ECDC and aviation activities

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CAPSCA EUR-MID/12- Cairo, Egypt, 19-20 May 2025

Work with European Aviation Safety Authority (EASA)

ECDC – EASA guidance

Joint EASA- ECDC Aviation Health Safety protocols

- **Work mostly between ECDC and EASA experts**
  - **EASA consults the EU/EEA countries and their management board**
  - **In close collaboration with DG-MOVE**
- Ver 1. – 20/05/2020
- Ver 2. – 30/06/2020
- Ver 3. – 17/06/2021
- Ver 4.– 11 May 2022

ECDC – EASA guidance

ECDC and EASA formally retire joint Aviation Health Safety Protocol (AHSP)

News

29 Jun 2023

Ongoing collaboration with EASA

EASA and ECDC sign MoU to protect health of EU citizens travelling by air

News

22 Sep 2023

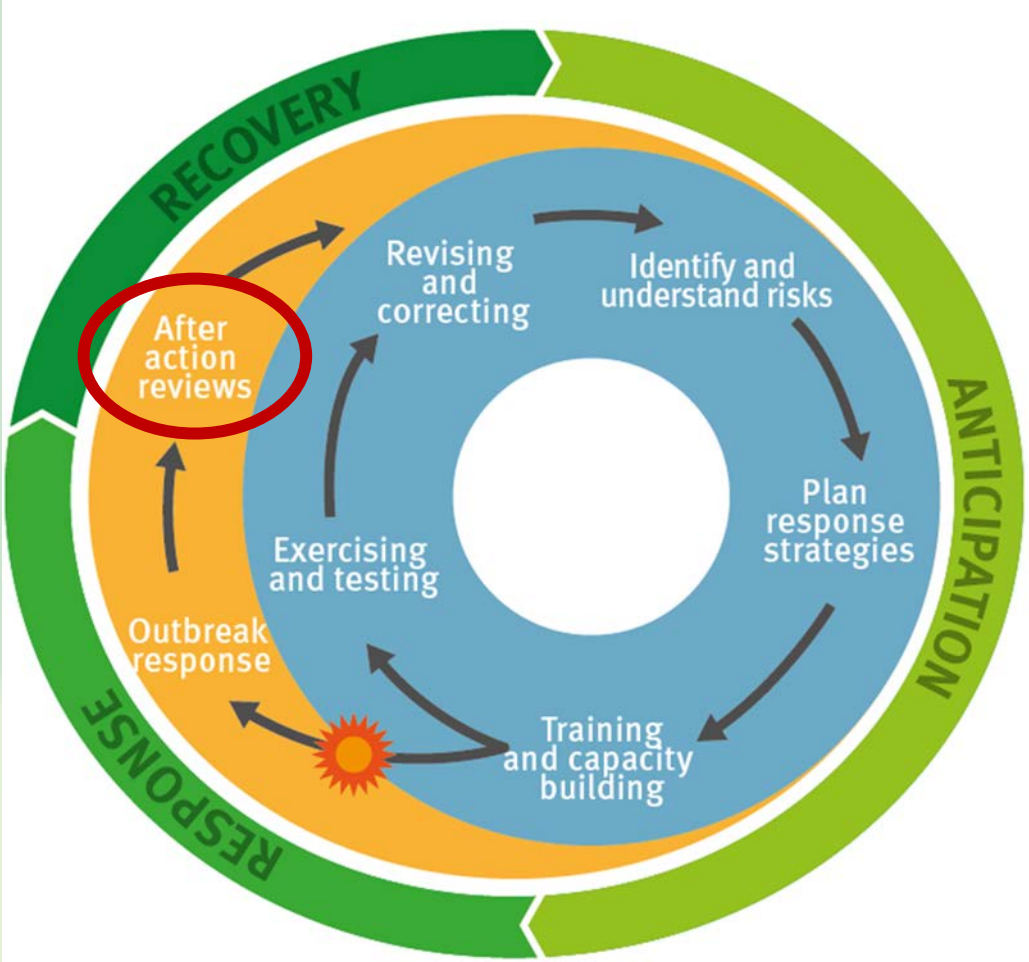
Areas of collaboration

- Regular exchange of relevant information, experience, technical advice and good practices
- Sharing of relevant ECDC outputs (e.g. weekly CDTR, potential risk assessments or technical guidance)
- Access to EpiPulse for nominated EASA users
- Collaboration in the framework of the EU digital Passenger Locator Form (dPLF) platform and similar activities

After Action review (AAR)

Recovery and AAR

- AAR is an important tool in the recovery phase
- used to identify lessons to improve during and after a crisis or an exercise
- should not be used to point fingers or assign blame but serve to identify what went well and what did not
- ideally, close to the event



Source ECDC

AAR good practices

- Seek learning and improvement points
- Be flexible in approach based on resources and size of incident
- Be clear on methods
- Establish root causes and contributing factors
- Propose solutions to address causes
- Ensure recommendations are pragmatic
- Develop a plan to address the findings

AAR related to PoE

AAR Report

ECDC workshop on the collaboration between aviation and public health during the COVID-19 pandemic, with a focus on contact tracing and case management

24 April 2024

Description of the event-I

Scope: Promote collaboration between aviation and public health; exchange operational experiences and good practices implemented during the COVID-19 pandemic

Format: ECDC After-Action Review methodology (adapted)

