Pandemic Preparedness Planning in Aviation

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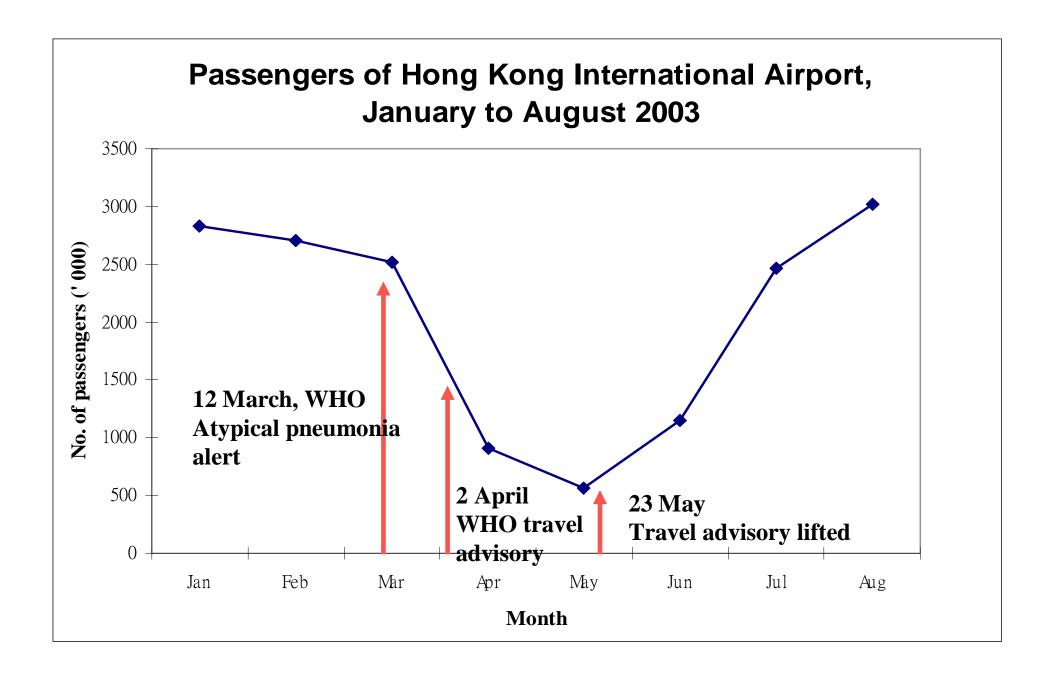


Plan

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

2003: SARS





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 (<u>temperature 38°C/100°F or greater</u>) 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

		RATION		
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perator				
arks of Nationality and Ra	gistration Flight h	No Date		
eparture from	(Place) Arrival	at(Place)		
	FLIGHTROUT ("Place" Cohmm always to list origin, every	· 		
PLACE	NAMES OF CREW*	* NUMBER OF PASSENGERS ON THIS STAGE***		
		Departure Place:		
		Embarking		
		Arrival Place:		
		Disembarking		
		Through on same flight		
the following signs or s impaired breathing; per bleeding without previo	erature 38°C/100°F or greater — associated with ymptoms, e.g. appearing obviously unwell; persi rsistent diarthoea; persistent vomiting; skin ras	istent coughing; sh; bruising or		
disembarked Details of each disinsecting disinsecting	us injury; or confusion of recent onset, increases ring a communicable disease) as well as such o during a previous ting or samitary treatment (place, date, time, meth has been carried out during the flight, give details	cases of illness stop od) during the s of most recent		
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Details of each disinsecting disinsecting. Signed, if required, was a factor of the clare that all states or esented with this General contents.	ring a communicable disease) as well as such of during a previous ting or samitary treatment (place, date, time, meth has been carried out during the flight, give details the time and date Crewmember concerns and particulars contained in this General D al Declaration, are complete, exact and true to the	cases of illness stop mod) during the s of most recent med eclaration, and in any supplementary forms required to best of my knowledge and that all through passengers		

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

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 lawand to be used only for public health purposes.

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Hight Information									
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Airline Flio	tht Number		DD	MM YYYY					
				MM TIII					
Personal Information									
4. Name									
Family Name					Given Name(s)				
Your Current Home Address (including country)									
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	131 - 1 - 11								
Street Name an	d Number		Ci	ity		State/Province			
Country			ZI	P/Postal Code					
Your Contact Ph	one Number	Residential or Busin	ess or Mobile)						
Country code	Area code	Phone Number	F-	mail address					
00000	111222			-III BII BAWIESS					
Pasport or Trav	el Document N	Number	ls	suing Country/Organ	zation				
Contact Infor	mation								
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Street Name an	dNumber		Ci	ity		State/Province			
				-					
Country			ZI	IP/IP ostal Code	Telephone Num	ber (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.									
 comman information or a person who will be assumed where you are not are next of tags, in case or emergency or a provide critical resource more about a your. Please provide the name of a close personal contact or a work contact. This must NOT be you. 									
a. Name		•							
Family Name					Given Name(s)				
b. Telephone Number									
Country Code	Area Code	Phone Number	E-	-mail address					
a Address									
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Street Name and Number City State,Province									
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Country			ZI	IP/Postal Code					
7. Are you trave	ling with anyo	ine else?	YES/NO Circle a	ppropriate response.	If so, who?	hame of Individual(s) or Group)			

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: 1st Steering Committee Meeting Hong Kong
 - Oct '07: 1st 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

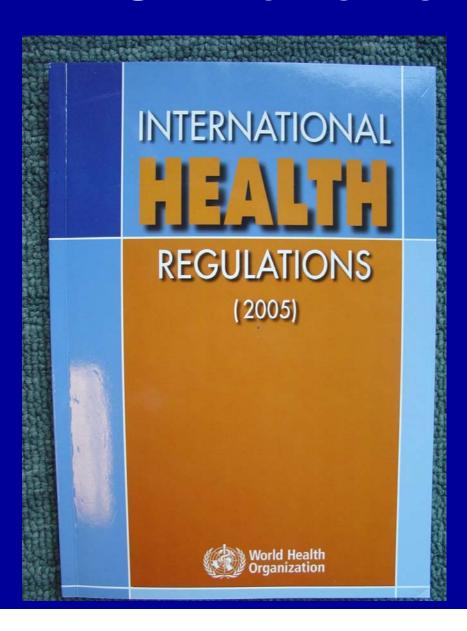
To assess Implementation of Guidelines in Africa CAPSCA - Africa

- November 2007
 - Initial seminar: Gabon
- March 2008: Workshops
 - Johannesburg, Dakar
- October 2008
 - 1st 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 <u>certify</u> 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

Dr Anthony Evans Chief, Aviation Medicine Section

