



REPUBLIC OF KENYA

**National Aviation Public Health Emergency
Preparedness Plan**

Volume i-Communicable Diseases

September 2011

Preamble

The following text describes the Kenyan Aviation Pandemic Preparedness Plan. The document is not intended to address all aspects and of necessity therefore some specific items are not included. However, the main aspects that require consideration are addressed. Utilizing the Template provided by ICAO CAPSCA Project, together with other guidance material that is referenced in the text, the Kenyan CAPSCA Team has developed this specific preparedness plan for a public health emergency of international concern.

Kenyan CAPSCA Team continues to treasure the important resource availed by the Cooperative Arrangement for the Prevention of Spread of Communicable disease through Air travel (CAPSCA) website: (www.capsca.org). The website has links to ICAO, WHO, IATA and ACI and has, on line, most of the documents referenced in this document.

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Abbreviations

ATS	- Air Traffic Services
CAPSCA	- Cooperative Arrangement for the Prevention of Spread of Communicable Diseases Through Air Travel
CMT	- Crisis Management Team
HAN(s)	- Health Alert Notice(s)
HDF(s)	- Health Declaration Form(s)
KAA	- Kenya Airports Authority
KCAA	- Kenya Civil Aviation Authority
MoPH	- Ministry of Public Health
PHEIC	- Public Health Emergency of International Concern
PHS	- Port Health Services
PIC	- Pilot In Command
PLC/PLF	- Passenger Locator Form/Card
POE	- Points of Entry
SOP	- Standard Operating Procedures

Definitions

1. **Point of Entry:** - means a passage for international entry and exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit.
2. **Public Health Emergency of International Concern:** - means an extraordinary event which is determined by the IHR framework and communicated through WHO; (i) to constitute a public health risk to other states through the international spread of disease, and (ii) to potentially require a coordinated international response
3. **Affected:** - means persons, baggage cargo, containers, conveyances, goods, postal parcels, or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk
4. **Health Measure:** - means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measure

1. Introduction

- 1.1 A public health emergency of international concern (PHEIC) may be declared when the Ministry of Public Health is satisfied that there is an outbreak or imminent outbreak of a communicable disease that poses a substantial risk to the population of Kenya OR upon activation by WHO (according to Annex 2 of the IHR (2005) “Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern”).
- 1.2 The roles of KCAA during a PHEIC are:
 - a. Ensure the availability, continuity and sustainability of critical air transport services; and
 - b. Coordinate and facilitate the implementation of health and non-health measures to protect the health and welfare of travelers, staff and the general public as well as to minimize / mitigate the spread of communicable disease through air travel.

2. Aim

- 2.1 This Plan describes the measures to be adopted during a PHEIC.¹ It is in compliance with the relevant articles in the IHR 2005 and the ICAO Annexes 6, 9, 11 and 14.

NOTE; It is recognized that public health emergencies other than those posed by communicable disease exist e.g. food poisoning, infectious substances. Public health emergencies other than those associated with communicable disease are outside the scope of this document.
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3. Principle Considerations

- 3.1 The processes and measures to be adopted during a PHEIC are guided by the following considerations:

- a. ***Coordinated and Timely Response***

The implementation of the health measures is a multi-agency effort and not the sole responsibility of the KCAA. As such, measures implemented by the respective agencies should be well coordinated to avoid confusion, inconsistencies and duplication of resources. At the initial outbreak stage measures may need to be very rapidly deployed and timely implementation is important.

- b. ***Effective and Sustainable Measures***

Response to a public health emergency may continue over a prolonged period of time. Measures adopted should be effective, and at the same time be sustainable until the emergency situation ends.

c. *Minimize Inconvenience to travelers*

Processes and measures introduced during a public health emergency should primarily be targeted to mitigate the risks brought about by the outbreak of the disease. These processes and measures adopted should minimize inconveniences to all travelers.

d. *Rapid return to routine operations as the emergency subsides*

Criteria for determining when the emergency is diminishing should be in place. An associated process for reducing the emergency measures is required so that a return to routine operations is facilitated in line with the reducing health risk.

4. Planning Assumptions

- 4.1 The MoPH may issue planning assumptions based on its own assessment or information provided by neighboring States or the WHO. There are two primary scenarios:
- a. The first local human case is imported from another affected State (Rather than developing from within the country);
 - b. There has been a local outbreak of a PHEIC within the country and measures have to be taken to contain the outbreak and minimize the spread to other States;

Note: As per ICAO advice the Ministry of Public Health and KCAA will as necessary refer to the WHO Western Pacific Regional Office publication “Guidance for Public Health Emergency Contingency Planning at Designated Points of Entry; Requirement under the International Health Regulations (2005)”

This guide provides a recommended approach, structure and a logical but simple set of considerations and steps for National Public Health Authorities (NPHA) to guide public health and emergency planners responsible for Points of Entry to develop Public Health Contingency Plans.

