systems for distance detection, track and trace capabilities using smart phones, wearable devices and other contactless technologies for use in shipboard activities. Cruise lines continue to evaluate and test these and other technologies, and will seek to implement those that show promise or demonstrate viability for use in the shipboard environment.

15. What evidence of efficacy or other rationale exists for any public health interventions that cruise ship operators propose to take on board ships?

Cruise ship operators and CLIA are consulting with renowned experts to inform proposed public health interventions and those experts have informed this submission. They are also relying on

extensive guidance from health authorities around the globe. Public health interventions are optimal when they are evidence based, whether initiated by cruise lines or implemented pursuant to guidance or requirements from health authorities.

16. What steps should cruise ship operators take to prevent the introduction of COVID-19 onto ships after resuming passenger operations?

In consultation with medical experts, cruise lines are developing and exercising strategies and measures for implementation from the time of booking, to the time of embarkation, when returning from shore excursions and upon disembarkation to return home.

In addition to the commitments that CLIA Members have already made for initial restart of passenger service to conduct 100% testing of passengers, and crew and requirements for masks and physical distancing, additional strategies and measures being considered are:

- Communications prior to booking, pre-travel and upon arrival in ports and terminals regarding health requirements, reporting responsibilities, prevention, surveillance and response protocols;
- Staggered guest arrivals in terminals to reduce crowding and to facilitate physical distancing during all aspects of the pre-embarkation and disembarkation processes;
- Physical distancing during pre-boarding, boarding and disembarkation processes;
- Hand washing and hand sanitizing stations;
- Pre-embarkation screening for health and COVID-19 exposure history;
- Pre-embarkation screening for COVID-19, Acute Respiratory Illness, Influenza-like Illness, and other symptoms consistent with COVID-19 based on health guidance;
- Temperature checks;
- Initial and regular refresher training for all crew on prevention, surveillance, identification and reporting of COVID-19 symptoms and suspect cases, including scenario response plans, PPE usage, sanitization procedures, equipment response procedures

CLIA Members will utilize health screening questionnaires for all individuals embarking on ships. Following in-person validation of the prospective passenger's responses to the questions on the health screening questionnaire, including evaluation of COVID-19 test results, prospective passengers may be administered contactless temperature checks. Where warranted based on questionnaire responses or observations, prospective passengers will receive health screening for history of COVID-19 exposure and symptoms of Acute

Respiratory Illness, Influenza-like Illness and other symptoms consistent with COVID-19. Additional enhanced screening may be appropriate, including diagnostic testing, depending on the circumstances, for any individuals of concern and their close contacts, to minimize transmission and provide for contact tracing of other prospective passengers with whom they came in contact. Separate handling of suspected cases and close contacts will be carried out away from the pre-boarding process.

a. Should cruise ship operators deny boarding to passengers with COVID-like illness or confirmed infection with COVID-19?

When cruise line pre-embarkation screening protocols detect passengers with confirmed COVID-19, CLIA Members will deny boarding to the individual and their travel companions as close contacts. Other individuals with symptoms of respiratory illness are subject to additional screening and testing to rule out COVID-19.

b. Should cruise ship operators deny boarding to passengers with known exposure to a person with COVID-19 during the previous 14 days?

When cruise line pre-embarkation contact history screening protocols determine that a prospective guest had recent known exposure to a person confirmed to have COVID-19, such individuals are subject to additional screening and diagnostic testing to rule out COVID-19 or inform a decision to deny boarding to the individual and their travel companions as close contacts.

c. What methods should cruise ship operators use to screen for exposures and detect COVID-like illness in passengers seeking to board the ship?

CLIA Members will utilize health screening questionnaires for all individuals embarking ships. Following in-person validation of the prospective passenger's responses to the questions on the health screening questionnaire, including evaluation of COVID-19 test results, prospective passengers may be administered contactless temperature checks. Where warranted based on questionnaire responses or observations, prospective passengers will receive health screening for COVID-19 exposure history and symptoms of Acute Respiratory Illness, Influenza-like Illness and other COVID-like symptoms.

d. Should cruise ship operators deny boarding to passengers coming from COVID-19 high-incidence geographic areas?

