CAPSCA Meeting Hongkong 2007

(Cooperative Arrangement for Preventing the Spread of Communicable Diseases Through Air Travel)

29.08.2007 - 30.08.2007

Dr. W. Gaber

Fraport

AIRPORT PREPAREDNESS

(refer to the Airports Council International website for further details)

Communication

Airports should establish:

a) a clear contact point for policy formulation and operational organization of preparedness; and,

b) a position with responsibility for the operational implementation of the airport preparedness plan, having reasonable autonomy/flexibility for rapid policy and decision making.

Communication links should be established, directly or indirectly, with the following entities:
1) Internal
- local public health authority
- airlines
- handling agents
- air traffic management
- local hospital(s)
- police
- customs
- immigration
- security
- travel agents
- airport retailers
- information/customer relations services
- other stakeholders as necessary

2) External

- travellers:

    - before reaching the airport

    - in the terminal building

    - other airports in same State/region

    - other airports outside State/region

    - media

Note.— In the event of an outbreak, contracting States should implement a public education campaign to advise individuals wishing to leave the country to postpone travel and to seek medical care when ill with signs or symptoms consistent with the disease of concern.

Screening

To reduce the risk of export from an affected State of a disease causing, or with potential to cause, a public health emergency of international concern, the national public health authority of an affected contracting State, in coordination with the aviation sector and as advised by the WHO, should develop a national exit screening plan at its international airports, to be applied uniformly to all individuals attempting to leave the State.
States should appoint a focal point to coordinate national exit screening responses and to initiate exit screening in appropriate circumstances.

To enable a risk assessment of the individual traveller to be made, a 'toolbox' of methods is available for screening, including visual inspection, questionnaire and temperature measurement (using thermal scanners or other suitable methods). Details of requirements cannot be determined in advance of an outbreak and will be advised by the WHO, based on the specificity of the event, including its epidemiology, mode of transmission and possible exposure history of individuals being screened.

Exit screening from an outbreak area is currently recommended by the WHO for influenza of pandemic potential for WHO Phase 4 and above. It should be possible to implement this within 48 hours of a Phase 4 outbreak area being declared.

Screening should be undertaken using reliable equipment by personnel trained in its use and in the interpretation of recordings. Equipment should be calibrated and maintained in accordance with the manufacturer's recommendations.

The appropriate public health authority, in consultation with airport management, should establish:

a) a system of implementing, at short notice, traveller screening measures as recommended by the WHO (IHR (2005) Articles 23.2, 23.3, 31 and 32);

Note 1.— To facilitate screening, travellers entering an airport should preferably do so through entry point(s) designated for that purpose. Screening should be undertaken as early as possible and preferably before the traveller proceeds to the airside.

Note 2.— While exit (departure) screening measures for all travellers from areas experiencing human infection with a pandemic influenza strain may be recommended in the WHO global influenza preparedness plan, certain entry screening may also be useful:

− for geographically isolated infection free areas (islands)

− when epidemiological data indicates the need to do so

− if departure screening is deemed inadequate

− for travellers arriving from defined outbreak areas

b) a system, as advised by the public health authority, of assessing travellers who screen positive (or who have arrived on board an aircraft and have symptoms of a communicable disease that may pose a serious public health risk) including   consideration of:

− designated medical staff and an area for inspection of suspect cases

− isolation and quarantine area (for aircraft and travellers)

− personal protective equipment for all health professionals (and others) at potential risk

− transport to an appropriate medical facility

Note 1.— States are obliged to respect a traveller's human rights and to provide essential supplies, protection of baggage and other possessions, appropriate medical treatment and means of communication for travellers who are subject to public health procedures such as quarantine or isolation (<u>IHR (2005)</u>, Articles 23.1 and 45).

Note 2.— Guidance on control measures required for aircraft is provided in <u>IHR (2005)</u>, Article 27.

c) a system to incorporate the results of exit screening at airports with the national surveillance and reporting system for outbreaks of a specified illness. Collection
of traveller's information should be in accordance with Articles 23.1 and 45 of the <u>IHR (2005)</u>.

d) logistics, especially baggage, security and customs formalities for travellers arriving from abroad, for suspected cases and for asymptomatic contacts.

e) clear criteria that may result in a recommendation to deny travel, including the legal basis and actions to be taken subsequent to such a recommendation (<u>IHR (2005)</u> Article 31.2).

f) a system of implementing, at short notice, screening measures for airport and airline staff. Such measures may include self assessment at home, as advised by the public health authority.