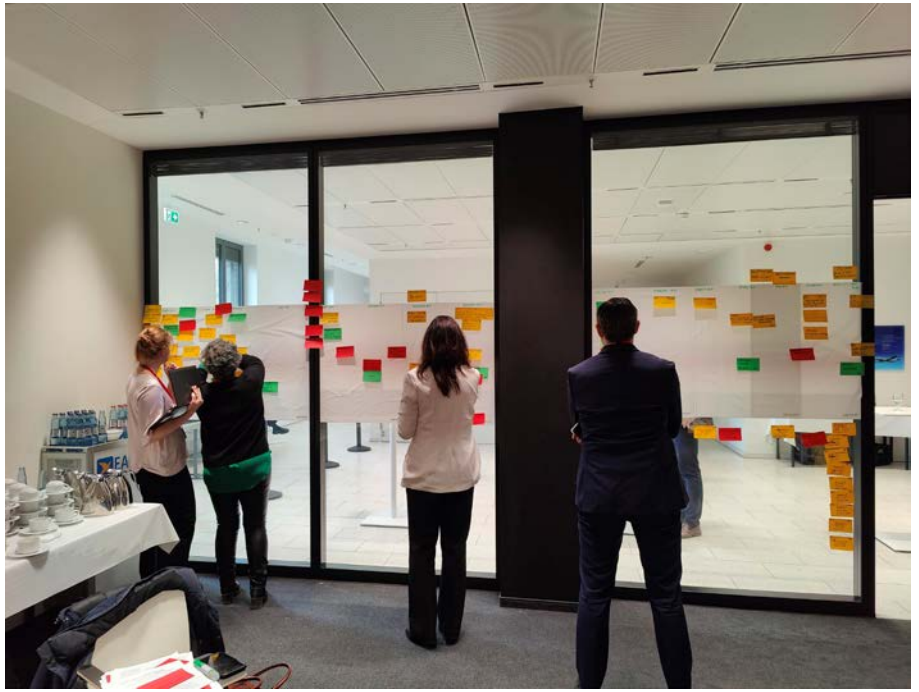
Timeline focus: May 2020 – August 2021

Participants: 27 participants from ECDC, RKI (DE), FHM (SE), EASA, WHO Europe, ACI, CAPSCA Eur, IATA (Europe), 1 airline, public health personnel involved in 4 airports (10 airports invited, inc. 3 non-EU).

Description of the event-II

Areas discussed:

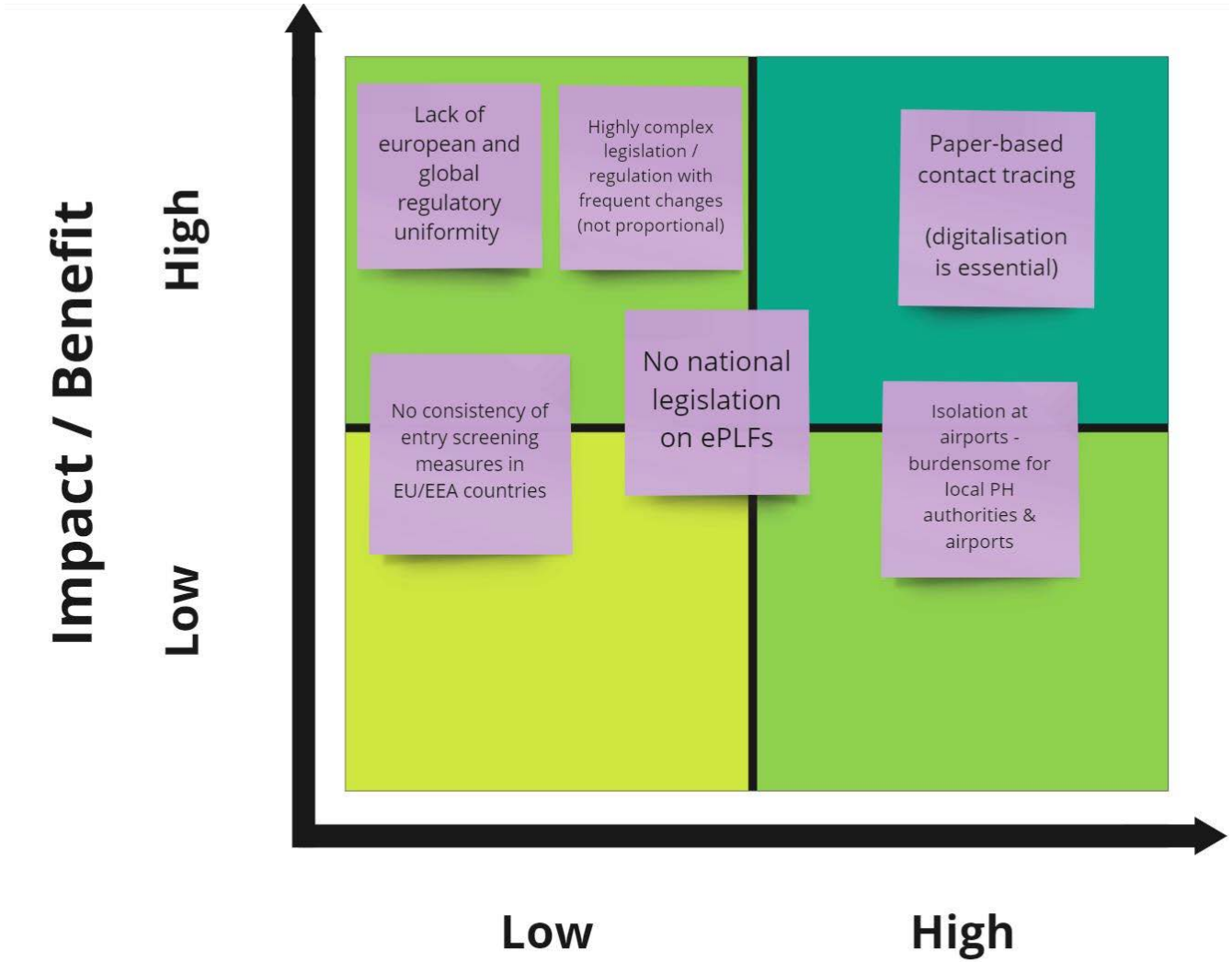
a. Cross-border coordination of public health aspects relevant for aviation
b. Contact tracing of passengers
c. Entry screening procedures (including. passenger flow)
d. Passengers needing quarantine or isolation at Points of entry (PoE) / stranded passengers in transit



