



ASSEMBLY — 36TH SESSION

EXECUTIVE COMMITTEE

Agenda Item 18: Passenger and crew health and the prevention of spread of communicable disease

PASSENGER AND CREW HEALTH AND THE PREVENTION OF THE SPREAD OF COMMUNICABLE DISEASE

(Presented by the Council of ICAO)

EXECUTIVE SUMMARY

This working paper presents a progress report on action taken by ICAO with respect to Assembly Resolutions A35-12 and A35-13. In January 2005, a State letter informed States of Resolution A35-12 and during 2005 to 2007, the Secretariat developed guidelines for States concerning the management of communicable disease posing a serious public health risk. These were posted on the ICAO website in November 2006 (<http://www.icao.int/icao/en/med/guidelines.htm>). In the same month, the Council adopted Amendment 20 to Annex 9 – *Facilitation*, concerning aviation health issues. A Coordinating Working Group (CWG) has been established and ICAO provides the focal point. Other contributors are: World Health Organization (WHO); United States Centers for Disease Control and Prevention (CDC); Airports Council International (ACI), and the International Air Transport Association (IATA). A formal system of reviewing research proposals in the areas of aviation and health, in cooperation with the WHO, has been suggested by ICAO to WHO and a response is awaited.

In regard to Resolution A35-13, communication with WHO concerning non-chemical disinsection has been established. In 2006, WHO formed a Transportation Strategic Advisory Group (SAG) with the objective that this should provide advice to WHO concerning travel and health issues. ICAO is represented and at its first meeting, at the end of 2006, it was indicated that methods of aircraft disinsection was a topic in need of review. It is expected that at future meetings of the SAG the subject will be further developed.

<i>Strategic Objectives:</i>	This working paper relates to Strategic Objective E – <i>Continuity</i> by reducing the impact of communicable disease on the global community.
<i>Financial implications:</i>	No additional resources required. Activities in this area have been funded to date from a number of sources, including a contingency fund of U.S.\$50 000 approved by Council in November 2005, primarily to enable the Secretariat to participate in meetings and workshops on the subject.
<i>References:</i>	C-MIN 176/8 Annex 9 — <i>Facilitation</i> <i>ICAO Guidelines for States Concerning the Management of Communicable Disease Posing a Serious Public Health Risk</i> (http://www.icao.int/icao/en/med/guidelines.htm) <i>Assembly Resolutions in Force (as of 8 October 2004)</i> (Doc 9848) State letter AN 5/17.3-05/14

1. INTRODUCTION

1.1 During its 35th Session in September/October 2004, the Assembly considered the subject of passenger and crew health and the prevention of the spread of communicable disease and adopted Resolutions A35-12 – *Protection of the health of passengers and crews and prevention of the spread of communicable disease through international travel* and A35-13 – *Non-chemical disinsection of the cabin and flight deck for international flights*.

2. INFORMATION ON ACHIEVEMENTS AND/OR ACTION TAKEN ON ASSEMBLY RESOLUTIONS

2.1 Resolution A35-12 — *Protection of the health of passengers and crews and prevention of the spread of communicable disease through international travel*

2.1.1 Resolution A35-12 declared “the protection of the health of passengers and crews on international flights is an integral element of safe air travel and that conditions should be in place to ensure its preservation in a timely and cost-effective manner”. The resolution identified a number of areas in which the Council was requested to take action, as described in the following paragraphs.

2.1.2 “Review existing SARPs related to passenger and crew health and develop new SARPs where appropriate with due consideration of global health issues and recent developments in air transport operations”. All Contracting States should be urged “to ensure the implementation of existing SARPs related to the health of passengers and crews.”

2.1.2.1 Pursuant to the Assembly resolution, existing Standards and Recommended Practices (SARPs) related to passenger and crew health were reviewed by the Secretariat. On 21 January 2005, a State letter enumerated the relevant existing SARPs and requested States to implement these. Issues related to passenger and crew health, such as cabin air quality, are under review in some member States and are monitored by the Secretariat. On-board water and food hygiene is under review by the WHO and ICAO is involved in discussions. New SARPs will be proposed where appropriate with respect to these issues.

2.1.3 “As a matter of priority to develop Standards and Recommended Practices in the appropriate Annexes to the Convention in order to address contingency plans to prevent the spread of communicable diseases by air transport.”

2.1.3.1 As part of the review of SARPs mentioned in paragraph 2.1.2, some necessary revisions to Annex 9 were identified. Changes were proposed by the Secretariat, including a new Standard requiring States to establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern. In addition, a revision to the health part of the aircraft General Declaration was undertaken. The revised General Declaration was forwarded to WHO, which considered this document as part of its revision of the International Health Regulations. The Annex 9 proposals revised the list of signs and symptoms that may lead an aircraft crew to suspect a communicable disease in a traveller, and improved the notification system to public health authorities. A passenger locator card, for tracing travellers who may have been in contact with a person having a serious communicable disease, was added to Annex 9, as an appendix. The proposed changes were adopted by the Council in November 2006.

2.1.3.2 To support changes to Annex 9, the Secretariat organized a workshop in Singapore in February 2006. Draft guidelines for States were agreed and a Coordinating Working Group was established to review these and keep them up-to-date. The CWG is comprised of the WHO, CDC, ACI and IATA, with ICAO as the focal point. At the meeting, Asia Pacific States were represented as well as the European Civil Aviation Conference (ECAC) and the United States Federal Aviation Administration (FAA).