Note 1.— If a traveller suspected of having a communicable disease is identified after an aircraft departs and the aircraft has to return to the originating airport, or is diverted to another airport, the situation should be handled as for an arriving aircraft with a sick traveller on board (<u>IHR (2005)</u> Article 28.4-6).
Note 2.— Transit travellers do not normally need to be screened when exit (departure) screening has been appropriately carried out (<u>IHR (2005)</u> Article 25 (c)).

Airport closure

Closure of an airport should not be considered other than in exceptional circumstances. Contracting States may consider closing an airport to regular traffic in the event that the airport is within or close to an outbreak of communicable disease that may pose a serious public health risk.

Flight restrictions

Contracting States should not restrict their airspace to any aircraft for reason of awareness that an aircraft may have a case of communicable disease on board. Article 28 of the IHR (2005), Ships and aircraft at points of entry, provides that:

"28.1. Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.

28.2. Subject to Article 43, or as provided in applicable international agreements, ships or aircraft shall not be refused *free pratique* by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of *free pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination."
In accordance with the IHR (2005) *'free pratique'* means:
"Permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores." 6

Note 1.— If an airport does not have adequate public health facilities, its preparedness plan should include provisions for the safe diversion of an aircraft to an airport that can provide the relevant facilities. See also IHR (2005) Article 27.2

Note 2.— ICAO Annex 9, Chapter 2, paragraph 2.4 provides that:

"2.4 **Recommended Practice.—** *In accordance with the International Health Regulations of the World Health Organization, Contracting States should not interrupt air transport for health reasons. In cases where, in exceptional circumstances, such service suspensions are under consideration, contracting States should first consult with the World Health Organization and the health authorities of the State of occurrence of the disease before taking any decision as to the suspension of air transport services.*"

Miscellaneous

Airports should establish methods to continue operating with greatly reduced staff numbers.

AIRLINE PREPAREDNESS

(refer to the International Air Transport Association website for further details)

Communication

Airlines should establish:

a) a contact point for policy formulation and operational organization of preparedness; and

b) a position with responsibility for the operational implementation of the airline preparedness plan having reasonable autonomy/flexibility for rapid policy and decision making.

Communication links should be established, directly or indirectly, with the following:
1) Internal

– airport authorities
– handling agents
– air traffic management
– local public health authority
– local hospital(s)
– police
– customs
– travel agents
– other stakeholders as necessary

2) External

– travellers

– before reaching the airport

– when in the terminal building

– media

Pre-flight Traveller Screening

Note.— It is not the role of airline staff or handling agents to have prime responsibility for screening travellers for communicable diseases: this is usually a public health responsibility – see under "Airports".
Airlines should:

a) establish a system of screening for those communicable diseases that are relevant to airline operations

b) cooperate with airport and public health authorities on logistics e.g. dealing with a sick traveller.

In-flight illness

Airlines should establish:

a) a system enabling cabin crew to detect travellers suspected of having a communicable disease;

b) a system of dealing with travellers who are suspected of having a communicable disease, including:

− advice from medical ground support (if available)

− sick traveller relocation, away from other travellers, if possible

− carriage of appropriate first-aid equipment and supplies, cabin crew training in its use (in accordance with ICAO, Annex 6, 6.2) and general sanitary precautions

− clean-up of areas occupied by the affected traveller, when necessary

− reallocation of cabin crew duties

− use of appropriate personal protective equipment by passenger and crew e.g. masks, gloves

− disposal of contaminated equipment

− personal hygiene measures to reduce risk

c) procedures for informing air traffic control that a case of a communicable disease is on board, so that the public health authority at the destination can be advised appropriately in a timely manner (IHR (2005), Article 28.6, ICAO Annex 9, 8.16, and Appendix 1 (Health Part of Aircraft General Declaration)).

Note 1.— A State may request from an airline information relating to the traveller's destination (so that the passenger can be contacted) and information concerning the traveller's itinerary. When this information is held by the airline, it should comply with such a request in a timely manner,and cooperate fully with public health authorities in providing other relevant information it may hold (IHR (2005) Article 23.1 (a)(i), (ii)).