Main challenges identified from the discussion

- Different measures and entry restrictions; some implemented without a scientific basis or maintained for an excessively long time as a precaution
  - significant additional work for airlines and airports to align their processes with national or regional requirements, and travellers found it difficult to obtain accurate information
- No equivalent to a ‘Schengen health border’
- Paper-based Passenger Locator Forms (PLFs) were cumbersome and resource-intensive to implement and of limited value
- Contact tracing capacity was overwhelmed in many countries as the number of COVID-19 cases increased.
- Evaluation of digital PLF (dPLF) effectiveness has not taken place
- Supportive legislation not in place to enable sharing of personal data during public health emergencies
- Need for better communication with airlines and aviation stakeholders ‘on the ground’

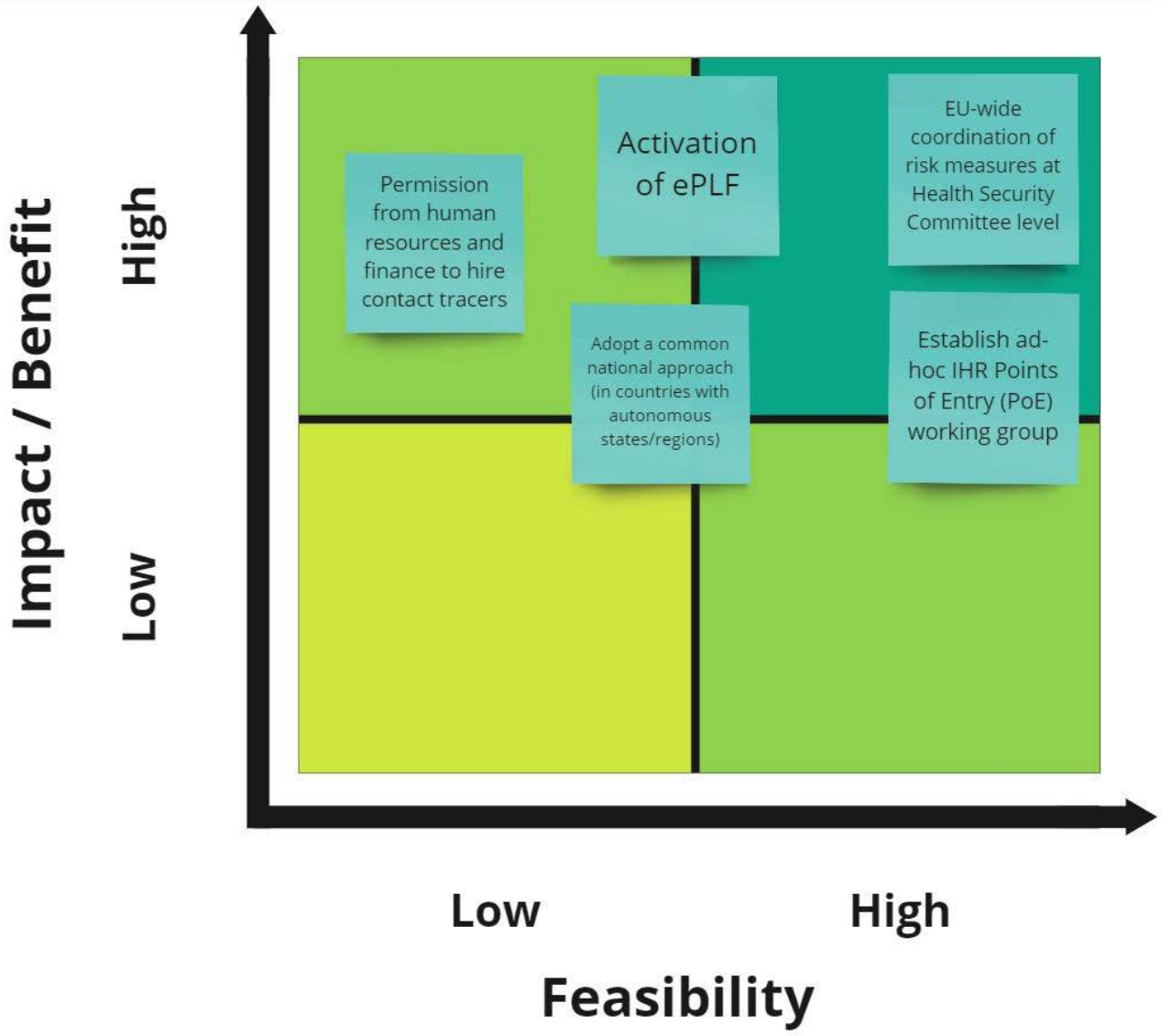
Feasibility / impact matrix of prioritised “pain points”



Suggestions for better practice

- Establishment of an intersectoral **working group with PoE** stakeholders was seen as good practice during crisis and in peace time
  - Similar intersectoral network can be considered **at the EU level** to discuss and potentially harmonise measures
  - A public health contact point at international airports
- The (now obsolete) Aviation Health Safety Protocol jointly developed by ECDC and EASA, and the EU Digital Covid Certificate were instrumental in showing countries that it was possible to travel safely with some sanitary rules in place.
- Coordination of measures across EU/EEA countries at the Health Security Committee level
- Legislation to support the introduction of dPLF systems should be introduced during peacetime.
- Risk communication activities for issues surrounding PoE should be embedded in national emergency preparedness plans
- Clearer guidance on contact tracing of air passengers is needed at the European level
- Preparedness for surge capacity for contact tracing personnel

Feasibility / impact matrix of prioritised good practices



Other travel and PoE related ECDC activities

- Systematic literature review (2022) on in flight transmission of COVID-19. Main conclusions: **longer flights, sitting close to index case** are risk factors, while **wearing masks** is probably protective.

