

1st SCM CAPSCA Americas



THE CAPSCA PROJECT

...An Update

Mexico: 26 June 2009

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CAPSCA

Cooperative **A**rrangement for the **P**revention of **S**pread of
Communicable disease through **A**ir Travel (CAPSCA)



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Aviation

Chairman, Civil Aviation Medical Board
Aviation Authority of Singapore

Civil



CAPSCA



Reduce the risk of spreading influenza having pandemic potential and similar communicable diseases, by air travelers, through cooperative arrangements between Participating States / Administrations and Airports

Training of personnel

Application & Implementation of ICAO Guidelines for the prevention of spread of communicable disease at major international airports

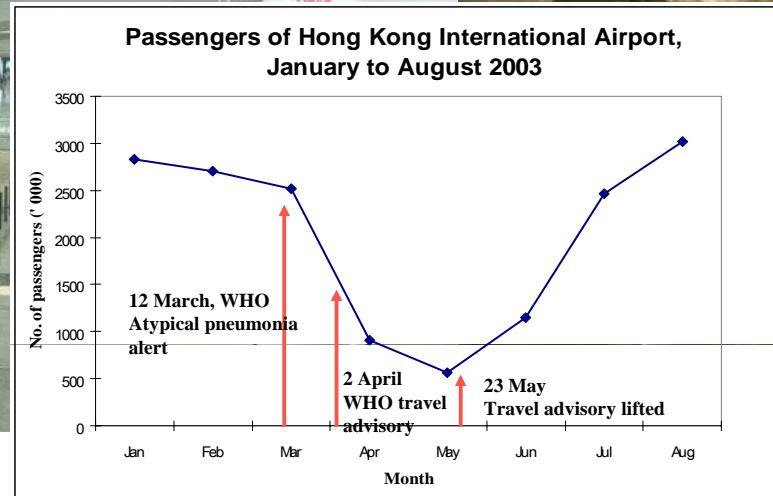
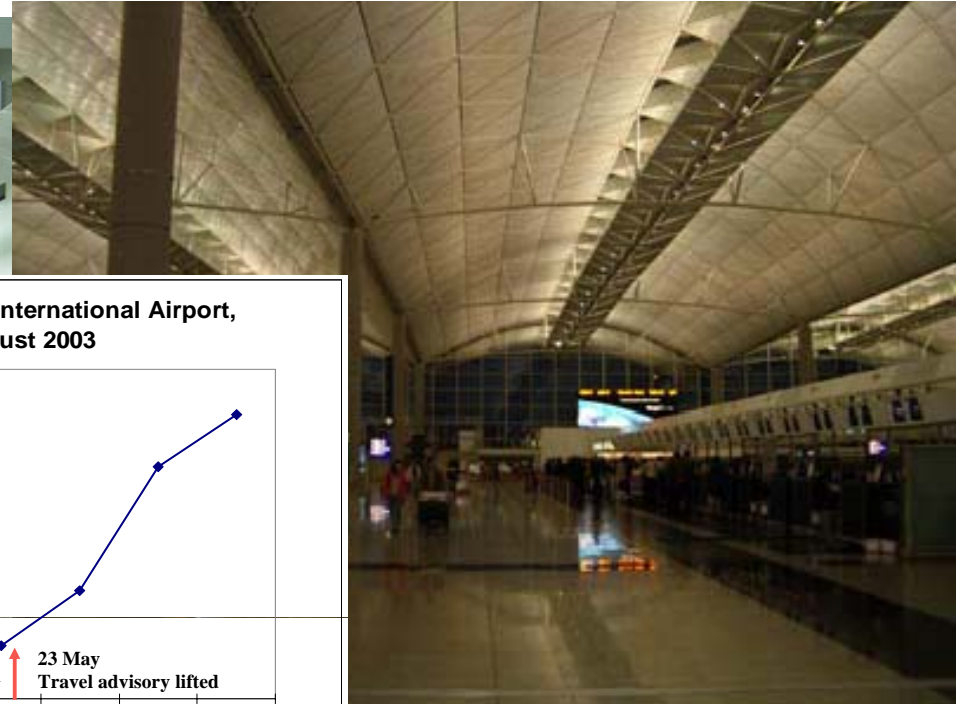
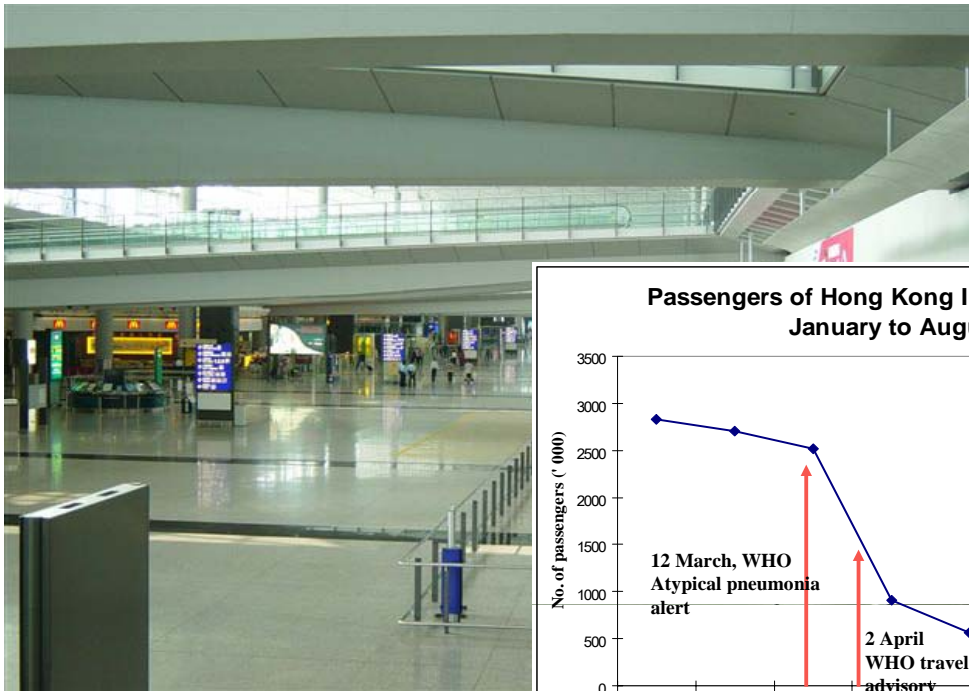
ICAO expert to visit participating airports to evaluate and assist in implementation of ICAO guidelines

