



International Civil Aviation Organization

CAPSCA - AFRICA

Communication procedures in a public health event

13-17 April 2015
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Traveller



Do Not travel if not well



**May be asymptomatic at
time travel undertaken ----
boards flight**



**If taken ill while in
airport (transfer or
transit) --- airport
medical service.**



Becomes symptomatic in flight

What happens now??

IHR (2005) Article 28 :

Ships and aircraft at points of entry

4. Officers in command of ships or pilots in command of aircraft, or their agents, **shall** make known to the port or airport control as early as possible **before arrival** at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board **as soon as** such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. **In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.**

ICAO facilitates Requirements of IHR

CAPSCA developed communication procedure and enabled it to become a Standard (must be complied with)

**Feedback from Public health authorities at POE (airports) -
--- information regarding onboard case received very late**

Further feedback ---- Not only destination airport but departure airport too needs information of the onboard suspect case.

Which information channel to use?

Who is the pilot in constant communication with?

ATC

ICAO Health Related SARPs and Guidelines



From 2013 the USOAP audit protocol (CMA) will include questions on public health emergency (PHE) planning.

CHAPTER 8. OTHER FACILITATION PROVISIONS

E. Implementation of international health regulations and related provisions

8.15 The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

Note 1.— 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.

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



PANS-ATM DOC 4444

16.6 NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASES, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT

16.6.1 The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease, or other public health risk, on board the aircraft, promptly notify the ATS unit with which the pilot is communicating, the information listed below:

- a) aircraft identification;
- b) departure aerodrome;
- c) destination aerodrome;
- d) estimated time of arrival;
- e) number of persons on board;
- f) number of suspected case(s) on board; and
- g) nature of the public health risk, if known.

16.6.2 The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk, on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State and the aircraft operator or its designated representative.

16.6.3 When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the public health authority (PHA) or the appropriate authority designated by the State as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1.— See Annex 9 — Facilitation, Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.

Note 2.— The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, ATC communications channels are to be avoided.

APPENDIX 1. GENERAL DECLARATION

GENERAL DECLARATION (Outward/Inward)		
Operator		
Marks of Nationality and Registration		Flight No. Date
Departure from (Place)		Arrival at (Place)
FLIGHT ROUTING (*Place* Column always to list origin, every en-route stop and destination)		
PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i> Embarking
		Through on same flight
		<i>Arrival Place:</i> Disembarking
		Through on same flight
<i>Declaration of Health</i> Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38 °C/100 °F or greater — associated with one or more of the following 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, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting Signed, if required, with time and date <div style="text-align: right; margin-right: 50px;">Crew member concerned</div>		For official use only
I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight. <div style="text-align: right;">SIGNATURE _____ Authorized Agent or Pilot-in-command</div>		

Size of document to be 210 mm x 297 mm (or 8 1/4 x 11 3/4 inches).

* To be completed when required by the State.

** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

210 mm (or 8 1/4 inches)

Guidance for Cabin Crew in identifying a suspect case of communicable disease on board an aircraft:

List of signs and symptoms agreed to by ALL public health and aviation organizations.

- **Fever + one of the following:**
- **appearing obviously unwell;**
- **persistent coughing;**
- **impaired breathing;**
- **persistent diarrhoea;**
- **persistent vomiting;**
- **skin rash;**
- **bruising or bleeding without previous injury; or,**
- **confusion of recent onset.**

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease

➤ **A fever — temperature 38 °C/100 °F or greater**

— associated with one or more of the following 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,**

increases the likelihood that the person is suffering a communicable disease

NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT



**ICAO Aircraft General Declaration
- Declaration of Health**
(ICAO Annex 9, Appendix 1 & IHR (2005) Annex 9)

- Aircraft Callsign (ID)
- Dep. Aerodrome
- Dest. Aerodrome
- Est. Time Arrival
- Number of persons on board
- Number of susp. cases
- Nature of public health risk

- Airport Operator
- Public Health Authority
- Other agency(ies)

IHR Focal Point

Voice or data

If more information is required – go thru' airline agent

local procedure (Aerodrome Emergency Plan)

- Local procedure (AEP)
- Airport Operator
 - Public Health Auth.
 - Other Agency(ies)

IHR Focal Point

? Diversion

Departure Aerodrome TWR ATC

Air Traffic Controller

Destination Aerodrome TWR ATC



Documents to Review for compliance with USOAP / CMA



- National PHE Plan
- Airport Emergency Plan with PHE component
- ATS Procedures for communication of on-board cases

Air Navigation Service Protocols

- Does the State ensure that the ATS has established a procedure, upon receipt of information from a pilot regarding a suspected case of communicable disease, to forward a message as soon as possible to:
 - the ATS unit serving the destination/departure if applicable
 - the public health authority (PHA) or the appropriate authority designated by the State
 - the aircraft operator or its designated representative
 - the aerodrome authority?
- PANS ATM Doc 4444, 16.6.2 & 16.6.3

Guidance for review of question (ATC/Tower)



- Review procedure and mechanism established to ensure the message is forwarded to the appropriate entities, especially that relating to transfer of information from the destination ATS unit to the public health authority
- Review the mechanism to ensure the contact details of each entity is up to date and available
- During industry visit ensure the procedure is known by the staff and contact details of the entities are available

Guidance for review of question (ANS)



- Review mechanism established to ensure effective implementation
- Review documented evidence for inclusion of contingency plans in respect of public health emergencies

USOAP: From May 2013 – “CMA” Continuous Monitoring Approach



- **Questionnaire, completed every *year* (continuous monitoring) by the State and analyzed by ICAO.**
- **On basis of questionnaire, a full audit may be required**
- **States with reduced implementation receive a full audit more often than those doing better**

CMA for Public Health Events: Single question – every year



- **Has the State identified a clear contact point at national aviation level, with identified individual(s), for policy formulation, operational organization of preparedness and coordination of a national plan in order to respond to a communicable disease or other health event with the potential to pose a serious public health risk?**
- **CC Art 14; Annex 9, 8.12 & 8.16; A37-13**



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