CLIA Members anticipate a gradual, phased approach to operational resumption with the most stringent measures applied during the initial phase. The relaxation, over time, of international and domestic travel restrictions could present circumstances where prospective passengers may originate from areas experiencing high rates of COVID-19. The routine use of enhanced screening measures coupled with pre-embarkation testing for individuals traveling from all geographic areas may reduce the risk associated with guests traveling from or through regions with higher incidence. While use of enhanced measures, including travel history screening can be an effective, verifiable tool, precision in defining the geographic scope and uniform application of screening criteria, if necessary, will be important in application. As the trade association for the industry globally, CLIA can serve as a platform for timely, industry-level consideration of data from health authorities on significant, quantifiable epidemiological trends among populations in regional source markets of passengers to inform realistic and effective travel history screening.

Pre-travel testing, screening measures imposed by the U.S. Government for passengers arriving by air from international locations and enhanced cruise line pre-embarkation testing and screening procedures will mitigate the risk of boarding passengers from countries with heightened COVID-19 activity. With few exceptions, repatriation of passengers back to home countries with changing border restrictions is expected to be manageable.

e. How should cruise ship operators manage embarking crew with COVID-like illness, known exposure, or coming from high-incidence geographic areas after resuming passenger operations?

Suspect or confirmed cases of COVID-19 among cruise ship crew at embarkation, as well as crew with recent known exposure to a confirmed COVID-19 case are placed in isolation. CLIA Members' commitment to 100% testing of crew will assist in identifying and confirming such cases.

f. Should cruise ship operators test passengers and crew pre-boarding? If yes, what should the testing protocol be?

Testing of crew prior to their departure from their home country, can help identify infected individuals, including both pre-symptomatic and asymptomatic crew members and prevent their travel. CLIA Members have agreed to conduct 100% testing of all crew with a requirement for negative results prior to departure from home. Those crew with a negative test result will travel to the ship while following all applicable health guidance and instructions from transportation providers. Crew will be tested again at embarkation, and again following a minimum 7-day quarantine period upon arrival to the ship. Crew will have to test negative in order to clear quarantine and prior to commencing work. CLIA Members further agree to test all crew members periodically thereafter at least monthly. Testing of crew with symptoms of COVID-19 and the close contacts of a suspect case will be consistent with prevailing health guidance. Testing passengers prior to embarkation will reduce the risk of the virus being introduced on board a ship by identifying infected individuals including both asymptomatic and pre-symptomatic passengers. At initial restart of passenger service in the United States, CLIA Members will conduct 100% testing of passengers for COVID-19 prior to embarkation.

g. Should cruise ship operators transport and house passengers and crew denied boarding at the seaport to avoid exposing the public?

Cruise lines will coordinate with port partners and identified, pre-arranged facilities consistent with direction from local authorities for transportation and housing of crew if pre-embarkation screening identifies them as a suspected or confirmed COVID-19 case and they are denied boarding. The responsibility of cruise lines for the transport and housing of prospective passengers denied boarding based on pre-embarkation screening could vary under the circumstances, including, but not limited to, whether the prospective passenger and travel companions could travel home by their personal vehicle and isolate/quarantine, as appropriate, in accordance with guidance from cognizant health officials, whether the prospective passengers adhered to prescribed pre-sailing precautions, the existence and scope of travel insurance for the individuals, or whether more complex transport and potentially lodging might be necessary. Coordination with port and local health authorities are critical components in the

analysis of disposition for suspect cases and close contacts that are denied boarding, consistent with any available guidance or restrictions on such persons when identified among shoreside populations.

17. Should cruise ship operators plan to reduce passenger and crew loads to decrease the risk of transmission on board the ship?

