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**COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC  
HEALTH EVENTS IN CIVIL AVIATION  
(CAPSCA)**

**4<sup>th</sup> CAPSCA Middle East and 5<sup>TH</sup> CAPSCA Global Coordination Meeting  
CAIRO, EGYPT, 17 - 20 NOVEMBER 2014**

**LIST OF CONCLUSIONS**

1. In accordance with the IHR (2005) States are to implement core capacities and WHO temporary Recommendations during a PHEIC (e.g. EBOLA), and report progress periodically to WHO.
2. States are to consider that:
  - a) the “implementation” of the IHR is ongoing. States should maintain core capacities and be able to use them effectively, when and where needed (e.g. Ebola PHEIC);
  - b) States, service providers and other stakeholders should cooperate to build capacities;
  - c) WHO will continue its leading role in public health including facilitation of improved information sharing and collaboration in order to strengthen health security; and
  - d) the efforts to control public health threats require all stakeholders to adapt to new challenges and to continuously improve the way they coordinate and collaborate.
3. In relation to the Middle East Respiratory Syndrome Coronavirus (MERS – CoV), the meeting noted that:
  - a) overall, the epidemiology of MERS-CoV remains unchanged and risk of transmission during air travel remains low; and
  - b) there remains no evidence of sustained human-to-human transmission in the community nor is there evidence of airborne transmission during air travel.
4. In relation to the Ebola Virus Disease Outbreak, the meeting noted that:
  - a) *Mode of Transmission:* Person-to-person transmission is by means of direct contact with infected, symptomatic persons or their body fluids/secretions or with infected dead bodies or animals, all unlikely exposures for the average traveller (passengers and crew);
  - b) people are not infective during the incubation period and become infectious with the onset of symptoms;
  - c) the risk of a traveller becoming infected with Ebola virus during a routine visit to affected areas is low;
  - d) WHO therefore does not recommend travel restrictions to or from the countries affected;
  - e) Exit Screening of all travellers is being undertaken at all international airports in affected countries with widespread and intense transmission;
  - f) up-to-date information on the disease is provided to travellers on exit (departure);
  - g) travellers should seek out such information, keep it readily available and be aware of action to take in the unlikely event that they develop relevant symptoms; and
  - h) early medical care improves the chance of recovery.

5. Restrictions on flights and passengers originating from countries with confirmed, suspect and contact cases are discouraged by WHO, ICAO, ACI, IATA and CAPSCA members. Suspension of flights by operators is also discouraged.
6. International Organizations and States should ensure correct and consistent statements and recommendations are communicated in a timely manner to service providers, operators and industry in order to support their corporate and operational decisions.
7. In relation to traveller and ground staff screening at airports, the meeting noted that airport traveller Exit Screening is only recommended for countries with widespread and intense transmission. A number of States have recently introduced entry screening measures. WHO encourages countries implementing such measures to share their experiences and lessons learned. Entry Screening in unaffected countries may have a limited effect in reducing international spread when added to Exit Screening in countries with widespread and intense transmission, and its advantages and disadvantages should be carefully considered. The meeting expressed satisfaction with the efforts made by Guinea in implementing airport Exit Screening procedures, which were presented during the meeting.
8. States are encouraged to use the new WHO Interim Guidance for Ebola Virus Disease Exit Screening at Airports, Ports and Land Crossings (6 November 2014) available on the WHO Ebola web site. States are also encouraged to use the WHO Ebola Event Management at Points of Entry on-line training available at: <https://extranet.who.int/ihr/training/course/category.php?id=28>.
9. States are encouraged to use of the new Traveller Public Health Declaration Form, developed jointly by WHO, ICAO, IATA and ACI, and the IATA “script to be read by cabin crew to passengers prior to arrival” which are available on the respective web sites and included in Appendix 1 to this report.
10. The meeting noted the objectives of Air Travel-Related Contact Investigations as follows:
  - a) identify contacts of a traveller reported who was contagious during a flight;
  - b) notify, educate, and evaluate travellers about their potential exposure in a timely manner;
  - c) provide post-exposure prophylaxis, or other treatment, as applicable;
  - d) evaluate public health response and effectiveness of protocols; and
  - e) notify Public Health Authorities of contacts and flights into their country.
11. States are encouraged to:
  - a) join CAPSCA, if not yet members;
  - b) request Assistance Visits to State and Airport, if not yet received;
  - c) provide officers to be trained as Technical Advisors, if desired;
  - d) consider offering to host a regional meeting; and
  - e) consider contributing voluntary funds to CAPSCA (State Letter included in Appendix 2 to this report).
12. CAPSCA meetings, assistance visits and training will only be undertaken with joint WHO and ICAO participation. The WHO and ICAO Regional Offices will collaborate. Joint invitation letters for CAPSCA activities will be sent to both Health and Aviation National Authorities to encourage active participation from both aviation and health sectors.
13. It is suggested that ICAO is invited by WHO to the next WHO Regional Committee meetings in each Region to present the objectives and results of CAPSCA, and to regional IHR Implementation meetings and training and core capacity assessment activities.

