

FACILITATION (FAL) DIVISION — TWELFTH SESSION

Cairo, Egypt, 22 March to 2 April 2004

Agenda Item 6: International Health Regulations (IHRs)

PASSENGER LOCATOR CARD FOR USE IN PUBLIC HEALTH EMERGENCIES OF INTERNATIONAL CONCERN (AS DECLARED BY THE WORLD HEALTH ORGANIZATION)

(Presented by the International Air Transport Association)

SUMMARY

This Working Paper proposes adoption of a Passenger Locator Card for use in public health emergencies of international concern - as declared by the World Health Organization.

Action by the Division is in paragraph 4.

1. INTRODUCTION

- 1.1 The International Health Regulations (IHRs) have been in existence since 1969. The purpose of the IHRs and their precursor the International Sanitary Regulations is to provide security against the international spread of disease, whilst avoiding unnecessary interference with international traffic.
- 1.2 Severe Acute Respiratory Syndrome (SARS) was the first new, severe infectious disease of the twenty-first century, and its rapid spread helped to highlight the effects of living in a world that is closely interconnected and interdependent.
- 1.3 The SARS outbreak also highlighted the adverse effect on international traffic that ad hoc, unilateral measures implemented by States can have. At the Fifty Sixth World Health Assembly in May 2003, World Health Organization (WHO) Member States noted, that "National and international experiences with SARS contribute lessons that can improve preparedness for responding to, and mitigating the public health, economic, and social consequences of the next emerging infectious disease, the next influenza pandemic, and the possible use of biological agent to cause harm".
- 1.4 The Fifty-Sixth World Health Assembly also acknowledged the fact that "Member States may need to take individual and collective actions to implement effective strategies to contain the spread of SARS." However, it should also be noted that in order to introduce effective strategies for the control and elimination of SARS and other infectious diseases, collaboration at a global level is required. WHO

provides a unique framework, not only for international collaboration, but also the containment of global public health risks.

- 1.5 During the SARS crisis, the absence of a standardised landing card for use in the event of public health emergency of international concern created logistical problems for airlines, who were sometimes initially unaware of the additional requirement for travellers to complete a health-related landing card. Unfortunately, even when informed airlines were not always able to stock the most up-to-date card issued by various States.
- 1.6 Though sympathetic to States' needs to review and update public health requirements as necessary, airlines faced difficulties complying with changing requirements. In some instances the issuance of health-related landing cards, coupled with restrictions on the entry of citizens of SARS-affected countries to certain territories, inevitably interfered with international traffic, which is contrary to the stated purposes of the IHRs.

2. BACKGROUND

- 2.1 During the SARS crisis, IATA liaised regularly with WHO and various national public health administrations, in order to raise awareness amongst its Members of the work being undertaken by WHO to halt the spread of the disease and to inform individuals, including international travellers, of risks and proper protective and preventive measures.
- 2.2 In November 2002, an informal WHO meeting was convened to discuss lessons learned from the SARS crisis and to identify Aircraft/Airport Issues relevant to the International Health Regulations. The meeting was attended by representatives of various Member States, airport authorities, airlines and interested organizations, such as IATA. One of the issues for discussion was a standardised passenger health locator card for use in the event of a public health emergency of international concern.
- 2.3 IATA submitted a draft card that was extensively discussed at this meeting.
- 2.4 The merits of including/excluding certain data were comprehensively examined. Generally, the collection of simple identity and contact information was deemed to be the most effective way of ensuring travellers completed the information in a timely and reliable manner. The data elements below were among those discussed and considered extraneous:
- 2.4.1 **Epidemiological information**. The collection of epidemiological information was considered, but excluded due to lack of information available for new and emerging infectious diseases. Also, the incidence of possible diseases and their epidemiology far exceeds the limited medical knowledge of airline personnel (who would be present whilst the Landing Card is completed).
- 2.4.2 **Itinerary Information.** Information on travel immediately preceding the traveller's current journey is of limited use before travellers are contacted to ascertain whether or not they have been exposed to the infectious disease under consideration. Once a traveller is contacted, any itinerary information needed can be obtained.
- 2.4.3 **Visits to Hospitals/Nursing Homes.** As discussed in 2.4.2 above, once a traveller is contacted, the need for this information can be established.
- 2.5 Since the WHO meeting in November 2003, IATA has produced a new draft Landing Card, taking into account comments received from attendees at the November 2003 meeting and at other informal sessions discussing health issues.

3. **NEXT STEPS**

- 3.1 Bearing in mind the paragraph 1.4 above, and acknowledging that Member States may choose to collect health related contact information from travellers in the event of a public health emergency of international concern, IATA, in order to facilitate the flow of passengers across international borders at such times, proposes the inclusion of a standard Passenger Locator card as a new Appendix to Annex 9. The Passenger Locator card would be used solely in the event of a public health emergency of international concern, as declared by WHO.
- 3.2 The volume of information collected during the SARS crisis created problems for public health administrations insomuch as collation and qualitative analysis of the data proved labour-intensive and time consuming. To alleviate this burden, States should reproduce the Passenger Locator Card in a format appropriate for technological devices such as scanners that they may find useful for cataloguing, storing and retrieving the information collected.
- 3.3 A Passenger Locator Card is attached as Annex 1 to this Working Paper.

4. **ACTION BY THE DIVISION**

- 4.1 The Division is invited to:
 - a) adopt the Passenger Locator Card at the Appendix to this Working Paper as a new Appendix to Annex 9 to the Convention on Civil Aviation.
 - b) recognise the sense of urgency that surrounds adoption of the Passenger Locator Card. Consequently, the Division is asked to recommend fast track approval of the Passenger Locator Card to the Air Transport Council.

APPENDIX

ICAO LANDING CARD FOR USE IN PUBLIC HEALTH EMERGENCY

ICAO PUBLIC HEALTH EMERGENCY PASSENGER LOCATOR CARD Public Health Emergency Passenger Locator Card to be completed <u>only</u> in the event of a public health emergency as declared by the World Health Organization. This information will be used for public health purposes only. **Flight Information** 1. Airline and Flight Number Airline Flight Number 2. Date of arrival MM Seat Number where you actually sat on 3. the aircraft **Personal Information** 4. **Full Name** Family Name Given Name(s) 5. **Passport or Travel Document Number** 6. **Issuing State/Organization** 7. 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. Please provide the name of a close personal contact or a work contact. This must NOT be you. **Full Name** Family Name

Given Name(s)

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