The following additional assumptions have been made in the preparation of this plan:

- a. The warning period is usually relatively short should a novel virus emerge that is capable of efficient human transmission;
- b. It may take several days to confirm that this is a novel virus strain;
- c. The virus spreads quickly and may be associated with a high morbidity and/or mortality;
- d. The Kenya is unable to prevent import / export of the novel virus or contain the spread of the disease in the community. However, the spread /import/export may be delayed through implementation of containment strategies including health

- control measures at Points of Entry, especially for air travelers;
- e. A second wave occurs within 3 to 9 months of the initial outbreak and may cause more serious illnesses and deaths than the first. A third wave may occur (in the same year or a subsequent year). The length of each wave is about 6 weeks;

There is initially no vaccine available. The development of a vaccine may take up to 6 months. When vaccines are eventually developed, the initial supply is limited and priorities have to be set for those to be vaccinated.

5. Execution

5.1 Introduction

The aviation measures adopted should be an integral part of the Kenyan overall plan for a PHEIC. The KCAA will usually have a Crisis Management Team (CMT) to develop and execute the public health emergency plan. These planned measures may be contingent on the Public Health Ministry's alert levels or according to the WHO phases of an evolving Pandemic. A risk management concept should be adopted to ensure a phased and gradual step up of control measures, in accordance with the changing circumstances. Please see Annex A for examples of colour coded alert systems and the WHO Phases of a Pandemic.

5.1.1 Crisis Management Team (CMT)

As part of its preparedness for non-health related emergencies - accident, fire, terrorist activity etc. KCAA has already established a crisis management team. This team is adequate to deal with a public health emergency but it is more likely that the individuals comprising the team, and perhaps its leader, need to be revised for such an emergency. The team needs specific representation from the public health authority, and the individual to provide this expertise needs to be identified. Further, the individual leading the CMT and taking responsibility for team decisions involving public health emergencies requires advance planning. The constitution of the CMT needs to be flexible, as does its means of communication, since it may be required to deal with a PHEIC that involves only one, or a few, affected individuals, or on the other hand may affect a whole population.

5.2 Activation / Deactivation Process

5.2.1 The activation of the health measures will usually be initiated by the Ministry of Public Health. The various agencies will be activated under the activation flow depicted in Annex B.

5.2.2 The CMT will coordinate all measures within the aviation sector. The number of officers activated to support the crisis actions is subjected to the decision of the leader of the CMT. The roles to be performed by the CMT under this scenario are listed in Annex C.

5.2.3 The deactivation or scaling down of measures will be initiated by the Ministry of Public Health.

5.3 Measures Adopted

5.3.1 The measures adopted at Points of Entry (POE) especially at airports are crucial to the containment and mitigation efforts of the Republic of Kenya. The import / export of the communicable disease may be mitigated through the implementation of a specific set of measures corresponding to the defined alert levels. However, the measures are also subject to changes, attendant on the Republic's continuing assessment of the situation.

Note: KCAA in consultation with the MoPH and with the cooperation and collaboration of all the stakeholders is recommended to develop and implement a training program for airport workers that are likely to be involved in the implementation of the preparedness plan. These would include (but not be limited to) check-in staff, immigration and customs personnel. This would also include training on how to pick up (as non medical persons) travelers that may be suspect cases of a communicable disease of public health importance. Such training could be similar to that given to cabin crew and the list of signs and symptoms similar to that used in the aircraft general declaration.

Using a Colour Coded Alert System (Annex A):

5.3.2 Measures during "Alert Green" (WHO Phase 1 to 3)

5.3.2.1 No emergency measures shall be adopted under this alert level. Instead, the National Aviation Preparedness Plan shall be periodically reviewed and tested to ensure the continued relevancy of the plan. Periodic exercises / table top planning scenarios should be undertaken to ensure that all relevant personnel are familiar with the plan and its activation. All equipment identified for use during activation shall be maintained as required by the equipment manufacturer. Personnel should be adequately trained to play their identified role for a public health emergency plan. It is important to test the communication plans and channels. (Note – Individuals identified earlier may have changed: Keep the plan updated at periodic intervals)

5.3.3 Measures during "Alert Yellow" (WHO Phase 4)

5.3.3.1 Under this alert level, Health Alert Notice (HANs) will be distributed to arriving /

departing travelers at POE

5.3.3.2 The HAN (please see Annex D for a sample of the HAN) will be distributed by various agencies (i.e. the airlines; the Immigration for arrivals and departures and Customs Authority for the arrivals).

5.3.3.3 MoPH (through the PHS) shall ensure that a sufficient supply of HANs is available for distribution.

5.3.3.4 **Actions taken by Aircraft Operators**

5.3.3.4.1 If aircraft operators have been designated to distribute the HANs, they will activate their respective response plans to distribute HANs either at Gate Hold Room or within X days of activation, start distributing either in-flight or at up-stations. Please see Annex E for the mode of distribution and the required quantity of HANs for each airline. This will be on advice by the CMT. (This Annex should detail the distribution mode and quantity of the HANs).

5.3.3.4.2 Aircraft operators or their ground handling agents will liaise directly with the responsible agency for the initial supply and replenishment of the HANs.

5.3.3.5 **Actions taken by Customs / Immigration Authorities**

5.3.3.5.1 The Customs / Immigration Authorities may be designated to distribute HANs to travelers. This can be carried out at the arrival and departure immigration and customs counters.