Note 2.— To assist contact tracing, a "passenger locator card" (PLC) has been developed by the Informal Transportation Working Group of the World Health Organization. This provides an appropriate method of rapidly collecting traveller contact information: aircraft operators should determine if the PLCs will be kept on board, or at all destination airports. Depending on the specific hazard, the number of PLCs needed may vary, from a few to one for each traveller. The PLC is available at Appendix 1 to this document.

The International Air Transport Association, assisted by relevant experts, is evaluating different electronic methods that could facilitate passenger tracing.

Aircraft maintenance

Airlines should establish for maintenance crew:

a) a policy concerning the removal of re-circulated air filters including:

– use of personal protective equipment

– precautions to be implemented when removing the filter

– precautions to be implemented when disposing of filters

– personal hygiene measures to reduce risk

– reference to the filter manufacturer's guidelines for frequency of filter replacement

b) a policy concerning the venting of vacuum waste tanks.

c) a policy for tasks that involve removing bird debris associated with a bird strike

Aircraft cleaning

For crew tasked with cleaning an aircraft having transported a traveller suspected of having a communicable disease that may pose a serious public   health risk, airlines should establish a policy consistent with the national public health and aviation authorities that would include:

– use of appropriate personal protective equipment

– personal hygiene measures to reduce risk

– surfaces to be cleaned

– use of cleaning agents/disinfectants

– disposal of personal protective equipment and soiled material

Cargo and baggage handling

a) Airlines should encourage cargo and baggage handlers to frequently wash their hands and, if required, provide advice concerning any further precautions they may need.
b) Airlines should co-operate with the public health authority with respect to baggage and cargo inspections (IHR (2005) Article 23 (b)).

Miscellaneous
Airlines should establish methods to continue operating with greatly reduced staff numbers.

GUIDELINES FOR AIR TRAFFIC SERVICES UNITS AND PUBLIC HEALTH AUTHORITIES WHEN NOTIFIED OF A SUSPECTED CASE OF COMMUNICABLE DISEASE ON BOARD AN INBOUND AIRCRAFT

1. Pilot-in-command (PIC) to report promptly to the relevant air traffic services unit

1.1 As soon as the pilot-in-command (PIC) becomes aware that he/she has a traveller on board who is suffering from a suspected communicable disease, the PIC should report this to the air traffic services unit with which he/she is currently communicating, with a   request that a message be forwarded to the destination aerodrome control tower. The message should include the aircraft's call sign,   aerodrome of departure, destination aerodrome, estimated time of arrival, number of travellers affected, persons on board and the words "communicable disease". For example:

"(ATS unit), (call sign) REQUEST THE FOLLOWING INFORMATION BE FORWARDED AS SOON AS POSSIBLE TO *(destinationaerodrome)* TOWER. ADVISE READY TO COPY"

"(call sign), ADVISE *(destination aerodrome)* TOWER THAT *(call sign)*, DEPARTURE AERODROME *(departure aerodrome)* ESTIMATING *(destination aerodrome)* AT *(time)* PERSONS ON BOARD *(number)* REPORTING *(number)* CASE(S) OF COMMUNICABLE DISEASE ON BOARD"

2. Communication to the local public health authority (PHA) by the destination control tower

2.1 Procedures for the local public health authority (PHA) or quarantine station to be informed by the destination aerodrome control tower of the arriving aircraft should be agreed locally. It is envisaged that once the PHA is in receipt of the relevant information it will contact the airline agent and establish, through the aircraft operating agency (not ATC), communication with the aircraft concerned. Depending on the communication facilities available to the agency, the PHA may not be able to communicate with the aircraft until it is closer to its destination. However, it is through the aircraft operating agency that details of the event, in addition to those transmitted by the air traffic services unit to the destination control tower, can be requested by the PHA and communicated to it. Apart from the initial notification to the air traffic services unit by the PIC whilst en-route, ATC communication channels should not be used.

Acknowledgment:

- ✓IATA, Claude
- ✓ICAO, Tony
- ✓CAPSCA, Jarnail
- ✓RAMT……
- ✓Asian Airports, Alice
- ✓Cathay Pacific, Rose
- ✓Public Health Service HKG, Henry
- ✓ACI , David
- ✓e.g.

Support our expansion program, don't forget our Fraport shares, and remain sympathetic to our cause.

Thank You!

Further Information:
w.gaber@fraport.de