

# CAPSCA

## OR TAMBO INTERNATIONAL AIRPORT

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NATIONAL DEPARTMENT OF HEALTH: PORT HEALTH SERVICES

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Date: 15 October 2015



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# DEFENITION - PORT HEALTH



The first line of Defence to protect the citizens of South Africa **and visitors** against the Health risk associated with cross border movement of people, conveyances, baggage, cargo and imported consignments.



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# BACKGROUND



- Service is conducted by Environmental Health Practitioners serving as Port Health officials and assisted by other Health Professionals (Doctors, nurses)
- Current staffing structure = 109
- Services rendered on 24/7 basis
- International passengers  $\pm$  23 000 per day
- Busiest airport in Africa

# PORT HEALTH - RESPONSIBILITIES



## PREVENTION

Containing known public health risks



Routine control of “Sanitary conditions” at points of entry and conveyances

**Risk management**

## EARLY WARNING

Detecting relevant health events



Inspection, screening, Information and verification

**Risk assessment**

## RESPONSE

Responding to public health emergencies



Support to investigation and contingency plans to adopt control measures

**Event management**



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# ORTIA – (FAOR)



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# Role of the Civil Aviation Authority-Annex 11 Pans ATM



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

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

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

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

**Aircraft Operator**  
 (or handling agency) at destination aerodrome  
 incl. ground-based medical services provider  
 (if available)

Via local procedure  
 (Aerodrome Emergency Plan)



Voice or data link e.g. AFTN\*

**Destination Aerodrome Air Traffic Services**

**Air Traffic Controller**

Voice or data link e.g. AFTN

Via local procedure  
 (Aerodrome Emergency Plan)

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# SCREENING SCENARIOS



1. Screening during flight – ATC notification
2. Screening at arrival - Gendec
3. Screening with PAX locator card
4. Health Questionnaire
5. Visual Screening
6. Detection at secondary scanning (Thermal)
7. Intentional importation of patients (Mercy flights)
8. Self reporting - in terminal
9. Clinical Screening
10. Human Remains



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# ACSA-PROCEDURES



This procedure details specific requirements for relevant role players to deal with a situation where an aircraft or airport building is exposed to a suspected communicable disease



# PORT HEALTH RESPONSE



- PHO on duty inform Port Health Clinic
- Clinic call EMS for special ambulance
- Clinic inform designated hospital and NICD of suspected case
- PHO`s and Clinic Sister dispatched to designated parking bay with all necessary PPE`s
- PHO inform all agents to stay clear until further instructions
- PHO opens door, enquire information from crew, takes charge of situation by informing passengers regarding situation
- PHO and Clinic Sister approach passenger with PPE.



- PAX around sick passenger will remain seated, rest of passengers can be allowed to disembark
- PAX locator cards to be completed by 9 / 15 remaining passengers
- Sick passenger to be removed by ambulance directly to designated hospital
- If ambulance is delayed sick passenger will be taken to airside isolation facility
- 8 / 14 close contacts will be taken to Clinic and informed regarding the suspicion and details confirmed for follow up
- Information reported to NATHOC for surveillance of contacts
- Baggage handlers alerted of situation



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- PHO to ground aircraft if necessary, oversee disinfection
- Disinfection done by outsourced company that specialises cleaning up of hazardous situations
- PHO to release aircraft after disinfection has been completed successfully
- PHO to inform Immigration, Customs regarding situation



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# PAX LOCATOR FORMS



PUBLIC HEALTH - PASSENGER LOCATOR CARD		
<p>Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.</p>		
Flight Information		
1. Airline and Flight Number <small>Airline</small> <small>Flight Number</small>	2. Date of arrival <small>DD</small> <small>MM</small> <small>YYYY</small>	3. Seat Number <small>Where you actually sat on the aircraft</small>
Personal Information		
4. Name <small>Family Name</small> <small>Given Name(s)</small>		
Your Current Home Address (including country) <small>Street Name and Number</small> <small>City</small>		
<small>State/Province</small> <small>Country</small>		<small>ZIP/Postal Code</small>
Your Contact Phone Number (Residential or Business or Mobile) <small>Country Code</small> <small>Area Code</small> <small>Phone Number</small>		
E-mail address		
<small>Passport or Travel Document Number</small>		<small>Issuing Country/Organisation</small>
Contact Information		
5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address <small>Street Name and Number</small> <small>City</small>		
<small>State/Province</small> <small>Country</small>		<small>ZIP/Postal Code</small>
<small>Country Code</small> <small>Area Code</small> <small>Phone Number</small>		
6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a personal contact or a work contact. This must NOT be you.		
a. Name <small>Family Name</small> <small>Given Name(s)</small>		
b. Telephone Number <small>Country Code</small> <small>Area Code</small> <small>Phone Number</small>		
c. Address <small>Street Name and Number</small> <small>City</small>		
<small>State/Province</small> <small>Country</small>		<small>ZIP/Postal Code</small>
7. Are you travelling with anyone else?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the name of the individual(s) or group(s)		
<input type="text"/> <input type="text"/> <input type="text"/>		



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# PRATIQUE – NORMAL



- PHO – FIRST AT DOOR
- ASK CREW FOR “**GENERAL DECLARATION**” (GD)
- VERIFY INFORMATION ON GD (Disinsection, Health status of PAX)
- Sick passenger reported on GD by crew



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# GENERAL DECLARATION



## APPENDIX 1. GENERAL DECLARATION

**GENERAL DECLARATION**  
(Outward/Inward)

Operator .....

