



Coordinated action in the aviation sector to control public health threats

AIRSAN

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Robert Koch Institute

Best practices in implementing the IHR
08.06.2018 Athens

Aviation and infectious diseases

- Interconnected world
- During crises: public and media pressure to implement travel measures very high
→ may influence political decision making
- Global health: high on political agenda
- Challenge: private / public partnership



AIRSAN: Coordinated action in the aviation sector to control public health threats

- Aim: to support EU Member States to ensure a well-organised and coherent response to public health threats in air transport
- Supports implementation & preparedness activities of IHR (2005) and Decision 1082/2013/EU
- Main focus: biological threats
- Funded by EU (DG SANTE)
- Duration: April 2013 – December 2015
- Coordinated by: Robert Koch Institute

AIRSAN Partners

Public Health Sector

1. National Institute for Public Health and the Environment, **Netherlands**
2. University of Thessaly, **Greece**
3. National Institute of Hygiene, **Poland**
4. Port Health Authority, Federal Public Service Public Health, Food Chain Safety and Environment, **Belgium**
5. Federal Office of Public Health, **Switzerland**
6. Public Health Services, Ministry of Health, **Israel**



Scientific Advisory Board

- | | |
|------------------------|--------------------------------------------------------------------|
| 1. WHO HQ and WHO EURO | 4. EASA |
| 2. ECDC | 5. Office for Nuclear Regulation (UK) |
| 3. IATA | 6. German Federal Ministry of Transport and Digital Infrastructure |
| 4. EC DG MOVE | |

Aviation Sector

1. KLM, **Netherlands**
2. Medical Services, **FRAPORT AG, Germany**
3. **ICAO**
4. Airport Health Control Office, **Malta**
5. Atatürk Airport Health Control Center, **Turkey**
6. Varna&Burgas Airport Medical Services, **Bulgaria**
7. **Lufthansa** Medical Services, **Germany**
8. **Air France** Medical Services, **France**
9. **EUROCONTROL**, **Belgium**

Achievements


Website www.airsan.eu

Network

Communication Platform

Organization	Type	Organisation	Country	City	Member Name
View Details	Other				
View Details	Public Health Authority				
View Details	airport				
View Details	Public Health Authority				

AIRSAN Bibliography



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Overview Bibliography

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Printer Friendly Version

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ID	Published by	Title	Year of Publishing	Contributors	Type of Document	Charges	Published Language	Target Group	Threat
1	ACI	Best Practice Paper: Business Continuity Management Framework and Case Studies for Health-Related Disruptions at Airports	2012	ACI	Guidance Document	Yes	English	Airport Operator, Aviation Authority, Public Health Authority	All Threats, Biological Threats, Chemical Threats, Environmental Threats, Radiological Threats, Unknown Origin
2	ACI, ICAO	Airport Preparedness Guidelines for Outbreaks of Communicable Disease	2009	ACI, ICAO	Guidance Document, Recommendation	Yes	English	Airport Operator, Aviation Authority, Public Health Authority	Biological Threats
3	EC	Strategy for Generic Preparedness Planning: Technical Guidance on Generic Preparedness Planning for Public Health Emergencies	2011	EC	Guidance Document	Yes	Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Romanian, Slovenian,	Aviation Authority, Public Health Authority	All Threats, Biological Threats, Chemical Threats, Environmental Threats, Radiological Threats, Unknown Origin



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Public Health Function Public Health Threat

Target Group Free of Charge

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AIRSAN Guidance Document: Remote risk assessment and management



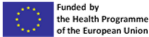
**AIRSAN – Coordinated action
in the aviation sector
to control public health threats**

**Work package 4
Guidance Document**

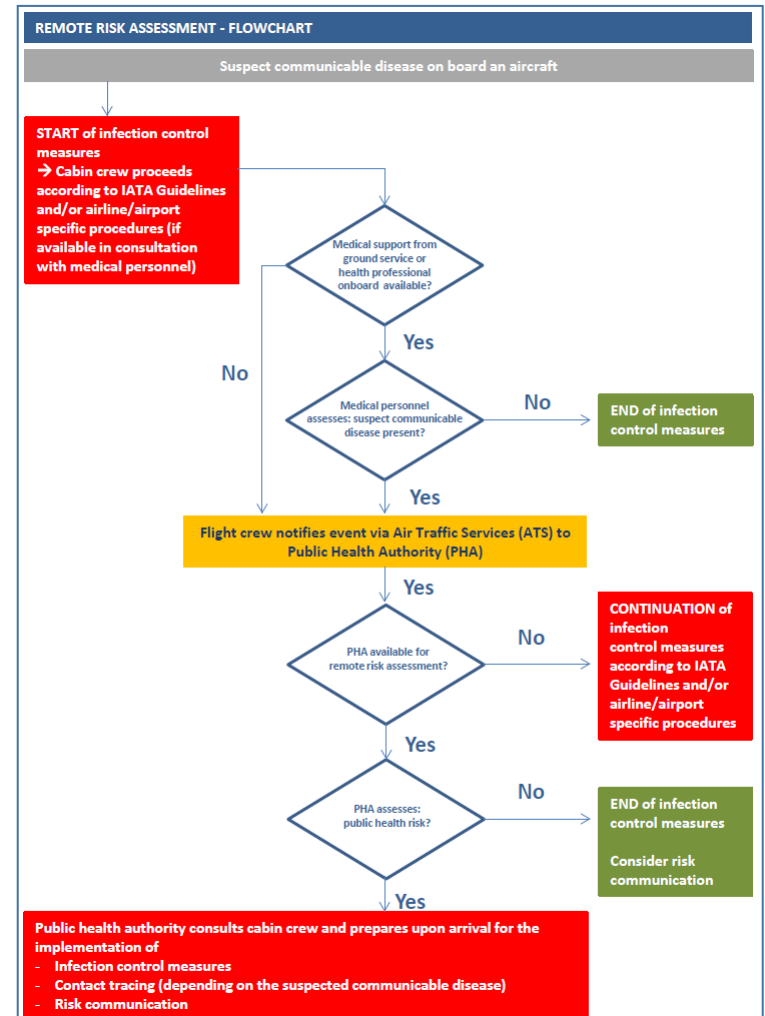
**Remote risk assessment and management of
biological threats on board an aircraft**