- Effectiveness of travel measures for the control of respiratory diseases
  - Rapid literature review in 2023
  - A short technical guidance document under production
    - **No support for temperature checks**
    - Border measures could be effective if implemented fast and strict but increased cost and societal impacts
    - Some island nations can delay introduction with strict border measures

EU Regulation on Serious Cross Border Threats to Health

Article 7 – Reporting by Member States on their capacities for emergency preparedness and response

- EU Regulation on serious cross-border threats to health (2022/2371)
  - Lays down structures and mechanisms of monitoring, alert and management
  - Self-assessment questionnaire launched and submitted in 2023

Article 8 – Assessment by ECDC of Member States' emergency preparedness and response capacities

A validation process of the answers will be assumed to assess every 3 years the country preparedness to respond to health threats.

This includes:

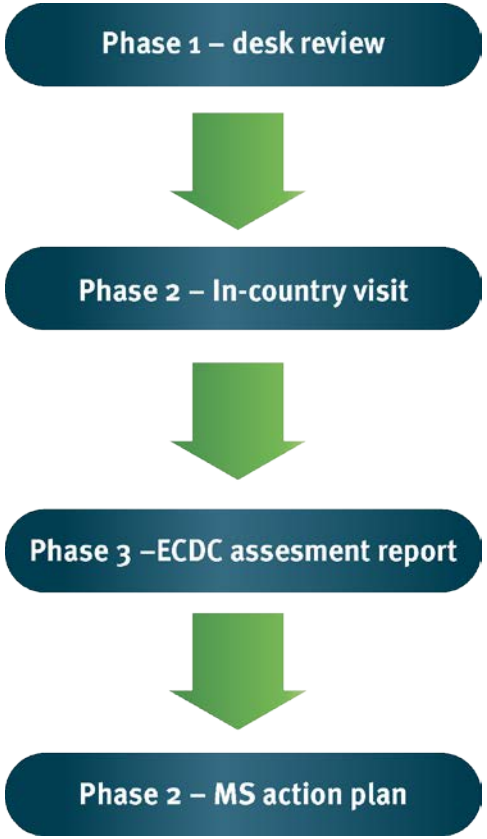
- Desk review of national documents (provided),
- Country visit and discussion to establish a common understanding of the country's preparedness, provide recommendations and a road forward to a corrective action plan
- Country assessment report

Country report Belgium
Country report Estonia

Public Health Emergency Preparedness Assessment Under Article 8 of the SCBTH regulation

"Every three years, the ECDC shall assess the Member States' state of implementation of their **national prevention, preparedness and response plans"**

A. IHR-2005 capacities	
Capacity 1.	IHR implementation and coordination
Capacity 2.	Financing
Capacity 3.	Laboratory
Capacity 4.	Surveillance
Capacity 5.	Human resources
Capacity 6.	Health emergency management
Capacity 7.	Health service provision
Capacity 8.	Risk communications and community engagement (RCCE)
Capacity 9.	Points of Entry (PoEs) and border health
Capacity 10.	Zoonotic diseases and threats of environmental origin, including those due to the climate
Capacity 11.	Chemical events
B. Additional capacities for EU/EEA MS reported as per article 7 of the regulation	
Capacity 12.	Antimicrobial resistance (AMR) and healthcare associated infections (HAIs)
Capacity 13.	Union level coordination and support functions
Capacity 14.	Research development and evaluations to inform and accelerate emergency preparedness
Capacity 15.	Recovery elements
Capacity 16.	Actions taken to improve gaps found in the implementation of prevention, preparedness and response plans



Article 7 – Points of Entry

	Question					
A.9.1	**Regarding your Member State's nationally designated POEs public health emergency contingency plans, please indicate your Member State's corresponding level:**					Level
			Ports	**Airports**	**Ground Crossings**	1-5
	Level 1	The nationally designated POEs' public health emergency contingency plan has no operational instruments to facilitate sharing of travel related health data/information and reporting to the national level				
	Level 2	The nationally designated POEs' public health emergency contingency plan has operational instruments to facilitate sharing of travel related health data/information and reporting to the national level				
	Level 3	The nationally designated POEs' public health emergency contingency plan has operational instruments to facilitate sharing of travel related health data/information and reporting to the national level and this has been tested in the last 3 years				
	Level 4	The nationally designated POEs' public health emergency contingency plan has operational instruments to facilitate sharing of travel related health data/information and reporting to the national level and this has been tested in the last 3 years. In addition, the national level also has operational instruments to then facilitate the sharing of this information to other national sectors (6) and third parties e.g. WHO and Early Warning Response System (EWRS)				
	Level 5	As per level 4 and, in addition, this has been tested in the last 3 years				

WHO SPAR questionnaire on PoE

C11. POINT OF ENTRY (PoE) AND BORDER HEALTH

A point of entry (PoE) is defined in the IHR as a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as the agencies and areas providing services to the PoE on entry or exit. PoEs are integral to surveillance and response systems and help to support a country's public health functions.

