

**COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF
SPREAD OF COMMUNICABLE DISEASE
THROUGH AIR TRAVEL (CAPSCA) REPORT**

**AFRICA AIRPORTS EVALUATION MEETING AND
REGIONAL AVIATION MEDICINE TEAM MEETING**

(South Africa, 19 to 23 October 2009)

PART I. AFRICA AIRPORTS EVALUATION MEETING

1. GENERAL

1.1 The purpose of the meeting was to assist the South African Civil Aviation Authority and other concerned stakeholders in their preparedness planning for public health emergencies that affect the aviation sector, given a variety of scenarios, including the current Influenza A (H1N1) pandemic. During the meeting, in addition to ICAO, contributions were made by participating States and International Organizations including the World Health Organisation (WHO) and the International Air Transport Association (IATA) with the aim of establishing a harmonized approach within the region. Experience from outside the region was shared by a representative of the US Centers for Disease Control and Prevention.

1.2 The meeting was combined with evaluation/training exercises conducted at Cape Town and Johannesburg O R Tambo airports, the aim being to assess compliance with the ICAO guidelines concerning management of communicable disease, and the relevant articles of the World Health Organization International Health Regulations (2005) concerning Pandemic Preparedness Planning for the Aviation Sector.

1.3 The evaluation team comprised of Dr. Anthony Evans (Chief, Aviation Medicine Section, ICAO), Dr. Jarnail Singh (Project Coordinator CAPSCA – Asia Pacific) and Dr. Teresa Bassey (Project Coordinator, CAPSCA – Africa, West & Central Africa), with the technical assistance of Dr. Ninglan Wang (Technical Officer, WHO Lyon Office) and support from Ms Nancy Onyedim (ICAO Regional Office, Nairobi) and Ms Patricia Boimond-Basse (ICAO Regional Office, Dakar).

2. EVALUATIONS

2.1 Cape Town

2.1.1 In Cape Town, the exercise was preceded by a session during which presentations were made by some of the members of the visiting team as well as representatives of the National Department of Health and the Provincial Port Health Authority. The session was chaired by the General Manager responsible for the Safety of Operations at the South African CAA and was well attended by representatives of the airport community including the airport operator, various airlines, port health and airport medical services among others.

2.1.2 The afternoon session included a visit to the airport medical clinic responsible for providing clinical and vaccination services to the airport community and the travelling public, followed by a visit to the Tygerberg Hospital which was the designated hospital for receiving cases of possible communicable disease of public health concern needing isolation and treatment from the Cape Town airport, due to its proximity to the airport.

2.2 **Johannesburg**

The Airport evaluation exercise programme at the O R Tambo Airport Johannesburg included presentations by the various stakeholders, a tour of the airport, a press conference and a simulation exercise depicting the arrival of an unwell passenger on board a commercial aircraft. Representatives of many of the organizations involved in the provision of services at the airport participated in the three-day event including: customs, immigration, South African Airways, the Airports Company of South Africa (ACSA), airport handling agencies, the National Department of Health and Provincial Health Services from various provinces in South Africa.

2.3 **Simulation Exercise**

The arrival of a passenger suffering from a serious communicable disease (meningococcal meningitis) on board an aircraft that had departed from another country in Africa was simulated. Under the view of participants in the RAMT, who were seated on board the aircraft, the response from the health and aviation sector to this public health emergency was observed. A debrief of the simulation took place the following day.

3. **PRESENTATIONS**

3.1 **CAPSCA - Africa**

Dr. Jarnail Singh, Project Coordinator for CAPSCA - Asia Pacific, traced the evolution of the project from lessons learnt from the SARS outbreak in 2003 which exposed the vulnerability of the aviation sector to large-scale outbreaks of communicable diseases, through the launching of the project in the post-Avian Flu period, to its present day position in the current Influenza H1N1 pandemic. The lack of preparedness exhibited by both public health and the aviation sectors in dealing with SARS led to the development of guidelines for States, airports and airlines for reducing the risk of the spread of communicable diseases through air travel. The CAPSCA project played the role, through its cooperative approach, of bringing together the aviation and the public health sectors and various other organizations in preparedness planning. To assist in the achievement of this objective, the Project conducts training workshops, seminars, and visits to participating airports to evaluate and assist in implementation of ICAO guidelines on pandemic preparedness planning at airports. The CAPSCA Project has also produced a check list for evaluation of an airport pandemic preparedness plan.