Marks of Nationality and Registration ..... Flight No. .... Date .....

Departure from ..... (Place) ..... Arrival at ..... (Place)

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**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 .....

*Declaration of Health* For official use only

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 \_\_\_\_\_  
Crew member concerned

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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 to have continued on the flight.

SIGNATURE \_\_\_\_\_  
Authorized Agent or Pilot-in-command

287 mm (or 11 3/4 inches)



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- PHO will contact the office and report incident, keep all passengers on board
- Keep passengers calm
- Person on duty will start the procedures as mentioned above

# HEALTH QUESTIONNAIRE



**PORT HEALTH SERVICES**

**STANDARD OPERATING  
PROCEDURE FOR THE  
MANAGEMENT OF THE EBOLA  
VIRUS DISEASE IN POINTS OF  
ENTRY**

**PHS/EV-SOP/2014**

**2014**

National Department of Health,  
424 Struben St. Pretoria. 012 395 8518/8522. [www.doh.gov.za](http://www.doh.gov.za).



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# HEALTH QUESTIONNAIRE



TRAVELLER HEALTH QUESTIONNAIRE		
<b>Traveler details</b>		
Name and surname*		
Country or place of origin*		
Passport number		
Occupation*		
Flight/Vessel number/name*		
Seat number*		
Countries visited in the last month*		
Reasons for visiting		
Duration of stay		
Cell in South Africa:	Tel in South Africa*:	e-mail:
Address of place to be visited in South Africa*		
<b>Health assessment*</b>		
Are you suffering from any of the following symptoms (please tick)		
<input type="checkbox"/> Fever	<input type="checkbox"/> Muscle pain	
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Sore throat	
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Bruising or bleed inside or outside the body	
<input type="checkbox"/> Rash	<input type="checkbox"/> Jaundice (yellow discolouration of eyes and skin)	
<input type="checkbox"/> Headache		
The traveller hereby certifies that the information he/she has provided is true and that he/she subjects himself/herself to further assessment at a designated health facility (if he/she has any of the signs and symptoms listed above) OR subjects himself/herself to be monitored, either telephonically or physically, at the place of destination in South Africa (if he/she does not have any of the signs and symptoms listed below), for development of Ebola symptoms (for a maximum of 21 days), and that he/she will notify health authorities if he/she develops any symptom of Ebola in the 21-day period following his/her suspected ebola exposure date.		
Signature of traveller:		Date:
<b>FOR OFFICE USE ONLY</b>		
<b>Port Health Official details</b>		
Name:	Province:	Port of entry:
Tel:	Cell:	E-mail
<b>Health facility details if traveller referred</b>		
Name of Health Facility		
Examining clinician		
Tel no. of Facility		
<b>GENERAL COMMENTS:</b>		

\* Compulsory information to be completed



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# NATHOC



- Established August 2014 as part of the management of EVD
- Process applications for passengers to travel to SA from 3 affected countries, issues permission
- Statistics of all POE`s reported daily
- NATHOC to telephonically follow up all travellers with authorisation and those identified by THQ`s and Clinic for 21 days



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# CONSTRAINTS



- **Honesty of passengers**
- Language barrier
- Human factor / Airport Hopping / Routing
- Multiple passports
- Passenger numbers (ORTIA)



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# THERMAL –SCREENING



- According to WHO there is currently no single screening measure that provides the requisite sensitivity and specificity
- A combination of measures may be required depending upon the prevailing situation.
- In SA we developed a non obtrusive infra red temperature scanning device to detect passengers with elevated body temperatures
- Handheld thermometers – deployed at smaller airports



