



International Civil Aviation Organization

ELECTRONIC BULLETIN

For information only

EB 2014/54

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Ebola Virus Disease (EVD) – WHO declares a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR)

1. The World Health Organization (WHO) has established an Emergency Committee (EC) on Ebola Virus Disease (EVD) and the WHO Director General, Dr. Margaret Chan, announced on 8 August that the EVD outbreak in West Africa is a “Public Health Emergency of International Concern” (PHEIC) under the International Health Regulations (IHR) (<http://www.who.int/ihr/publications/9789241596664/en/>).

2. The Ebola outbreak involves transmission in Guinea, Liberia, Nigeria, and Sierra Leone. As of 4 August 2014, countries have reported 1711 cases (1070 confirmed, 436 probable, 205 suspect), including 932 deaths. This represents the largest recorded EVD outbreak.

3. As well as considering whether or not a PHEIC should be declared, the Emergency Committee provided recommendations concerning the future management of the disease, some of which impact the aviation sector (<http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>).

4. ICAO is communicating with WHO, International Air Transport Association (IATA), Airports Council International (ACI) and other stakeholders to assist with the implementation of relevant Emergency Committee Recommendations.

5. Travel and Trade restrictions

The current WHO position on travel and trade restriction is that there should be no general ban on international travel or trade. Some States have issued travel advisories that recommend avoidance of non-essential travel to the three primarily affected States – Guinea, Liberia and Sierra Leone (e.g. <http://wwwnc.cdc.gov/travel/notices/warning/ebola-guinea>).

Some airlines have ceased operations to these three States, by their own decision or under direction of national civil aviation authorities.

6. Other aviation-related Recommendations from the Emergency Committee

States with Ebola transmission

Exit screening

“States should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD. Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation”.

International travel

“There should be no international travel of Ebola contacts or cases, unless the travel is part of an appropriate medical evacuation. To minimize the risk of international spread of EVD:

- Confirmed cases should immediately be isolated and treated in an Ebola Treatment Centre with no national or international travel until 2 Ebola-specific diagnostic tests conducted at least 48 hours apart are negative;
- Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;
- Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.”

Medical care of airline crews and staff working in affected States

“States should ensure that appropriate medical care is available for the crews and staff of airlines operating in the country, and work with the airlines to facilitate and harmonize communications and management regarding symptomatic passengers under the IHR (2005), mechanisms for contact tracing if required, and the use of passenger locator records where appropriate.”

All States

Provision of advice to Travellers

“States should provide travelers to Ebola affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure”.

Management of Ebola cases

“States should be prepared to detect, investigate, and manage Ebola cases; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travelers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness”.

Evacuation and Repatriation

“States should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Ebola.”

7. Aviation and public health sector collaboration

One of the main requirements of an effective public health preparedness plan and response in the aviation sector is to ensure that efficient lines of communication are established between the two sectors. If not already done, it is recommended that the national focal point responsible for management of aviation related emergencies establish contact with the competent authorities at points of entry (aerodromes) and the WHO International Health Regulations (2005) National Focal Point (NFP). The national Ministry of Health should be able to provide contact details of both entities.

Enclosure:

Information sources

Issued under the authority of the Secretary General

ATTACHMENT to EB 2014/54

Information on Preparedness Planning and Response in the Aviation Sector

Information sources

Information on preparedness planning and response in the aviation sector for the management of a communicable disease is available from the websites of ICAO, IATA and ACI.

From the ICAO CAPSCA References web page (<http://www.capsca.org/CAPSCARefs.html>):

- The “ICAO Template for an Aviation Public Health Emergency Preparedness Plan” provides guidance on how to develop a preparedness plan for aviation
- A simple method to identify an on board case of communicable disease, including EVD, for use by cabin crew is in Annex 9 – *Facilitation*, paragraph 8.15, Note 1. This is duplicated in the health part of the Aircraft Declaration (and Annex 9 of the IHR (2005)). See “ICAO Health Related Documents”
- Communication procedures for the pilot in command and air traffic controllers for notifying the public health authority at destination are stated in Annex 9, paragraph 8.15, and Procedures for Air Navigation Services – Air Traffic Management, Chapter 16. See “ICAO Health Related Documents”
- A “Public Health Passenger Locator Form (PLF)” and “Guidelines on completing the PLF” for contact tracing of potentially exposed travellers

From the IATA Air Transport and Communicable Diseases web Page (<http://www.iata.org/whatwedo/safety/health/Pages/diseases.aspx>):

- Guidance on the management of an on-board case of suspected case of communicable disease, including EVD and other relevant topics are available on this web page

From the ACI Health Documentation web page (<http://www.aci.aero/About-ACI/Priorities/Health/Documentation>):

- Airport preparedness guidelines for outbreaks of communicable disease and guidance on business continuity management is available

The above general information can be modified for EVD as necessary, as determined by WHO, other international public health agencies (e.g. US Centers for Disease Control and Prevention (<http://www.cdc.gov/>) and the European Centre for Disease Prevention and Control (<http://www.ecdc.europa.eu/en/Pages/home.aspx>)) or national public health authorities.

Information from the World Health Organization website

A Fact Sheet on Ebola and FAQs are provided on these web pages:

<http://www.who.int/mediacentre/factsheets/fs103/en/>

<http://www.who.int/csr/disease/ebola/faq-ebola/en/>

WHO provides guidance on implementation of the International Health Regulations (2005) at ports, airports and ground crossings at:

http://www.who.int/ihr/ports_airports/en/