Reduced passenger capacity is one means by which cruise lines can facilitate increased physical distancing on cruise ships. Cruise line operators are best positioned to assess the need for passenger capacity control measures based on the unique design and characteristics of ships, operational management of passenger flows onboard and, as appropriate, loading strategies. Appropriate physical distancing may also be facilitated through onboard population management measures such as reservation systems, venue capacity controls and innovative approaches to shipboard traffic flows. Any measures implemented share the common goal of facilitating appropriate physical distancing consistent with prevailing health guidance in the jurisdictions cruise ships sail.

a. To what extent and for how long should cruise ship operators reduce passenger capacity?

Cruise line operators are best positioned to assess the need for passenger capacity control measures based on the unique design and characteristics of ships, operational management of passenger flows onboard and, as appropriate, loading strategies. The prevention, mitigation and response measures implemented by cruise lines as passenger services resume will be continuously evaluated against the current state of COVID-19 transmission as well as the availability of new prevention and mitigation measures that could enhance safety and health. Any requirements imposed for such limitations should be science-based.

b. To what extent might reducing passenger capacity affect the economic viability of cruise lines?

As the trade association for the cruise industry, CLIA is unable to comment on the economic viability of any member. However, overly restricting passenger capacity could inhibit an individual cruise company's ability to remain commercially viable over time. This is compounded by the shutdown of passenger operations in the U.S. for over six months to date.

c. Should cruise ship operators be required to provide scientific evidence that reducing passenger capacity will prevent transmission on board?

Health authorities have consistently advised that social distancing and wearing of face masks greatly reduce the spread of the virus. Many other sectors have implemented reduced capacity restrictions as one tool to mitigate transmission. CLIA is unaware that any single measure, standing alone, will "prevent" transmission of COVID-19. As outlined in these comments, CLIA members are planning to incorporate comprehensive measures across all aspects of cruising, from booking through disembarkation, to mitigate transmission, consistent with guidance from health authorities and medical experts, including the CDC.

18. Should cruise ship operators decrease the length of voyages and, if so, by how much?

Initial restart of passenger service from U.S. ports will be gradual and many itineraries may be of shorter duration. Cruise line operators will employ robust pre-embarkation screening and testing measures and protocols to minimize the risk of introduction of COVID-19 onto cruise ships. Once onboard, practical and effective measures will be implemented for prevention, surveillance, and swift response to reduce the risk of onboard transmission by asymptomatic or pre-symptomatic individuals who were not detected during pre-embarkation screening. Shorter voyages are not a specific mitigation measure; however, such voyages may provide operational flexibility for cruise line operators to remain in shorter sailing distances to pre-arranged locations where contingency disembarkation plans can be readily activated.

a. How would decreasing the length of voyages affect the transmission of COVID-19 on board the ship and in U.S. communities?

While many cruises may be shorter in duration as the industry gradually resumes operations, shorter voyages are not a specific risk mitigation measure. Shorter voyages may provide operators with operational flexibility to be in close proximity to home port or to locations where pre-arranged disembarkation protocols can be quickly activated, if needed.

b. Should cruise ship operators be required to provide scientific evidence that reducing length of voyages would decrease the risk of further introduction of COVID-19 to U.S. communities?

CLIA is unaware that any single measure, standing alone, will eliminate transmission of COVID-19. As outlined in these comments, CLIA members are planning to incorporate comprehensive measures across all aspects of cruising, from booking through disembarkation, to mitigate transmission, consistent with guidance from health authorities and medical experts, including the CDC. The consideration of shorter cruises as part of an initial, phased restart of passenger operation is included.

19. Should cruise ship operators limit shore excursions?

While the entire cruise community is eager to return to service and to restore the economic vitality that the industry brings to ports and destinations where ships visit, the highest priority for CLIA Members and destination partners is the safety and health of those onboard ships and in the communities where ships call. To that end, CLIA Members have agreed that at initial restart of passenger service in the United States, for destinations other than private islands, to only permit shore excursions according to the cruise operators' prescribed protocols. Where such coordination does not identify suitable excursions, cruise line operators may limit access to excursions or other shore access in port. Further, CLIA Members agree to deny re-boarding to passengers that fail to abide by shore excursion protocols.

a. What precautions should cruise ship operators take during shore excursions to prevent passengers and crew from being exposed to COVID-19?