CAPSCA

A historical overview....

2003: SARS





Courtesy: Dr Henry Kong, past Chief Port Officer, Hong Kong

Deserted Airports

Passenger volume plunged





ISSUES:

- **Panic reactions**
- **No preparedness plans**
- **No Harmonization**

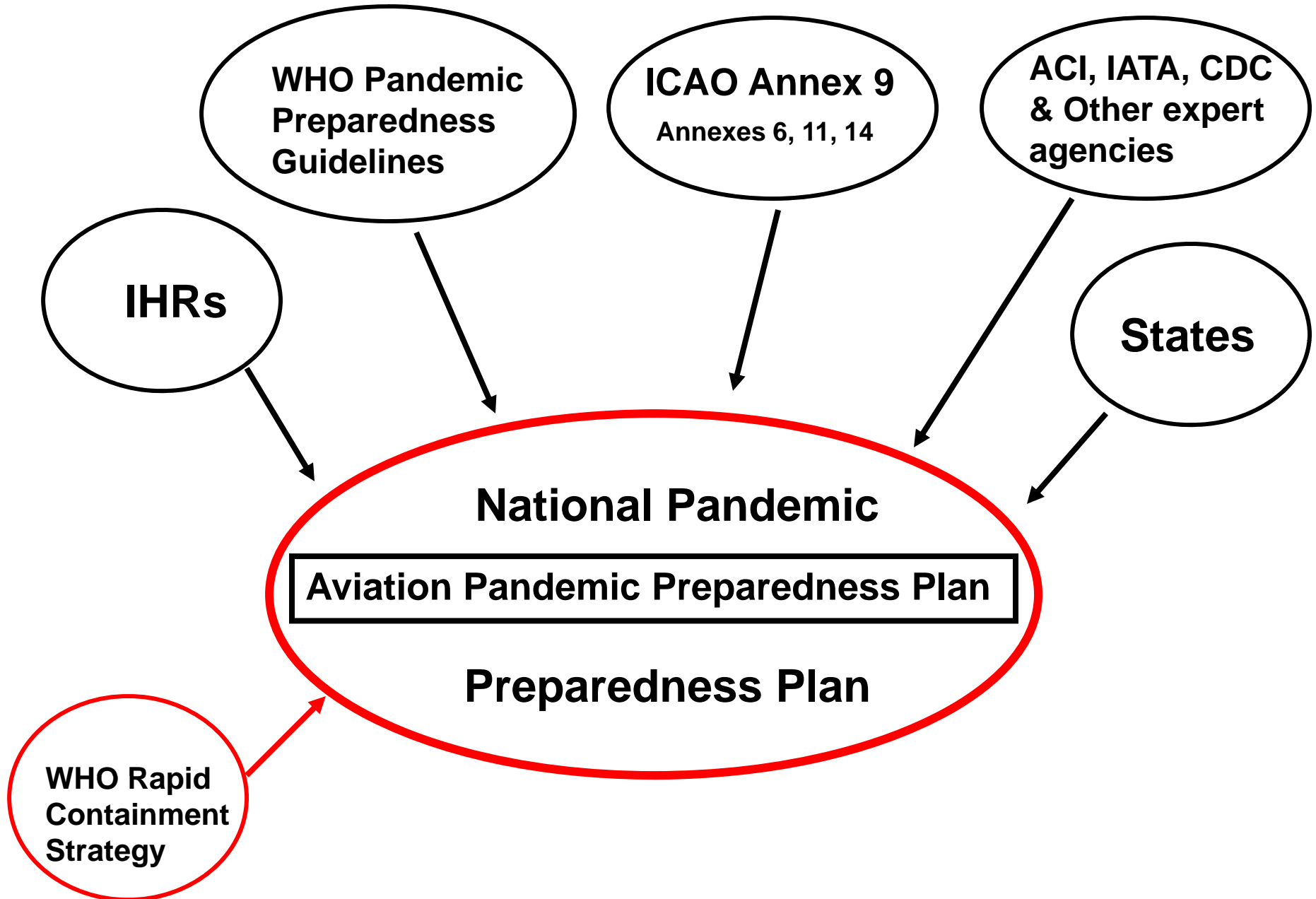
Pandemic Planning

- **2005 : Avian flu raises fear of human influenza pandemic**
- **WHO calls for meeting - “Global Influenza Preparedness Plan”**
- **Aviation sector not dealt with in detail**
- **October 2005: ICAO takes proactive action for aviation**
- **Requests participating Governments of the ICAO anti-SARS project to utilize remaining funds to commence aviation-related pandemic preparedness plan**

Development of communicable disease guidelines

- **Singapore meeting February 2006**
 - **Asia Pacific Region at increased risk**
 - **Funded by Singapore, China, Macau (China), Hong Kong (China)**
- **States in Region and International Organizations invited**
 - **WHO, US CDC, ACI, IATA, ECAC, FAA**
 - **Coordinating Working Group (CWG) established, ICAO as focal point**
 - **Draft guidelines for States, Airports & Airlines developed – distributed to all States for comment**
 - **Posted on ICAO website November 2006: links to ACI/IATA websites**
 - **Electronic format – easily revised**

