

CAPSCA

OR TAMBO INTERNATIONAL AIRPORT EPIDEMIC PREPAREDNESS AND RESPONSE



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OPERATIONAL MANAGER - OR TAMBO INTERNATIONAL AIRPORT
NATIONAL DEPARTMENT OF HEALTH: PORT HEALTH SERVICES

Date: 15 October 2015



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EVD preparedness in action



- The country has maintained high level of preparedness in light of the on-going EVD transmission in West Africa.

Core Capacities



- (IHR) 2005 requirements
 - a) Co-ordination and collaboration
 - b) Capacity at all times
 - c) PHEIC



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OR Tambo International Airport



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CLINIC BACKGROUND



- The Clinic started in May 2009
- Proposed by the Gauteng Health Department and supported by the MEC for Health (South Africa as a member state of the United Nation mandated to strengthen surveillance on A(H1N1) 2009
- Improve and strengthen the existing Port Health services through clinical support
- Effective surveillance for the A(H1N1) 2009 Influenza Virus(within the first 100 cases selected as a study by NICD and 16% was detected at the Airport clinic)
- Establishment of Travel medicine in March 2012(Yellow Fever vaccination)
- Communicable diseases outbreak response and surveillance(INH 2005)
- Emergency Care for passengers with problems relating to altitude issues.
- Referral system to appropriate medical institutions and General Practitioners of choice (IRTS)



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Medical Services



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Initial Experience



- Chartered Flights(Authorised)
- Commercial Flights(Authorised and Unauthorised)
- Travelers using multiple passports/Diplomats



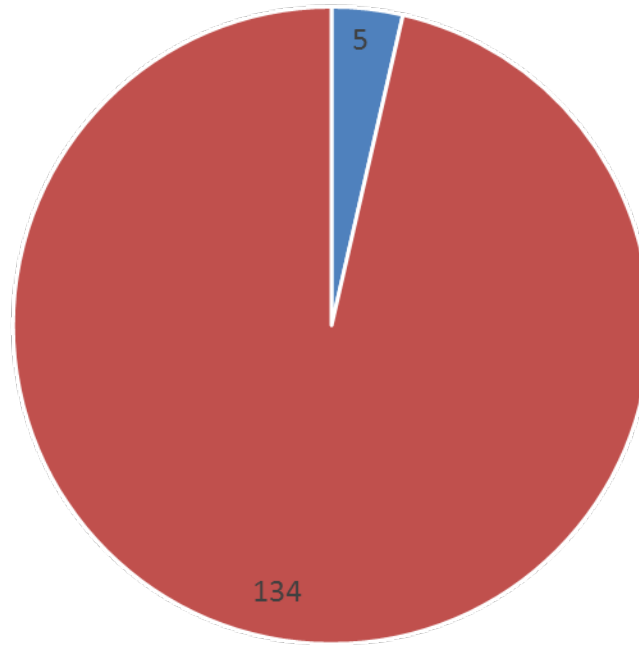
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Initial Experience



Total number of travelers



■ South Africans ■ Non South Africans ■ ■



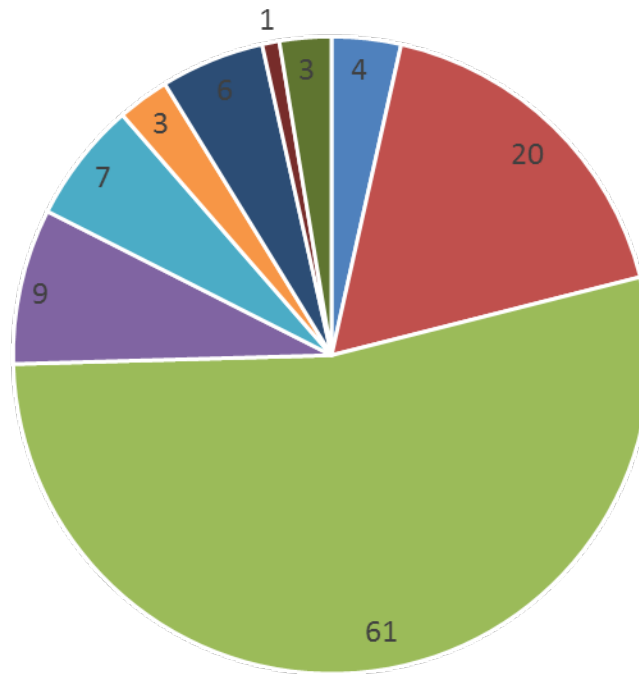
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Initial Experience



