

# Pandemic Preparedness Planning in Aviation

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# Plan

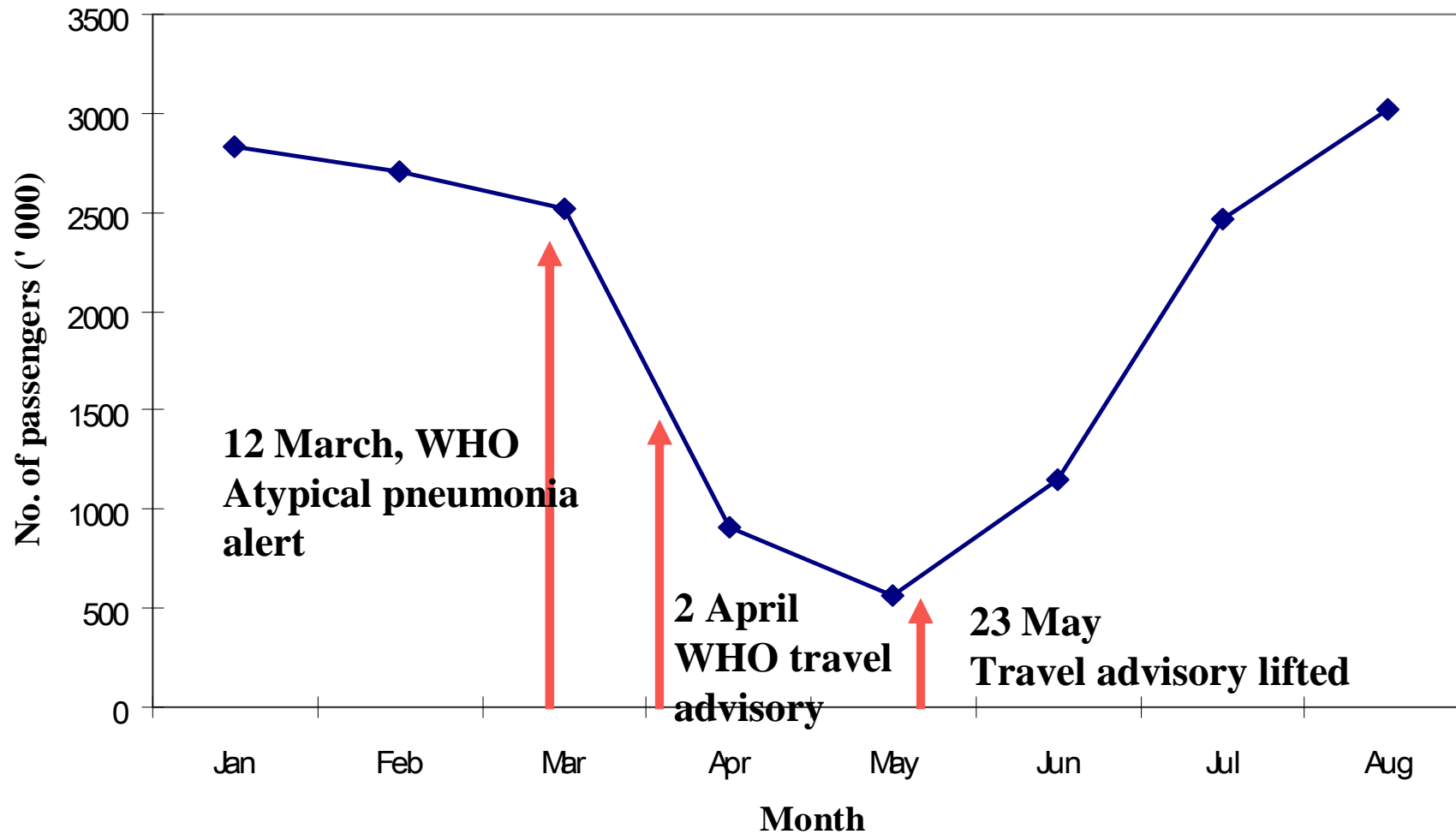
- SARS
- Avian flu
- Issues for aviation
- ICAO response
- WHO involvement
- Next steps
- CAA involvement/Role of Chief Medical Officers
- Summary

