CDC and DHS regularly evaluate the public health DNB mechanism to ensure that it is operating effectively and that the list is used only when other measures are unlikely to prevent air travel. Ensuring the accuracy of information such as name, date of birth, and other unique identifiers, is especially critical. CDC also works with local and state public health officials and other partners to close any gaps not covered by the list. For example, compulsory local, state, or federal isolation orders might be required to restrict movement of certain persons who attempt to contravene official travel restrictions or who are otherwise noncompliant with public health recommendations and present a serious threat to the public. To enable effective use of such orders, state and local public health officials should be familiar with their legal authorities and operational procedures, including law enforcement capabilities, for implementing isolation or quarantine orders.

The public health DNB list is not limited to those communicable diseases for which the federal government can legally impose isolation and quarantine‡; the list can be used for other communicable diseases that would pose a serious health threat to air travelers. However, to date, the list has only been used for persons with suspected or confirmed pulmonary TB, which is transmitted via the respiratory route and which has had transmission documented during commercial air travel. Persons with TB also can remain contagious for long periods, especially when infected with MDR TB.[3,9,10]

Before June 2007, when the public health DNB list was established, CDC Quarantine Station officers worked directly with airlines and health departments to prevent persons known or suspected of having communicable diseases that posed serious threats to fellow passengers from traveling on commercial flights. Under certain circumstances, airlines may decline to board passengers with communicable diseases pursuant to regulations promulgated under the authority of the Air Carrier Access Act of 1986. Air carriers must base their decisions on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, including that from public health authorities.§

Public health DNB list procedures are reviewed periodically by CDC and DHS to ensure privacy protections and assess ethical issues. In addition, CDC works with state and local public health departments to ensure that (1) persons placed on the public health DNB list are notified of the action taken, (2) criteria for being removed from the list are known, and (3) steps are taken to obtain appropriate public health management of the person's communicable disease.

State and local health departments may obtain more information about the process for requesting federal assistance with travel restrictions through the CDC Quarantine Station for their region. Information also is available from CDC's DEOC at 770-488-7100. International health officials should call the DEOC for information about travel restrictions. Health-care providers who are concerned that a patient with infectious TB, or another communicable disease posing a serious public health threat, is planning to travel by commercial aircraft despite instructions to the contrary should contact their local health department.

Acknowledgments

This report is based, in part, on contributions from P Cruise, B Heath, Texas Dept of State Health Svcs; and the Quarantine and Border Health Svcs Br, Div of Global Migration and Quarantine, CDC.

REFERENCES

1. Mangili A, Gendreau MA. Transmission of infectious diseases during commercial air travel. *Lancet*. 2005;365(9463):989-996.
2. Driver CR, Valway SE, Morgan WM, Onorato IM, Castro KG. Transmission of *Mycobacterium tuberculosis* associated with air travel. *JAMA*. 1994;272(13):1031-1035.
3. World Health Organization. Tuberculosis and air travel: guidelines for prevention and control. Geneva, Switzerland: World Health Organization; 2008. Available at http://www.who.int/tb/publications/2008/WHO_HTM_TB_2008.399_eng.pdf.
4. CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR*. 2005;54(No. RR-17):1-141.
5. CDC. Controlling tuberculosis in the United States. Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR*. 2005;54(No. RR-12):1-81.
6. World Health Organization. Global tuberculosis control: surveillance, planning, and financing. Geneva, Switzerland: World Health Organization; 2007. Available at http://www.who.int/tb/publications/global_report/en.
7. Kenyon TA, Valway SE, Ihle WW, Onorato IM, Castro KG. Transmission of multidrug-resistant *Mycobacterium tuberculosis* during a long airplane flight. *N Engl J Med*. 1996;334(15):933-938.
8. Dayan GH, Ortega-Sanchez IR, LeBaron CW, Quinlisk MP; Iowa Measles Response Team. The cost of containing one case of measles: the economic impact on public health infrastructure—Iowa, 2004. *Pediatrics*. 2005;116(1):e1-e4.
9. World Health Organization. Guidelines for the programmatic management of drug-resistant tuberculosis. Geneva, Switzerland: World Health Organization; 2006. Available at http://whqlibdoc.who.int/publications/2006/9241546956_eng.pdf.
10. World Health Organization. *Toman's tuberculosis: case detection, treatment, and monitoring.* 2nd ed. Geneva, Switzerland: World Health Organization; 2004.

*49 USC §114 (f) and (h).
†Available at http://www.cdc.gov/ncidod/dq/resources/quarantine_station_contact_list.pdf.
‡Under section 361 of the Public Health Service Act (42 USC §264), the CDC Director may apprehend, detain, examine, or conditionally release persons believed to be carrying certain communicable diseases that are specified in an executive order of the president. This list of diseases currently includes 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), severe acute respiratory syndrome, and influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic (executive orders 13295, April 4, 2003, and 13375, April 1, 2005).
§49 USC §41705; 14 CFR §382.51.

Erratum: Vol. 56, No. 34

MMWR. 2008;57:1053

IN VOL 56, NO 34, IN THE REPORT, "NATIONAL, STATE, AND LOCAL AREA VACCINATION COVERAGE AMONG CHILDREN AGED 19-35 MONTHS—UNITED STATES, 2006," minor errors (generally one tenth of 1%) occurred in national, state, and local coverage estimates for the combined 4:3:1:3:3:1 vaccine series and for certain individual vaccines. For the 4:3:1:3:3:1 vaccine series, the national coverage estimate should read 76.9%. Similarly, national vaccination coverage estimates for poliovirus; measles, mumps, and rubella; hepatitis B; and varicella vaccines should read **92.8%, 92.3%, 93.3%, and 89.2%**, respectively.