



ASSEMBLY — 36TH SESSION

EXECUTIVE COMMITTEE

Agenda Item 18: Passenger and crew health and the prevention of spread of communicable disease

UNITED STATES PREPARATIONS FOR PANDEMIC INFLUENZA

(Presented by the United States of America)

EXECUTIVE SUMMARY

The U.S. Government has undertaken a massive planning effort to stop, slow or limit the spread of a novel influenza virus and sustain services that are essential to protecting our citizens and maintaining our economy. We have developed a National Strategy for Pandemic Influenza and a supporting Implementation Plan, which articulate an overarching national approach to preparedness, response, and recovery. The planning effort is geared toward the worst-case scenario of a severe pandemic similar to the 1918 Spanish influenza.

The U.S. Government and other key stakeholders worked with ICAO to develop pandemic influenza planning guidelines for States, airlines, and airports. The Federal Aviation Administration (FAA), the Transportation Security Administration (TSA), and our partners are also engaged with key States and other multilateral forums. Recognizing the critical linkages and interdependence among our aviation systems, the United States, Canada, and Mexico have developed a joint Concept of Operations (CONOPS) for cooperative aviation operations during a pandemic.

<i>Strategic Objectives:</i>	This working paper relates to Strategic Objective E — Continuity.
<i>Financial implications:</i>	Not applicable.
<i>References:</i>	

1. BACKGROUND

1.1 US National Planning

1.1.1 In accordance with the National Strategy and Implementation Plan, all departments and agencies within the Federal government have developed detailed plans to sustain essential services, including the U.S. Department of Transportation (DOT), the Department of Homeland Security (DHS), the FAA, and the TSA. The Federal agencies responsible for taking counter measures are working to develop interagency operational plans to contain the spread of pandemic influenza and support national efforts to limit the loss of life and impact on the nation's economy, infrastructure, and way of life.

1.1.2 The Secretary of Health and Human Services (HHS) will lead U.S. health and medical response efforts and will be the principal Federal spokesperson for public health issues, coordinating closely with DHS on public messaging pertaining to the pandemic. As the Principal Federal Official for domestic incident management, the Secretary of Homeland Security will coordinate Federal operations and resources, establish reporting requirements, and communicate with Federal, State, local, and tribal governments, the private sector, and non-governmental organizations. The Secretary of Homeland Security will coordinate overall non-medical support and response actions and ensure that all Federal agencies support HHS in the coordination of public health and medical emergency response efforts.

1.1.3 The Secretary of Transportation and the FAA will maintain essential transportation functions and play a critical role in aviation-related containment and response efforts. The FAA is an important player in the Strategy and Implementation Plan because of the focus on the aviation system as a primary vector for the disease. FAA will work closely with the Department of State (DOS), DHS, HHS, international organizations, and host governments to facilitate an international aviation response.

1.1.4 In addition to developing pandemic response plans at each level in of government, our different departments are working together to establish a national policy on entry/exit screening to impede the spread of the disease. Our planning assumptions are based largely on guidance provided by the HHS Centers for Disease Control and Prevention (CDC):

- The pandemic could start at any time, at any location.
- Once the virus comes to the U.S., we may experience simultaneous outbreaks in different locations, with waves lasting 6-8 weeks at a time in a given location.
- The total pandemic may last from 12 to 18 months or longer.
- Not all regions may be affected simultaneously.
- As much as 40% of the workforce may be absent at the peak of the localized outbreak.
- Air travel will be reduced by the effects on aviation infrastructure and travel restrictions (either self-imposed or government-imposed).