Guidelines Development

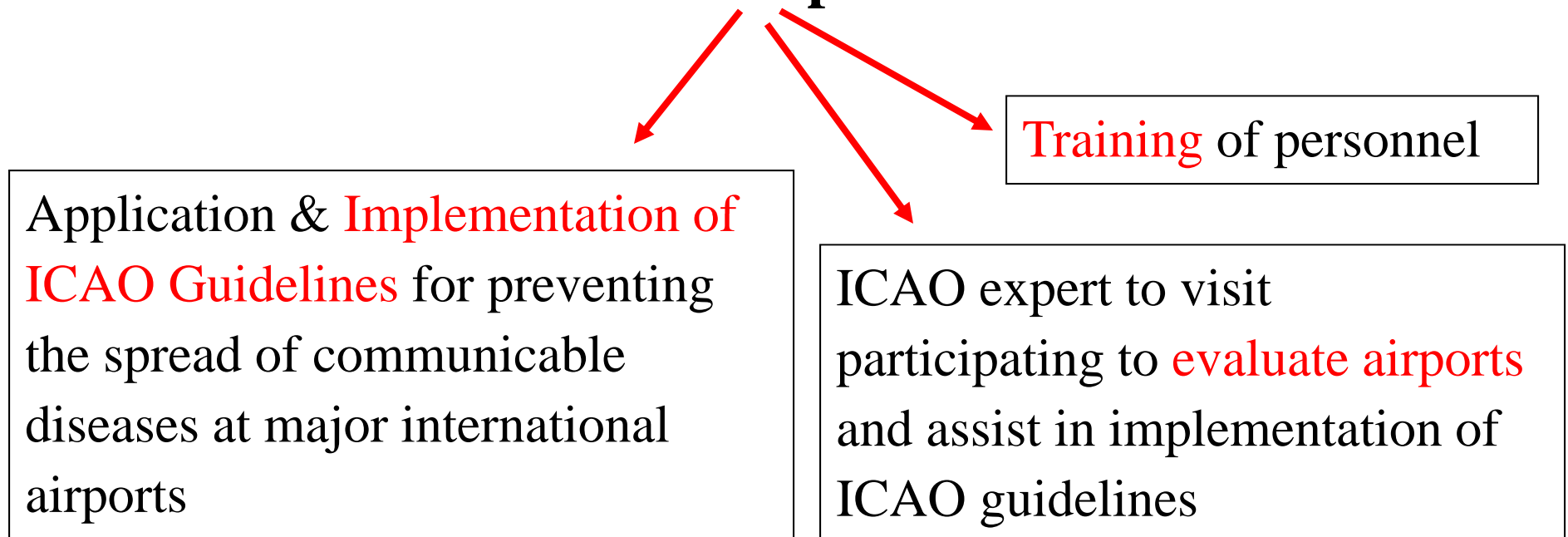


Output

- **State Guidelines : ICAO**
 - **Airport Specific Guidelines : ACI**
 - **Airline Specific Guidelines : IATA**
-
- **Guidelines generic in nature**
 - **Applicable to any communicable disease outbreak**

To carry the project forward: CAPSCA

Reduce the risk of spreading influenza having pandemic potential and similar communicable diseases, by air travelers, through cooperative arrangements between Participating States / Administrations and Airports



CAPSCA Workshop + Tabletop Exercise

September 2006, Singapore Aviation Academy

Best way to fulfill *training* requirements of CAPSCA

- **Representatives from participating States/Administrations**
- **Non-participating States/Administrations also welcome**
- **Subject matter experts from concerned organizations invited to give latest updates**

Other CAPSCA Activities:

- **Evaluation visits to airports of States/Administrations that have joined the project**
- **Build up pool of experts and (importantly) ensure they continue to communicate with each other**
- **Encourage States/Administrations that have not joined the project to do so at the earliest**

1st Steering Committee Meeting CAPSCA

Hong Kong 30 - 31 August 2007

Chaired by CAD Hong Kong

Attended by 43 Representatives:

- **12 States / Administrations**
- **WHO, CDC (USA), FAA (USA),
IATA, ACI, IOM, ECAC, ICAO**

- **18 Observers**

1st Steering Committee Meeting CAPSCA

- Updates from all international organizations
- Endorsement of harmonized effort for pandemic preparedness
- Commitment by States to join CAPSCA
- Achievements noted
- Budget and workplan approved
- Grant from UN Central Fund for Influenza Action – CAPSCA activities for Asia - Pacific and Africa
- Formation of Regional Aviation Medicine Team
- Urge States that have not joined to do so

1st Regional Aviation Medicine Team Meeting

ICAO Regional Office Bangkok, Oct 2007

28 Participants

- 8 States/Administrations**
- 4 International Organizations
(WHO, IATA, IOM, ICAO)**
- 3 Airlines**

Regional Aviation Medicine Team (RAMT)

Technical Arm of CAPSCA

Report to SCM CAPSCA

- **Finalized Terms of Reference**
- **Reviewed all ICAO Guidelines (State, Airport, Airline)**

2nd SCM CAPSCA

BALI, INDONESIA, June 2008

Chaired by DGCA, Indonesia

67 representatives from:

- 11 States/Administrations**
- WHO, CDC (USA), IATA, ACI, ECAC, ICAO**
- Observers from Public Health Depts., Airports, Airlines and Air Traffic Management**

2nd SCM CAPSCA

Proposal:

To table resolutions for States/Administrations of the region to join CAPSCA.

