Background: AIRSAN Guidance Documents

• 2 surveys among AIRSAN Partners
  o To identify topics where guidance is still missing (gaps)
  o To prioritise these topics

• Results: 11 topics identified and prioritised
  1. Contact tracing - cooperation between airlines and public health authorities
  2. Rapid assessment and management of biological threats on board an aircraft or at the airport
  3. Generic guidance document on cooperation between aviation and health sector - interoperability of emergency plans

Source: www.censeohealth.com
Introduction

Article 2 of International Health Regulations (2005), purpose and scope:

“to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.”
Objective

• If traveller (passenger or crew) onboard an aircraft identified with suspect communicable illness, give operational guidance on
  o assessing whether a disease poses a public health risk
  o establishing ground to air & air to ground communication
  o managing event by adequate public health measures
  o communicating event appropriately
  o minimizing interference with international traffic
  ➔ in order to ensure a well-organized and coherent response to public health threats in air transport in EU Member States
Target Groups

• Mainly:
  – Cabin crew
  – Public health authorities

• To ensure effective cooperation, following groups also benefit:
  – Pilots
  – Airline operators
  – Airport operators
  – Medical first responders at the airport
  – Civil aviation authorities
Methods

1. Use of literature systematically compiled within AIRSAN Review
2. Discussion with AIRSAN Partners
3. Establishment of small AIRSAN Working Group
4. Circulation of draft versions among AIRSAN Partners
5. Testing of document in collaboration with pilot testing of AIRSAN Training Tool (ongoing)
Results: Overview

Risk Assessment

Questionnaires:
1 for Cabin Crew
1 for Public Health Officials

Flowchart

Risk Communication

Risk Management
REMOTE RISK ASSESSMENT - FLOWCHART

Suspect communicable disease on board an aircraft

START of infection control measures
  → Cabin crew proceeds according to IATA Guidelines and/or airline/airport specific procedures (if available in consultation with medical personnel)

No

Medical support from ground service or health professional onboard available?

No

Medical personnel assesses suspect communicable disease present?

No

Flight crew notifies event via Air Traffic Services (ATS) to Public Health Authority (PHA)

Yes

PHA available for remote-risk assessment?

No

CONTINUATION of infection control measures according to IATA Guidelines and/or airline/airport specific procedures

Yes

PHA assesses public health risk?

No

END of infection control measures

Consider risk communication

Yes

Public health authority consults cabin crew and prepares upon arrival for the implementation of
  - Infection control measures
  - Contact tracing (depending on the suspected communicable disease)
  - Risk communication

END of infection control measures
Results: Questionnaires

Same questions for cabin crew and public health officials!!!
### Results

#### C. OUTCOME OF THE RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Check if applicable</th>
<th>Is the event a public health risk?</th>
<th>Actions to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Event is not a public health risk (e.g. suspected seasonal influenza without increased virulence)</td>
<td>Risk communication about the event may be needed to address the public perception of risk. (For instance, ask airport operator, airline operator and cabin crew to inform that the outcome of the risk assessment revealed there is no public health risk)</td>
</tr>
<tr>
<td></td>
<td>Event is a public health risk</td>
<td>Implement infection control measures. Collect information needed for possible contact tracing (depending on diagnosis). Provide guidance to all airline operators, airport operators and others about necessary measures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check if applicable</th>
<th>Which communicable disease is suspected?</th>
<th>Incubation period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suspected novel influenza with pandemic potential</td>
<td>2 days (1-4 days)</td>
</tr>
<tr>
<td></td>
<td>Influenza virus with pandemic potential (e.g. avian and swine influenza)</td>
<td>7 days (up to 10 days)</td>
</tr>
<tr>
<td></td>
<td>Severe acute respiratory syndrome (SARS)</td>
<td>8-10 days</td>
</tr>
<tr>
<td></td>
<td>Middle East respiratory syndrome coronavirus (MERS-CoV)</td>
<td>8-14 days</td>
</tr>
<tr>
<td></td>
<td>Meningococcal disease</td>
<td>1-4 days (3-10 days)</td>
</tr>
<tr>
<td></td>
<td>Typhoid</td>
<td>3-6 days</td>
</tr>
<tr>
<td></td>
<td>Scarlet fever</td>
<td>5-10 days (up to 19 days)</td>
</tr>
<tr>
<td></td>
<td>Viral haemorrhagic fevers</td>
<td>7-14 days</td>
</tr>
<tr>
<td></td>
<td>Other disease relevant for contact tracing:</td>
<td></td>
</tr>
</tbody>
</table>

#### D. If the event is a public health risk, the following information needs to be collected upon arrival

12. Name of ill traveler: [ ]
13. Phone: [ ]
14. Place of residence: [ ]
15. E-Mail: [ ]
16. Does the ill traveler suffer from an underlying condition? [ ] Yes [ ] No [ ] Unknown
16a. If yes, which? [ ]
16b. If yes, which medication has been taken? [ ] Isolation of ill passenger [ ] Mask for ill traveler [ ] Gloves for crew member in charge [ ] Oxygen [ ] Medication, specify: [ ]
17. Measures taken by crew: [ ]
18. Where did the ill traveler stay during the flight (which seat/s, which area/s)? [ ]
19. Is any family member or someone else travelling with the ill traveler (same transports, visits, hotels)? [ ] Yes [ ] No [ ] Unknown
19a. If yes, seat numbers of other persons: [ ]
20. Number of crew members or passengers caring for the ill traveler (direct contact: touching the ill traveler, taking more than 15 minutes with the ill traveler): [ ]
20a. If one or more, names of crew members or seat numbers of passengers: [ ]
21. Did the ill traveler lose any body fluids (e.g. blood, vomit, urine)? [ ] Yes [ ] No [ ] Unknown
21a. If yes, did any contamination occur? [ ] Yes [ ] No [ ] Unknown
21b. If yes, state location and body fluid causing contamination (e.g. seat no. 2A contaminated with blood, rear left toilet contaminated with vomit)? [ ]
22. ADDITIONAL COMMENTS:
• Risk Management
  o Infection Control Measures
    ▪ During flight
    ▪ Upon arrival / after flight
  o Contact Tracing

• Risk Communication
  o Communicate event according to emergency plan
  o Consider “one voice policy”
  o Initiate evaluation of event and share lessons learnt
Objectives achieved?

• If traveller (passenger or crew) onboard an aircraft identified with suspect communicable illness, give operational guidance on

  ✓ assessing whether a disease poses a public health risk
  ✓ establishing ground to air & air to ground communication
  ✓ managing event by adequate public health measures
  ✓ communicating event appropriately
  ✓ minimizing interference with international traffic

  ➔ in order to ensure a well-organized and coherent response to public health threats in air transport in EU Member States
This document arises from the AIRSAN project which has received funding from the European Union, in the framework of the Health Programme. Sole responsibility lies with the author. The Consumers, Health and Food Executive Agency is not responsible for any use that may be made of the information contained therein.
Contact

• Join the AIRSAN Network: www.airsan.eu
• E-mail: AIRSAN@rki.de

AIRSAN Coordination Team at RKI (from left to right):
Juliane Seidel, Maria an der Heiden, Astrid Milde-Busch, Yanina Lenz, Andreas Gilsdorf
(not in the picture: Tim Eckmanns)