Public Health Emergency

and Air Transport

Regional Seminar on Aviation Medicine

Lima, Peru, 01-03 April 2009

Daniel Menucci, IHR Coordination Programme, Lyon

Objectives of this session

- To provide information on the rationale and the revision process of the WHO Guidance on Pandemic Influenza Preparedness and Response.
- To provide a general overview of the development guidance for Public Health Emergency Contingency Plan for Air Transport.

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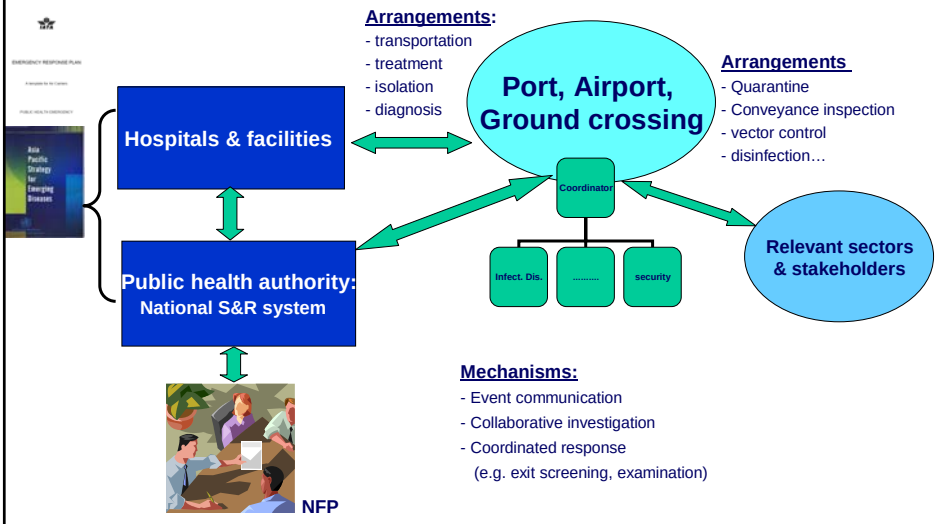
Managing public health events at POE Arrangement, communication & coordination



Mechanisms:
- Event communication
- Collaborative investigation
- Coordinated response
  (e.g. exit screening, examination)

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GLOBAL INFLUENZA PROGRAMME

Revised WHO Guidance on Pandemic Influenza Preparedness and Response

Acknowledgment to: Dr. Hande Harmanci (harmancih@who.int)

Global Influenza Programme,

Geneva, Switzerland

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Introduction

- WHO published first guidance in 1999 with a revision in 2005.
- 3rd version is underway with a target for publication in a month.

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Key reasons for the revision

- New data: new scientific findings
- New experience: response to outbreaks, exercises
- New legal framework: (IHR, 2005)
- WHO changes: H5N1 stockpile, new guidelines
- Others: new concepts, need for clarification

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The revision process

- WHO convened a working group in November 2007 to start the revision process.
- Partners involved:
  - Member States, national institutions, UN agencies, international Organizations, universities, research institutions
- The process
  - Meetings, virtual space discussions
- New guideline coming out in about a month.

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WHO Guidance Package

Key changes in the revised guidelines?

- Whole-of-society approach
- A section on H5N1
- Ethical approach
- Integration of pandemic preparedness into general emergency preparedness
- Pandemic severity assessment
- Revised phase definitions
- General recommendations
- Planning assumptions

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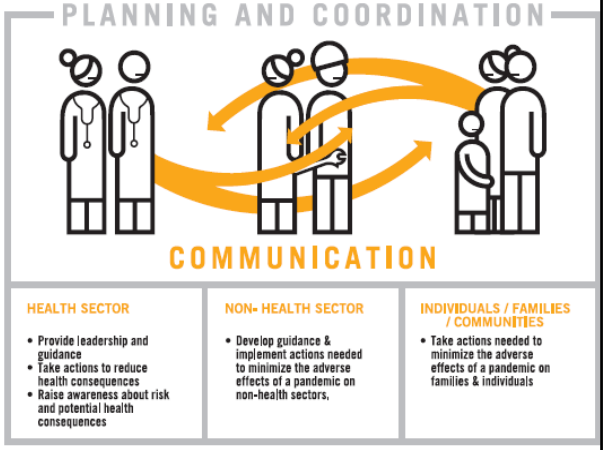
Whole-of-Society Approach

- A multisectoral collaborative approach
- All sectors, communities and individuals at all levels
- Leadership at high levels of governments and organizations



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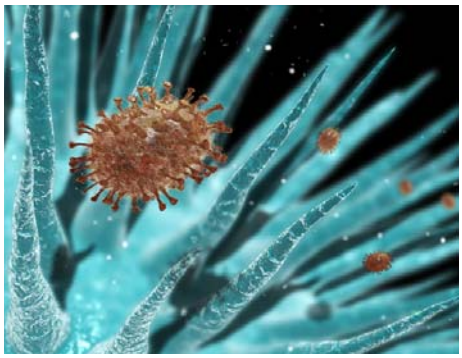
H5N1 and other subtypes

- H5N1 is currently the most visible virus with pandemic potential.
- However, it is not the only candidate
  - H7, H9, Swine influenza viruses, H2
- Active robust surveillance and science based risk assessment is important.



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Ethical approach to PP

- Making decisions requires balancing potentially conflicting individual and community interests.
- An ethical framework helps to assess and balance interests and address concerns.
- Measures to mitigate the effects should be:
  - Necessary, reasonable, proportional, equitable, non-discriminatory, and not in violation of national and international laws.

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Integration of PP into national and local emergency preparedness plans

- For sustainability
- Many similarities with emergency preparedness frameworks.
- Differences require specific planning actions.