3.2 **ICAO Guidelines**

The ICAO Guidelines concerning the management of communicable disease posing a serious public health risk were presented by Dr. Anthony Evans (Chief, Aviation Medicine Section, ICAO). The guidelines drawn from WHO global preparedness guidelines as well as from other industry partners, provided guidance with respect to changes to ICAO provisions in 2007 and 2009. The importance of communication within State departments and also internationally with other States and UN (e.g. ICAO/WHO) bodies as well as NGOs (e.g. ACI/IATA) was emphasized. The current ICAO Guidelines can be found at <http://www.icao.int/icao/en/med/guidelines.htm>.

3.3 **WHO International Health Regulations (IHR)**

The representative of the WHO, Dr. Ninglan Wang presented features of the current International Health Regulations which came into force globally in June 2007. Aspects of the Regulations which were of particular interest in the context of State public health obligations in the aviation sector, such as the Core

Capacity Requirements for Points of Entry and WHO technical advice for case management in air transport, were highlighted and discussed. The World Health Organization International Health Regulations (2005) can be found at <http://www.who.int/ihr/9789241596664/en/index.html>.

3.4. **South African National Department of Health**

For its part the South African Department of Health acknowledged the role of Government in the management of epidemics and reported that it was working on integrating the IHR into the country's legal framework. The Port Health Act as well a number of other related acts were undergoing review, as was the national emergency preparedness plan.

3.5 **South African CAA**

The proposed aviation pandemic preparedness plan of the South African CAA was presented by the CAPSCA Coordinator: Southern & East Region/Senior Manager South African Civil Aviation Authority. The outline of the plan and its strategic objectives portrayed the framework for cooperation.

4. **EVALUATION DEBRIEFING**

4.1 Following the airport visit and simulation exercise at the Johannesburg airport, the evaluation team conducted a debriefing and presented an evaluation letter to the Chief Executive Officer of the South African CAA.

4.2 All the evaluators congratulated the South Africa Civil Aviation Authority for making excellent progress in developing a preparedness plan for aviation, in line with the ICAO guidelines and relevant parts of the WHO International Health Regulations (2005). The evaluators were especially impressed with the efforts that had gone into organizing a simulation exercise which was undertaken the day prior to the RAMT meeting itself. This exercise was the first known simulation in Africa of a public health emergency on board a commercial aircraft.

4.3 **The challenges**

The question of costs especially with regard to the evacuation or quarantine of a suspected case was discussed. Also discussed was the issue of the costs involved in the organization of a full fledged simulation exercise, as had been demonstrated. It was pointed out that the primary responsibility for the handling of a sick passenger or suspected case of a communicable disease lay with the State, hence the involvement of Port Health services. Regarding the simulation exercise, it was suggested that a desk top exercise would be a reasonable option where resources are limited.

4.4 **Lessons learnt**

4.4.1 Some important issues were highlighted

- Arrival procedures for an inbound aircraft are critical, including use of the latest Aircraft General Declaration (ICAO Annex 9) and the parking stand chosen.
- Assessment of the suspect case may be undertaken when the case has been taken off the aircraft. This system should reduce the delay in disembarking the other passengers.

- It is important to keep an open mind concerning the eventual diagnosis of an ill traveller.
- Thermal screening is not currently recommended by WHO for H1N1, but could be regarded as a disease surveillance tool and may also have a deterrent effect on travelers with fever. The WHO view is that whether to screen or not is primarily a State responsibility.
- The Universal Precaution Kit, (as included in ICAO Annex 6) is not a (mandatory) standard but is recommended to be carried where there is a cabin crew. General aviation is not affected by the requirement if there is no cabin crew.
- The use of surgical masks is primarily for the use of infectious individuals, to protect others. If a suspect passenger is not able to wear a mask, then the cabin crew member who is attending the passenger, and other passengers within a metre of the suspect case, should themselves wear a mask.
- Consideration be given to the screening and handling of departing passengers in the overall plan.

**PART II. REPORT OF 1ST CAPSCA-AFRICA REGIONAL
AVIATION MEDICINE TEAM (RAMT) MEETING**
(23 October 2009)

The presentations at the RAMT meeting included an overview of relevant parts of WHO International Health Regulations (2005) and of the CAPSCA project for the benefit of those participants who did not attend the previous days' activities. Additional presentations were made by the representatives of IATA and the United States Centers for Disease Control and Prevention. The programme for the day is attached.