# 2003: SARS



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## Passengers of Hong Kong International Airport, January to August 2003



Courtesy: Dr Henry Kong, Chief Port Officer, Hong Kong

# Issues

- **Health**

- Population Risk (pandemic)
- Health risk to individual travellers (pax + crew)

- **Safety**

- Reduction in availability of key workers
- Estimate 35% for 10 Weeks

- **Continuity**

- Disruption to air services
- Recovery after event

# Article 14 (population health risk)

Each contracting State agrees to take effective measures to **prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate**, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft. Such consultation shall be without prejudice to the application of any existing international convention on this subject to which the contracting States may be parties.

# Assembly Resolution A35-12 (health risk to travellers)

...the protection of the health of passengers and crews on international flights is an integral element of safe air travel and that conditions should be in place to ensure its preservation in a timely and cost-effective manner.

# ICAO Response

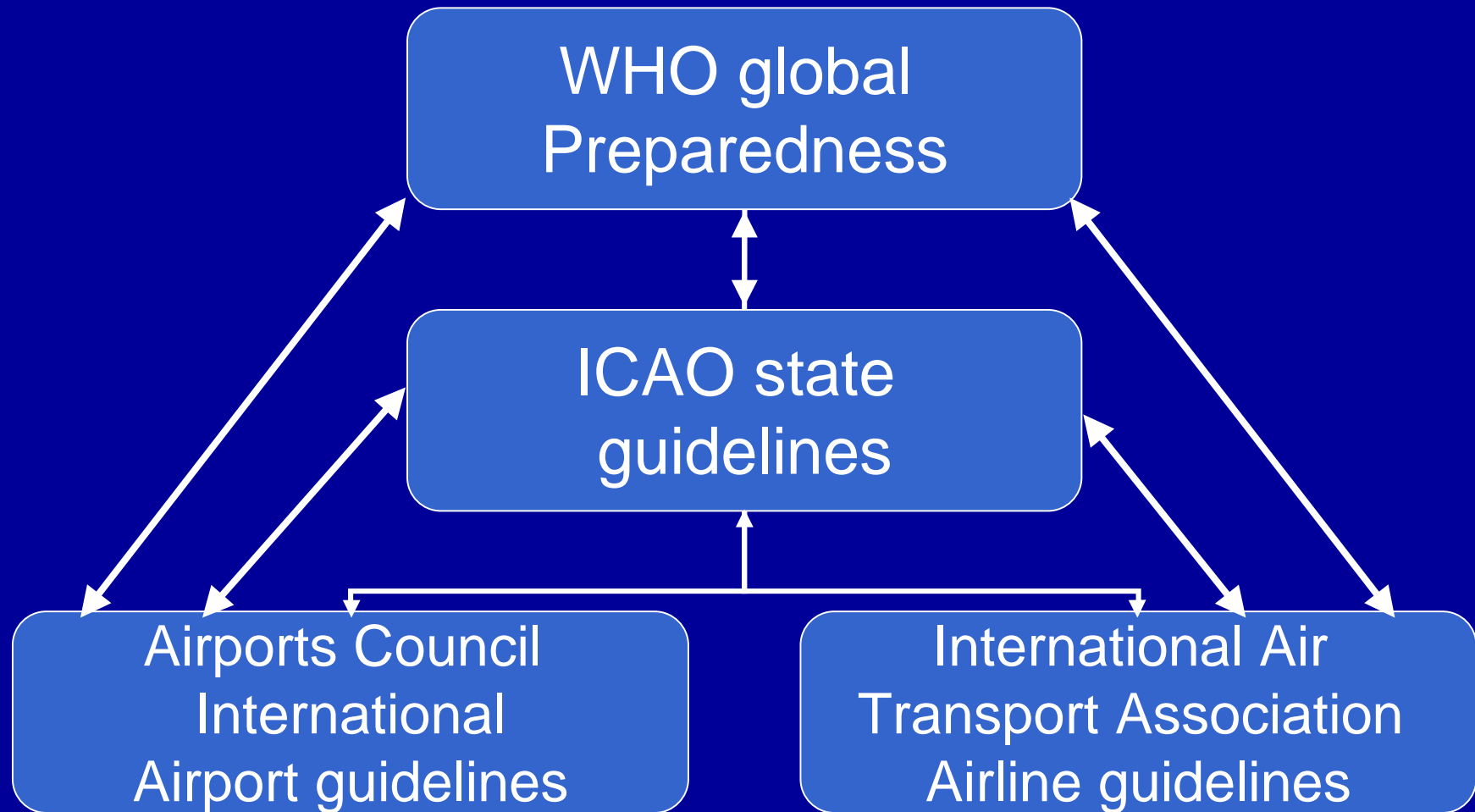
- Development of Guidelines
- Development of SARPs (Annex 9)
- Assess implementation of preparedness plans at airports (CAPSCA)
  - Cooperative Arrangement for Preventing the Spread of Communicable Disease through Air Travel
- To come:
  - Integration of pandemic preparedness plans into air traffic (Annex 11) and aerodrome (Annex 14) emergency plans



