

## 8.6 INTERNATIONAL HEALTH REGULATIONS

### **The SARPs of Annex 9, Chapter 8, section E: Implementation of international health regulations and related provisions**

8.6.1 The SARPs of Chapter 8, section E give practical effect primarily to Article 14 of the Chicago Convention, which reads as follows:

“Prevention of spread of disease

Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft. Such consultation shall be without prejudice to the application of any existing international convention on this subject to which the contracting States may be parties.”

8.6.2 The main agency “concerned with international regulations relating to sanitary measures” is the World Health Organization (WHO), which develops and maintains the *International Health Regulations (IHR)*, the latest version of which was adopted in 2005.

8.6.3 Article 14 implicitly acknowledges the fact that air transportation, while providing an effective and rapid means to enable people and goods to travel from one country to another, might also involuntarily facilitate the spread of diseases, when affected passengers travel from one part of the globe to another. The flexibility in the language of the text (“such other communicable diseases as the contracting States shall from time to time decide to designate”) allows Contracting States to make use of this provision with regard to new threats that could not be foreseen decades ago, as it has been in the case of diseases such as the Avian Influenza, Severe Acute Respiratory Syndrome (SARS) and the more recent H1N1 virus.

8.6.4 SARPs related to health measures to be taken by Contracting States have been part of Annex 9 since the first edition, requiring States to implement relevant international health regulations and related provisions. The primary theme underlying these SARPs has been — and still is — that close collaboration between Contracting States, ICAO and WHO is essential in order to prevent the spread of communicable diseases by air.

8.6.5 The relevant provisions of the IHR have been used as a basis to develop Annex 9 SARPs and other ICAO guidance material to ensure that there are no areas of conflict between the work of both organizations.

8.6.6 Standard 8.12 thereby sets the foundation of the SARPs by obliging Contracting States to comply with the pertinent provisions of the IHR. This is an international legal instrument that is binding on 194 countries, including all the Member States of WHO. The aim of the IHR is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

8.6.7 Standard 8.13, a facilitation measure aiming at international standardization of all forms and documents used in civil aviation, requires Contracting States to ensure that vaccinators use the Model International Certificate of Vaccination or Prophylaxis in order to assure uniform acceptance.

8.6.8 Standard 8.14 seeks to ensure that passengers are made aware of the vaccination requirements of all countries and the Model International Vaccination Certificate. The provision requires all Contracting States to disseminate this information. Such information is readily available from the websites of States.

In addition, the International Air Transport Association (IATA) provides information on vaccinations required by States in its monthly publication, *TIM: Travel Information Manual*.

8.6.9 Standard 8.15 and Recommended Practice 18.15.1 are recent additions to Annex 9. They were incorporated into the Annex, as a result of Assembly Resolution A35-12, *Protection of the health of passengers and crews and prevention of the spread of communicable disease through international travel*. The Assembly, in considering the fact that there had been an increase in recent years of the worldwide transmission of communicable diseases by means of air transport and the threat thereof declared that 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 Assembly thus requested the Council, inter alia, to review existing SARPs related to passenger and crew health and develop new SARPs, where appropriate, and, as a matter of priority, develop SARPs in order to address contingency plans to prevent the spread of communicable diseases by air transport.

8.6.10 Standard 8.15 is the most direct, practical result of Assembly Resolution A35-12. It requires the pilot-in-command of an aircraft carrying a suspected case of communicable disease to report such an event to air traffic control for onward transmission to the public health authority at the destination. A process to assist cabin crew to identify a suspected case of communicable disease is provided in Note 1 to Standard 8.15. The Note states that a communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain signs or symptoms: e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or, confusion of recent onset. The Declaration of Health part of Appendix 1 to Annex 9, the aircraft General Declaration, was also amended to reflect the text in the Note. If implemented by all States, this guidance provides a simple, harmonized method to identify a case of communicable disease.

8.6.11 Note 2 to Standard 8.15 states that in a case of suspected communicable disease on board an aircraft, the pilot-in-command may need to follow the operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. Such requirements would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.

8.6.12 To support the Standard that requires the pilot-in-command to notify a suspected case of communicable disease to air traffic control, a detailed procedure describing the process to be followed by the pilot-in-command, and by the air traffic controller receiving the message from the pilot-in-command, was included in the *Procedures for Air Navigation Services — Air Traffic Management* (Doc 4444) (paragraph 16.6) which became applicable in 2009.

8.6.13 Annex 6 – *Operation of Aircraft* has been amended with regard to the carriage of on-board medical supplies, so that it now caters specifically to the management of cases of communicable disease.

8.6.14 Recommended Practice 8.15.1 advises that a Public Health Passenger Locator Card, to be used to trace a potentially exposed traveller, should be the sole document accepted by Contracting States to locate travellers suspected of being exposed to a communicable disease on board an aircraft. The information on the card is intended to assist public health authorities to manage a public health event by enabling them to trace such passengers. A “model” card can be found in Annex 9, Appendix 13. A Note to the Recommended Practice suggests that States make adequate stocks of the card available for use at airports and for distribution to aircraft operators.

## **8.7 COMMUNICABLE DISEASES**

## **The SARPs of Annex 9, Chapter 8, section F: Communicable disease outbreak national aviation plan**

8.7.1 Assembly Resolution A35-12 (mentioned above in 8.1.30) also requested ICAO to develop SARPs in order to address contingency plans to prevent the spread of communicable diseases by air transport. The result of this was Standard 8.16 of Chapter 8. The provision obliges all 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. Guidelines in developing a national aviation plan have been prepared in collaboration with WHO, IATA and the Airports Council International (ACI), and are available on the ICAO public website at:

<http://www.icao.int/icao/en/med/guidelines.htm>

8.7.2 In addressing health related issues concerning aviation, WHO and ICAO cooperate closely in developing technical guidance and operational procedures. This allows both national aviation and health authorities to be better prepared to:

- a) respond to potential health risks that could spread through air transport; and
- b) protect population health and aviation interests of countries.

8.7.3 WHO determines the level of risk in providing information concerning the necessary international health measures. The national public health authorities have a key role and they will normally be in overall charge of the national response. Airport and airline operators and the national aviation authority are also important players and need to coordinate effectively with the public health authority.

8.7.4 ICAO's role is primarily one of coordination and provision of guidance and information. In order to mount an effective mitigation strategy, a timely, coordinated and proportionate response from national public health authorities and stakeholders in the aviation community is essential. ICAO strives to reduce the possibility that one State initiates stringent requirements to mitigate the perceived risk, whereas another chooses a more liberal approach, when the threat to both States is similar. A dissimilar approach is likely to cause confusion as to the actual risk the public face when travelling.

8.7.5 At the global level, coordination between WHO and ICAO continue to improve to ensure that expertise between the health and aviation sectors are adequately represented in the development of a harmonized global strategy and plan. A similar move at the national level between aviation and public health authorities will help to improve national strategy and preparedness plans against the spread of communicable diseases through air travel/transportation.