5.3.3.6 **Actions taken by CMT**

5.3.3.6.1 As the coordinator, the CMT shall ensure that the HANs are distributed by the aircraft operators and / or Customs / Immigration officers at their respective locations.

5.3.3.6.2 The CMT shall conduct inspections on randomly selected flights to ensure distribution of the HANs, with an equal distribution of flights from the various airlines.

5.3.4 **Measures Adopted during “Alert Orange” (WHO Phase 5)**

5.3.4.1 In addition to the measure adopted in Alert Yellow, the following measures may be adopted:

- a. Distribution of Health Declaration Forms (HDFs); and
- b. Carry out other screening measure/s such as Visual Screening / Temperature screening on arriving and departing travelers.²

Note: WHO DID NOT recommend the adoption of any screening measures during the 2009/10 Influenza A(H1N1) pandemic as these were believed to be ineffective in preventing the spread of the virus. However, a State / Administration should be aware of the possibility that WHO may, in different circumstances, recommend specific actions at points of entry and plans need to be in place to facilitate the rapid implementation (within 48 hours) of such recommendations. For background information on screening options refer to “Suggested framework for assessment and decision making – Responding to Pandemic H1N1 2009: Options for interventions at International Points of Entry”, written by the WHO Regional Office for the Western Pacific interim option paper, 20 May 2009]. See Annex H.

5.3.4.2 **Distribution of HDFs**

5.3.4.2.1 Upon activation by the CMT, airlines will activate their own respective plans to distribute HDFs (See Annex F – A standardized HDF is currently under review by ICAO, WHO and IATA. It will be made available as Annex F to this document when approved) to travelers, prior to arrival. The HDFs may be distributed together with the Passenger Locator Form (PLF). PLFs are used for contact tracing. A standardized version of the PLF is at Annex G. Airlines shall liaise directly with the responsible agency for initial supply and replenishment of the required forms.

5.3.4.2.2 PHS will be the designated stockist for the HDFs/PLFs which, on its part will need to ensure sufficient supply of HDFs for distribution to the airlines.

5.3.4.2.3 The completed HDFs should be collected at the designated counters (e.g. departure/arrival immigration/customs or designated HDF collection counter).

5.3.4.2.4 If a traveler, based on his/her declaration in the HDF, is suspected of having contracted / been exposed to a communicable disease (representing a potential PHEIC), he/she shall be immediately referred to the designated health service provider or public health office. The traveler shall then be processed according to the Standard Operating Procedures (SOP) of the health service provider or public health office and if required, referred to the designated hospital using the designated ambulance/s.

5.3.4.3 Temperature Screening for Arrival and Departure Travelers (If activated)

5.3.4.3.1 The activation for instituting Screening for arriving / departing travelers shall be done by the PHS. The aviation CMT upon activation shall activate the airport health service provider (or public health office). The airport health service provider (or public health office) shall inform the relevant agencies such as Immigration / Customs, ground handling agents and the airport police of the activation. A separate Annex detailing the contact numbers of the respective agencies should be developed and attached to the preparedness plan. It is important that this Annex containing the contact names and phone numbers be updated at frequent periodic intervals.

5.3.4.3.2 The relevant health service provider shall remove the appropriate number of thermal scanners from (indicate where these scanners are stored and maintained) and set up the screening stations at pre-designated sites in the airports. Annex I) indicates the location(s) where thermal scanners may be deployed.

5.3.4.3.3 The medical protocols used for temperature screening should be in accordance with the MoPH's advice. The PHS should comply with the MoPH's directions on the issuance of personal protective equipment (PPE) (or any other equipment as required by the health authority) to both screening staff and travelers suspected of having a communicable disease (either because of symptoms or close contact with a potentially infectious traveler) during the temperature screening and subsequent secondary checks.

5.3.4.3.4 If individuals are recommended for further medical screening at a hospital, then a dedicated ambulance service will ferry these potentially-affected cases to the designated hospital for follow-up.

5.3.4.3.5 Ground handling agents shall retrieve the baggage of the passenger (and that of any accompanying person/s), ensure customs clearance and ferry the baggage to the ambulance pick up point. There is no evidence to support the cleaning and/or disinfecting of baggage including items arriving from areas where a communicable disease has been reported. This would include the checked bags of a suspect case of communicable disease on board a flight.

5.3.4.3.6 Immigration shall ensure clearance of all immigration formalities for an

arriving traveler and any accompanying person/s.

5.3.4.3.7 The PHS shall keep the CMT and the MoPH updated on a pre-determined date and time basis, the status and details of the travelers sent to the designated hospital, the total number of travelers screened and details of travelers detected by the thermal scanners and sent for secondary checks.

5.3.4.3.8 This Plan shall have as attachments, all the detailed SOPs of the following processes:

- a. Screening procedure for travelers including a separate procedure for flight and cabin crew, if required
- b. Immigration / Customs procedures
- c. Ground handling agent procedures
- d. Entry-exit of designated ambulance at the Airport.
- e. Designated hospital and the route to be taken by the designated ambulance to the designated hospital.

SOPs for a, b, d and e procedures are outlined in the Port Health Preparedness Plan and (c) in the airlines plans.