Factors to consider when designating a PoE for the development of IHR capacities are found in the introductory chapter of WHO's

Assessment tool for core airports, ports and ground specific information on th that users should create a PoE). The scoring table fo should be based on the r each designated PoE – a of public health significan on the detailed Assessm Coordinated public health and national health surveil

SECTION 1. INFORMATION BY TYPE OF POINTS OF ENTRY

1. Please indicate the number of designated PoE that shall develop the capacities (n/a if not applicable)
Number of designated ports
Number of designated airports
Number of designated ground crossings[80]

SECTION 2. CORE CAPACITIES AT PoEs AND INTERNATIONAL TRAVEL-RELATED MEASURES

Download

Type	Name of designated PoE	IATA airport location code or other code for ports and ground crossings[81]	ICAO airport or other code for ports and ground crossings[82]	United Nations Code for Trade and Transport Locations (UNLOCODE)[83]	Competent authorities identified at designated PoE level (Y/N)	Level[84] of core capacity requirements at all times for designated PoE (routine core capacities, Annex 1B)	Programme for vector surveillance and control at PoE (Y/N)	Level[85] of effective public health response at each designated PoE (capacities to respond to emergencies, Annex 1B)	PoE health emergency contingency plan[86] (Y/N)
Airports									
Ports									
Ground crossings									

3. Has your country authorized ports to issue ship sanitation certificates?[87]

Level	Indicators C11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	
Level 1	Strategic risk assessment for individual PoE as an integral part of a national risk assessment has not been completed	☐
Level 2	Some designated PoE are implementing routine core capacities based on a completed associated strategic risk assessment	☐
Level 3	Some designated PoE are implementing routine core capacities AND These are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance)	☐
Level 4	All designated PoE are implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system	●
Level 5	Routine core capacities implemented at all designated PoE are exercised (as appropriate), reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis	☐

Level	Indicators C11.2. Public health response at points of entry	
Level 1	PoE designated based on a strategic risk assessment are in the process of developing a PoE public health emergency contingency plan	☐
Level 2	Some designated PoE have developed a PoE public health emergency contingency plan for events caused by biological hazards	☐
Level 3	All designated PoE have developed PoE public health emergency contingency plans for events caused by biological hazards and integrated into national emergency response plans[88]	☐
Level 4	All designated PoE have developed PoE public health emergency contingency plans for events caused by all hazards[89] and integrated into national emergency response plans	●

Level	Indicators C11.3. Risk-based approach to international travel-related measures	
Level 1	National multisectoral process with mechanisms to determine the adoption of international travel-related measures,[90] on a risk-based manner, is not available or under development	☐
Level 2	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed including guidelines and SOPs for their implementation	☐
Level 3	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national level	☐
Level 4	National multisectoral process with mechanisms to determine the adoption of international travel-related measures; on a risk-based manner, is developed and being implemented at national and intermediate levels	●
Level 5	National multisectoral process and mechanisms to determine the adoption of international travel-related measures are being implemented at national, intermediate and local levels and exercised (as appropriate), reviewed, evaluated and updated on a regular basis, in response to an event or emergency	☐

International collaborations

On contact tracing

- informal working group ECDC, EASA, WHO Europe, ICAO Europe
  - To produce a document explaining the need to **facilitate the exchange of information** between airlines and public health authorities **for contact tracing** of infectious cases onboard
- Study Group on interactions between international air carriage and data protection laws
  - [*ICAO State letter IND/25/02*] first meeting in summer 2025

FRONTEX

- People from 59 visa-free countries will shortly need to get a travel authorisation before coming to Europe for a brief stay.
- Last Q 2026
- https://travel-europe.europa.eu/etias_en

- ETIAS included a health screening for incoming travellers
- ECDC assisted in clarifying:
  - Annex 3 to the Analytical Framework for ETIAS Screening Rules

https://www.frontex.europa.eu/what-we-do/etias-ees/about-etias/

19.9.2018 EN Official Journal of the European Union L 236/1

REGULATION (EU) 2018/1240 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 12 September 2018

establishing a European Travel Information and Authorisation System (ETIAS) and amending Regulations (EU) No 1077/2011, (EU) No 515/2014, (EU) 2016/399, (EU) 2016/1624 and (EU) 2017/2226

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Risk Assessment Guidelines for Infectious Diseases transmitted on Aircraft (RAGIDA)

RAGIDA-I

Objectives:

- help national public health authorities in EU/EEA countries to **assess the risks** associated with the transmission of infectious agents on aircraft
- aid decision-making on the most appropriate, operationally feasible **public health measures** for containment (e.g. contact tracing)

Methodology:

- Generate evidence
  - Literature reviews
- Review with subject matter experts
  - public health; disease experts; aviation sector, medical evacuation specialists, ECDC and WHO

RAGIDA-II

Started: 2007

Initial outputs:

- (2009) guidance documents to help evaluate risk of transmission for
  - Tuberculosis
  - Influenza
  - Measles
  - Rubella
  - Diphtheria
  - Meningococcal disease
  - Ebola/Marburg
  - Lassa
  - Smallpox
  - Anthrax
  - SARS
- (2020) MERS-CoV

RAGIDA-III

Started: 2024

- Collaboration of three ECDC sections (EPRS, respiratory diseases, TB) to update RAGIDA
- **literature review** (2024) on pathogens transmitted through air
  - No results for influenza
  - Minimal for TB
- **expert meeting** in 2025 to assess and finalise report
  - No change in existing guidance expected