CLIA Members have agreed that at initial restart of passenger service in the United States, for destinations other than private islands, to only permit shore excursions according to the cruise

operators' prescribed protocols. Physical distancing within groups and from other groups ashore, use of face masks, cleaning and disinfection protocols and excursion provider adherence to requirements of local health authorities are important mitigation measures.

b. During shore excursions, how should cruise ship operators prevent transmission of COVID-19 into land based communities?

Consistent with obligations under the International Health Regulations (2005), the presence of illness onboard ships must be reported to health authorities by cruise line operators. Ill passengers and crew should not be allowed ashore unless in coordination with health authorities at the destination for the purpose of medical treatment or repatriation. To mitigate the risk of transmitting COVID-19 into land based communities, crew or passengers engaged in shore excursions will practice safety and health measures comparable to those on the ship and that adhere to local health authority requirements. Temperature checks, physical distancing within groups, distancing from other groups or populations ashore, and use of face masks are important mitigation measures.

20. Should cruise ship operators restrict the number of persons per room (e.g., maximum capacity of 2 adults per cabin)?

Limits on the maximum number of adults per cabin is not be necessary so long as the individuals are traveling together as part of the same family or travel group for the duration of the voyage and activities.

a. Should cruise ship operators be required to provide single-occupancy rooms with private bathrooms for crew after resuming passenger operations?

This should not be required. Occupancy management, for example 2 crew members who are partners or who work in the same area per room, is a measure under consideration by cruise lines in consultation with medical experts. This consideration may be further informed by factors put in place to reduce the risk of introduction and transmission onboard including pre-embarkation screening, crew testing prior to boarding, crew quarantine upon arrival to the ship, any possible additional periodic testing employed for crew, whether crew perform work with frequent passenger interaction or work assignments in close proximity exposure to other crew for extended periods, among others.

21. What mental health services should cruise ship operators provide to crew and passengers during quarantine or isolation?

Cruise line operators endeavor to make passengers and crew in isolation and quarantine as comfortable as possible under the circumstances. This includes designated rooms reserved for isolation of suspected or confirmed cases, access to in room entertainment (movies, TV, internet, etc.), menu options for delivery to the room, cleaning and sanitation supplies, fresh linen deliveries and laundry service, among others. Consultation with shipboard medical staff and telehealth options may provide relief to those experiencing negative impacts from isolation. Mental health support will be made available as necessary.

22. What precautions should the cruise line industry take to safely disembark passengers and crew without transmitting COVID-19 into local seaport communities?

To mitigate the risk of passengers and crew transmitting COVID-19 ashore, all individuals disembarking to excursions, or upon conclusion of the cruise, may practice safety and health measures that adhere to local health authority requirements which may include physical distancing, the use of face masks and temperature checks as important mitigation measures.

23. Should the cruise line industry immediately cancel cruise voyages if COVID-19 cases are identified on board or after disembarkation?

The medical priority will be to disembark confirmed COVID-19 cases as soon as safely and reasonably possible. CLIA Members agree to utilize risk-based response plans based on each ship's ability to manage various levels of onboard COVID-19 cases and close contacts. Cruise lines continue to analyze shipboard capabilities to manage any suspect or confirmed COVID-19 cases on board a ship, including the number of individuals in isolation or quarantine and will initiate disembarkation protocols for suspect cases and close contacts based on advance arrangements with ports, and advance arrangements with private providers, at their own expense, for transportation, shoreside quarantine and medical facilities for continued care in accordance with guidance from relevant health authorities. In the event that the extent of shipboard transmission exceeds the capability of the ship to manage, a cruise voyage may be terminated early.