6. Actions subsequent to a suspected case being identified in flight

6.1 Pilot in command actions (see Annex L)

The pilot in command of an aircraft may take emergency measures in flight as may be necessary for the health and safety of travelers on board. The event needs also to be recorded on the Health Part of the Aircraft General Declaration (IHR Annex 9 - http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf).

He/she shall inform air traffic control, as early as possible before arrival, of any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board. This information must be relayed immediately/as soon as possible by air traffic control to the competent authority for the destination airport, according to procedures established in IHR (2005), Article 28.4 and ICAO Procedures for Air Navigation Services – Air Traffic Management (PANS-ATM, Document 4444) as follows:

6.2 PANS-ATM, paragraph 16.6 states:

“The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease, or other public health risk, on board the aircraft, promptly notify the Air Traffic Service (ATS) unit with which the pilot is communicating, the information listed below:

- a. Aircraft identification;
- b. Departure aerodrome
- c. Destination aerodrome;

- d. Estimated time of arrival;
- e. Number of persons on board; and
- f. number of suspected case(s) on board; and
- g. Nature of the public health risk, if known

The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State, and the aircraft operator or its designated representative.

When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the PHS as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1 — See Annex 9, Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.

Note 2 — The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, air traffic control communications channels are to be avoided.

Note 3 — The information to be provided to the departure aerodrome will prevent the potential spread of communicable disease, or other public health risk, through other aircraft departing from the same aerodrome.

Note 4 — Aeronautical Fixed Telecommunications Network (AFTN) i.e. ground-based telecommunications network (urgency message), telephone, facsimile or other means of communication may be used.”

In summary:

1. Pilot reports to Air Traffic Services (ATS)
2. ATS reports to destination (and departure) ATS unit
3. Destination ATS unit reports to airport health service provider /public health

authority/ any other designated authority for the airport (SOP should reflect which agency will be contacted by ATS)

4. Airport health service provider /public health authority/ any other designated authority for the airport, contacts airline operating agency to obtain further details of illness

(See diagram on the Annex L)

The specific mechanisms for implementing communications between the competent authority, airline operating agency and KAA (items 3 and 4 above) should be determined by the Republic. An SOP detailing these specific mechanisms should be attached to the emergency preparedness plan.

6.3 Action by airport health service provider or other designated authority at arrival airport

The MoPH and the KCAA CMT together should refer to the “WHO technical advice for case management of Influenza A (H1N1) in air transport”. This document was developed in cooperation with ICAO and IATA in 2009, shortly after the Influenza A(H1N1) outbreak in order to effectively manage a public health event on board an aircraft, and to minimize the adverse effect of such events on travelers and airport operations.

Essentially, upon arrival at the airport, in addition to having a designated parking point for the arriving aircraft (see section 6.4), the SOPs (as in paragraph 5.3.4.3.8 above) shall be actioned.

The airport PHS needs to have quick and efficient access to the aircraft, using appropriate personal protective equipment (PPE) and hand hygiene supplies. For many communicable diseases, disposable gloves and good hand hygiene (at times in combination with surgical masks) are sufficient unless otherwise specified by MoPH.

An ill traveler should be taken by a medical escort from the aircraft to an area suitable for further assessment/treatment. Appropriate infection control measures should be applied.

A traveler having a communicable respiratory disease should wear a mask unless the traveler is unable to tolerate it. If a mask is worn consistently by the ill traveler this precludes the need for others to wear a mask. All disposable materials in potential contact with an ill traveler need to be removed using biohazard precautions.

All surfaces potentially contaminated by the ill traveler should be cleaned and disinfected according to the WHO Guide to Hygiene and Sanitation in Aviation.³

³ WHO Guide to Hygiene and Sanitation in Aviation,
www.who.int/water_sanitation_health/gdwqrevision/aviation/en/

Before the disembarkation, travelers and crew on the same aircraft as the ill traveler should remain segregated from other travelers until traveler seating details, contact details and destination have been obtained and they have been advised by PHS staff of any necessary preventive measures. If contact tracing is deemed necessary, the Passenger Locator Form (PLF) as depicted in Annex G is recommended. In the current recommendations, contact tracing is normally done for those travelers seated in the same row and two rows in front and behind the index suspected case.

There should be a designated area in the airport that will allow privacy, good ambient light, ventilation, easy cleaning, and access to designated toilet facilities and telecommunications for the assessment where necessary of small groups of suspect travelers. This designated area should cater for the assessment and management of various categories of fellow travelers (e.g. family members, others in travel group, those sitting near to the ill person, entire aircraft) should the need arise due to the suspected illness of the ill traveler, until given public health clearance.

It is important to be cognizant of the fact that the quarantine of large numbers of airline passengers is unlikely to be justified, is not practical and may be difficult to implement. After the acute phase, it is also not likely to prevent, in any significant way, the spread of a pandemic by aviation.