Destination



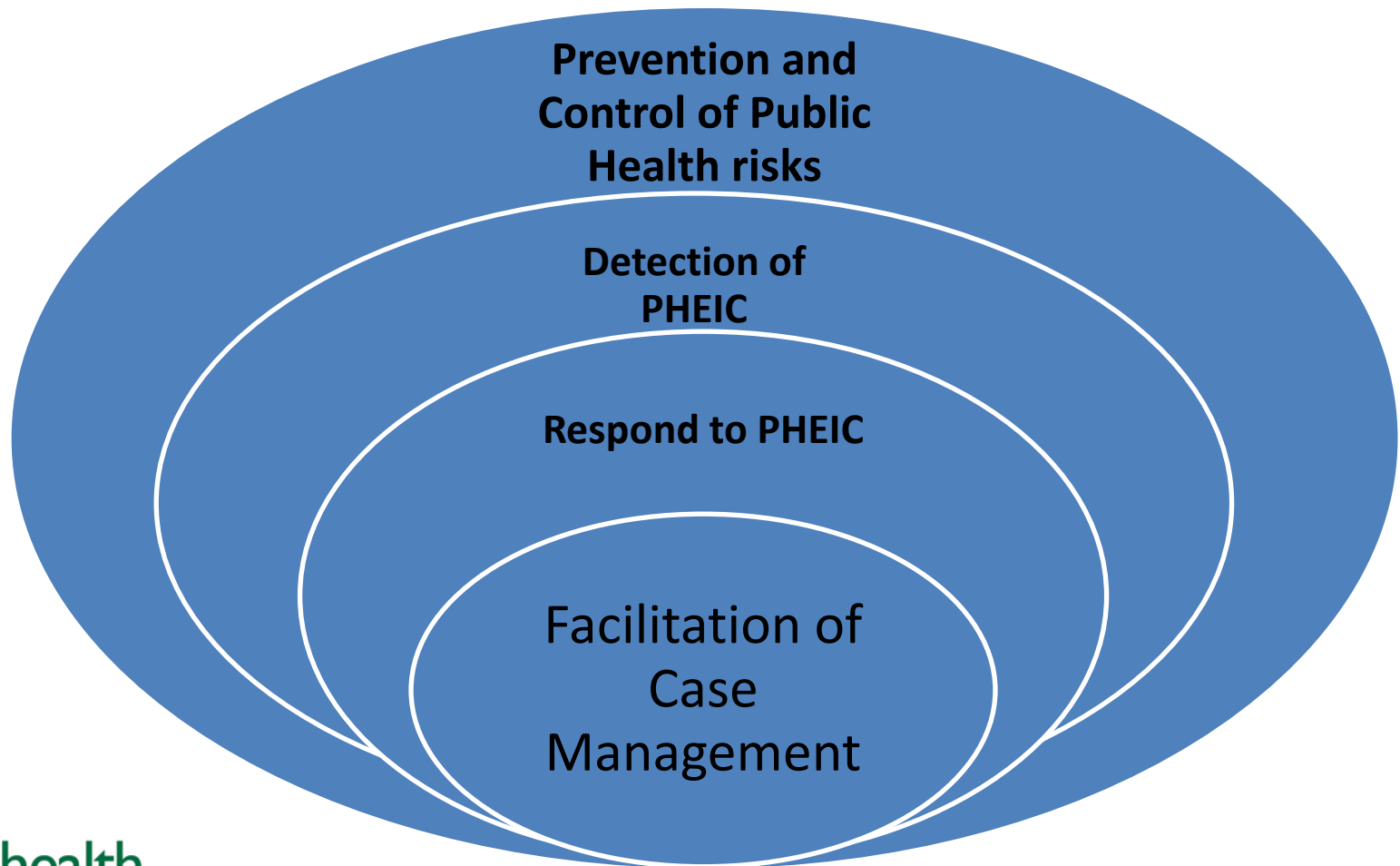
■ Sao Paulo ■ Mumbai ■ Addis Abbaba ■ Doha ■ Accra ■ London ■ Abu Dhabi ■ Munich ■ Dubai



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Port Health Medical Services



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Prevention / Control of PHEIC