1. IATA

The representative from IATA stressed the need for the excellent cooperation at the international level to be incorporated into national level cooperation. As harmonization is very important for the airlines, IATA responsibilities to its members included the preparation of a business continuity plan, an emergency response plan complete with checklists, as well as guidelines for dealing with suspected communicable diseases, for the various areas of airline activity. A copy of the IATA emergency response plan can be found at: http://www.iata.org/NR/rdonlyres/1D412DF9-289B-4508-BE9D-A57C4A84F103/0/AirlinesERPChecklists_V1_Nov30.pdf.

2. CDC

The representative of the CDC presented an outline of United States Border Quarantine Response Operations which included the functions of quarantine stations, all-hazard airport communicable disease plans and a number of planning guideline tools and checklists.

3. OTHER AFRICAN STATES

The CAPSCA Coordinator for West and Central African Region/Head of Aviation Medicine Nigerian Civil Aviation Authority gave an overview of the actions undertaken in Nigeria with regard to aviation pandemic preparedness planning. Two international airports – Lagos and Abuja had been evaluated by the CAPSCA team in February 2009.

4. REVIEW OF DRAFT TERMS OF REFERENCE

4.1 The proposed draft Terms of Reference below for the Regional Aviation Medicine Team (RAMT) was reviewed and agreed:

The RAMT:

- a) Reports to the Steering Committee
- b) Reviews all guidelines, including those for airports and airlines
- c) Is open to anyone who can further the objectives of CAPSCA, including international organizations

- d) Interprets guidelines for applicability in region
- e) Provides suggestions to ICAO for improvement of guidelines
- f) Provides ongoing assessment, evaluation and planning advice to States, especially in the aviation sector
- g) Updates the checklist for airport evaluation
- h) Will be responsible for coordination and harmonization of preparedness planning amongst stakeholders
- i) Will review and finalise a draft sample communicable disease plan for aviation (the RAMT would not be expected to write the plan, but will need to review it)
- j) Will consider an on-line discussion group, facilitated by a CAPSCA website when established

5. CAPSCA – AFRICA PROGRAMME COORDINATORS

Dr. Teresa Bassey (Nigeria) and Dr. Lesego Bogatsu (South Africa) were presented as the Programme Coordinators for English speaking Africa.

Dr. Malekani Saghasa Dieudonné (DRC) was presented as the Coordinator for French speaking Africa.

6. EVALUATORS REQUESTED

An appeal was made to the States to nominate capable persons to be trained as evaluators in order to establish a pool of resource persons who can undertake airport evaluation missions for the airports in Africa. After training, travel and expenses for evaluation missions will be met from CASPCA funds, but the evaluator's salary is expected to be met by the employer. A listing of desirable qualifications for airport evaluators had been provided as an attachment to the invitation to the 1st CAPSCA Regional Aviation Medicine Team (RAMT) Meeting and is shown as an Appendix to this report.

7. STATES' CONTRIBUTIONS

States desiring to have their airports evaluated were required to make a one-time contribution of U.S.\$5,000.

8. DATE AND VENUE OF THE NEXT MEETING

8.1 A proposal was made to hold the next CAPSCA Steering Committee meeting in the East African Region in the first quarter of 2010 and the second RAMT to be held in the Western African Region. The dates and exact venues will be announced when established

8.2 The ICAO Regional Offices in Nairobi and Dakar were requested to follow up on the coordination for the date and venue of the next meetings.

APPENDIX 1

**ATTACHMENT TO INVITATION TO THE
1ST CAPSCA REGIONAL AVIATION MEDICINE TEAM (RAMT) MEETING**

Desirable Qualifications for Airport Evaluators

- Interest in improving pandemic preparedness planning in the aviation sector;
- Availability to undertake international airport evaluations for preparedness (travel and daily expenses, but not salary, will be met from the CAPSCA project funds);
- Qualification and experience in aviation medicine and/or;
- Qualification and experience in public health medicine and/or;
- Experience in contingency/emergency planning in the aviation sector.

Please note that qualification in medicine or aviation medicine is not mandatory to become an airport evaluator.