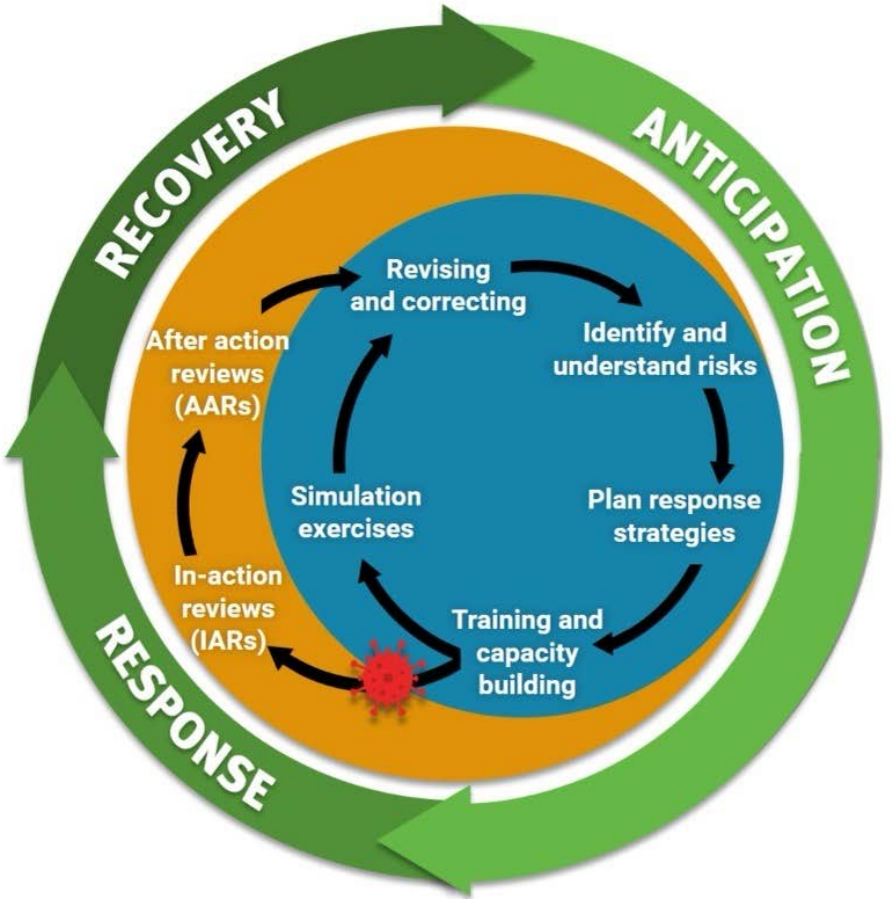
Lessons from the COVID-19 pandemic and preparedness planning

Preparedness and response as a continuum

Preparedness is a **continuous process** informed by lessons-learnt and best-practices

Multiple sectors should be involved before, during and after emergencies, to ensure that we:

- identify and build on **what worked well**
- understand and improve **what did not work well**



Aim and methods

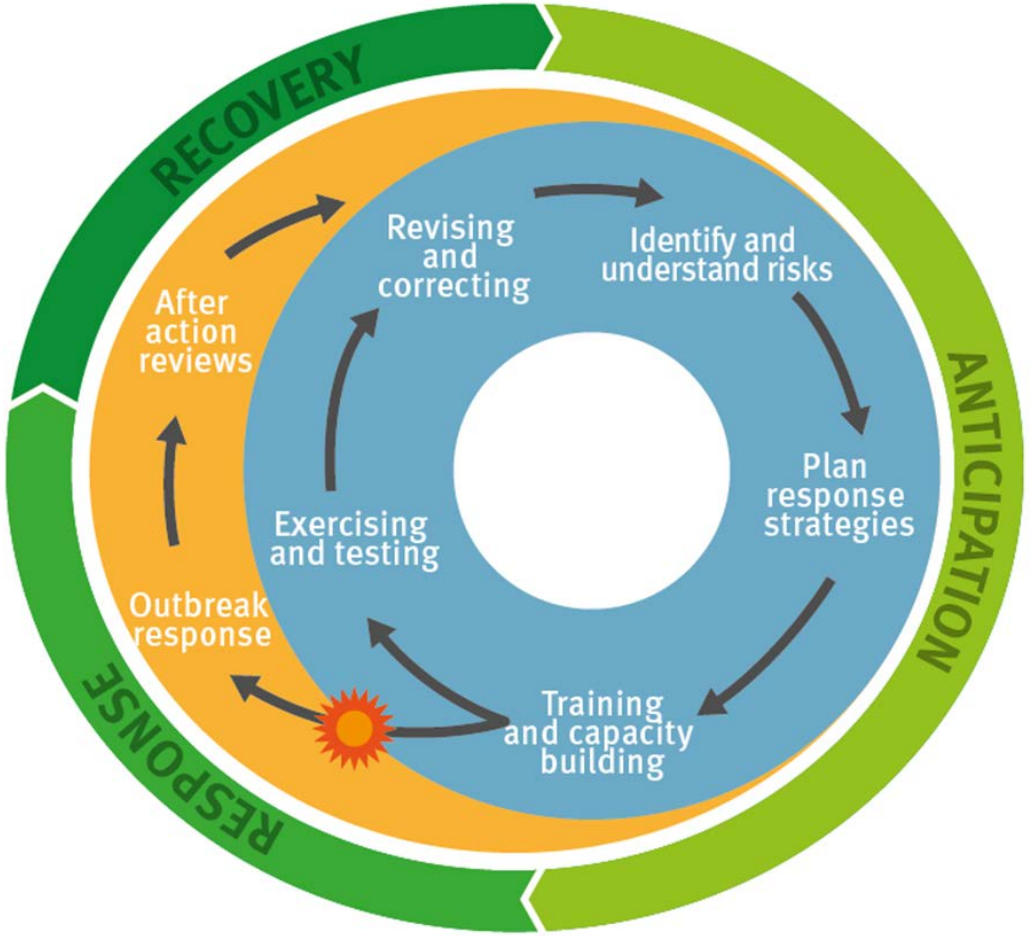
- To provide public health authorities in (EU/EEA) countries with guidance for improved preparedness planning
- Taking lessons from COVID-19 and mpox multicountry outbreak and translating them to concrete advice
    - ECDC expert focus groups
    - Three ECDC international meetings
    - 13 country after-action reviews
    - 22 documents received from 12 countries
    - 47 peer-reviewed publications and 11 grey literature documents
- Included an Annex with collated resources for planning

Four major lesson areas for public health from the response to COVID-19

This document was the starting basis and source for formulating advice for countries developing/revising preparedness plans, with the aim to learn from our recent experiences

https://www.ecdc.europa.eu/en/news-events/ecdc-presents-lessons-learned-covid-19-pandemic