- Vaccination Services
- Entry Screening: passengers from high risk areas
- Processing of all travelers from high risk areas with authorized approval by the National Operations Centre (NATHOC)
- Daily reporting of all passengers screened to NATHOC.
- The office will also communicate any potential transportation of an approved sick South African from endemic area for treatment in the country (Mercy Flight) by air ambulance



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Prevention / Control of PHEIC



- Authorized document to transport such a patient will be completed and forwarded to the Port Health Medical Service to authorize entry (AC1. AC2,PH form)
- The flight will be met on arrival by the medical team for the assessment of the condition and appropriate plan of action
- Communication with Outbreak response teams (CDC Coordinators) All levels
- Notification process.



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Detection and management



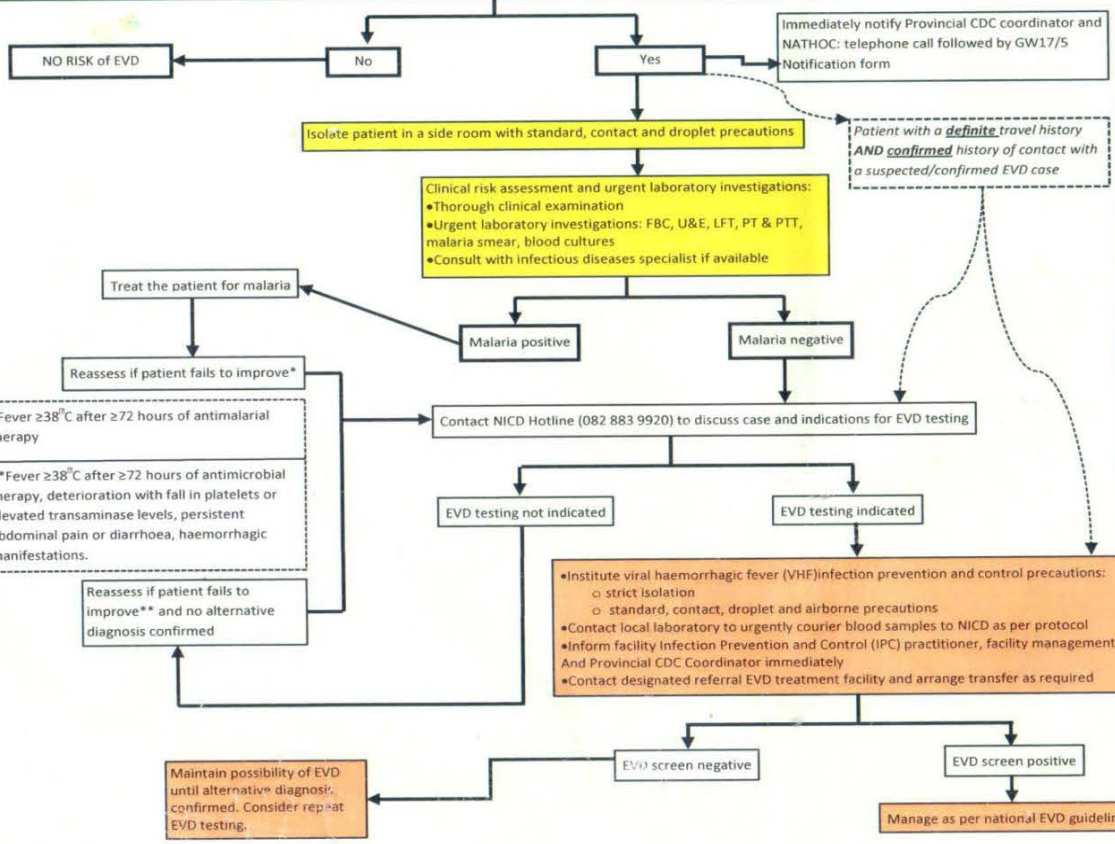
EBOLA VIRUS DISEASE RISK ASSESSMENT FOR USE IN HEALTHCARE FACILITIES

Does the patient meet the case definition for a suspected EVD case?

Any person presenting with an acute onset of fever ($\geq 38^{\circ}\text{C}$) with any of the following additional symptoms: severe headache, muscle pain, vomiting, diarrhoea, abdominal pain, or unexplained haemorrhage who has:

1. Visited or been resident in Guinea, Liberia, Sierra Leone, Nigeria or another country reporting imported cases with local transmission, in the 21 days prior to onset of illness
AND
2. (a) Had direct contact or cared for suspected/confirmed EVD cases in the 21 days prior to onset of illness, or been hospitalised in Guinea, Liberia, Sierra Leone, or another country reporting imported cases with local transmission
OR
 (b) has unexplained multisystem illness that is malaria-negative.