This resolution to be taken up at the coming Director Generals of Civil Aviation (DGCA) Conference

For the DGCA to adopt the Resolution urging all States/Administrations to join CAPSCA as a matter of priority (which they did).

Cooperation with WHO

Noted and encouraged: Foster closer interaction between States' Aviation and Public Health sectors.

2nd SCM CAPSCA

Regional Exercises / Seminars

Primarily to evaluate and effect a harmonised response plan for pandemic preparedness. Communication ... key element to be exercised.

Rapid Containment Strategy

In close cooperation with WHO.

Affected States to implement Rapid Containment without delay

Regional States and International Community to ameliorate effects on affected States.

2nd SCM CAPSCA

Membership: 11 States/Administrations

Airport Evaluations: 9 (10) airports from 7 (8) States / Administrations (Jinan Airport – With WHO)

Funding: States/Administrations; CFIA (UN)

**2nd RAMT : ICAO Regional Office,
Bangkok 12 Sept. 2008**

2nd SCM Bali



Going back to 2005

- Avian influenza



CAPSCA Perspective

The next pandemic ?

- ? Causative organism..... H?N?, Variant ?, ? Others
- ? When
- ? How widespread
- ? Where will it start



- Aviation sector may again be hit badly
- Preparedness planning is our only protection
- A harmonized preparedness plan will inspire confidence in the travelling public

CAPSCA



1. CAPSCA – Asia Pacific

2. CAPSCA – Africa

3. CAPSCA - Americas

CAPSCA Asia-Pacific

Members:

1. China P.R.
2. Hong Kong, China
3. Indonesia
4. Macao, China
5. Malaysia
6. Nepal
7. Philippines
8. Singapore
9. Solomon Islands
10. Thailand
11. Tonga
12. Vietnam
13. India



Airports Evaluated:

1. Singapore
2. Macao, China
3. Hong Kong, China
4. Thailand
5. Malaysia
6. Philippines
 - *Manila
 - *Cebu
7. Indonesia
 - *Bali
 - *Jakarta
8. (Jinan Airport, China – With WHO)



- 2 Steering Committee Meetings (SCM)
- 2 Regional Aviation Medicine Team Meetings
- 3rd SCM --- 12 June 2009 Macao, China
- 3rd RAMT --- Sept. 2009

CAPSCA Africa



- Introduction: Aviation Medicine Seminar / Workshop / Table-top Exercise held in **Gabon**; Nov 2007
- 2 (back-to-back) Pandemic Preparedness Seminars / Workshops : **South Africa** and **Senegal** ; March 2008
- Airport Evaluations: Nigeria Feb 2009
- 1st SCM --- Feb 2009
- Planned Airport Evaluations / Full scale exercise: Oct 2009

CAPSCA



Americas

Activities

- **March 2009 : Aviation Medicine Seminar / Workshop
in Lima, Peru**
- **12 May 2009: Planned 1st Steering Committee
Meeting – Mexico City**
- **To be held on 26 June 2009**

New SARPs to be in force

From Nov 2009...

Audits !!

Changes to SARPs 2007

- Annex 9 - Facilitation
 - States to have a pandemic preparedness plan for aviation
 - Pilot in command to notify air traffic control of a suspected case
 - Cabin crew advice on how to identify a suspected case (changes to aircraft declaration)
 - Passenger locator card for contact tracing agreed by WHO (collaboration with IATA)

Changes to SARPs 2009

- Annex 6 – Operation of Aircraft
 - On board medical supplies
 - Inclusion of a universal precaution kit
 - Managing on board communicable disease event

Changes to SARPs 2009

- Annex 11 – Air Traffic Services and PANS-ATM
 - Detailed procedure for utilising ATC for notifying destination of on board public health event
 - Public health emergencies included in contingency planning

Changes to SARPs 2009

- Annex 14 – Aerodromes
 - Public health emergencies included in aerodrome emergency plan

Aviation Sector

is always first and hardest hit



Guidelines Developed



have been validated

...in current Influenza A(H1N1)

Evaluation Checklist

Examples.....

