

D. Disinsection of aircraft

2.23 Contracting States shall limit any routine requirement for the disinsection of aircraft cabins and flight decks with an aerosol while passengers and crews are on board, to same-aircraft operations originating in, or operating via, territories that they consider to pose a threat to their public health, agriculture or environment.

2.24 Contracting States that require disinsection of aircraft shall periodically review their requirements and modify them, as appropriate, in the light of all available evidence relating to the transmission of insects to their respective territories via aircraft.

2.25 When disinsection is required a Contracting State shall authorize or accept only those methods, whether chemical or non-chemical, and/or insecticides, which are recommended by the World Health Organization and are considered efficacious by the Contracting State.

Note.— This provision does not preclude the trial and testing of other methods for ultimate approval by the World Health Organization.

2.26 Contracting States shall ensure that their procedures for disinsection are not injurious to the health of passengers and crew and cause the minimum of discomfort to them.

2.27 Contracting States shall, upon request, provide to aircraft operators appropriate information, in plain language, for air crew and passengers, explaining the pertinent national regulation, the reasons for the requirement, and the safety of properly performed aircraft disinsection.

2.28 When disinsection has been performed in accordance with procedures recommended by the World Health Organization, the Contracting State concerned shall accept a pertinent certification on the General Declaration as provided for in Appendix 1 or, in the case of residual disinsection, the Certificate of Residual Disinsection set forth in Appendix 4.

2.29 When disinsection has been properly performed pursuant to 2.25 and a certificate as indicated in 2.28 is presented or made available to the public authorities in the country of arrival, the authorities shall normally accept that certificate and permit passengers and crew to disembark immediately from the aircraft.

2.30 Contracting States shall ensure that any insecticide or any other substance used for disinsection does not have a deleterious effect on the structure of the aircraft or its operating equipment. Flammable chemical compounds or solutions likely to damage aircraft structure, such as by corrosion, shall not be employed.

E. Disinfection of aircraft

2.31 Contracting States shall determine the conditions under which aircraft are disinfected. When aircraft disinfection is required, the following provisions shall apply:

- a) the application shall be limited solely to the container or to the compartment of the aircraft in which the traffic was carried;
- b) the disinfection shall be undertaken by procedures that are in accordance with the aircraft manufacturer and any advice from WHO;

- c) the contaminated areas shall be disinfected with compounds possessing suitable germicidal properties appropriate to the suspected infectious agent;
- d) the disinfection shall be carried out expeditiously by cleaners wearing suitable personal protective equipment; and
- e) flammable chemical compounds, solutions or their residues likely to damage aircraft structure, or its systems, such as by corrosion, or chemicals likely to damage the health of passengers or crew, shall not be employed.

Note.— When aircraft disinfection is required for animal health reasons, only those methods and disinfectants recommended by the International Office of Epizootics should be used.

2.32 Contracting States shall ensure that where there is contamination of surfaces or equipment of the aircraft by any bodily fluids including excreta, the contaminated areas and used equipment or tools shall be disinfected

H. International certificates of vaccination or prophylaxis

3.31 In cases where proof of vaccination or prophylaxis is required by national authorities under the *International Health Regulations* (2005), Contracting States shall accept the International Certificate of Vaccination or Prophylaxis prescribed by the World Health Organization in the IHR (2005).

C. Facilities required for implementation of public health, emergency medical relief, and animal and plant quarantine measures

6.34 Each Contracting State, in cooperation with airport operators, shall ensure the maintenance of public health, including human, animal and plant quarantine at international airports.

6.35 **Recommended Practice.**— *Contracting States should ensure that there are, at or near all their major international airports, facilities and services for vaccination or revaccination, and for the delivery of the corresponding certificates.*

6.36 **Recommended Practice.**— *International airports should have available access to appropriate facilities for administration of public health and animal and plant quarantine measures applicable to aircraft, crew, passengers, baggage, cargo, mail and stores.*

6.37 **Recommended Practice.**— *Contracting States should ensure that passengers and crew in transit can remain in premises free from any danger of infection and insect vectors of diseases and, when necessary, facilities should be provided for the transfer of passengers and crew to another terminal or airport nearby without exposure to any health hazard. Similar arrangements and facilities should also be made available in respect of animals.*

6.38 Each Contracting State shall ensure that handling and distribution procedures for consumable products (i.e. food, drink and water supplies) on board aircraft or in the airport are in compliance with the *International Health Regulations* (2005) and relevant guidelines of the World Health Organization, the Food and Agriculture Organization and national airport regulations.

6.39 Each Contracting State, in cooperation with airport and aircraft operators, shall ensure that a safe, sanitary and efficient system is instituted, at international airports, for the removal and disposal of all waste, waste water and other matters dangerous to the health of persons, animals or plants, in compliance with the *International Health Regulations* (2005) and relevant guidelines of the World Health Organization, the Food and Agriculture Organization and national airport regulations.