14. It is recognised that a CAPSCA Assistance Visit is an effective and beneficial activity to improve communication, cooperation, coordination and collaboration between health and aviation sectors in States at a national and operational level.
15. States are encouraged to visit the new CAPSCA Ebola web page at: <http://www.capsca.org/EbolaRefs.html>. The WHO Ebola page is at: <http://www.who.int/csr/disease/ebola/en/> The CDC Ebola page is at: <http://www.cdc.gov/vhf/ebola/index.html>, and the AIRSAN bibliography web page is at: <http://www.airsan.eu/Resources/Bibliography.aspx>
16. States are encouraged to use the NOTAMs application available on the iSTARS/SPACE site located on the ICAO Secure Portal.
17. To facilitate diversions to alternate aerodromes due to suspect cases on board aircraft in-flight, when recommended based on an evaluation by the ground based medical support (if available) of case symptoms and travel history reported by the flight crew, ICAO to encourage States to publish airports designated as Points of Entry provided with IHR core capacities, in Aeronautical Information Publications (AIP) from Civil Aviation Authorities e.g. as currently provided by Germany.
18. ACI is to review and update its “Airport preparedness guidelines for outbreaks of communicable disease” considering the lessons learned from the CAPSCA Assistance Visits, especially dealing with examples and recommendations for the management of suspected cases of communicable disease on board (i.e. the aircraft parking position and how to designate a specific position for different airport infrastructure layouts and requirements), and this will be published as an Annex of the existing guidelines planned to be released by the end of Q1 2015.
19. Angola, Switzerland, Thailand and United Kingdom have made monetary voluntary contributions to ICAO for CAPSCA implementation.
20. Georgia and Romania were welcomed as the 105th and 106th States to join CAPSCA.
21. The next (6th) CAPSCA Global Coordination meeting is provisionally planned to be held at ICAO Headquarters in Montreal, Canada, in w/c 27 April 2015.
22. The next (5th) CAPSCA Middle East meeting is tentatively planned to be held in late 2015 or early 2016 in Jordan to be confirmed in coordination with ICAO and WHO.
23. The next CAPSCA Europe meeting will be held in Amsterdam, the Netherlands, 23-25 March 2015. The next regional meetings in Africa, the Americas and Asia Pacific to be confirmed and posted on the CAPSCA web site events page.
24. States thanked Egypt for hosting the successful meeting and for their Chairmanship of CAPSCA MID since 2011. The Kingdom of Saudi Arabia, represented by Dr. Osama Bahanan, was elected as next Chair of CAPSCA-MID for three years and Dr Khalil Khalil (Jordan) was promoted to Technical Advisor Team Leader.
25. Dr. Stephen Karau, Chairman of CAPSCA Africa in representation of Kenya, informed the meeting of his new appointment as Ambassador to the United Nations in Geneva, and introduced his successor in the Kenya Civil Aviation Authority. ICAO expresses appreciation for Dr. Karau’s contribution to the development of CAPSCA Africa and wishes him well in his new post.