# Development of Guidelines/SARPs

- **February 2006 – Singapore meeting**
  - Funded by Singapore, China, Thailand
  - Coordinating WG established
    - WHO, ACI, IATA, US CDC + other experts
  - **Other participating organizations**
    - FAA, ECAC
- **November 2006 - guidelines posted ICAO website**
  - <http://www.icao.int/icao/en/med/guidelines.htm>
- **July 2007 – New Annex 9 SARPs applicable**

# Web-based guidance



# Main Annex 9 Standard

8.16 A Contracting State shall establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern.

# Revised aircraft general declaration (Appendix 1 to Annex 9)

- List of signs and symptoms for suspected communicable disease updated

A communicable disease is suspected when a traveller (passenger or a crewmember) has a fever (temperature 38°C/100°F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhea
- Persistent vomiting
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

## APPENDIX 1. GENERAL DECLARATION

297 mm (or 11 3/4 inches)

### GENERAL DECLARATION

(Outward/Inward)

Operator .....

Marks of Nationality and Registration ..... Flight No. .... Date .....

Departure from..... Arrival at .....

(Place) (Place)

### FLIGHTROUTING

("Place" Column always to list origin, every en-route stop and destination)

PLACE	NAMES OF CREW**	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i>
		Embarking .....
		Through on same flight .....
		<i>Arrival Place:</i>
		Disembarking .....
		Through on same flight .....

#### *Declaration of Health*

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

.....

.....

For official use only

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting.....

.....

Signed, if required, with time and date .....

Crew member concerned

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE .....

Authorized Agent or Pilot-in-command

# Inclusion of Public Health Passenger Locator Card

(Appendix 13 to Annex 9)

- For use by public health authorities
- Assist in tracing passengers who may have been exposed to communicable disease

•APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR CARD

PUBLIC HEALTH PASSENGER LOCATOR CARD		
<p>Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.</p>		
Flight Information		
1. Airline and Flight Number	2. Date of arrival	3. Seat Number where you actually sat on the aircraft
<input type="text"/> Airline	<input type="text"/> DD	<input type="text"/> MM
<input type="text"/> Flight Number	<input type="text"/> YYYY	<input type="text"/>
Personal Information		
4. Name		
<input type="text"/> Family Name		<input type="text"/> Given Name(s)
Your Current Home Address (including country)		
<input type="text"/> Street Name and Number	<input type="text"/> City	<input type="text"/> State/Province
<input type="text"/> Country	<input type="text"/> ZIP/Postal Code	
Your Contact Phone Number (Residential or Business or Mobile)		
<input type="text"/> Country code	<input type="text"/> Area code	<input type="text"/> Phone Number
<input type="text"/> E-mail address		<input type="text"/>
<input type="text"/> Passport or Travel Document Number		<input type="text"/> Issuing Country/Organization
Contact Information		
5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address		
<input type="text"/> Street Name and Number	<input type="text"/> City	<input type="text"/> State/Province
<input type="text"/> Country	<input type="text"/> ZIP/Postal Code	<input type="text"/> Telephone Number (including country code) or mobile phone number
6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a close personal contact or a work contact. This must NOT be you.		
a. Name		
<input type="text"/> Family Name		<input type="text"/> Given Name(s)
b. Telephone Number		
<input type="text"/> Country Code	<input type="text"/> Area Code	<input type="text"/> Phone Number
<input type="text"/> E-mail address		<input type="text"/>
c. Address		
<input type="text"/> Street Name and Number	<input type="text"/> City	<input type="text"/> State/Province
<input type="text"/> Country	<input type="text"/> ZIP/Postal Code	
7. Are you traveling with anyone else? YES/NO Circle appropriate response. If so, who? (name of Individual(s) or Group)		
<input type="text"/>		
<input type="text"/>		

# Pilots to notify ATC

- PHAs not informed/informed late of case of communicable disease
- Currently rely on company representative at destination
- New procedure via ATC
  - Relatively simple
  - More reliable
  - Provides more time for PHA
  - Identical procedure can apply globally
- Promulgated by ICAO State Letter (AN 5/22-07/55, 20 July 2007)



## To assess Implementation of Guidelines in Asia: CAPSCA - Asia

- September 2006: CAPSCA-Asia established
  - OTJ training carried out
  - Aug '07: 1<sup>st</sup> Steering Committee Meeting Hong Kong
  - Oct '07: 1<sup>st</sup> regional aviation medicine team meeting, Bangkok
  - To date – 8 international airports evaluated in Asia

# States that have joined CAPSCA so far

- People's Republic of China (China, P.R.)
- Special Administrative Regions of Hong Kong and Macao of China, P.R
- Thailand
- Indonesia
- Malaysia
- Nepal
- Philippines
- Singapore
- Thailand

