



ASSEMBLY — 35TH SESSION

EXECUTIVE COMMITTEE

Agenda Item 19: Health and well-being of passengers and crews

**HEALTH ISSUES ASSOCIATED WITH
AIR TRANSPORT**

SUMMARY

This paper presents an overview of the work undertaken in relation to passenger health issues. It proposes the development of a contingency plan for airports and corresponding SARPs to minimize the risk of spread of communicable diseases by air transport. Further, it proposes the development of possible measures and corresponding SARPs to protect the health of air passengers and crews. A draft Assembly Resolution on protection of passenger and crew health on international flights is attached.

Action by the Assembly is in paragraph 6.

REFERENCES

- | | |
|---|--------------------------------|
| Doc 7300, <i>Convention on International Civil Aviation</i> | A33-WP/64 |
| *FAL/12 Report (yellow cover) | *Annex 9 – <i>Facilitation</i> |
| *FAL/12-WP/33 | *State letter AN 5/17-02/12 |

*Principal references

1. INTRODUCTION

1.1 In the coming years a higher profile for passenger and crew health as an integral part of aviation safety may be expected. In recent years, some Contracting States have experienced intense media interest in cases where a link between air travel and serious medical problems could be suspected, giving rise to much public concern and a general request for government intervention. The European Commission has begun a project (under EC 5th Framework Programme) focussing on the protection of air passengers, including the effect of the cabin environment on passenger health. In the United States, the Congress directed the Federal Aviation Administration to request the National Research Council to perform a study of cabin

air quality, which was published in December 2001 under the title *The Airliner Cabin Environment and the Health of Passengers and Crew*. In 2003, the rapid spread by air travel of a hitherto unknown viral disease, originating in South-East Asia, emphasized the need of airport and airline preparedness and the importance of a suitable contingency plan for implementation at airports in the affected areas.

2. ICAO ACTIVITIES

2.1 The possibility of an association between air travel and potentially life-threatening venous thrombo-embolism (primarily deep vein thrombosis or DVT and pulmonary embolism) has received increased attention in recent years. Following a consultation on air travel and venous thromboembolism, hosted by the World Health Organization (WHO) in Geneva in March 2001 and attended by ICAO, a research proposal was developed, aimed at establishing whether a link exists between venous thromboembolism and air travel. Under the auspices of WHO and ICAO, and funded by the European Commission and the UK Department for Transport, a major research project, known as the WRIGHT Project (WHO Research Initiative on Global Hazards of Travel) was started in May 2002. Final results are expected in 2005/2006.

2.2 The growing interest in passenger health issues in recent years was also reflected by the European Civil Aviation Conference (ECAC) Symposium on Selected Aspects of Passenger Health in Air Travel, held in Dubrovnik, Croatia in October 2002, which was attended by ICAO. This symposium was followed by the establishment of an ECAC working group on Air Passenger Health Issues (APHI) in March 2003.

2.3 On 31 January 2002, State letter AN 5/17-02/12 was sent to Contracting States with a request to provide available information about the possible effect of air travel on passenger health and comments on their experience with medical conditions caused by or believed to have been caused by air travel. The consensus of the replies and comments received from Contracting States was that air travel presents no significant risk to the health of the vast majority of passengers. However, further research was considered necessary to establish whether (and, if so, to what extent) specific elements of the aviation environment might be conducive to the development of specific pathological processes in certain passengers and crew members.

2.4 In the second quarter of 2003, an ICAO multi-disciplinary working group on air passenger health issues was established, composed of officers from the Air Navigation Bureau, Air Transport Bureau and Legal Bureau, with the Chief of Aviation Medicine Section as focal point. The task of the group was to explore the medical, legal and operational aspects on the protection of passengers' health during air travel and associated transit time in airports, to define the role of ICAO in relation to the work already begun within this field by ECAC, and to draft an Assembly Resolution on Passenger Health and Well-being to be presented to the 35th Session of the Assembly. The group will continue its work, primarily with the development of relevant Standards and Recommended Practices (SARPs) and a review of the health section of the aircraft "General Declaration" in Annex 9 — *Facilitation* but also with the aim to maintain good coordination between ICAO and ECAC.