2.1.3.3 The guidelines were posted on the ICAO public website (November 2006). More detailed guidelines, specific to airports and airlines, were written. These were also posted in 2006 on the websites of ACI and IATA, respectively and it was ensured that a consistent message was provided to the whole aviation sector. Further, all guidelines were in compliance with the revised WHO International Health Regulations (2005) and its Global Influenza Preparedness Plan.

2.1.3.4 It was recognized that States may benefit from an expert evaluation of international airports in respect of their level of preparedness – such an approach was taken in respect of the Severe Acute Respiratory Syndrome (SARS), in 2003. The Secretariat developed the Cooperative Arrangement to Prevent the Spread of Communicable Disease by Air Travel (CAPSCA) project which commenced at a workshop held in Singapore in September 2006. By March 2007, five States and Special Administrative Regions had joined the CAPSCA project. However, indications are that more States will participate in the future. In addition to carrying out airport evaluations, CAPSCA provides training to local officers and will establish in the Region a network of experts to provide ongoing advice concerning the management of communicable disease. A presentation describing CAPSCA was given at the 43rd Conference of Directors General of Civil Aviation Asia and Pacific Regions in Bali, in December 2006. Although initially conceived as an Asia Pacific regional project, it is intended to expand it into other regions in the future, depending on funding availability.

2.1.4 *“Support further research on the consequences of air transport on the health of passengers and crews.” “Establish suitable institutional arrangements to coordinate efforts by contracting States and other members of the international civil aviation community aimed at protecting the health of passengers and crews.”*

2.1.4.1 In 2006, a proposal was made to WHO to formalize the relationship between the two agencies. A number of topics were identified as being worthy of consideration by an expert steering group led by ICAO and/or WHO and including some States, ACI and IATA. A response from WHO is awaited.

2.2 Resolution A35-13 — *Non-chemical disinsection of the cabin and flight deck for international flights*

2.2.1 *“Assist the World Health Organization in evaluating non-chemical approaches to aircraft disinsection”, and “encourage the exploration of non-chemical approaches to aircraft disinsection of the cabin and flight deck.”*

2.2.1.1 ICAO established contact with the WHO on the topic of disinsection during 2006, having discussed the situation with the United States Department of Transportation. It has been demonstrated in the United States that an “air curtain” is a valid concept in preventing flying insects from entering or leaving an aircraft, and that the technology is most suited to situations where passengers enter or leave via a passenger boarding bridge. At present, neither ICAO nor WHO is aware of any other scientifically documented non-chemical disinsection method. The WHO does not mandate any particular method of disinsection, but it does recommend certain procedures, which at present, do not include non-chemical methods. ICAO has been included in the WHO’s Strategic Advisory Group, formed in late 2006, which

will provide advice to WHO on transport related issues. It will therefore be possible for ICAO to encourage WHO to review its approach to aircraft disinsection.

3. NEW TRENDS AND DEVELOPMENTS AND/OR FUTURE WORK REQUIRED

3.1 The CAPSCA project has achieved some success in the Asia and Pacific Regions but provision of adequate funding is a challenge. ICAO therefore approached the UN System Senior Coordinator for Avian and Human Influenza to determine if funds might be available from the UN. ICAO proposed that funds would be used to extend the CAPSCA project into States in Asia that were not able to finance such work, and to further extend into other Regions of the world. As a result, the CAPSCA project has been incorporated into the Consolidated Action Plan for Contributions of the UN System and Partners, and funds from the UN Development Programme (UNDP) that is administering the funds for this plan, have been requested. To commence work outside Asia, an aviation medicine seminar, that will include communicable disease planning, is planned for November 2007 in Gabon.

3.2 ICAO will continue to play an active role in the development, integration and monitoring of regional and global preparatory plans, and in emphasizing the importance of national pandemic preparedness planning. The WHO recognizes the need for input from the aviation sector in the event of an outbreak of a serious communicable disease, and ICAO has been invited to participate in the WHO's "Roster of Experts". This is being established under Article 47 of the revised International Health Regulations (IHR) (2005) to provide advice to the WHO Director General.

3.3 ICAO is developing guidelines to ensure that public health authorities receive as much advance notice as possible of an on-board case of communicable disease, utilizing, as part of the procedure, the air traffic control system.

3.4 Many chemicals that may be effective against an organism are not permitted for use on aircraft because of their detrimental effect to the aircraft structure or materials in it. A working group led by ICAO and including WHO, CDC, IATA and major aircraft manufacturers, is planned for 2007 to develop guidelines.

3.5 It is planned to revise the ICAO guidance material related to on board medical supplies and cabin crew first aid training, taking account of the need to consider the risks from communicable disease.

4. CONCLUSION

4.1 ICAO has an important coordinating role to facilitate the development and integration of national, regional and global preparedness plans in the aviation sector. ICAO SARPs relating to communicable disease have been developed, with associated guidelines. ICAO is involved in ongoing discussions with the WHO regarding on-board food and water hygiene, aircraft disinsection and cleaning/disinfection. A proposal has been made to WHO to formalize and improve the collaboration between the two agencies.