Considerations for preparedness planning

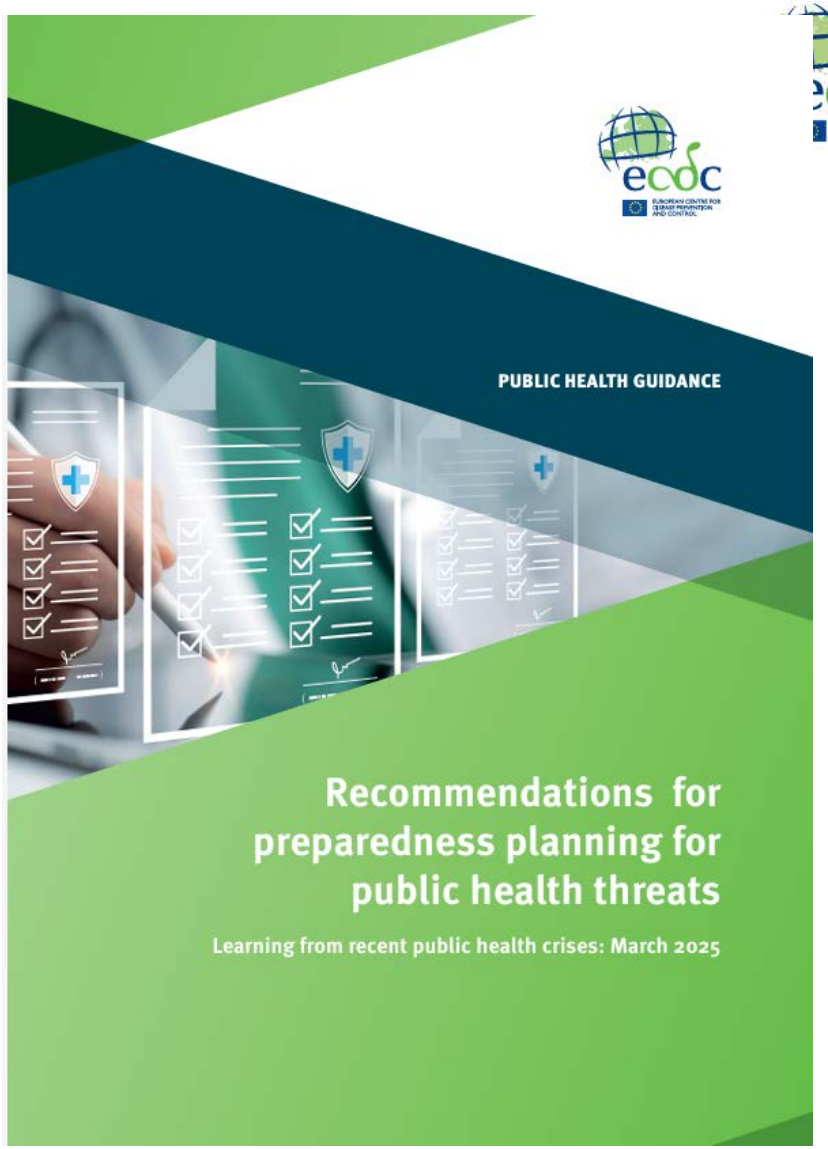


Source ECDC

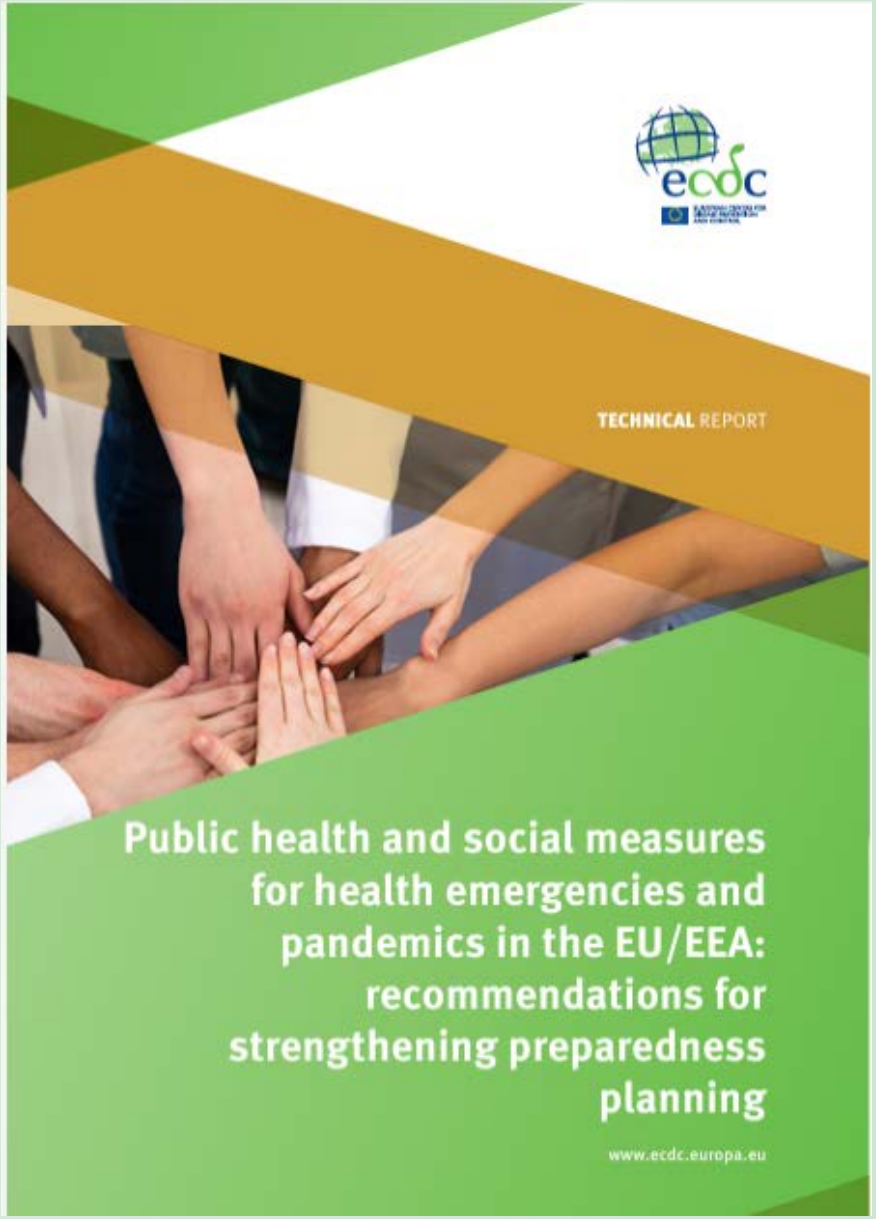
- The recommendations document is structured along the phases in the preparedness figure
- Outlines concrete advice for more effective planning starting from legislation,
- Includes concrete tips in all areas/phases
- Includes examples of relevant actions from countries, ECDC or the European Commission