3. SARS PROJECT

3.1 With the outbreak of severe acute respiratory syndrome (SARS) early in 2003, ICAO took urgent action to assist Contracting States in the SARS-affected areas to prevent further spread of this contagious disease and to fulfil the requirement of Article 14 of the Convention on International Civil Aviation.

3.2 Under the auspices of ICAO, acting through its Technical Co-operation Bureau and with participation of WHO, a three-day meeting of air transport and health officials was convened in Singapore in early June 2003, leading to the development of a set of eight recommended anti-SARS measures for airports. This has been published as Recommended Anti-SARS Protective Measures and is available on the ICAO web site (http://www.icao.int/cgi/goto_m.pl?icao/en/med/aviomed.htm).

3.3 Another outcome of the meeting was the establishment of a set of guidelines for inspecting and evaluating airports with special regard to measures implemented to stop the spread of SARS and other infectious diseases. An inspection team, composed of an expert in aviation medicine and a passenger terminal ground handling specialist, was posted to the SARS-affected areas in early July 2003 as part of an ICAO technical cooperation project.

3.4 The inspection and evaluation in each State included an in-depth analysis of the relevant national legislation and existing anti-SARS documentation, as well as interviews with civil aviation authority, airport administration and public health officials. After the facility inspection, the ICAO team completed the evaluation and debriefed the local authorities. A report ("Statement of Evaluation") was then issued to the administration of the inspected airport.

3.5 At participating international airports, the ICAO team also provided on-the-job training of national health inspectors and medical personnel on application of the recommended anti-SARS protective measures.

3.6 The purpose of the first phase of the ICAO anti-SARS project was twofold: to stop the spread of SARS by air travel; and to restore the confidence of the travelling public in the safety of air travel.

3.7 In November 2003, the second phase of the ICAO anti-SARS project was launched with follow-up visits to the airports in the affected areas and a second meeting in Singapore, primarily to discuss what could and should be done to prevent future recurrence of SARS or outbreaks of new diseases of similar import to public health from being spread by air travel and from having deleterious consequences for the airline industry, international airports and the economy of the countries affected.

3.8 As the SARS outbreak had been contained worldwide, the second phase of the ICAO project was proactive, focusing on the development of a standard framework for a harmonized contingency plan to allow a phased response commensurate with the threat of recurrence, as determined by WHO. This systemic approach matches an epidemiological risk analysis with the level of readiness to implement the eight Recommended Anti-SARS Protective Measures.

3.9 Guidelines, formulated in cooperation with WHO, the International Air Transport Association (IATA), Airports Council International (ACI) and the relevant national authorities, are now available (in FAL/12-WP/33) to assist airports in drawing up a harmonized contingency phased response plan

to combat the possible resurgence of SARS or any outbreak of a communicable disease of similar import to public health.

3.10 The Facilitation Division, in its twelfth session (Cairo, Egypt, 22 March to 2 April 2004), supported the model outline of this harmonized contingency phased response plan and agreed that it should be developed further and published in ICAO guidance material.

3.11 In addition, ICAO offers Contracting States condensed inspection/evaluation visits, at their request, to assess the capabilities of their human and technical resources to rapidly respond to changing or seasonal epidemiological situations.

4. DEVELOPMENT OF RELEVANT STANDARDS AND RECOMMENDED PRACTICES (SARPs)

4.1. To accomplish the full development and facilitate the implementation of a harmonized contingency phased response plan for international airports, as set out in paragraph 3.10, relevant Standards and Recommended Practices (SARPs) will have to be developed. At its meeting on 21 June 2004, the Council (172/18) agreed that SARPs related to the health of air passengers and crew should be developed. These SARPs should also as a matter of priority cover the harmonized contingency phased response plan for airports (ICAO phase II of the SARS-project, see paragraphs 3.8 to 3.10) and the medical services desirable or necessary at international airports. Further, the Council considered it necessary to review or update the health section of the aircraft "General Declaration" in Annex 9 — *Facilitation*. In addition, the Council has drafted the attached Assembly Resolution on protection of health of passengers and crews on international flights.

5. FINANCIAL IMPACT OF THE PROPOSED ACTION

5.1 The proposed work set out in paragraphs 2.4 and 4.1 would be undertaken within the resources available under Programme 3.8, Facilitation, of the draft Programme Budget for 2005-2007.