6.40 Each Contracting State, in cooperation with airport operators, shall ensure that international airports maintain facilities and services for first-aid attendance on site, and that appropriate arrangements are available for expeditious referral of the occasional more serious case to prearranged competent medical attention.

Note.— *Consultation with the World Health Organization on all issues concerning passenger health is advisable.*

E. Implementation of international health regulations and related provisions

8.12 Contracting States shall comply with the pertinent provisions of the *International Health Regulations* (2005) of the World Health Organization.

8.13 Contracting States shall take all possible measures to have vaccinators use the Model International Certificate of Vaccination or Prophylaxis, in accordance with Article 36 and Annex 6 of the *International Health Regulations* (2005), in order to assure uniform acceptance.

8.14 Each Contracting State shall make arrangements to enable all aircraft operators and agencies concerned to make available to passengers, sufficiently in advance of departure, information concerning the vaccination requirements of the countries of destination, as well as the Model International Certificate of Vaccination or Prophylaxis conforming to Article 36 and Annex 6 of the *International Health Regulations* (2005).

8.15 The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

Note 1.— A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain signs or symptoms: e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or, confusion of recent onset.

Note 2.— In the event of a case of suspected communicable disease on board an aircraft, the pilot-in-command may need to follow his operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.

Note 3.— Annex 6 — Operation of Aircraft describes the “on board” medical supplies that are required to be carried on aircraft. The Procedures for Air Navigation Services — Air Traffic Management (Doc 4444) (PANS-ATM) detail the procedures to be followed by the pilot-in-command in communication with air traffic control.

8.15.1 **Recommended Practice.**— *When a public health threat has been identified, and when the public health authorities of a Contracting State require information concerning passengers' and/or crews' travel itineraries or contact information for the purposes of tracing persons who may have been exposed to a communicable disease, that Contracting State should accept the “Public Health Passenger Locator Form” reproduced in Appendix 13 as the sole document for this purpose.*

Note.— It is suggested that States make available adequate stocks of the Passenger Locator Form, for use at their international airports and for distribution to aircraft operators, for completion by passengers and crew.

F. Communicable disease outbreak national aviation plan

8.16 A Contracting State shall establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern.

Note 1.— Guidance in developing a national aviation plan may be found on the ICAO website on the Aviation Medicine page.

Note 2.— Annex 11 — Air Traffic Services and Annex 14 — Aerodromes, Volume I — Aerodrome Design and Operations require air traffic services and aerodromes to establish contingency planning or aerodrome emergency plans, respectively, for public health emergencies of international concern.

APPENDIX 1. GENERAL DECLARATION

GENERAL DECLARATION (Outward/Inward)		
Operator		
Marks of Nationality and Registration.....	Flight No.	Date
Departure from..... (Place)	Arrival at	(Place)
FLIGHT ROUTING (“Place” Column always to list origin, every en-route stop and destination)		
PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i> Embarking
		Through on same flight
		<i>Arrival Place:</i> Disembarking
		Through on same flight
<p><i>Declaration of Health</i> Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop.....</p> <p>Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting</p> <p>Signed, if required, with time and date _____ Crew member concerned</p>		<p>For official use only</p>
<p>I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.</p> <p style="text-align: right;">SIGNATURE _____ Authorized Agent or Pilot-in-command</p>		

297 mm (or 11 3/4 inches)

Size of document to be 210 mm × 297 mm (or 8 1/4 × 11 3/4 inches).

* To be completed when required by the State.

** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

← 210 mm (or 8 1/4 inches) →

APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR FORM

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease on-board a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. **Your information is intended to be held in accordance with applicable laws and used only for public health purposes.** *Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION:

1. Airline name	2. Flight number	3. Seat number	4. Date of arrival (yyyy/mm/dd)
			2 0

PERSONAL INFORMATION:

5. Last (Family) Name	6. First (Given) Name	7. Middle Initial	8. Your sex
			Male <input type="checkbox"/> Female <input type="checkbox"/>

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile	10. Business
11. Home	12. Other
13. Email address	

PERMANENT ADDRESS:

14. Number and street (<i>Separate number and street with blank box</i>)	15. Apartment number

16. City	17. State/Province

18. Country	19. ZIP/Postal Code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any)	21. Number and street (<i>Separate number and street with blank box</i>)	22. Apartment number

23. City	24. State/Province

25. Country	26. ZIP/Postal Code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days.

27. Last (Family) Name	28. First (Given) Name	29. City

30. Country	31. Email

32. Mobile phone	33. Other phone

34. TRAVEL COMPANIONS — FAMILY: Only include age if younger than 18 years.

Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)			
(2)			
(3)			
(4)			

35. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any).

Last (Family) Name	First (Given) Name	Group (<i>tour, team, business, other</i>)
(1)		
(2)		

Note. — The Public Health Passenger Locator Form can be downloaded at:
<http://www.icao.int/safety/aviation-medicine/Pages/guidelines.aspx> or <https://www.icao.int/safety/CAPSCA/Pages/ICAO-References.aspx>

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