# To assess Implementation of Guidelines in Africa

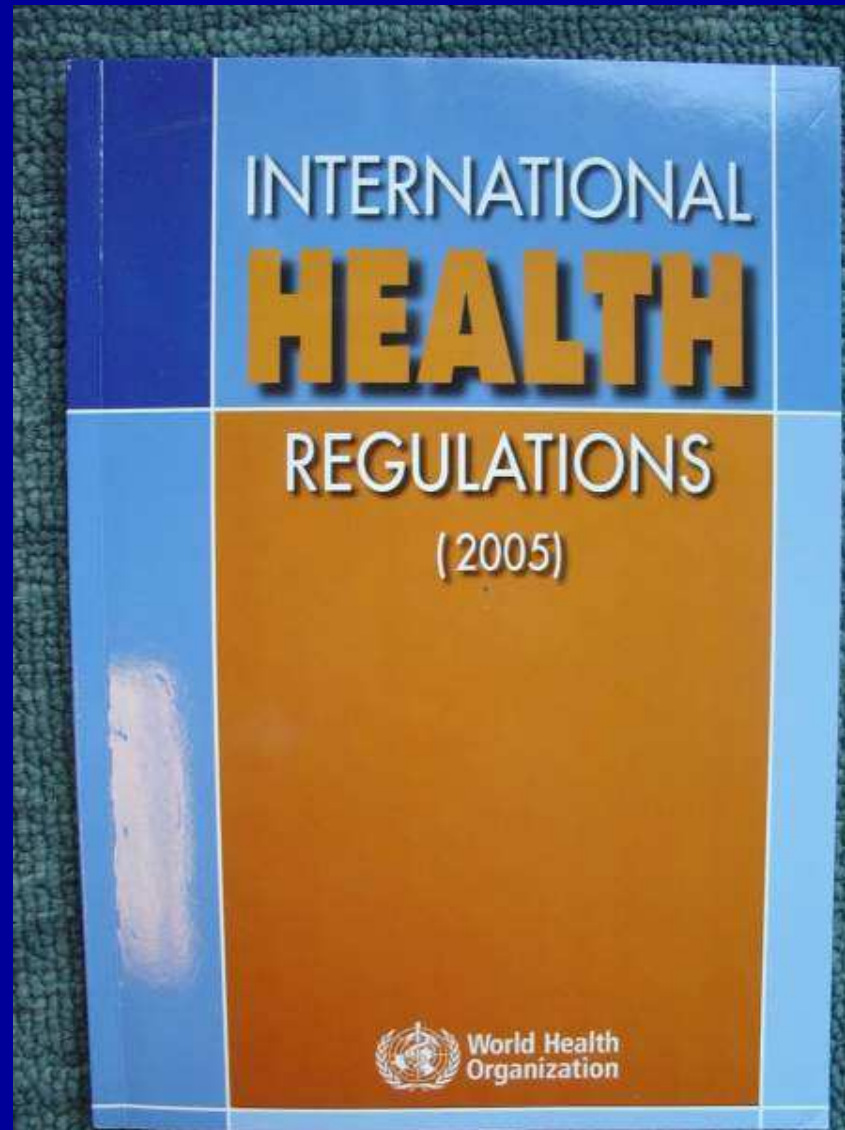
## CAPSCA - Africa

- November 2007
  - Initial seminar: Gabon
- March 2008: Workshops
  - Johannesburg, Dakar
- October 2008
  - 1<sup>st</sup> SCM (TBC)

# Funding to date

- Contracting States in Asia
- 2 UN grants
  - Central Fund For Influenza Action
  - Administered by UN Development Programme
- Allocation from ICAO Council for C/MED T & S (2005-2007)

# WHO involvement



# IHR (2005)

<http://www.who.int/csr/ihr/en/>

- Applicable June 2007
- Not specific to any disease (previously yellow fever, plague, cholera)
- Many references to 'Points of Entry'
  - Airports
  - Sea ports
  - Ground crossings

# Cooperation with other agencies

- IHR, Article 20
  - WHO may certify an airport meets the IHR requirements
  - ‘WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports....’

# Next steps

- Develop cooperation with WHO
- Consider safety risks
- Develop into global project



# Air Traffic Services Aerodrome Operators

- Emergency plan.
- Sudden reduction (e.g. 35% x 10 weeks) of staff due to:
  - illness or obligations to look after children (because schools are closed)
  - fear of attending the workplace
- Potential lack of IT support

# Involve regions outside Asia/Africa

Aim – global harmonization

- South America
- Middle East
- Europe
- North America

# CAA Involvement

- Chief Medical Officers
  - Ideal position to coordinate aviation and public health response
- Consider pandemic preparedness when discussion emergency planning
- Discuss pandemic issues with PHAs and other stakeholders e.g. airline & airport operators

# Main challenge

- Establish cross-organizational collaboration between CAAs, public health authorities, airports and airlines

# Summary

- Health issues are relevant to regulatory authorities
- Regulatory authorities are not sufficiently engaged at present
  - CMOs have a role to play
- Cross-organizational involvement is a challenge
- Global harmonization is the goal

**“Prepare for the worst but  
hope for the best”**

Benjamin Disraeli, British prime  
minister and novelist

(1804 - 1881)

# **Pandemic Preparedness Planning in Aviation**

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