APPENDIX 2

**COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD OF
COMMUNICABLE DISEASE THROUGH AIR TRAVEL
(CAPSCA)**

**FIRST MEETING OF THE AFRICA REGIONAL AVIATION MEDICINE TEAM
(Johannesburg, South Africa, 23rd October 2009)**

AGENDA

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|-------------|---|
| 0800 – 0830 | Registration |
| 0830 – 0900 | Simulation Debrief |
| 0900 -0930 | Opening remarks; Introductions; Terms of Reference of the RAMT (ICAO – Dr. Tony Evans) |
| 0930 – 1000 | Tea |
| 1000 – 1030 | Overview of relevant parts of WHO International Health Regulations(2005) (WHO – Dr. Ninglan Wang) |
| 1030 – 1100 | The CAPSCA project (CAPSCA coordinator, Asia Pacific Region – Dr. Jarnail Singh) |
| 1100 – 1130 | The United States approach to Pandemic Preparedness (CDC – Dr. Shahrokh Roohi) |
| 1130 – 1200 | International Air Transport Association (Dr. Claude Thibeault) |
| 1200 – 1315 | Lunch |
| 1315 – 1345 | Presentation of letter of evaluation |
| 1345 – 1415 | Options for intervention against Influenza A (H1N1) at Points of Entry (WHO – Dr. Ninglan Wang) |
| 1415 – 1445 | Review of ICAO guidelines for States (ICAO) |
| 1445 – 1515 | Tea |
| 1515 – 1630 | Experiences of Africa States and Organizations |
| 1630 – 1645 | Next steps, Summary of meeting, Close |

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APPENDIX 3

**COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD
OF COMMUNICABLE DISEASES BY AIR CONFERENCE**

(Cape Town, South Africa, 19-20 October 2009)

PARTICIPANTS LIST

COMPANY/ASSOCIATION	NAME
ACSA	Sylvia BRUCKNER Lebohang MOTASI Hakeem MEYER Sean BRADSHAW Aldrich BLIGNAUT
AIR MAURITIUS	Cail LA RE
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SACAA	R. VLIELAND
SACAA CT OFFICE	A. MOHAMED
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FALCONAIR	Geoff REID
ICAO	Nancy ONYEDIM Anthony EVANS Jarnail SINGH Patricia BOIMOND –BASSE
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ITIME AIRLINE	Waniba PRETORIUS
KLM	R. BAWY
LUFTHANSA	Nancy CUDICK
MANGO	Castro MAFALE Cleo JAFTHA
CT Airport MEDICAL CENTRE	Leni NAUDE Wessel ROETS
MENZIES	Kamem HOOSAIN
NDOH	Ramathaba MAM
PGWC	E. BONZET
QATAR AIRWAYS	Mariam Baradien Corinne FREDERICS
WHO	Niglan WANG

THE 1ST CAPSCA REGIONAL AVIATION MEDICINE TEAM (RAMT) MEETING
(Johannesburg, South Africa, 21-23 October 2009)

PARTICIPANTS LIST

COMPANY/ASSOCIATION	NAME
ACM MADAGASCAR	Roger RANDRIANAIVOO
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	Sean BRADSHAW
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AIRPORT CLINIC	Wanda SCOTT
AMS	Gang Mc CORAIDE
ANAC TOGO	Denis TCHANGAI
ATNS	Gavin CULLER
BALKUWCA	Sandi PETERSEN
SA CAA	Dr Lesego BOGATSU
	Obert CHAKARISA
	M. K. G. MAINELA
	M. B. MAHLONGU
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	Dr Malekani SAGHASA
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	M. MAGOAIN
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	M. B. MANLANGU
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	K. E. MODUTNANE
	Raymond LEPHUTHING
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	Dr I.G. POPOVA
	Lt. Col. C.J. ENGELBRENT
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	O. O. MARTINS
IATA	S. BAIKA
	Claude THIBEAULT
ICAO	Nancy ONYEDIM
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	Patricia BOIMOND –BASSE
ITIME AIRLINE	G. CROSS
	Waniba PRETORIUS
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LUFTHANSA	Nancy CUDICK
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MEDICAL CENTRE	Leni NAUDE
	Wessel ROETS
MENZIES AVIATION	Kamem HOOSAIN
Ministry of Health MOZAMBIQUE	Ana CONDISO
Ministry of Health LESOTHO	Dr. Fidelis U. OBI

COMPANY/ASSOCIATION	NAME
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NAMIBIA AIRPORTS Co.	Ben HOCHOBEB
NIGERIAN CIVIL AVIATION AUTHORITY	Dr Teresa BASSEY
NWDSH REPUBLIC OF SOUTH AFRICA	N. R. MAKELENE
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PORT HEALTH WESTERN CAPE P.G.	Martin SLABBER
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	Sr. Linda HORN
	Anton FOOBLE
	Sr. Rosemary ARENDS
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	Zucks RAMASLA
	Zama NGUBANE
C. VAN DAN KRENG	
SARIS	C. T. HLEICAWA
SASAEM	Dr Philip BUYS
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WHO	Niglan WANG
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	Dr F. MALASHA
	Dr S. TEMBO