1.1.5 The FAA's Air Traffic Organization (ATO) has developed a joint CONOPS with TSA, the Customs and Border Protection Agency (CBP), CDC, and the U.S. Northern Command (NORTHCOM) to coordinate the operational aviation response to a pandemic. The CONOPS will be used by participating government agencies to enhance shared situational awareness and provide a well-coordinated, effective, and rapid response to aviation-related emergency situations during a pandemic. Heading the list of potential emergency situations is the management of flights that might be carrying persons or cargo infected with a dangerous pathogen, such as a pandemic influenza virus. Other possible situations involve movement of special responder teams and the shipment of items from the Strategic

National Stockpile. To that end, the CONOPS outlines collective operational aviation response measures, as well as the associated roles and responsibilities of individual departments and agencies.

1.1.6 The CONOPS focuses on the activation of a Specialized Aviation Response Cell (SARC), which will support coordinated command and control among the participating government agencies for aviation operational response activities. To provide a fast response to pandemic emergencies, the SARC is limited to only essential agency representatives empowered by their agencies to make quick decisions in response to a fast-moving situation. The members of the SARC will probably include FAA, TSA, CBP, CDC, DOS, and the Department of Defence.

1.2 Sustaining Essential Aviation Services

1.2.1 The United States Government is committed to sustaining essential aviation services, including operation of the National Airspace System (NAS), continuing safety oversight, and providing international coordination and liaison.

1.2.2 We are urgently concerned about the potential risk for air traffic controllers, technicians, and other critical personnel who operate and maintain the NAS. The immediate impact of pandemic influenza on the agency will be employee absences and losses. Efforts to protect and optimize the use of available personnel and secure replacements (e.g., rehiring recently retired personnel) will be critical. The FAA is conducting a study to assess capacity against projected rates of absenteeism to ensure that any reduction in air traffic service capacity will be, to the extent practicable, mitigated, controlled, and predictable. In addition, ATO is developing operational contingency measures to sustain critical air navigation and other services needed to support the NAS and national response efforts. FAA plans to cope with these staffing losses through such options as rehiring recently retired personnel and expanded teleworking for support staff. Operational contingency measures include traffic flow management, reduced service hours, and shifting of personnel. ATO is also exploring the possibility of shifting responsibilities between air traffic facilities when one facility is hit with severe staffing losses. In addition, the FAA is working to establish an agency-wide strategy to implement measures to protect personnel based on guidance from CDC, which include social distancing, enhanced hygiene, and respiratory etiquette.

1.2.3 We are also concerned about FAA's ability to oversee aviation safety and ensure the airworthiness of aircraft; qualifications of pilots, mechanics, and others in safety-related positions; and the continued safety of all operational and maintenance enterprises in domestic civil aviation. A pandemic could have a serious impact on the hundreds of inspectors who regularly perform certification and surveillance of operations, maintenance, and manufacturing. The FAA has studied this problem and is prepared to mitigate the impact through a combination of prioritization, remote data accessing, and temporary substitution of regular inspectors.

1.3 International Aviation

1.3.1 The international aviation system is likely to be the primary vector for the spread of any pandemic virus throughout the world, considering the speed of travel, the global reach of aviation, the volume of traffic, and the close proximity of passengers to one another. Therefore, efforts to curtail the international spread of a pandemic must focus on aviation and must be taken in cooperation with other nations, as no country can effectively slow the spread of the disease by working alone. During the early stages of a pandemic, the United States intends to take a risk-based and layered approach to international traveler health screening that may include exit screening at the point of embarkation, en route screening, and entry screening at the point of arrival of all air travelers who wish to enter the United States. The screening of international travelers will utilize a toolbox of measures that will assess the characteristics of

an individual traveler that could make him or her a potential threat to public health in the United States and North America.

1.3.2 The FAA, DHS, HHS/CDC, and other key stakeholders participated in the ICAO effort to develop pandemic influenza planning guidelines and standards. The FAA also participated in an ICAO workshop held to introduce a program to evaluate airport preparedness in Southeast Asia and establish a network of experts in the region.

