



FACILITATION PANEL (FALP)

SEVENTH MEETING

Montréal, 22-26 October 2012

Agenda Item 1: Recent facilitation developments in ICAO

AMENDMENT 23 TO ANNEX 9

(Presented by the Secretary)

1. BACKGROUND

1.1 Appendix 13 was added to Annex 9 — *Facilitation* by way of Amendment 20 which became applicable in 2007. The Appendix contains a Public Health Passenger Locator Card (PLC), meant to enable public health authorities to gather information concerning passengers' and/or crews' itineraries/contact information for the purposes of tracing persons who may have been exposed to a communicable disease.

1.2 During 2011, ICAO, the United States Centers for Disease Control and Prevention (CDC), the International Air Transport Association (IATA) and the World Health Organization (WHO), developed an improved Public Health Passenger Locator Form (PLF), aimed at enhancing data sharing and efficiency of response in the event of a pandemic or large scale epidemic.

1.3 In January 2012, with a view to making the PLF available to public authorities, on an urgent basis, the Secretariat presented the Air Transport Committee (ATC) with a proposal to amend Annex 9 whereby the PLF would replace the existing card in Appendix 13. Subsequently, State letter EC 6/3-12/14 dated 17 February 2012 was disseminated, seeking comments on the proposed amendment from States and relevant international organizations. In May 2012, the ATC reviewed the responses received to the State letter. In June 2012, the Council considered, and adopted, the PLF as Amendment 23 to Annex 9.

1.4 Amendment 23 to Annex 9, with an effective date of 29 October 2012, is reproduced in the Appendix for information.

APPENDIX

**AMENDMENT 23 TO THE INTERNATIONAL STANDARDS
AND RECOMMENDED PRACTICES**

FACILITATION – ANNEX 9

RESOLUTION OF ADOPTION

The Council

Acting in accordance with the Convention on International Civil Aviation, and particularly with the provisions of Articles 37, 54 and 90 thereof,

1. *Hereby adopts* on 18 June 2012 Amendment 23 to the International Standards and Recommended Practices contained in the document entitled *International Standards and Recommended Practices, Facilitation* which for convenience is designated Annex 9 to the Convention;
2. *Prescribes* 29 October 2012 as the date upon which the said Amendment shall become effective, except for any part thereof in respect of which a majority of the Contracting States have registered their disapproval with the Council before that date;
3. *Resolves* that the said Amendment or such parts thereof as have become effective shall become applicable on 28 February 2013;
4. *Requests the Secretary General:*
 - a) to notify each Contracting State immediately of the above action and immediately after 29 October 2012 of those parts of the Amendment which have become effective;
 - b) to request each Contracting State:
 - 1) to notify the Organization (in accordance with the obligation imposed by Article 38 of the Convention) of the differences that will exist on 28 February 2013 between its national regulations or practices and the provisions of the Standards in the Annex as hereby amended, such notification to be made before 29 January 2013, and thereafter to notify the Organization of any further differences that arise;
 - 2) to notify the Organization before 29 January 2013 of the date or dates by which it will have complied with the provisions of the Standards in the Annex as hereby amended;
 - c) to invite each Contracting State to notify additionally any differences between its own practices and those established by the Recommended Practices contained in the Annex as hereby amended, following the procedure specified in sub-paragraph b) above with respect to differences from Standards.

**AMENDMENT 23 TO THE INTERNATIONAL STANDARDS AND
RECOMMENDED PRACTICES**

ANNEX 9 – FACILITATION

Amend Appendix 13 to Annex 9 – *Facilitation* by **replacing** the existing Appendix 13 with the new Appendix 13, as indicated in the page that follows.

~~**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"/> <input type="text"/> Airline Flight Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Personal Information		
4. Name		
<input type="text"/>		<input type="text"/>
Family Name		Given Name(s)
Your Current Home Address (including country)		
<input type="text"/>		<input type="text"/>
Street Name and Number		City State/Province
Country		
Your Contact Phone Number (Residential or Business or Mobile)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code	Area code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address		<input type="text"/>
Passport or Travel Document Number		Issuing Country/Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Information		
5. Address and phone number where you can be contacted during your stay or, if visiting many places, your mobile phone number and initial address		
<input type="text"/>		<input type="text"/>
Street Name and Number		City State/Province
<input type="text"/>		<input type="text"/>
Country		ZIP/Postal Code Telephone Number (including country code) or mobile phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>		<input type="text"/>
Family Name		Given Name(s)
b. Telephone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country Code	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address		<input type="text"/>
c. Address		
<input type="text"/>		<input type="text"/>
Street Name and Number		City State/Province
<input type="text"/>		<input type="text"/>
Country		ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Are you traveling with anyone else? YES/NO Circle appropriate response. If so, with whom? (name of Individual(s) or Group)		
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR FORM

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease on-board a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. **Your information is intended to be held in accordance with applicable laws and used only for public health purposes.** *Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION:

1. Airline name	2. Flight number	3. Seat number	4. Date of arrival (yyyy/mm/dd)
			2 0

PERSONAL INFORMATION:

5. Last (Family) Name	6. First (Given) Name	7. Middle Initial	8. Your sex
			Male <input type="checkbox"/> Female <input type="checkbox"/>

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile	10. Business
11. Home	12. Other
13. Email address	

PERMANENT ADDRESS:

14. Number and street (<i>Separate number and street with blank box</i>)	15. Apartment number

16. City	17. State/Province

18. Country	19. ZIP/Postal Code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any)	21. Number and street (<i>Separate number and street with blank box</i>)	22. Apartment number

23. City	24. State/Province

25. Country	26. ZIP/Postal Code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name	28. First (Given) Name	29. City

30. Country	31. Email

32. Mobile phone	33. Other phone

34. TRAVEL COMPANIONS — FAMILY: Only include age if younger than 18 years

Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)			
(2)			
(3)			
(4)			

35. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)

Last (Family) Name	First (Given) Name	Group (<i>tour, team, business, other</i>)
(1)		
(2)		

Note – The Public Health Passenger Locator Form can be downloaded at
<http://www.icao.int/safety/aviation-medicine/Pages/guidelines.aspx> or
<http://www.capsca.org/CAPSCARefs.html#EvalForms>