International Civil Aviation Organization
North American, Central American and Caribbean Office

INFORMATION PAPER

Second NAM/CAR Air Navigation Implementation Working Group Meeting (ANI/WG/2)
Puntarenas, Costa Rica, 1 to 4 June 2015

Agenda Item 8: **Other Business**

COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION (CAPSCA)

(Presented by the Secretariat)

EXECUTIVE SUMMARY	
The following working paper presents to the Meeting the conclusions of the 5th CAPSCA Global Coordination Meeting and 4th CAPSCA Middle East Meeting, which took place in Cairo last November. It is important to emphasize that the World Health Organization (WHO) continues leading in public health matters, including information exchange facilitation improvement and cooperation in strengthening safety of health. Likewise, the efforts to control public health threats require that all the interested parties adjust to the new challenges to continuously improve coordination and cooperation respectively.	
Strategic Objectives:	• Safety • Air Navigation Capacity and Efficiency
References:	• International Health Regulation (IHR) 2005 • Chicago Convention Article 14 • Annexes 6, 9, 11, 14 PANS-ATM (Doc 4444 – Air Traffic Management) and Doc 9284 – Technical Instructions for the Safe Transport of Dangerous Goods by Air • Assembly Resolution A38-WP35 • www.capsca.org • 5th CAPSCA Global Coordination Meeting and 4th CAPSCA Middle East Meeting (Cairo, Egypt, 17-20 November 2014)

1.   Introduction

1.1   CAPSCA is a global collaborative arrangement between International Organizations including the International Civil Aviation Organization (ICAO), the World Health Organization (WHO), the World Tourism Organization (WTO), World Food Program (WFP), the International Air Transport Association (IATA), Airports Council International (ACI), among others. Its aim is to improve preparation plans in the aviation field for public health emergencies or potential emergencies that may rise from the disease transmission such as the Middle East respiratory syndrome – Coronavirus and Ebola disease virus.

1.2   In accordance with the International Health Regulation (IHR) 2005, the States must implement basic capabilities and temporary recommendations during an International Importance Public Health Emergency - IIPHE (e.g. Ebola) and report progress periodically to the WHO.

1.3   Other considerations that States must take into account is that the "implementation" of the IHR is ongoing, for which States should keep basic capacities demanded by IHR and use them effectively when and where necessary (e.g. Ebola). In this sense States, service providers and stakeholders are required to collaborate to build the mentioned capacities.

2.   The Ebola Virus Disease Outbreak – General Considerations

2.1   In relation to the Ebola virus disease outbreak, the following was extracted from the 5th CAPSCA Global Coordination Meeting:

a)   mode of transmission: Person-to-person transmission is by means of direct contact with infected, symptomatic persons of their body fluids/secretions or with infected dead bodies or animals, all unlikely exposures for the average traveller (passengers and crew);

b)   people are not infective during the incubation period and become infectious with the onset of symptoms;

c)   the risk of a traveller becoming infected with Ebola virus during a routine visit to affected areas is low;

d)   WHO therefore does not recommend travel restrictions to or from the countries affected;

e)   exit screening of all travellers is being undertaken al all international airports in affected countries with widespread and intense transmission;

f)   up-to-date information on the disease is provided to travellers on exit (departure);

g)   travellers should seek out such information, keep it readily available and be aware of action to take in the unlikely event that they develop relevant symptoms; and

h)   early medical care improves the chance of recovery.

2.2   Restrictions on flight and passengers originating from countries with confirmed, suspect and contact cases are discouraged by WHO, ICAO, ACI, IATA and CAPSCA members. Suspension on flights by operators is also discouraged.

2.3   States and International Organizations should ensure correct and consistent statements and recommendations are communicated in a timely manner to service providers, operators and industry in order to support their corporate and operational decisions.

2.4   In relation to traveller and ground staff screening at airports, airport traveller exit screening is only recommended for countries with widespread and intense transmission. A number of States have recently introduced airport entry screening measures. WHO encourages countries implementing such measures to share their experiences and lessons learned. Entry screening in unaffected countries may have a limited effect in reducing international spread when added to Exit Screening in countries with widespread and intense transmission and its advantages and disadvantages should be carefully considered.

2.5   States are encouraged to use the new CAPSCA Ebola web site at: http://www.capsca.org/EbolaRefs.html. The WHO Ebola web page is available at: http://www.who.int/csr/disease/Ebola/en/. The Centers for Disease Contron and Prevention (CDC) Ebola page is available at: http://www.cdc.gov/VHF/Ebola/index.html.

2.6   States are encouraged to use the new Traveler Public Health Declaration Form, developed jointly by WHO, ICAO, IATA and ACI and the IATA "script to be read by cabin crew to passengers prior to arrival" which are available on the respective web sites.

2.7   States are encouraged to use the new WHO Interim Guidance for Ebola Virus Disease Exit Screening at Airports, Ports and Land Crossings (6 November2014) available on the WHO Ebola web site. States are also encouraged to use the WHO Ebola Event Management at points of Entry on-line training available at: https://extranet.who.int/Ihr/Training/Course/Category.php?id=28.

2.8   States are encouraged to use the NOTAMs application available on the iSTARS/SPACE site located on the ICAO Secure Portal.

2.9   To facilitate diversions to alternate aerodromes due to suspect cases on board aircraft in-flight, when recommended based on an evaluation by the ground based medical support (if available) of case symptoms and travel history reported by the flight crew, ICAO encourage States to publish airports designated as Points of Entry provided with IHR core capacities, in Aeronautical Information Publications (AIPs) from Civil Aviation Authorities.

3.   Final Recommendations

3.1   States are encouraged to review and update their "Airport preparedness guidelines for outbreaks of communicable disease" considering the lessons learned from the CAPSCA Assistance Visits, especially dealing the disease with examples and recommendations for the management of suspected cases of communicable disease on board (i.e. the aircraft parking position and how to designate a specific position for different airport infrastructure layouts and requirements)

3.2   Angola, Switzerland, Thailand and United Kingdom have made monetary voluntary contributions to ICAO for CAPSCA implementation. Likewise, Georgia and Romania were welcomed as the 105th and 106th States to join CAPSCA in 2015 and 2016.

3.3   The next (6th) CAPSCA Global Coordination meeting is to be held at ICAO Headquarters in Montreal, Canada from 28 to 30 April 2015.

4.   **Conclusions**

4.1   Central Caribbean States are encouraged to:

a)   join CAPSCA, if not yet members;

b)   request Assistance Visits to State and Airport, if not yet received;

c)   consider offering to host a CAPSCA regional meeting; and

d)   consider contributing voluntary funds to CAPSCA, through the ICAO NACC Office.

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