Version – September 2014

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AIRSAN Guidance Document: Remote risk assessment and management



AIRSAN Remote Risk Assessment Questionnaire - For Cabin Crew

Please insert all dates in the format DD.MM.YYYY

REMOTE RISK ASSESSMENT (information ideally collected during the flight)
 Name of crew member providing information:
 Number of suspected cases on board:
 Information about suspect ill traveller

1. Nationality: 2. Age:

4. Symptoms present (1)

4a. Temperature 38°C / 100°F or greater; when did it start:
 4b. Appearing obviously unwell; when did it start:
 4c. Coughing; when did it start:
 4d. Difficulties of breathing; when did it start:
 4e. Diarrhea; when did it start:
 4f. Vomiting; when did it start:
 4g. Skin rash; when did it start:
 4h. Bruising or bleeding without previous injury; when did it start:
 4i. Confusion of recent onset

5. What does he/she or someone else think is the cause of the symptoms?

5a. If yes, why does he/she think that?
 Medical diagnosis Self-diagnosis Unknown
 Other:

6. Has medical treatment already been taken by ill traveller for the symptoms present?
 Yes No Unknown

6a. If yes, which medical treatment (consider asking for documentation):

6b. If yes, when did the medical treatment start:

7. Places, where the ill traveller has stayed within the last 3 weeks (consider asking for countries, regions, urban areas or rural areas):

8. Why were the above named places visited (consider asking for business trip, backpacker trip, visiting friends, working as a healthcare-worker ...):

9. Any contact with persons with similar symptoms within the last 3 weeks (consider asking whether ill traveller cared for patients or had contact to a person who died)?
 Yes No Unknown

10. ADDITIONAL COMMENTS:

(1): If the meanings of the symptoms are unclear, use CDC Definitions of Symptoms for Quarantine at <http://www.cdc.gov/quarantine/pdf/reporting-symptom-definitions.pdf>



AIRSAN Remote Risk Assessment Questionnaire - For Public Health Official

Please insert all dates in the format DD.MM.YYYY

Information about the person who is filling this questionnaire in

Name: E-Mail: Phone:

Position:

A. INITIAL NOTIFICATION (information available from the air traffic service)
 Date of notification: Time:
 Notified by (name): E-Mail: Phone:

Following information should be included in the initial notification

Airline	Flight#	Departure aerodrome	Destination aerodrome	Time of

Number of persons on board:

B. REMOTE RISK ASSESSMENT (information ideally collected during the flight)
 Name of crew member providing information:
 Number of suspected cases on board:
 Information about suspect ill traveller

1. Nationality: 2. Age: 3. Sex:

4. Symptoms present (1)

4a. Temperature 38°C / 100°F or greater; when did it start:
 4b. Appearing obviously unwell; when did it start:
 4c. Coughing; when did it start:
 4d. Difficulties of breathing; when did it start:
 4e. Diarrhea; when did it start: how often:
 4f. Vomiting; when did it start: how often:
 4g. Skin rash; when did it start:
 4h. Bruising or bleeding without previous injury; when did it start:
 4i. Confusion of recent onset

5. What does he/she or someone else think is the cause of the symptoms?

5a. If yes, why does he/she think that?
 Medical diagnosis Self-diagnosis Unknown
 Other:

6. Has medical treatment already been taken by ill traveller for the symptoms present?
 Yes No Unknown

6a. If yes, which medical treatment (consider asking for documentation):

6b. If yes, when did the medical treatment start:

7. Places, where the ill traveller has stayed within the last 3 weeks (consider asking for countries, regions, urban areas or rural areas):

8. Why were the above named places visited (consider asking for business trip, backpacker trip, visiting friends, working as a healthcare-worker ...):

