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INTERNATIONAL CIVIL AVIATION ORGANIZATION

ASSEMBLY – 35TH SESSION

EXECUTIVE COMMITTEE

Agenda Item 19: Health and well-being of passengers and crews

MEASURES FOR THE PREVENTION AND CONTROL OF SARS

(Presented by the People's Republic of China)

SUMMARY

This paper presents an overview of the measures taken by the Chinese civil aviation industry for the prevention and control of Severe Acute Respiratory Syndrome (SARS). Implementation of those measures has effectively contained the spread of SARS via air transport, ensured safe travel for passengers and crews, accumulated useful experience for the world air transport industry in its effort to address contingent public health issues such as communicable diseases, and also raised issues for further study.

The Assembly is invited to approve the recommendations in Paragraph 4.

1. INTRODUCTION

1.1 The outbreak of Severe Acute Respiratory Syndrome (SARS) in the spring of 2003 affected 8098 people in 29 countries across the globe, among which 774 died. In China, The pandemic struck 266 cities and counties in 24 provinces with a total caseload of 5327 individuals, including 349 deaths. The civil aviation industry of China, under the leadership of the Chinese Government and in active cooperation with international organizations such as the World Health Organization (WHO), the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA), through vigorously pursuing and implementing various measures of prevention and control, succeeded in containing the spread of SARS via air transport, ensured safe travel for passengers and crews and accumulated useful experience for the world air transport industry in its effort to deal with contingent public health issues such as communicable diseases. In July 2003, China's three major international airports, namely Beijing Capital International Airport, Shanghai Pudong Airport and Guangzhou Baiyun Airport, successfully passed the ICAO evaluation on measures to combat SARS and a "Statement of Evaluation" has been issued to that effect.

2. MEASURES TAKEN BY THE CIVIL AVIATION INDUSTRY OF CHINA FOR THE PREVENTION AND CONTROL OF SARS

2.1 Development of an advance contingency plan for the prevention and control of SARS

2.1.1 Based on *the Law of the People's Republic of China on the Prevention and Control of Communicable Diseases, the Law of the PRC on Health and Quarantine Work at the Border, Regulations on Health and Quarantine Work in Domestic Transport and Management Measures for the Prevention and Control of SARS*, The Chinese government formulated *the Civil Aviation System's Advance Work Program for the Prevention and Control of SARS (the Contingency Plan), the Advance Program for the Monitoring and Control of SARS at the Points of Entry and Regulations on Advance Passenger Information in International and Domestic Flights*. Airports and airlines in China have all developed their own advance contingency plans and handling procedures according to the above laws and regulations.

2.2 Establishment of special bodies with assigned staff to deal with SARS

2.2.1 The General Administration of Civil Aviation of China (CAAC) and its regional administrations all established SARS prevention and control steering groups. All airlines, airports and air traffic control centers set up their respective on-site command offices. These bodies organized and carried out various SARS prevention and control work under the unified leadership of the National SARS Prevention and Control Command Center of China and in close cooperation with health and quarantine, disease control, medical emergency aid, customs and border control authorities and institutions.

2.3 Provision of facilities, equipment and staff for SARS prevention and control

2.3.1 All Airlines, flights and airport terminal buildings were provided with a certain number of disinfection and temperature measuring devices and masks. "Temporary check rooms for patients with fever" were set up at all airports, with stand-by ambulances and communications equipment manned by devoted personnel.

2.4 Establishment of liaison, on-duty and epidemic situation reporting systems

2.4.1 Liaison was established between Airlines/airports and local public health administrations, disease prevention and control agencies, sanitation departments and government-designated hospitals for SARS treatment in order to specify their respective responsibilities and the handling procedures and means of communication for epidemic situation reporting, on-the-spot medical treatment, referral of passengers with fever, cough and short breath, epidemiological investigation, diagnosis and treatment.

2.4.2 All airlines and airports set in motion a 24-hour-on-duty system for SARS prevention and control and for reporting the SARS epidemic situation. Any epidemic information must be reported to the local civil aviation administration and the public health administration as soon as suspected cases were detected in passenger health declaration forms, body temperature test results or medical patrol. In addition, all airlines and airports adopted a zero reporting system concerning SARS according to the unified requirements of the State.

2.5 Specific measures for the prevention and control of SARS

2.5.1 Public awareness campaigns were launched to inform and advise people about SARS prevention and control. CAAC set up a special SARS page on its official website (<http://www.caac.gov.cn/sars>) to publish relevant national regulations and CAAC measures to combat

SARS, as well as information received from WHO. Airports provided information and advice on SARS and SARS prevention and control measures through multiple means, such as electronic screen displays and bulletins, posts and brochure distribution in the terminal buildings, particularly in the departure and arrival areas.