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# INFRARED THERMOGRAPHY



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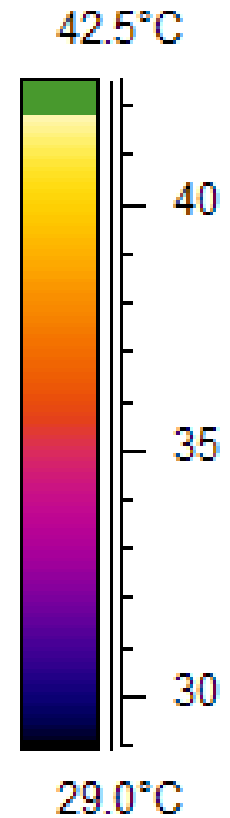
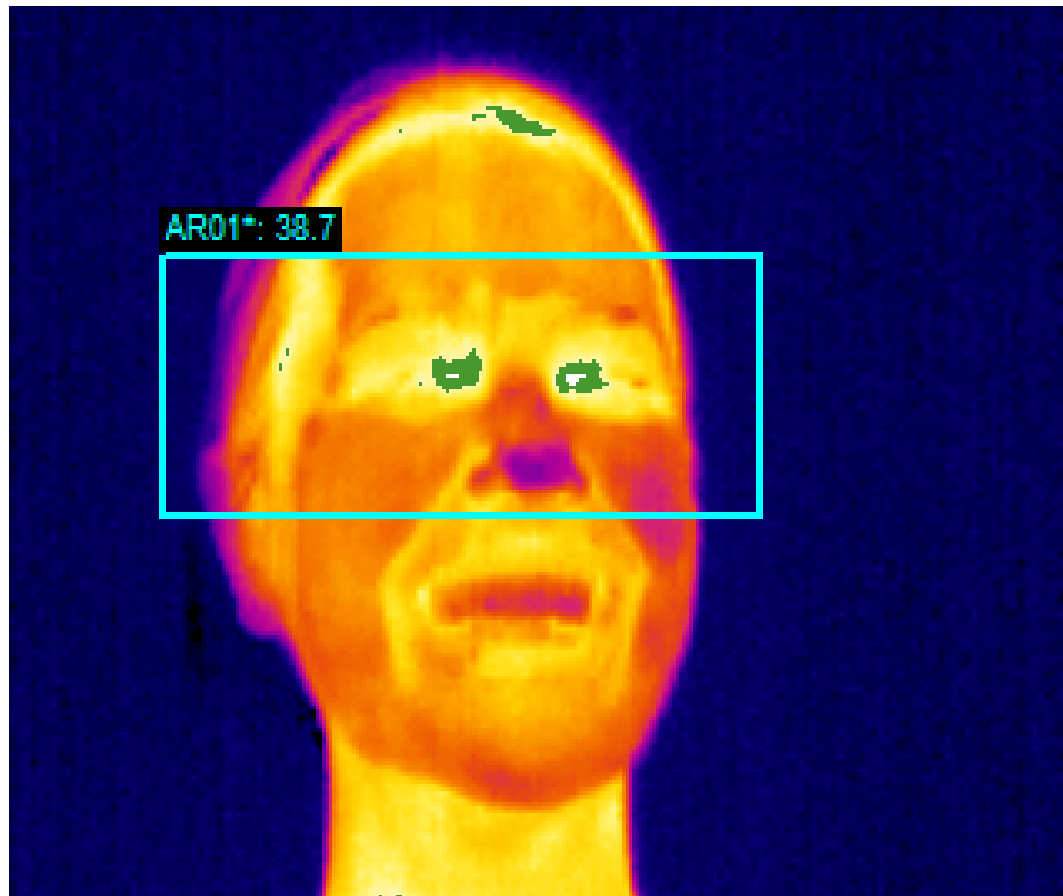






- Very controversial method
- One of the tools used (not the only)
- Fast and non intrusive
- Passengers with elevated temperature referred to Port Health clinic
- Full travel history will be taken from traveller
- Medical examination will be done by qualified nursing staff on duty
- Clinic to make decision on further action

# THERMAL SCANNING



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# CHALLENGES



- Human operators
- Language barriers
- Uncooperative passengers
- Necessity of permanent deployment?
- Regular calibration
- Costly



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# INTENTIONAL IMPORTATION



- Medical assistance companies and airlines apply for authorization before entering SA
- Application is evaluated and approved/not approved by Clinicians
- If in doubt further medical records will be requested
- Patient is examined on board by clinic before permission is granted for transportation to hospital
- Patients condition and progress can be monitored
- Mostly through Lanseria International Airport (Diversions)



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# SELF REPORTING



- Passengers that do not feel well will sometimes report to the Port Health Clinic for assistance
- Screened by the Medical Staff



# HUMAN REMAINS



- High alert for all import applications
- Ensure all documents are translated and in order
- Non- infectious certificate (very important)
- Ensure procedures are followed upon arrival

# DIPLOMATS/VIP`s



- VIPs, Diplomats, Ministers, Presidents are treated as normal passengers as far as possible
- Scanner installed in the VIP lounge
- If high temperature is detected, Clinic staff will be called to asses them at the VIP facility
- This could be difficult depending on status of person



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# CLINICAL SCREENING



- Any passenger identified with possible symptoms by the Port Health Officers during any of the above situations, will be taken to the clinic, where medical screening will be done



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# DEPARTURE SCREENING



- Currently no exit screening is done
- Areas are identified / procedures still to be developed
- Check in staff have been informed regarding symptoms of EVD and will report any passenger that is visibly not well to Port Health

# DISINFECTION



- Disinfection of aircraft is very important – effectiveness, aircraft safety, turnaround time
- Rapid Spill Response is a private company that is used to do the disinfection
- Important to note that aircraft can only be released by PHO
- Considering commercial aspect



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# THANK YOU



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**Port Health Services**