6.4 Parking position of aircraft

The pilot in command (PIC) needs to be advised where to park the aircraft – such information will normally be communicated to the PIC by air traffic control. This may be on a remote stand, or, depending on the situation, on the apron with or without an air bridge attached. It should be noted that parking an aircraft a distance away from the terminal building is likely to delay the public health assessment of the situation, and may make passenger handling more complicated. There is no evidence to suggest that the public health risk is greater if the aircraft is parked adjacent to the terminal, with an air bridge or steps used for disembarkation. In principle, the aircraft arrival should be managed by a system that is as close to routine as possible. The airport plan should, ideally, have a pre-designated parking bay for the aircraft with a suspected case of communicable disease on board.

Cabin crew and ground crew need to be advised concerning the opening of aircraft doors, disembarkation and the information to be given to travelers prior to the arrival of the medical team.

Action should be taken to disembark the travelers as soon as possible after the situation has been evaluated and a public health response has been instituted, if needed.

Actions during “Alert Red” (WHO Phase 6):

An Alert Red corresponds to the Phase at which WHO would declare the onset of a Pandemic. Progressively, MoPH will begin to see the disease take hold in their communities and with this, **it is likely that the screening measures at the airport will progressively be deactivated** except for the possible continuing distribution of HANs to travelers. The deactivation will be from the MoPH.

7. Screening of departure travelers where a PHEIC is declared within the Country.

This is usually from Alert Orange onwards – WHO Phase 4/5)

It is likely that the measures outlined below will be activated at Alert Yellow / Orange.

Prior to arrival at airport

Potential travelers will be advised by the MoPH, through the appropriate media that departure screening will be carried out upon arrival at the airport and that travelers with symptoms (indicate list of symptoms) or those arriving from a declared infected site (identify site of outbreak of PHEIC) may not be allowed to enter the airport.

At Check-in

Training is to be provided to all check-in staff so that they are able to identify travelers who may have a communicable disease of public health concern (See Note to Para 5.3.1). Alternatively a checklist can be provided to the staff to assist in identifying such travelers. This checklist can be in the form of a list of symptoms and the site of the outbreak. Any traveler responding positively to the checklist can be sent for secondary screening prior to completion of the check-in.

Alternatively, departing passengers may be required to fill in a Health Declaration Form (HDF). The HDF could have the checklist of symptoms and also the location/s identified as outbreak or affected areas.

Check-in staff shall have access to appropriate personal protective equipment (PPE) and hand hygiene supplies. For many communicable diseases, disposable gloves and good hand hygiene (at times in combination with surgical masks) are sufficient unless otherwise specified by the MoPH.

If a traveler is suspected of having contracted / been exposed to a communicable disease (PHEIC), he/she shall be immediately referred to the designated airport health service provider or public health office. The traveler shall then be processed according to the Standard Operating Procedures (SOP) of the PHS, and if required, referred to the designated

hospital using the designated ambulance/s.

After check-in

If other screening measures, such as temperature screening, have been instituted for departure travelers the measures outlined in Para 5.3.4.3 shall be activated. Additionally, appropriate measures for departing travelers identified under alert levels yellow and orange (such as the distribution of HANs) will also be activated.

8. Measures for airport workers including airline staff working at the airport

(The KCAA together with the KAA in consultation with the MoPH will have to identify those airport workers that will be subject to these measures)

8.1 Measures Adopted During Alert Green (WHO Phase 1 to 3)

No measures shall be adopted for airport workers under this alert level. Instead, the Preparedness Plan shall be reviewed to ensure the continued relevancy of the plan. Periodic exercises / table top planning scenarios should be planned and implemented to ensure that all relevant personnel are familiar with the plan and its activation.

8.2 Measures Adopted During Alert Yellow (WHO Phase 4)

Any airport worker with symptoms (as indicated in the HDF) and/or fever will not report for work but will proceed to his/her doctor. If diagnosed with the prevailing PHEIC, he/she will be treated and will not report for work until full recovery and/or the requisite time recommended by the MoPH.

8.3 Measures Adopted During Alert Orange (WHO Phase 5)

In addition to the measure above, all airport workers must take their temperature before leaving home for work. Those with fever (temperature of 37.5⁰C and above, (or as specified by the MoPH) and specified symptoms will not report for work but will proceed to see their doctor. If diagnosed with the prevailing PHEIC, he/she will be treated and will not report for work until full recovery and/or the requisite time recommended by the MoPH has elapsed.

Any airport worker who has been exposed to the prevailing PHEIC through a family member at home will not report for work till the defined incubation period (to be defined by MoPH) is over. If during the incubation period the worker falls ill, he/she will be treated and will not report for work until full recovery and/or the requisite time recommended by the MoPH.

Workers entering the transit area (sterile airside area) will be subject to temperature

screening prior to entry to the airside. Those with fever (temperature of 37.5⁰C and above, or as specified by the MoPH) will proceed to see their doctor and treated; if required, hospitalization at the designated hospital will be instituted.

8.4 Measures during “Alert Red” (WHO Phase 6)

It is likely that the measures as in Alert Orange will continue for airport workers until such time as the MoPH deems it right to deactivate such measures.

9. Conclusion

- 9.1 To effectively manage and deal with an outbreak of a communicable disease, a coordinated effort from the various stake holders in the aviation community is needed to implement a public health emergency plan. This Plan indicates how the KCAA, through its CMT, will coordinate the implementation of all measures especially at the airport, with guidance from the MoPH. All other stake holders shall maintain their own internal SOPs that must dovetail the implementation of the aviation public health emergency plan.