For COVID-19 cases that are identified after a passenger or crew member has disembarked the ship, contact tracing will immediately be conducted, as appropriate, to support notifying all passengers and crew who were in close contact to the case on that voyage. Efforts may be made to identify any passengers and crew who were close contacts of the individual so that precautions may be taken to minimize risk of transmission. Cruise line operators will assess each situation based on the totality of the circumstances, and determine the appropriate precautionary measures to be taken on board, which may include, but are not limited to: controlled disembarkations in consultation with public health authorities, selective quarantine and testing of passengers and crew and cancellation of the cruise.

24. Because of the economic costs associated with cruising, some cruise ship passengers may be reluctant to cancel travel plans if they become ill or are exposed to COVID-19 or may try to hide symptoms of illness. Should cruise ship operators fully refund or provide incentives to passengers that:

a. are denied boarding due to COVID-like illness symptoms, confirmed infection, or known exposure?

b. are denied boarding due to coming from high-incidence geographic areas?

c. request last-minute cancellations due to COVID-19 concerns?

For the safety and health of passengers, crew and communities visited, denials of boarding to individuals based on pre-embarkation screening protocols and testing is an unfortunate, but necessary, measure. To mitigate the potential for such outcomes, cruise line communications to prospective guests at the time of booking, and prior to their travel to join the ship, will help

set guest expectations regarding the potential for boarding denial and encourage early notification so the guest and the cruise line can consider alternatives. Cruise lines are cognizant of their responsibility under regulations promulgated by the U.S. Department of Transportation under Title III of the Americans with Disabilities Act to require refunds, or if agreed by the passenger, a future cruise credit when denied boarding for a communicable disease. We note that matters related to refunds may present issues related to anti-trust among competitors and are more appropriately addressed in the context of Federal Maritime Commission (FMC) authorities and regulations.

25. Due to the costs associated with seeking medical care on board, and the likelihood that sick passengers will be isolated and their travel companions quarantined for the remainder of their voyage, how should cruise ship operators encourage passengers to notify the medical center when they experience COVID-19 symptoms?

For the safety and health of all that embark cruise ships, the timely reporting of symptoms is essential. Cruise line operators should communicate this to guests along the entire spectrum of cruise operations from the time of booking, prior to travel to join the ship, in ports and terminals and throughout the cruise voyage. Providing assurances to guests that their health and safety is the highest priority and that they will be provided accommodations and services to make them as comfortable as possible under the circumstances are key factors in encouraging timely reporting. Cruise lines may offer free evaluations to any individual if they report COVID-19-like symptoms. Cruise lines and travel agents can also offer advice to passengers regarding the value of obtaining medical insurance in advance of their trip. At the same time, the ship's crew plays a critical role in serving as the eyes and ears of the public health program throughout the ship for surveillance, reporting and expedited response to any observation of symptoms among passengers.

26. How should cruise ship operators decrease or eliminate the risk for COVID-19 transmission for both passengers and crew in the following group settings?

a. Embarkation and disembarkation?

b. Safety drills and trainings?

c. Dining?

d. Onboard entertainment events?

e. Shore excursions?

Proactive screening and protocols across the spectrum of passenger services operations from the time of booking, through a cruise vacation and a passenger's return home can significantly decrease the risk of COVID-19 transmission on ships, just as it does in the communities from where passengers originate. In addition to the commitments that CLIA Members have already made for initial restart of passenger service to conduct 100% testing of passengers and crew and requirements for masks and physical distancing, additional examples of measures under consideration for mitigation of the risk of introduction and transmission of COVID-19 may include:

- Communications prior to booking, pre-travel and while onboard regarding health requirements, protocols and expectations;
- Staggered guest arrivals in terminals to reduce crowding and to facilitate physical distancing during all aspects of the pre-embarkation and disembarkation processes;
- Pre-embarkation screening for health and COVID-19 exposure history;