9. Any contact with persons with similar symptoms within the last 3 weeks (consider asking whether ill traveller cared for patients or had contact to a person who died)?
 Yes No Unknown

10. ADDITIONAL COMMENTS:

C. OUTCOME OF THE REMOTE RISK ASSESSMENT

Check if applicable	Is the event a public health risk?	Actions to be considered
<input type="checkbox"/>	Event is not a public health risk (e.g. suspected seasonal influenza without increased virulence)	<ul style="list-style-type: none"> Risk communication about the event may be needed to address the public perception of risk (For instance: ask airport operator, airline operator and cabin crew to inform that the outcome of the risk assessment revealed: there is no public health risk)
<input type="checkbox"/>	Event is a public health risk	<ul style="list-style-type: none"> Implement infection control measures Collect information needed for possible contact tracing (depending on diagnosis) Provide guidance to airline operators, airport operators and others about necessary measures
Check if applicable	Which communicable disease is suspected?	Incubation period
<input type="checkbox"/>	Suspected novel influenza with pandemic potential OR seasonal influenza with increased virulence	2 days (1-4 days)
<input type="checkbox"/>	Influenza virus with zoonotic potential (e.g. avian and swine influenza)	2 days (up to 10 days)
<input type="checkbox"/>	Severe acute respiratory syndrome (SARS)	3-10 days
<input type="checkbox"/>	Middle East respiratory syndrome coronavirus (MERS-CoV)	2-14 days
<input type="checkbox"/>	Meningococcal disease	3-4 days (2-10 days)
<input type="checkbox"/>	Tuberculosis	8-10 days (up to 19 days)
<input type="checkbox"/>	Measles	2-21 days
<input type="checkbox"/>	Viral haemorrhagic fevers	2-21 days
<input type="checkbox"/>	Other disease relevant for contact tracing:	

D. If the event is a public health risk, the following information needs to be collected upon arrival

12. Name of ill traveller: 13. Phone:
 14. Place of residence: 15. E-Mail:
 16. Does the ill traveller suffer from an underlying condition? Yes No Unknown
 16a. If yes, which?
 16b. If yes, which medication has been taken?

17. Measures taken by crew Isolation of ill passenger Mask for ill traveller
 Mask for crew member in charge Gloves for crew member in charge Oxygen
 Medication, specify:
 18. Where did the ill traveler stay during the flight (which seat/s, which area/s)?

19. Is any family member or someone else travelling with the ill traveller (same transports, visits, hotels)?
 Yes No Unknown
 19a. If yes, seat numbers of other persons:

20. Number of crew members or passengers caring for the ill traveller (direct contact: touching the ill traveler, talking more than 15 minutes with the ill traveler):
 20a. If one or more, names of crew members or seat numbers of passengers:

21. Did the ill traveler lose any body fluids (e.g. blood, vomit, urine)?
 Yes No Unknown
 21a. If yes, did any contamination occur? Yes No Unknown
 21b. If yes, state location and body fluid causing contamination (e.g. seat no. 2A contaminated with blood, rear left toilet contaminated with vomit)?

22. ADDITIONAL COMMENTS:

AIRSAN Guidance Document: Remote risk assessment and management

- What is new?
 - Way to remotely assess risk on board even in absence of medical personnel (medical unit) at airport and thus providing mechanisms for avoiding delays due to unnecessary halt of aircraft
 - Offers same questionnaire for crew and public health authorities that facilitates communication between aircraft and public health authority
 - Emphasizes need not to overreact in case of suspected infectious disease on board

AIRSAN Guidance Document: Contact tracing



**AIRSAN – Coordinated action
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to control public health threats**

**Work package 4
Guidance Document**

**Contact Tracing –
Collaboration between Public Health and
Aviation Sector**

Version – September 2014

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- What is new?
 - Covers perspectives of different players, i.e. public health authorities and airlines
 - Emphasizes that each situation differs and outcome of contact tracing assessment depends on circumstances as well as country epidemiology

AIRSAN Training Tool

- Aim: to support the implementation of the AIRSAN Guidance Documents
- Method: developed, reviewed and pilot-tested in 4 exercises at 3 different airports
- Result: toolkit including manual, scenarios, training guidelines, evaluation forms

AIRSAN Training Tool



AIRSAN – Coordinated action
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Work package 6: AIRSAN Training Toolkit:

Use of the AIRSAN Guidance Documents: Remote
risk assessment and management of
communicable disease events on board an
aircraft'

&

“Contact tracing – collaboration between
the public health and the aviation sector”

Final version 1.0

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Conclusions

- AIRSAN Project
 - Private / public partnership key:
 - Learn to speak the same language ...
e. g. by using AIRSAN remote risk assessment
 - Try to understand each others concerns ...
e. g. by using AIRSAN contact tracing document
 - Meet, meet, meet ...
e. g. by using AIRSAN Training Tool
- Overall
 - In an interconnected world crucial to invest in strong health and surveillance systems

Our thanks go to:

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