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Annex L	ATC Notification of an Event

Annex A - Example of a colour coded Disease Outbreak Response System

This example is from the Singapore Ministry of Health and is a generic framework which enables the Singapore Ministry of Health to respond immediately to any outbreaks and serves as the nucleus to ramp up for a higher level of response.

Code	Status
Alert Green	<p>Isolated external or local cases of animal-to-human transmission.</p> <p>Threat of human-to-human infection remains low. The disease, if any, is basically limited to animals.</p> <p>Strategy is to step up vigilance and make preparations to meet the potential threat.</p>
Alert Yellow	<p>All the measures taken in Alert Green will continue where operationally feasible.</p> <p>Inefficient human to human transmission of flu caused by a novel virus, requiring close and sustained contact to an index case</p> <p>Further spread can be prevented through public health measures to isolate and quarantine contacts.</p> <p>Risk of import is elevated. Isolated imported cases may occur but there is no sustained transmission</p> <p>Strategy is to prevent spread. The focus will be to prevent treatment of all cases, and antiviral prophylaxis to contacts including exposed health care workers.</p>
Alert Orange	<p>Virus becoming increasingly better adapted to humans but may not yet be fully transmissible, requiring close contact with an index case.</p> <p>Larger clusters appear in one or two places outside the State but a pandemic has not yet been declared. A cluster of cases may also occur within the State but human-to-human spread remains localized.</p> <p>Public health measures such as isolation and quarantine will be effective to break the chain of transmission. Strategy is to contain spread arising from any local cases and break the chain of transmission, while preserving essential services and resources</p>

Alert Red	<p>WHO declares that an influenza pandemic has begun. Home State is eventually also affected.</p> <p>Higher risk of acquiring the disease from the community once pandemic spreads to the home State.</p> <p>Strategy is to mitigate the impact of the pandemic.</p> <p>All measures taken in Alert Orange will continue to be applied.</p> <p>Closing of school and suspension of selected events to prevent congregation of large groups of people.</p>
Alert Black	<p>High rates of severe disease and deaths. Emergency measures implemented to bring the situation under control.</p> <p>Healthcare and social support systems are overwhelmed by the pandemic. Economic activities are severely disrupted.</p> <p>Strategy is to ensure that medical & public health measures take precedence over social & economic considerations.</p> <p>Focus is to contain the “damage” and regain control of the situation. Drastic measures like stopping all social events may be implemented.</p>