1.3.3 The FAA has expanded the SARC concept to trilateral cooperation with Canada and Mexico because our three national aviation systems are so closely intertwined. After initial bilateral meetings from May through August 2006, the three countries met in October 2006 and April 2007 to develop a joint Concept of Operations (CONOPS), which provides a framework for trilateral cooperation on aviation operational responses during a pandemic based on the SARC concept. These meetings were conducted under the auspices of the North American Aviation Trilateral (NAAT) and in concert with the North American Security and Prosperity Partnership (SPP). In addition to the civil aviation authorities and air navigation services providers of the three countries, the meetings included representatives from the Canadian, Mexican, and American security and national public health organizations. All three countries signed the joint CONOPS in late 2006. During the second trilateral meeting noted above, which was hosted by Mexico April 19-10, 2007, the three countries began to realize the agreed upon CONOPS through the development of operational protocols, procedures, and other detailed implementation mechanisms. These mechanisms included linkages between their respective aviation operational centers; lists of quarantine facility supported airports, and Air Traffic Management related protocols. In addition, the participants agreed to jointly plan an exercise to validate the CONOPS procedures, which may be conducted as early as this winter.

1.3.4 In other international outreach efforts, the FAA has raised the prospect of future pandemic cooperation with Latin American countries through presentations at meetings conducted under the Regional Aviation Safety Oversight System (RASOS) and the ICAO Caribbean and South America Regional Planning Group (GREPECAS). The FAA has also begun exchanging information with the European Civil Aviation Conference (ECAC).

2. DISCUSSION

2.1 The U.S. Government has undertaken a massive planning effort to stop, slow, or limit the spread of a possible pandemic influenza and sustain services that are essential to protecting our citizens and maintaining our economy.

2.2 We have developed a National Strategy for Pandemic Influenza and a supporting Implementation Plan, as well as plans for each department and agency within the Federal government.

2.3 The Secretary of HHS will lead U.S. health and medical response efforts and will be the principal Federal spokesperson for public health issues, coordinating closely with the DHS.

2.4 The Secretary of Homeland Security will coordinate Federal operations and resources, establish reporting requirements, and communicate with Federal, State, local, and tribal governments, the private sector, and non-governmental organizations. The Secretary of Homeland Security will coordinate overall non-medical support and response actions and ensure that the necessary support is provided to the HHS coordination of public health and medical emergency response efforts.

2.5 Early implementation of counter measures is essential to slow the spread of the pandemic. Therefore, it is imperative that nations develop response plans as soon as possible while there is still have time to prepare.

2.6 Some of the counter measures must focus on the international aviation system, which is likely to be the primary vector for the global spread of any pandemic.

2.7 During the early stages of a pandemic, the United States intends to take a risk-based and layered approach to international traveler health screening that may include exit screening at the point of embarkation, en route screening, and entry screening at the point of arrival of all air travelers who wish to enter the United States. The process of screening of international travelers will utilize a toolbox of measures that will assess the characteristics of an individual traveler and reduce importation of disease when employed concurrently.

2.8 The DOT/FAA, DHS/TSA, HHS/CDC, and other key stakeholders are participating in an ICAO effort to develop pandemic response planning standards.

2.9 Recognizing the critical linkages and interdependence among our aviation systems, the United States, Canada, and Mexico have developed a joint CONOPS for cooperative aviation operations during a pandemic.

2.10 The FAA has raised the prospect of future pandemic cooperation with other Latin American countries through presentations at meetings conducted under the RASOS and the GREPECAS.

2.11 The FAA and ECAC have agreed to exchange information on the status of pandemic planning by each side.

3. CONCLUSION

3.1 Efforts to curtail and mitigate the impact of a pandemic virus must focus on the international aviation sector, which is likely to be the primary vector for the spread of the disease. Close international cooperation is required because the national aviation systems in the world are so closely intertwined that no country can mount an effective response by acting alone. Therefore, the United States recommends cooperative bilateral and multilateral efforts to coordinate plans and actions among the RAAC members. This cooperation could begin with exchanges of information on pandemic response efforts, followed by coordination of those aspects of our plans that affect other States.