5.2 The proposed work set out in paragraph 3.10 is estimated to cost four professional work-weeks. It can be carried out within the framework of the 2005-2007 triennium as soon as funds are made available.

6. ACTION BY THE ASSEMBLY

6.1 The Assembly is invited to:

- a) note the work of the ICAO multi-disciplinary working group on air passenger health issues, the successful outcome of the anti-SARS-project, and the importance of better communication between ICAO and WHO;
- b) agree that Standards and Recommended Practices related to the health of passengers and crews should be developed;

- c) request the Council to review the health section of the aircraft 'General Declaration' in Annex 9 —*Facilitation*;
- d) request the Council, as a matter of priority, to develop Standards and Recommended Practices in the appropriate Annex(es) to the Convention in order to address contingency plans to prevent the spread of communicable diseases by air transport and to address requirements for medical facilities and services that may be required in airports;
- e) recommend that corresponding guidance material be developed;
- f) recommend that Contracting States adopt a harmonized contingency phased response plan to address any future recurrence of SARS or the outbreak of a communicable disease of similar import to public health; and
- g) adopt the attached draft Resolution.

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APPENDIX

DRAFT ASSEMBLY RESOLUTION

RESOLUTION FRAMED BY THE EXECUTIVE COMMITTEE AND RECOMMENDED FOR ADOPTION BY THE ASSEMBLY

Resolution 19/x

Protection of health of passengers and crews on international flights

Whereas Article 44 of the *Convention on International Civil Aviation* states that “The aims and objectives of the Organization are to develop the principles and techniques of international air navigation and to foster the planning and development of international air transport so as to: ... meet the needs of the peoples of the world for safe, regular, efficient and economical air transport”;

Whereas Article 14 of the *Convention on International Civil Aviation* states that “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”;

Whereas the worldwide transmission of communicable diseases by means of air transport, and the threat thereof, have increased in past years;

Whereas Assembly Resolution A29-15 urges all contracting States to take necessary measures to restrict smoking progressively on all international passenger flights with the objective of implementing complete smoking bans by 1 July 1996;

Whereas the increasing number of elderly and handicapped persons travelling by air and the increasing duration of international flights may pose additional risks to the health of passengers and may give rise to more frequent medical emergencies on board;

Whereas ICAO forecasts a five per cent annual increase in the number of passengers in the foreseeable future, thus potentially increasing the occurrence of medical emergencies during air travel;

Whereas the communication technologies have made possible in-flight diagnosis and treatment of passengers by doctors based at ground facilities;

Whereas health issues are becoming a consideration for some in their decision to fly or not, with a potential for highly detrimental impact on the economy of airlines and airports;

Whereas there is a need to coordinate for global application the considerable activity and progress on health issues by ICAO, some contracting States, the European Civil Aviation Conference (ECAC), the World Health Organization (WHO), and international organizations such as the Aerospace Medical Association (AsMA), International Academy of Aviation and Space Medicine (IAASM), International Air Transport Association (IATA), and Airports Council International (ACI);

The Assembly:

1. *Declares* that the protection of the health of passengers and crews on international flights is an integral element of aviation safety and that conditions should be in place to ensure its preservation in a timely and cost-effective manner;
2. *Requests* the ICAO Council to review existing SARPs related to passenger and crew health and develop new SARPs where appropriate with due consideration of global health issues and recent developments in air transport operations;
3. *Requests* the ICAO Council as a matter of priority to develop Standards and Recommended Practices in the appropriate Annexes to the Convention in order to address contingency plans to prevent the spread of communicable diseases by air transport;
4. *Requests* the ICAO Council to support further research on the consequences of air transport on the health of passengers and crews;
5. *Requests* the ICAO Council to establish suitable institutional arrangements to coordinate efforts by contracting States and other members of the international civil aviation community aimed at protecting the health of passengers and crews;
6. *Urges* all contracting States, in the meantime, to ensure the implementation of existing SARPs related to the health of passengers and crews;
7. *Requests* the ICAO Council to report on the implementation of this resolution in all aspects to the next ordinary Session of the Assembly.