- Pre-embarkation symptom screening, including temperature checks;
- Recommend that prospective guests at increased risk of severe illness from COVID-19 consult with their doctor prior to sailing;
- Augmented medical staffing above traditional levels proportional with passenger capacity increases, increased medical equipment and designation of one or more individuals onboard to serve as public health officer;
- Reconfiguration or enhancements to medical facilities to maximize the ability to provide intensive care for treatment of COVID-19 cases and to separate potentially infectious persons from others;
- Physical distancing in all public locations;
- Temperature checks for passengers and crew;
- Appropriately distanced seating in theaters, dining facilities and other common venues to facilitate distancing between groups;
- Suspension of self-service buffets and increased availability of full menu in-cabin dining;
- Increased entertainment showings and meal services to control venue capacity;
- Increased use of outdoor venues for group events;
- Hand hygiene reminders and increased handwashing and hand sanitization stations throughout ships;
- Capacity management controls;
- Shipboard testing capability to confirm COVID-19 cases;
- Implementation of contactless technologies and strategies, where feasible, for restaurants, shops and other shipboard venues;
- Initial and regular refresher training and drills for all crew on surveillance, identification and reporting of COVID-19 symptoms and suspect cases, including scenario response plans, PPE usage, sanitization procedures, equipment, and response procedures;

27. What benefits can be expected in terms of averted deaths and illnesses and how does this compare to the expected financial costs of the above measures?

CLIA members continue to build on decades of commitment and experience in providing an exceptionally safe and healthy environment, placing the highest priority on safety and health in the interest of our passengers and crew, and in accordance with CDC requirements, regardless of cost. The measures that the industry will put in place will provide an elevated level of protection that exceeds or compares favorably to other segments of the travel and tourism industry, as well as to those found in the rest of society. We anticipate that the costs of these measures will be offset by the market confidence that they will engender, provided that the ability to operate is not artificially or unnecessarily constrained. CLIA does believe, however, that the cruise industry can better track the effectiveness of its approach and quickly evolve its protocols based on real-time data.

We are hopeful the measures our members will implement as described in this submission, which they will publicly commit to follow, will be received by the CDC as a solid affirmation of our shared goal of protecting public health. We believe a pathway to resumption of cruise activity with the appropriate controls can be readily achieved.

The world has learned a lot in the past six months and protective measures and protocols have been changed dramatically as a result. Based on this, we are confident that our industry, along with global travel in general, is far better prepared to prevent spread and manage outbreaks.

28. Should cruise ship operators be required to designate a responsible company official who will accept legal responsibility for failure to implement measures to protect public health?

Under federal maritime law, individuals who participate directly in tortious conduct may be held personally liable and corporate status cannot be invoked to shield against individual liability. Intentional, reckless and negligent acts are all torts - and under both state and maritime law a corporate officer who commits or participates in a tort, even if it is in the course of his duties on behalf of corporation, may be held individually liable.

The U.S. Supreme Court has enunciated the “responsible corporate officer doctrine,” under which a corporate officer can even be held criminally liable for violation of a public welfare statute if the language of the statute or regulation allows it. The doctrine has been applied in the civil context as well.

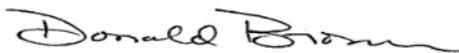
In addition, the corporation also has liability. For well over a century the Supreme Court has required maritime principals to answer for the negligence of their onboard agents. In the public safety context in particular, the doctrine of “negligence per se,” creates a presumption of liability for violations of specific statutes or regulations that establish a duty to take precautions to protect a class of persons from a particular type of injury.

Current law already imposes liability upon individuals and companies for failure to follow legally adopted measures designed to protect the health of passengers, crew, and others. Therefore, no formal designation of a specific person to accept liability is necessary. CLIA is unaware of any suggestion that any other transportation, travel, or hospitality sector, all of which are much larger, geographically widespread, and serve significantly higher populations, should designate a single person to accept liability for COVID-19.

CLIA and its member cruise lines appreciate the CDC's role as the leading public health agency for the United States and the longstanding, collaborative partnership with the industry on public health, illness reporting and vessel sanitation. We look forward to building on this solid foundation to jointly work through the challenges presented by COVID-19.

CLIA is available to discuss these comments with you should you have any questions.

Best Regards,



Donald Brown
Vice President, Maritime Policy
Cruise Lines International Association (CLIA)