Preparation of the aviation sector for an outbreak of a communicable disease posing a serious health risk or public health emergency of international concern

6.123 The meeting recalled the impact on air travel from the outbreak of Severe Acute Respiratory Syndrome (SARS) and noted that, in follow-up, ICAO had strengthened its support of Article 14, Prevention of Spread of Disease to the Convention on International Civil Aviation (Doc 7300). The emerging threat from pandemic influenza in 2005 further focused efforts in this area and the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) project was commenced by ICAO in Asia, in September 2006. In November 2006, preparedness planning guidelines for States were posted on the ICAO public website (http://www.icao.int/icao/en/med/guidelines.htm) and in July 2007 changes to ICAO Annex 9 — Facilitation became applicable, requiring States, inter alia, to establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk. In November 2007 CAPSCA commenced in Africa, and in July 2008 relevant proposals to amend Annexes 11 and 14 and the PANS ATM were distributed by State letter AN 13/1.8-08/53 for comment. The proposed changes were recently reviewed by the Air Navigation Commission and have an anticipated applicability date of November 2009.

6.124 The meeting was informed that the World Health Organization’s International Health Regulations (2005) (WHO IHR) came into force in June 2007 and that they included several references to airports and aircraft. The main challenge facing the aviation sector was to bring together the various organizations that needed to be involved in preparedness planning in the aviation sector to ensure that the response to a serious public health risk was effective and proportionate to the risk.

6.125 With respect to the above, the meeting was reminded that Article 14 of the Chicago Convention states: “Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate…..”. Bearing in mind the risks posed by modern diseases such as SARS, and influenza having pandemic potential, the 35th Session of the ICAO Assembly adopted Resolution A35-12 which requested the Council, as a matter of priority: “…to develop Standards and Recommended Practices in the
appropriate Annexes to the Convention in order to address contingency plans to prevent the spread of communicable diseases by air transport.”

6.126 ICAO accordingly developed SARPs in Annex 9 as follows:

a) “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.”;

b) revision of the health part of aircraft general declaration (Annex 9, Appendix 1); and

c) improved notification procedures to public health authorities of a suspected case of communicable disease on board an aircraft.

6.127 The amendment to Annex 9 became applicable on 15 July 2007 and guidelines concerning improved notification procedures to the public health authority at destination were promulgated by State letter (AN 5/22-07/55) during the same month.

6.128 Resolution A35-12 also requested the Council to “…establish suitable institutional arrangements to coordinate efforts by contracting States and other members of the international civil aviation community aimed at protecting the health of passengers and crews.”

6.129 The meeting noted that in order to address the above issues, ICAO established a working group that included WHO, IATA, Airports Council International (ACI) and the United States' Centres for Disease Control and Prevention to develop guidelines for States, airport operators and aircraft operators concerning preparedness planning. Guidelines for States are available on the ICAO public website. More detailed guidelines, emphasizing the specific action to be taken by aircraft and airport operators respectively can be found on the websites of IATA and ACI.

6.130 The meeting recalled that CAPSCA-Africa was initiated by means of an aviation medicine seminar in Libreville, Gabon, in November 2007. Subsequently, two workshops were held, in Johannesburg, South Africa and Dakar, Senegal, in March 2008. States in the region were encouraged to join CAPSCA by means of State letters TC 1/3.11-010, dated 5 June 2008 (distributed from the Dakar Regional Office) and TC 2/31-0211, dated 13 June 2008 (distributed from the Nairobi Regional Office).

6.131 In addition to the above, it was noted that proposals to amend Annexes 11 and 14, Volume I and the PANS-ATM, were distributed by State letter on 31 July 2008. These included the following:

a) public health emergencies in Attachment C, “Material relating to Contingency Planning” with respect to air traffic services (ATS);
b) public health emergencies in Annex 14, Volume I, Chapter 9, as an example of items to be included in aerodrome contingency plans; and

c) PANS-ATM procedures for flight crew and air traffic controllers in the event of a suspected case of communicable disease on board an aircraft.

6.132 With respect to the PANS-ATM amendments, these were considered necessary because experience had demonstrated that notification of public health authorities of an inbound suspected case of communicable disease was currently unreliable and limited use of ATS for notification of the appropriate authority at destination should improve such reliability. Additionally, the public health response was more efficient the longer the time period between notification and aircraft arrival, and the proposed procedures would maximize the time available for preparation.

6.133 The meeting recognized that pandemic preparedness planning required a cross-organizational effort, primarily involving the regulatory authorities and the public health authorities and that communication between different stakeholders was the most challenging aspect of developing a pandemic preparedness plan for the aviation sector.

6.134 The meeting was made aware that at present, the chief medical officer of, or aviation medicine adviser to, a regulatory authority may not, in many States, be directly concerned with the subject of prevention of the spread of communicable disease, or the risk of contracting such disease by travellers on board aircraft. On the other hand, public health authorities had little knowledge of the aviation sector and need aviation medicine advice. It was therefore essential that national regulatory and public health authorities worked together, with other stakeholders as necessary, to develop a pandemic preparedness plan for aviation that was integrated into the national preparedness plan. Such plans should be synergistic with regional and global initiatives.

6.135 The effect of the 2003 SARS outbreak on passenger numbers at a major international airport in Asia was demonstrated. Over a period of a few weeks, passenger numbers had reduced to one sixth. This was the result of a disease that caused approximately 800 deaths worldwide, whereas a pandemic could be expected to result in many tens of thousands, or even millions of deaths and the effects would therefore be proportionally greater. The meeting was advised that although not often reported in the media, human deaths caused by avian influenza continued to occur and the WHO advice was that a human influenza pandemic should be anticipated, but that its timing was unpredictable. On the other hand, a serious disease or a pandemic could equally be caused by an, as yet, unidentified illness. The CAPSCA project provided a mechanism to assist States to prepare the aviation sector for a future pandemic.

6.136 The meeting recognized the need for adequate funding for successful pandemic preparedness planning and proposed that States and donor organizations consider financial support for preparedness planning in the AFI Region.
6.137 On the basis of the above, the meeting agreed to the following recommendation:

**Recommendation 6/27 – Pandemic preparedness planning in the aviation sector**

That:

a) APIRG adopt the MED Performance Objective: Prepare for an Outbreak of Communicable Disease Posing a Serious Public Health Risk as contained in the performance framework form in Appendix K to the Report on Agenda Item 6;

b) States join the prevention of spread of communicable disease through air travel (CAPSCA) project; and

c) States and donor organizations consider financial support for pandemic preparedness planning.