Reference	Aspects to be evaluated	Examples of implementation to be reviewed	Presentation of evidence
Integaration of Aviation Preparedness Plan with National Pandemic Preparedness Plan	Aviation focal point as part of National Pandemic Preparedness Plan	<ol style="list-style-type: none"> 1. Letter of appointment 2. Terms of reference 3. Link with National Pandemic Planning Authority 4. Communication with National Pandemic Planning Authority 	<ol style="list-style-type: none"> 1. Documentation 2. Interviews

Reference	Aspects to be evaluated	Examples of implementation to be reviewed	Presentation of evidence
<p>International Health Regulations & ICAO Annex 9</p>	<p>Awareness and compliance with IHRs in particular the following:</p> <p>Articles 24, 25, 27, 28, 30, 31, 32, 35, 36, 38, 40, 41, 43, 46.</p> <p>Annex 1(B), 4, 5, 9.</p>	<ol style="list-style-type: none"> 1. Awareness of IHR 2005 2. States' intention regarding implementation of IHR 2005 3. Awareness of ICAO guidelines incorporating these IHRs 4. Do airport procedures reflect compliance with these IHRs 5. Exercises / Trials 	<ol style="list-style-type: none"> 1. Documentation 2. Interviews

IATA Guidelines for Suspected Communicable Diseases

- Cabin Crew
- Passenger and gate agents
- Cleaning crew
- Maintenance crew
- Baggage and cargo handlers

Regional Aviation Medicine Team

12 Sept. 2008: ICAO Regional Office, Bangkok
Conclusions:- (see later discussion on RAMT)

Screening methods: There is currently no single screening measure that provides the requisite sensitivity and specificity and a combination of measures may be required depending upon the prevailing situation.

States should be cognizant of the fact that the **quarantine of large numbers of airline passengers is unlikely to be justified, is not practical and may be difficult to implement.** After the acute phase, it is also not likely to prevent, in any significant way, the spread of a pandemic by aviation.

May not be possible for States to completely prevent the spread of an evolving pandemic. However, with the appropriate measures, it may be **possible to delay and mitigate the effects of such an emerging pandemic.** The production of the relevant vaccine remains the best chance to mitigate the high morbidity and mortality usually associated with a pandemic.

The **use of prophylactic anti-virals by flight and cabin crew is not routinely recommended**. Should an airline wish to advocate the use of anti-virals by its flight and cabin crew, due consideration should be given to the side effects of these, including the cognitive and behavioural side effects that have been reported.

States are encouraged to subscribe to and when required, implement the WHO Rapid Containment Plan for dealing with the initial emergence of a cluster of human cases affected by a novel influenza virus.

States should, as part of their Pandemic Preparedness plan, **develop business continuity models and put in place a clear risk communication coordination strategy**.

There is **no evidence to support the cleaning and/or disinfecting of baggage including items arriving from areas where avian influenza has been reported**. This would include the checked-in bags of a suspect case of communicable disease on board a flight.

The **use of remote stands at airports for aircraft arriving with case/s of suspect infectious disease on board in flight, is not recommended**.

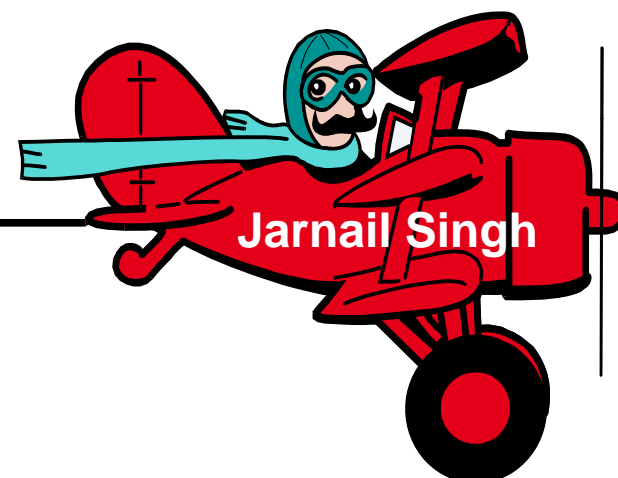
Passenger Movements & Border Control Measures

[Video](#)





**Thank you for your
kind attention!**



Civil Aviation Authority of Singapore