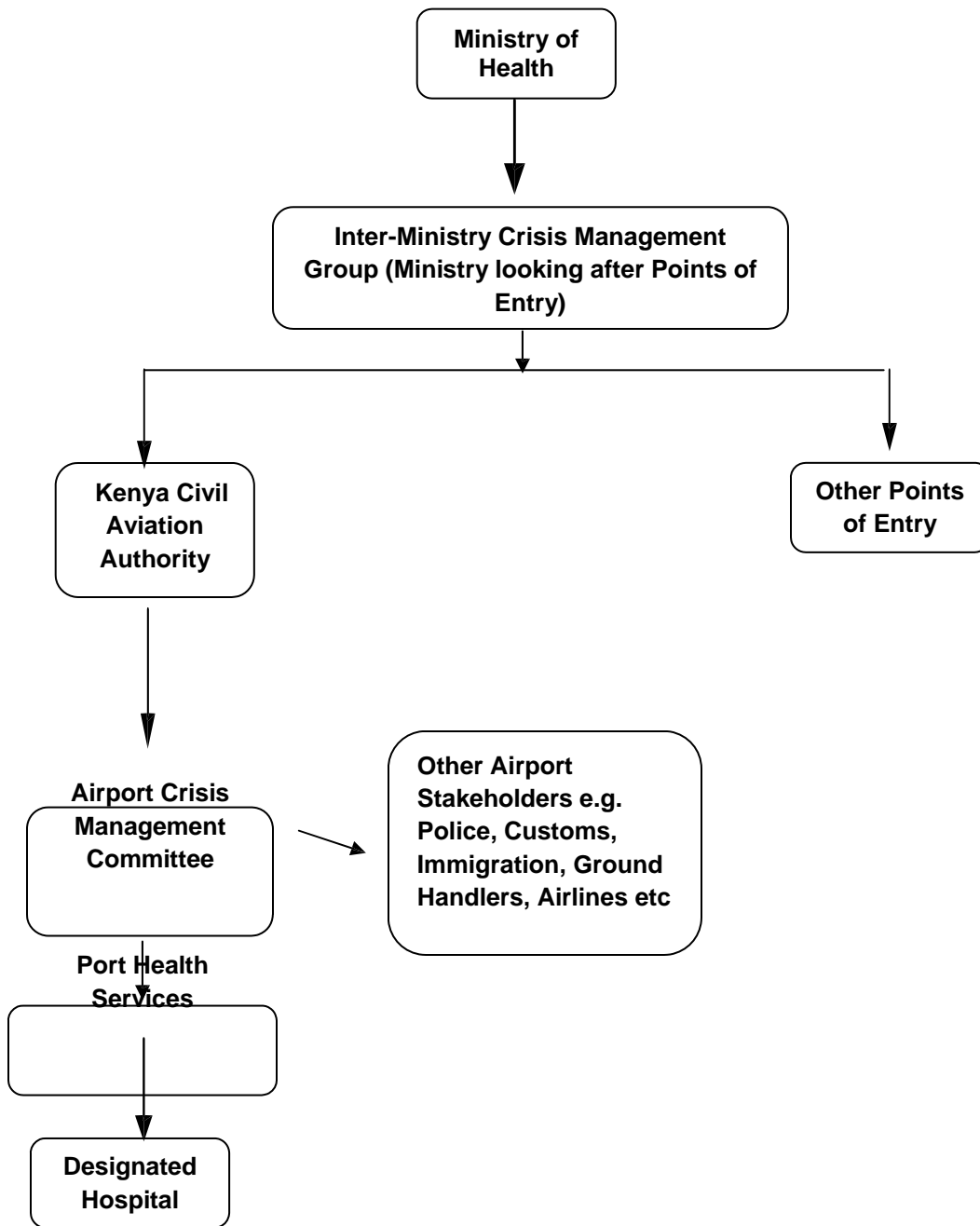
WHO Pandemic Phase Descriptions

- PHASE 1** - No animal influenza virus circulating among animals has been reported to cause infection in humans.
- PHASE 2** - An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
- PHASE 3** - An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
- PHASE 4** - Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
- PHASE 5** - The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
- PHASE 6** - In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
- POST-PEAK PERIOD** - Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
- POSSIBLE NEW WAVE** - Level of pandemic influenza activity in most countries with adequate surveillance rising again.
- POST-PANDEMIC** - Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

Comparison of WHO Pandemic Phases to Colour Coded Alert Levels

Phase 1 to 3 = Alert Green Phase 4 = Alert Yellow Phase 5 = Alert Orange Phase 6 = Alert Red

Annex B - Public Health Emergency Plan Activation Flow Chart for POE



Annex C - Roles of KCAA CMT during a Public Health Emergency Response

- a. To oversee traveler screening and contact tracing
- b. Oversee the health service provider in implementation of public health measures prescribed by MoPH
- c. Work with the respective agencies such as Police, Public Health Agency, Immigration, Customs, Tourism Agencies, airlines and ground handlers to resolve day-to-day operational issues
- d. Review and implement new procedures when required
- e. Track and report the status of travelers sent to local medical institutions for further checks until they depart the country
- f. Track and report the impact of the outbreak on airport, airlines, ground handlers, and other stakeholders
- g. Provide daily updates to MoPH
- h. Monitor and report public health control measures implemented at other international airports
- i. To monitor and ensure compliance by airport, airlines and other stakeholders on implementation of public health control measures

Annex D - Sample of a Health Alert Notice (HAN) from the MoPH [English]



Republic of Kenya

Ministry of Public Health

Health Alert Notice

(August 2011)

Monitor your temperature and look out for flu-like symptoms (fever $>38^{\circ}\text{C}$, cough, runny nose, or sore throat). If you are unwell, please see a doctor. Be socially responsible. Stay in and rest. If you need to go out, wear a mask and minimize contact with others.

If your symptoms are mild, the nearest Pandemic Preparedness Clinic (PPC), or your usual health facility would be able to manage you. The PPC and health workers have been especially equipped to assess your condition and treat you. (Details of PPC will be provided by the Kenya Civil Aviation Authority's Crisis Management Team and the Ministry of Public Health).

If symptoms are severe (e.g. difficult in breathing, chest pain, severe vomiting, etc), please call for an ambulance to deliver you to the nearest hospital Emergency Department

Annex E - Mode of distribution of HAN and estimation of quantity required

To be developed by Ministry of Public Health in collaboration with the KCAA CMT and consultation with all stakeholders

Annex F - Health Declaration Form (HDF)

A standardized HDF is currently under review by WHO, ICAO and IATA. It will be made available at this site when approved.

Annex G - Public Health Passenger Locator Form

PUBLIC HEALTH PASSENGER LOCATOR CARD			
<p>Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.</p>			
FLIGHT INFORMATION			
1. Airline and Flight Number	2. Date of arrival	3. Seat Number where you actually sat on the aircraft	
Airline Flight Number	DD MM YYYY		
PERSONAL INFORMATION			
4. Name			
Family Name		Given Name (s)	
Your Current Home Address (including country)			
Street Name and Number		City	State/Province
Country		ZIP/Postal Code	
Your Contact Phone Number (Residential or Business or Mobile)			
Country code	Area Code	Phone Number	Email address
Passport or Travel Document Number		Issuing Country/Organization	
CONTACT INFORMATION			
5. Address and phone number where you can be contacted during your stay or, if visiting many places your cell phone and initial address			
State Name and Number		City	State/Province
Country	ZIP/Postal Code	Telephone Number (including country code) or mobile phone number	
6. Contact information for the person who will best know where you are for the next 31 days in case of emergency or to provide critical health information to you. Please provide the name of a close personal contact. This must NOT be you.			
a. Name			
Family Name		Given Name(s)	
b. Telephone Number			
Country Code	Area Code	Phone Number	Email address
c. Address			
Street Name and Number		City	State/Province
Country		ZIP/Postal Code	
7. Are you travelling with anyone else?		YES/NO Circle appropriate response If so, who? (name of individual(s) or Group	