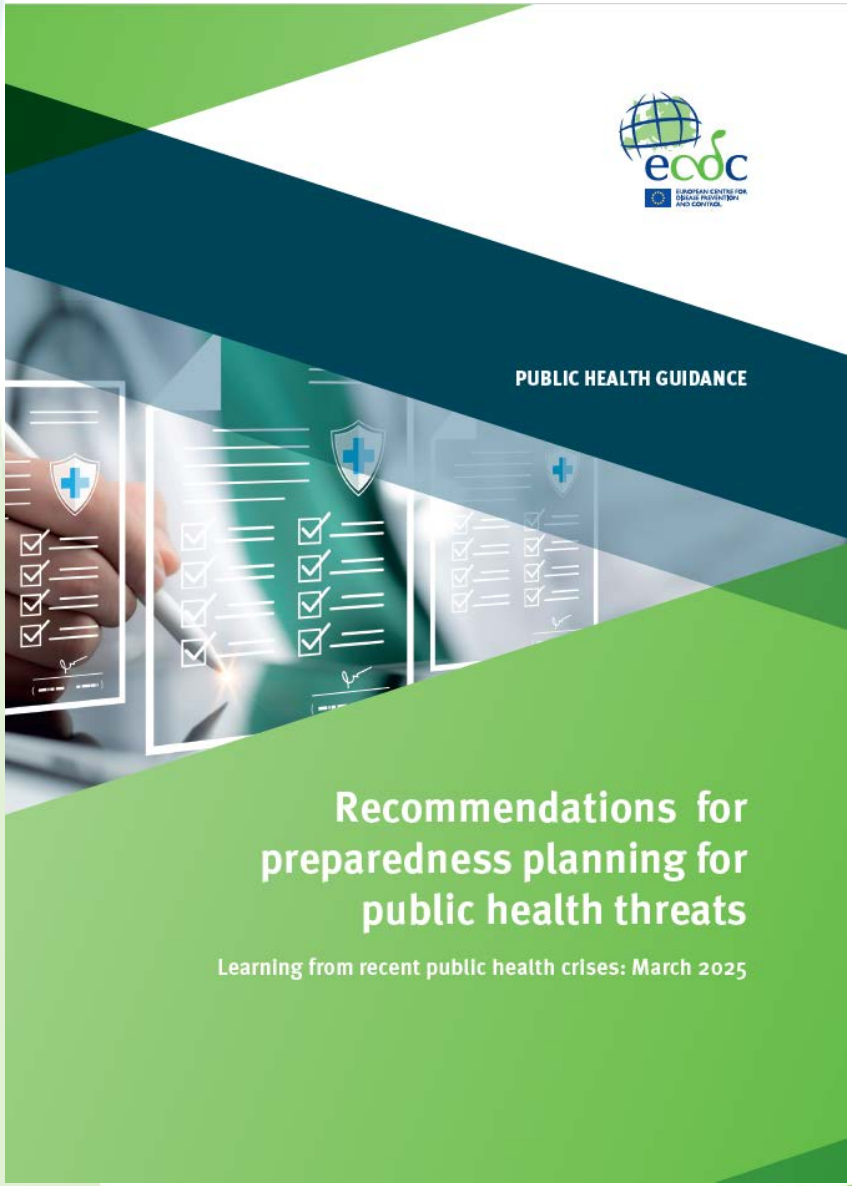
Good practice for preparedness on PoE

- Intersectoral working group between public health, health services at PoE, and stakeholders from aviation, ports
- Used during the pandemic but should be maintained during peace time
- Promote digitalisation of systems
- Advocate for trained staff
- Maintain simulation exercise cycles including PoE
- Plan for surge capacity (e.g. contact tracing)
- Plan for risk communication at PoE



https://www.ecdc.europa.eu/en/publications-data/recommendations-preparedness-planning-public-health-threats


TECHNICAL REPORT
Public health and social measures for health emergencies and pandemics in the EU/EEA: recommendations for strengthening preparedness planning
www.ecdc.europa.eu


PUBLIC HEALTH GUIDANCE
Recommendations for preparedness planning for public health threats
Learning from recent public health crises: March 2025

More information

- ECDC, Recommendations on the implementation of public health and social measures (PHSMs) (2024)
- E-learning course on Public Health and Social Measures in pandemic preparedness (2025)
- ECDC, Recommendations for preparedness planning for public health threats (2025)
- ECDC, Lessons from the COVID-19 pandemic for the public health sector
- ECDC, Conducting after-action reviews of the public health response to COVID-19
- WHO guideline on contact tracing (2024)

Thank you

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