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Severity Assessment of Pandemics

- Need for early, public assessment by WHO
  - National decisions whether to implement certain societal measures
  - Public communications & confidence
- Assessment will focus on direct health effects
- Simple 3 point scale
  - 1) mild 2) intermediate 3) severe

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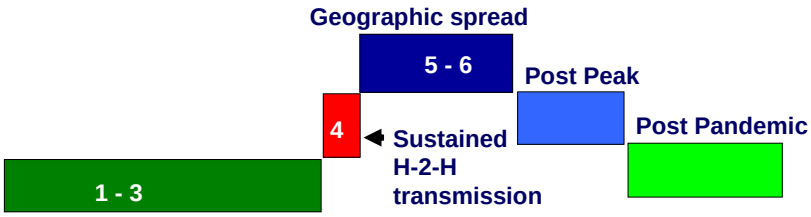
Revised Phases



- Better representation of epidemiological "risk"
- Identifies sustained H-2-H transmission as most pivotal event
- Better distinguishes between time for preparedness and for response
- Defines a post pandemic peak to facilitate recovery activities

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Rapid containment

- Extraordinary public health measures to stop or delay the emergence of the pandemic virus after sustained human-to-human transmission is confirmed.

- Involves measures such as:
  - Restriction of movement of people
  - Mass anti-viral prophylaxis
  - Vaccination if available
  - Early detection and treatment of cases

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Some recommendations…

- Phases 5-6: Reducing the spread of disease
  - Individual measures
    - *General hygiene, ill people to stay home, infection control guidance at home*
  - Societal measures
    - *Consider class suspensions, working from home*
  - Pharmaceutical measures
    - *Plan for mass prophylaxis with available pharmaceuticals*

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Important to know…

- WHO recognizes individual country considerations will affect national decisions, but, in general, does **NOT** encourage:
  - **General disinfection of the environment**
  - **The use of masks in the community by well persons.**
  - **Pandemic-related international border closures for people and/or cargo.**
  - **The restriction of travel within national borders during a pandemic** ***(with the exception of a globally led rapid response and containment operation, or in rare instances where clear geographical and other barriers exist.)***

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Some examples for planning assumptions

- Modes of transmission: similar to SI
- Incubation period: 1 – 3 days
- Overall population clinical attack rate: 25% - 45%
- Pandemic can begin anytime, anywhere
- More than one wave is anticipated
- Workplace absenteeism is higher than the clinical attack rate.

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Finally…

- Updated WHO guidance will provide more clarity and advances over earlier versions
- Next revision is in 2014 *(or after the pandemic, whichever comes first…)*

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Public Health Emergency Contingency Plan

for Air Transport

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Why a guidance document for Public Health Emergency Contingency Plan for Air Transport?

- **New legal framework: IHR (2005) core capacities requirement**
- **Absence of WHO specific guidance**
  - **WHO Guide for TB on board of aircraft**
  - **WHO Guide to Hygiene and Sanitation for air transport**
  - **WHO Guidance on Pandemic Influenza Preparedness and Response**
- **Harmonization with air transport sector**
  - **ICAO and ACI Recommended measures response to an event of communicable disease**
  - **IATA - General Guidelines for Cabin Crews when facing a suspected case of communicable disease on board and others guidance docs. airport and ground support operations.**
  - **CAPSCA Project**

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Purpose and scope

The recommendations are designed to reduce exposure to infectious agents and other pathogens in aircrafts and at airports and to improve the response to health related emergencies by establishing mechanisms for rapid decision-making and action, while avoiding unnecessary interference with international traffic and trade.

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Approach

- **Harmonization, consolidation and updating existing technical guidance (WHO, ICAO, IATA, ACI…)**
- **Global application in harmonization with IHR and ICAO regulations and recommendations**
- **Based on best practices and scientific principles**
- **All risks related to public health and spread of diseases and its agents**
- **Different scenarios:**
  - ***Airports in affected area***
  - ***Airport receiving flights from affected area***
  - ***Management of events on board affected conveyances***
- **A core document for developing air transport contingency-preparedness plan for public health emergency and provisions for public health measures**
- **Joint publication WHO-ICAO-IATA-ACI(?)**

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Special concerns

- **Communication and first measures of health related events on board of aircraft**
- **To reduce the risk of transfer of pathogens from an infected person to others via surfaces or inanimate objects on the aircraft or in the airport.**
- **Take into account the unusual features of the aircraft cabin in comparison with a ground-based facility.**
- **Coordination among airline and airport operators, and ground handling agents to deal with the arrival of an affected aircraft**
- **Coordination with medical care facilities and health surveillance system**
- **Managing potential contamination in a large public space such as the terminal building airports.**
- **Potential contamination of an aircraft or airport with aninfectious agent that is not transmitted person-to-person.**
- **Airport of aircraft affected due to criminal activity that may reflect on public health and require immediate health measures.**

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9. Miscellaneous

1. Cabin airflow
2. Traveller baggage – hold and cabin
3. Cargo
4. Live animal transport
5. Delivery of medical supplies – dangerous goods regulations
6. Prophylactic medication and vaccination
7. Infection risk amongst health care staff
8. Training

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Next steps

- Continue to develop draft in a small group with WHO, ICAO, IATA, ACI and others experts in a informal consultation process
- Public consultation and peer review
- Field test
- Final publication

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YOUR CONTRIBUTION IS IMPORTANT!

- ✓Any missing issue?
- ✓Your experience and suggestions to improve the process of developing the guidance?
- ✓Sharing information of existing plans in your country?

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THANK YOU!

GRACIAS!

OBRIGADO!

MERCI!

www.who.int/ihr

ihrtransport@who.int
menuccid@lyon.who.int

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