FAL/12-WP/32
17/2/04

**FACILITATION (FAL) DIVISION — TWELFTH SESSION**

**Cairo, Egypt, 22 March to 2 April 2004**

**Agenda Item 6: International Health Regulations (IHRs)**

# RECENT ICAO WORK IN DEVELOPING MEASURES TO PREVENT THE SPREAD OF CONTAGIOUS DISEASE

(Presented by the Secretariat)

## 1. INTRODUCTION

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

1.2 Under the auspices of ICAO and with participation of the World Health Organization (WHO), a three-day meeting of air transport and health officials was convened in Singapore in early June, concluding with a set of recommended anti-SARS measures for airports. This has been published as an ICAO document, Recommended Anti-SARS Protective Measures, and is available on the ICAO Web Site (www.icao.int).

1.3 Another outcome of the meeting was the establishment of a set of guidelines for inspecting and evaluating airport measures for combating 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 SARS-affected areas in early July as part of an ICAO Technical Cooperation project. The work plan of the team was developed with the assistance of WHO and national authorities in the affected areas and included the guidelines developed by the expert group.

## 2. INSPECTION AND EVALUATION METHODOLOGY

2.1 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.

2.2 After a briefing session with these officials, the ICAO team inspected the airport by walking through ground airport premises to view and verify the measures in place, such as procedures and measures for departing passengers, disembarking (arrival and transit) passengers and airport workers. In addition, physical verification was made of the stations for secondary/tertiary screening and medical facilities, including designated ambulances. In some instances, the ICAO inspectors pretended to be passengers with

SARS symptoms to accomplish a realistic drill exercise for verification of the potential immediate implementation of the procedures.

2.3 After the facility inspection, the ICAO team completed the evaluation and debriefed the local authorities. A report called a "Statement of Evaluation" was then issued to the administration of the inspected airport. 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. AIRPORT INSPECTIONS

3.1 The ICAO inspection team was invited to evaluate the following international airports; the task was accomplished in the order listed:

a) Singapore Changi Airport

b) Hong Kong International Airport

c) Beijing Capital International Airport

d) Shanghai Pudong International Airport

e) Guangzhou Baiyun International Airport

3.2 Following is an abbreviated description of the eight protective measures which were examined during the evaluation of each airport:

a) an airport public health emergency official has been appointed and made responsible for the implementation of all SARS protective measures;

b) warning is given, e.g. posters, to crew and passengers before or immediately on entering the airport premises that no one with symptoms of SARS will be able to board any flight;

c) screening of departing passengers for SARS symptoms is undertaken in accordance with WHO recommendations. This is accomplished by interviewing departing passengers no later than at check-in; objective temperature measurement by a reliable method; isolating and examining any passenger whose temperature reading exceeds 37.5 degrees or who replies positively to any of the screening questions; providing a face mask to any passenger who is coughing; requiring possible SARS cases to undergo a medical examination; sending the passenger to the designated SARS hospital if the airport examination points to a SARS suspect;

d) disembarking passengers arriving from affected areas are normally screened by their responses to questionnaires, completed during the flight or immediately upon disembarkation;

e) all passengers are provided with information about SARS symptoms and the appropriate public health contact numbers if available;

f) procedures are in place to respond to the arrival of an aircraft with a possible SARS case on board;

g) all airport workers are subject to daily temperature screening at the beginning of their work shift; and

h) workers are reminded by posted information or other means of their obligation not to report to work if they are unwell.

3.3 All five airports inspected were found to be in full compliance with these eight measures, and Statements of Evaluation were issued that the airports had implemented fully and efficiently the recommended anti-SARS protective measures.

## 4. OBSERVATIONS

4.1 The purpose of this project was two-fold: 1) to stop the spread of SARS by air travel, and 2) to restore the confidence of the traveling public in the safety of air travel. The significant contribution, realized by the successful completion of the project has been a decrease and, in some cases, a total abatement of the socio-political and economic side effects that the SARS outbreak had originated in the affected areas.

4.2 On 5 July 2003, WHO declared that the chain of person-to-person transmission of SARS had been broken in all of the affected areas. The SARS-virus is no longer circulating in the human population anywhere in the world; however, this is not a guarantee that SARS has disappeared forever. Seasonal occurrence remains a possibility and transmission may still occur at such a low level as to defy detection. Consequently, it would be unwise to lower the guard, especially since the protective measures now in place in many airports are effective shields not only against SARS but also against other contagious diseases, including new and unknown viral diseases that may occur in the future.

4.3 Vigilance, preparedness and readiness are of paramount importance in view of the possible recurrence or resurgence of SARS or the emergence of a similar disease in the future. A fully standardized system should be adopted for the use of the authorities involved. In November 2003, a second ICAO-meeting was held in Singapore and a harmonised contingency plan was developed that will allow a phased response, commensurate with the threat of recurrence as determined by the WHO. This contingency plan will make it possible to efficiently combat the transport by air of other communicable airborne diseases with epidemiological characteristics similar to SARS.

## 5. NEXT STEPS

5.1 As the SARS outbreak has been contained worldwide, the second phase of the ICAO project has been proactive. The following major activities are currently being assessed in coordination with WHO, the International Air Transport Association (IATA), the Airports Council International (ACI) and the relevant national authorities:

a) the harmonization of the content of health declaration cards used at airports, and the action to be taken when a traveler shows symptoms of communicable illness;

b) the development of a standard framework for the 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 developed under the auspices of ICAO;

c) the offer to States of condensed inspection/evaluation visits, at their request, to assess the capabilities of human and technical resources to rapidly respond to changing or seasonal epidemiological situations;

d) wider application of the anti-SARS methodology to any other communicable disease in which the mode of transmission could involve aviation and/or the need to prevent the spread of the disease by air travel.

## 6. ACTION BY THE DIVISION

6.1 The Division is invited to agree with the recommendations listed in paragraph 5 above and to recommend further that the anti-SARS protective measures and draft contingency plan be published in ICAO guidance material.

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