NB: Use standard, contact and droplet precautions where **Yellow** is indicated. Use standard, droplet, contact and airborne precautions where **ORANGE** is indicated.



INFECTION PREVENTION AND CONTROL (IPC) MEASURES

STANDARD, CONTACT AND DROPLET PRECAUTIONS

- Hand hygiene
- Personal protective equipment (PPE): gloves, surgical face mask, apron, visor/ safety goggles

VHF IPC MEASURES: STANDARD, DROPLET, CONTACT AND AIRBORNE PRECAUTIONS

- Hand hygiene
- Personal protective equipment (PPE):
 - scrub suit
 - impervious surgical gown OR impervious coverall
 - gloves (inner pair of disposable latex examination gloves and outer pair of disposable surgical gloves with a longer cuff)
 - N95 respirator
 - disposable plastic apron
 - safety goggles/visor
 - half-leggings/booties/ shoe covers OR gumboots
 - surgical hood OR coverall with a built-in hood

NATIONAL HEALTH OPERATIONS CENTRE (NATHOC)

Tel: 012 395 9636 / 9637
 Fax: 012 395 9722
 Email: Nathoc1@health.gov.za or Nathoc2@health.gov.za

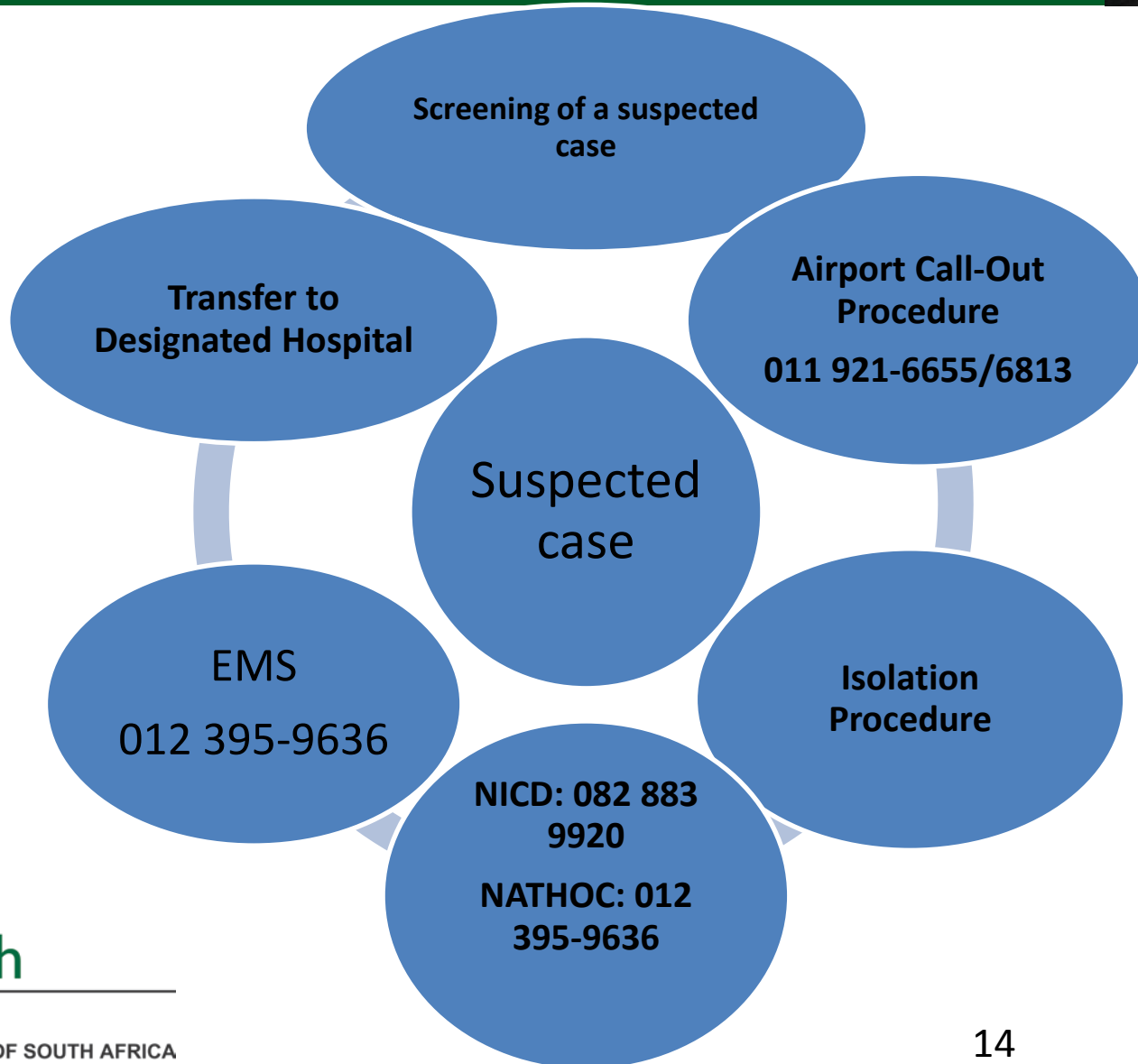
NATIONAL INSTITUTE FOR COMMUNICABLE DISEASE (NICD)