2.5.2 A health declaration system was put in place for both departure and arrival passengers. All airports required that domestic passengers fill out in good faith a uniform health declaration card on arrival and before departure. Passengers entering into and departing from China were required to complete a health quarantine statement, indicating their name, nationality, passport number, modes of travel, body temperature, symptoms if any, places visited in the past two weeks and address and telephone number for contact in the following two weeks.

2.5.3 Body temperature was taken for passengers and staff (including crews). Temperature snapshot devices or other instant measuring equipment were installed in the departure and arrival passageways at all airports for that purpose. Those whose temperature was found to be higher than 37.5°C were not allowed on board the aircraft (except for cases which had been ruled out for SARS by competent authorities) and were made to wear masks. Those with body temperature higher than 38°C were sent to temporary test room for patients with fever for further examination and quarantine before they were referred to medical institutions. Staff members who had shown symptoms such as fever were not allowed to take up their routine work.

2.5.4 Medical patrols were conducted by quarantine officers and specially trained medical professionals vis-à-vis arriving and departing passengers. Suspects of SARS were made to wear masks and sent to the temporary examination room for further examination and isolation before they were transferred in special-purpose ambulances to government-designated hospitals for diagnosis and treatment.

2.5.5 Terminal buildings and aircraft were disinfected and ventilated and subject to sanitation inspection. Aircraft Garbage were disinfected or burnt.

2.6 **Prevention and control of SARS on board aircraft in operation**

2.6.1 Cabin crews on board were required to make careful observation on the health conditions of passengers. Should any SARS patient, suspected case or passenger with body temperature over 38°C be found, the crews and relevant departments must take the following steps:

- 1) The pilot-in-command must work immediately through air traffic control to report to the on-site command office at the relevant airport the name of the aircraft operator, type and registration number of the aircraft, flight number, airports of departure, stop-over and destination, number of crew members and passengers, number of infected passenger(s) and main symptoms observed.
- 2) While taking necessary personal protective measures, cabin crew members were required to move infected passengers to relatively isolated areas and designate a lavatory for their exclusive use. Cabin members were also required to make infected passengers and those directly exposed wear masks or take other protective measures. In addition, access to and from different cabin compartments was restricted. Castoffs of infected persons were collected and sealed off separately.

- 3) Upon receiving the report, the airport command office was required to send a timely report to the local government health agency, the CAAC regional administration and the command office at the airport where patients would disembark and otherwise handle the case according to the procedures of the airport.
- 4) After the flight had landed, the airport was required to transfer the infected passengers to the local health agency for quarantine and further examination as per relevant provisions. The airport was also instructed to obtain the medical examination results of passengers with fever so as to make timely report to the competent authorities. Crew members and other passengers on the same flight were assessed and treated appropriately in accordance with national criteria and principles differentiating close exposure from general exposure.
- 5) The aircraft would be allowed to continue its flight only after the seats taken by infected passengers and the surrounding areas, as well as items and lavatory they had used were thoroughly disinfected and ventilated by professional health workers or trained staff.

3. EXPERIENCES GAINED BY THE CIVIL AVIATION INDUSTRY OF CHINA IN THE PREVENTION AND CONTROL OF SARS

3.1 From our practical experience in SARS prevention and control, we have learned the following points:

- 1) New and improved regulations and procedures for handling contingent health issues in air transport as well as enhanced oversight, inspection and coordination by the civil aviation authorities are the guarantee for better prevention and control of contingent health issues in this field.
- 2) Effective contingency planning appropriate to the specific conditions of civil aviation to address contingent public health issues such as communicable diseases, biological and chemical hazards, new and improved industry-wide prevention and control mechanisms, matched with necessary financial resources, material stockpiles, personnel training and public drilling, these are the key elements in any successful “pre-emptive approach”.
- 3) Close cooperation and exchange with international organizations such as WHO, ICAO and IATA for technical guidance so as to make timely improvements in the prevention and control measures for contingent public health issues in the air transport field constitute the way forward to reducing losses and risks for the air transport industry.

4. **ACTION BY THE ASSEMBLY**

4.1 The Assembly is invited to:

- 1) Take note of the measures taken and experiences gained by the civil aviation industry of China in the prevention and control of SARS;
- 2) Strengthen the study by ICAO on the issue of health and well being of air passengers and crews and on the practical application of the results therefrom;
- 3) Review or amend the related Annexes to the Convention on International Civil Aviation in order to include standards and recommended practices for airlines and airports to deal with communicable diseases, biological or chemical hazards and other contingent public health issues which may harm the health and well being of passengers and crews for application by contracting states in their response to such issues in civil aviation.

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