GOVERNMENT POLICY ON PANDEMIC PREPAREDNESS PLAN IN THE REPUBLIC OF INDONESIA

(Presented by the Republic of Indonesia)

SUMMARY

This paper provides information on government policy on pandemic preparedness plan in the Republic of Indonesia covering Aviation Law Number 1 of 2009, Minister of Health Decree No:578/Menkes/VII/2009, dated 28 July, 2009 and the associated responsibilities. It also provides information on measures on preventing the spread of communicable disease through air travel, suspected case screening and management in airports and on board, and a business continuity plan.

1. INTRODUCTION

1.1. The Republic of Indonesia as a large archipelagic nation faces a great risk and challenges of pandemic Influenza A (H1N1) since the level of influenza pandemic alert was raised from phase 5 to phase 6 on June 2009. Therefore, the Civil Aviation Medical Centre as a health authority in Aviation Sector is working intensively with the Ministry of Health, National Committee on Communicable Disease and stakeholders in the aviation sector to prepare a policy and guidelines on preventing the spread of Influenza A (H1N1) pandemic that meets ICAO and WHO guidance, standards and recommended practices.

2. MEASURES ON PREVENTING THE SPREAD OF INFLUENZA A (H1N1) THROUGH AIR TRAVEL

- Harmonized preparedness plan by Ministry of Health, Ministry of Transportation, National Committee on Communicable Disease and stakeholders in the aviation sector.
• Active Surveillance to detect suspected case of Influenza A (H1N1).
• Improving public awareness through Government issues on protective measures and risks of the spread of Influenza A (H1N1) using every media.
• Active surveillance of visitors to Indonesia from endemic countries by using thermoscanners at airports and health alert cards at arrival and departure gates.
• Travel advisories for Indonesians travelling to endemic countries.
• Close regular monitoring on airport hygiene and sanitation.
• Distribution of information on simple practical measures: frequent handwashing (sanitizer if handwashing not possible, social distancing/illness distancing, cough etiquette (use a tissue, dispose of tissue, wash hands)

3. SUSPECTED CASE SCREENING AND MANAGEMENT AT AIRPORTS

• Simulation training for airports’ personnel to identify and manage suspected cases.
• Screening with thermoscanner and health alert card at the arrival gate and departure gate.
• Using personal protective equipment for high risk airport personnel.
• Preparing an adequate Health Centre at the Airport for primary suspected case management.
• Quarantine procedure for suspected cases without interfering with flight schedules.
• Referral system to public health authority for suspected case management.
• Designated aircraft parking stand: remote / distance from terminal building

4. SUSPECTED CASE SCREENING AND MANAGEMENT ON BOARD

• Using of Passenger Locator Card for contact tracing agreed by WHO (collaboration with IATA).
• Identification of suspected case of communicable disease by cabin crew.
• Pilot-in-command to notify of air traffic control of a suspected case, and air traffic controller to notify destination airport operator, airline operating agency and Public Health Authority.
• Quarantine procedures for suspected cases and close contact on board.
• Personal protective equipment for high risk airport personnel.
• ‘Universal precaution kit’ for suspected case management on board and inclusion of thermometer in first aid kit.
• Disinfection for aircraft with suspected case.
5. BUSINESS CONTINUITY PLAN

- Government has developed pandemic aviation preparedness guidelines which is integrated with the National plan.
- Maintaining flight operations personnel (Air traffic controllers, pilots, cabin crews, IT supports, ground handlers) during pandemic.
- Maintaining flight schedule in every province for medical evacuation and medical supply necessity.

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