NICD Hotline: 082 883 9920
 24-hour service for healthcare professionals
 Website: www.nicd.ac.za

CONTACT DETAILS: PROVINCIAL CDC COORDINATORS

Prov	CDC coordinator	Contact number/s
ECP	Ms L Quntana	083 378 1771 or 040 608 0842/29
FSP	Ms B Nyokong	083 452 8954 or 051 408 1734
GP	Ms J Myaluzza	082 335 3134 or 011 355 3867
KZN	Mr B Margot	083 457 1185 or 033 846 7503
LP	Ms F Ngobeni	079 491 1909 or 015 293 6062
MP	Mr M Zwane	082 229 8893 or 013 766 3078
NCP	Mr D Stander	083 449 4322 or 053 830 0540/38
NWP	Ms C Lebeko	079 521 5004 or 018 397 2600
WCP	Ms C Jacobs	072 356 5146 or 021 483 9964

PROCESS



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Port Health Isolation

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Isolation Facility



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NICD Process



- Travel History/Specific Area
- Level of risk/Occupation/ where
- Clinical presentation
- Any other conditions
- Vaccinations and Malaria prophylaxis

Screening (Who?)



- Passengers reported sick in the Aircraft
- Passengers authorized to come into SA from high risk areas (List from National Operations Centre)
- Target connecting flights from endemic areas (questionnaires)
- Passengers coming through private jets(authorized)
- Passengers from thermal scanners.
- Self reporting



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Entry Screening



- Travelers arriving from EVD affected countries/Travelers transiting from EVD affected countries
- Complete medical screening forms at the clinic reception
- Temperature taking (non contact thermometers)
- Complete surveillance register (send to Nathoc daily for 21 day follow-up)
- Those presenting with pyrexia malaria rapid test is performed.



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Routine Screening Process



Management of passengers identified by the Thermal Scanners

- Facial Temperature of $\geq 35^{\circ}\text{C}$ Celsius
- Client escorted to the clinic by the scanner operator
- Nurses collect history, assess the condition and check the body temperature
- If body temperature is normal and the client appears well, health education and information brochure supplied (depends on the symptoms)
- Elevated body temperature of $\geq 38^{\circ}\text{C}$ managed according to the following classification:



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Routine Screening Process



- Mild Disease
- Moderate to severe Disease
- Severe illness
- According to NICD Viral Watch guidelines, diagnostic swabs are obtained from passengers presenting with symptoms within 48hours / two or more symptoms
- History and assessment of the passenger performed
- Severely symptomatic arrange the passenger to be transferred to Hospital as per EMS policy.
- Close contacts of the suspected passenger investigated according to their seating arrangements in the aircraft.



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Case Presentation



- Date: 9th September
- 20 year old male, study permit
- Country of origin: Guinea via Dakar
- Authorized entry through NATHOC
- Collapsed at the terminal

Presentation:

- Flu-like symptoms
- Epigastric pain
- Weakness

O/E:

- Dehydrated/Sunken eyes
- Irritability
- Vitals Normal/ Normal Temperature
- Malaria rapid test negative
- Reporting: MO/Designated Hospital/NICD/EMS/ACSA
- Post Case meeting



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THANK YOU



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