Annex H - Suggested framework for assessment and decision making

[Responding to Pandemic H1N1 2009: Options for interventions at International Points of Entry: WHO Regional Office for the Western Pacific interim option paper, 20 May 2009]

Responding to Pandemic (H1N1) 2009:

Options for Public Health Measures at International Points of Entry (POE)



**World Health
Organization**

Annex I - Traveler Screening Deployment Locations

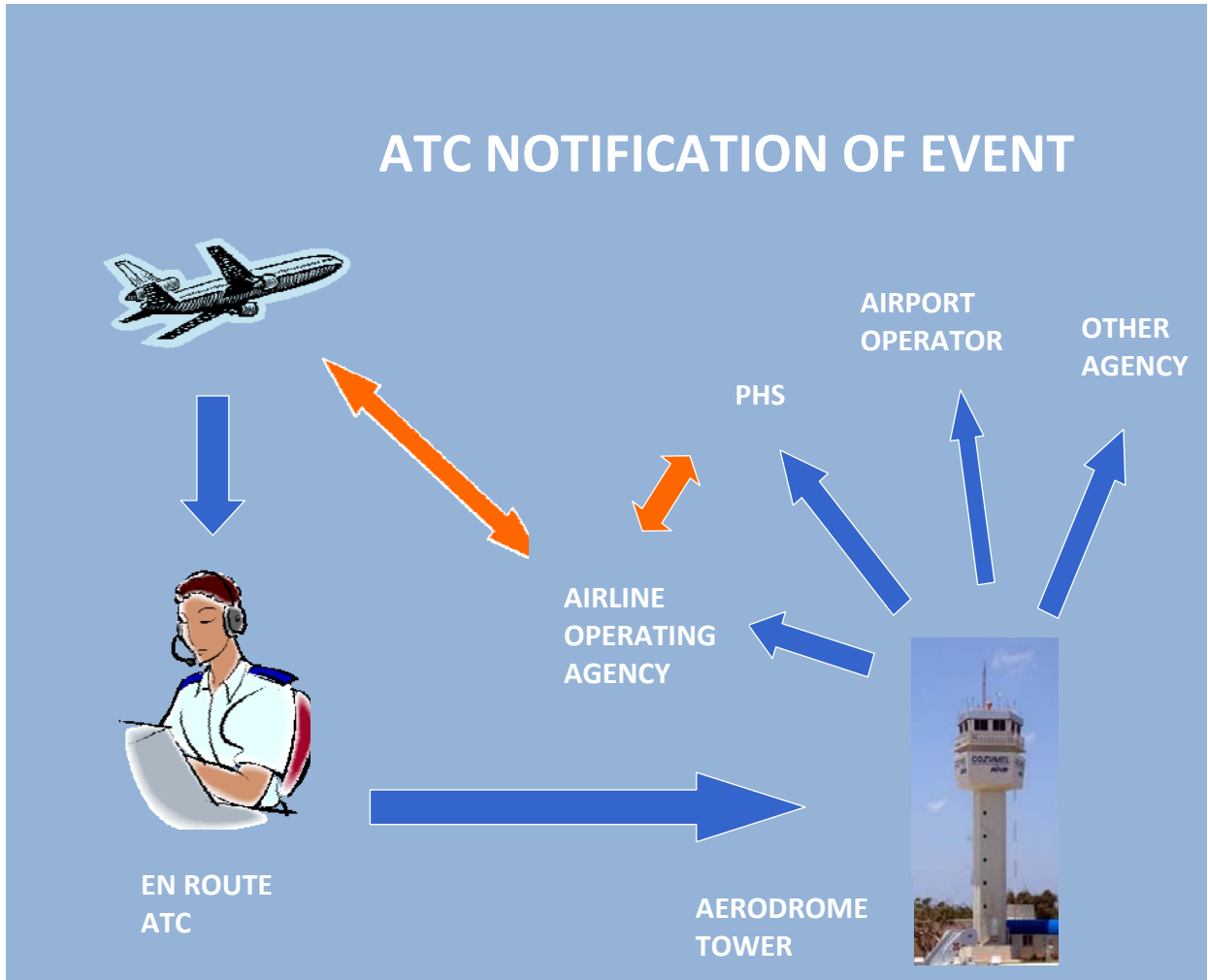
To be developed by the Aviation CMT in consultation with the MoPH. This will be unique to each airport

Annex J - SOP for Screening Procedure for Travelers

To be developed by the Aviation CMT in consultation with the Ministry of Public Health.

Annex K - Entry – exit Locations of Ambulance at Airport and Route to Designated Hospital

To be developed by the Aviation CMT in consultation with the Ministry of Public Health. This will be unique to each airport.



Diagrammatic representation of the mandatory ICAO communication procedure from the affected aircraft in flight to the public health authority at destination. The pilot-in-command notifies the air traffic controller of a public health event, who relays the message to the destination. Additional health - related information is obtained via the aircraft operator's agency at destination.